

Mrs Julie McFarland

Jemcare

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Jemcare provides care and support to people in their own homes in the Copeland and Allerdale areas. At the time of our visit they were supporting around 280 people. Call times varied with some people having minimal visits a few times a week to other people having support for longer periods from two members of staff. The service was offered to older people, people with a learning disability and to those people living with complex healthcare needs.

At the last inspection 15 July 2016 the service was rated overall as Good. However, we found that the way staff were recruited had not always been safe. We asked the provider to take action to make improvements in staff recruitment, and this action has been completed.

The service was managed by the provider who was the registered person for Jemcare. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff were friendly, kind and caring and people valued the service they received. Their privacy and dignity were respected and promoted by the care staff.

People told us that they felt safe when receiving care and support from staff. Staff knew how to recognise and report potential safeguarding issues and they received appropriate training in this area.

There was a robust and detailed recruitment programme in place that helped to ensure people received good standards of care from a skilled staff team. Staffing levels were sufficient to ensure people received standards of care that enhanced their welfare, safety and day to day living.

Staff training, support and development was given a high priority. The care staff were well trained and supported to be able to provide the care people needed. Specialist training was given to staff to meet people's individual support needs.

Staff received comprehensive induction when they first started work at the service and received on-going supervision and an annual appraisal of their performance. Staff spoke of opportunities for development and were enthusiastic about gaining skills and qualifications in order to support people.

Thorough risk assessments were in place to protect people from risks but also enabled them to take positive risks. Risk assessments and care plans were person centred and up to date.

People were included in planning and agreeing to the care they received. People could ask for changes to their planned care and the service agreed to these where possible.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service support this practice.

The service had developed good links with healthcare and social care professionals to support people with their health and well-being. Medicines were handled safely and people received support with their medicines as they needed. People received the support they needed to prepare meals and drinks.

The registered provider and senior team set high standards and monitored the quality of the service to check these were maintained. Where issues had been highlighted by people we saw the provider had taken action to address these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service improved to Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Jemcare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place from 11 to 20 October 2017 was announced. We gave the registered provider notice of our inspection because the location provides a domiciliary care service and we wanted to make sure that the registered provider would be available to speak with us when we visited the service.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We visited the agency offices and looked at the care records for 10 people who used the service and recruitment records for six staff. We also looked at records of staff training, records around how complaints were managed and how the registered provider checked the quality of the service. At our visits to the office we spoke with the provider, the training co-ordinator, the quality manager, two senior care coordinators, and three care staff. We spoke with seven people who used the service and six people's relatives on the telephone. We saw the results of the providers annual survey to people who used the service, their relatives and other stakeholders.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including the information in the PIR, before we visited the service. We also contacted the local authority commissioning and social work teams and local health care professionals for their views of the service.

Is the service safe?

Our findings

People who used the service told us that they felt safe when receiving the care from their carer. They felt the staff treated them well and that they had never had any concerns about their safety. They told us, "I have the same staff so I can feel safe with them" and "I feel very safe that they come and see me."

Family members we spoke with were also confident that their relative was supported in a safe manner. One relative we spoke with told us, "I feel [relative] is safe with the staff" and another said, "[Relative] tells me she feels happy that carers are coming in."

At the last inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 19(2): Fit and proper persons employed. This was because the provider had not ensured that all recruitment checks were complete and satisfactory for new staff. On this inspection we found that recruitment systems were more robust and the service was now meeting this regulation.

We reviewed six staff recruitment files, including two newly appointed staff. We found that robust recruitment procedures had been followed including Disclosure and Barring Services (DBS) checks and staff did not start working with people until this had been returned. There were no unexplained gaps in people's employment history. The provider had obtained evidence of their good character and conduct in previous employment in health or social care.

Safeguarding procedures were in place that staff were aware of. Staff were knowledgeable in how to recognise and report potential safeguarding issues. They told us that they would always report any concerns to a senior person in the organisation. This ensured appropriate action could be taken to protect the individual from harm.

People told us there were enough staff to provide the support they required. They said they usually received care from a small team of care staff who they knew and liked.

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. Risk assessments were colour coded a low, medium or high impact for each person and activity or procedure. We found these to have a good level of detail and clear instructions in place to minimise a full range of risk. We saw risks associated with pets, self-neglect, moving and handling a person safely and transporting a person in a car who can be prone to challenging the service.

The agency had contingency plans for emergency's. These had in recent years been put into action during periods of snow and flooding so that support could be prioritised to people in highest need and risk.

We saw the agency had robust systems in place to ensure that medicines were administered safely. All staff that had a responsibility for administering medicines had attended training. We saw that staff were competency checked, which always happened following any medication errors. This was also followed by supervision with their line manager.

Is the service effective?

Our findings

People told us the service was reliable and that on the whole they had a set group of care staff. The records we checked showed that there had been no missed calls for some time and no one we spoke with told us of any missed calls. People told us, "Having a stable team is brilliant", "All my needs are met and I have no issues with continuity."

Relatives told us that overall they felt staff were well trained and were delivering the care that had been agreed. We received mixed views about contact with the agency's office. When we spoke with the provider about these issues they informed us of a new IT system installed that week. The system was to assist with planning visits and staff rotas. It also included a new telephone system so that contact with the office could be improved.

Care delivery had recently been improved by dividing geographical areas and assigning a senior carer to each geographical 'patch'. One senior carer told us, "It's been great to have more responsibility, we've had support and training as well. We now do supervisions for carers on our patch. The team work has improved and as we all pull together. It definitely benefits the people we go to."

All of the staff we spoke with told us they felt very well supported. One staff member told us, "The training is very in depth. I worked shadowing experienced staff before working on my own. I was given a full weeks training in the office and felt really prepared well before I started working on my own."

The staff training records showed staff were kept up-to-date with safe working practices. Training included dementia awareness, equality and diversity and person-centred care. More specialist training was also offered to support people with more complex needs, for example, training in neurological disorders and the use of home ventilated systems for people with a respiratory disorder.

Staff had a good understanding of the Mental Capacity Act 2005 and best interest decision making approaches, when people were unable to make decisions themselves. The care staff we spoke with also understood how to respect people's rights. We saw detailed work carried out on giving people support who lacked capacity in some areas so that decisions were made in their best interests. These were carried out within the guidelines of the MCA. Staff asked for consent and informed them in the tasks that they are about to complete.

People were supported to maintain good health. People's dietary and health needs were outlined within their care plans. Where possible, people were encouraged to maintain their independence.

Is the service caring?

Our findings

People told us that the care staff who visited were all very caring and would always ask them how they are feeling and ask them what they would like help with. Everyone we spoke with told us that the care staff who visited their homes took appropriate action to maintain their privacy and dignity.

One person said, "Very caring staff, they cannot do enough for me" and another person said, "The staff respect me and my home." We saw that one person had been supported to attend a family wedding some distance away and a staff member had been carefully selected to ensure that this went well.

Relatives of people using the services told us: "They really do care." and "One time the staff stayed when there was an emergency and went that extra mile."

We saw that care plans referred frequently to maintaining people's dignity and promoting their independence. People told us, and we saw, that the staff gave people time to carry out tasks themselves. For example, one plan stated, 'get soap, flannel, towel and washing up bowl ready. Leave the room until [name] shouts they have finished.' One person told us, "I'm very independent and the staff know and respect that." And another person said, "The staff encourage me to make decisions."

The provider told us, "We here are a big believer's in supporting people to live their life's as they want. We facilitate and enable. It's all about listening and finding out about people's past, the work they did, their families and what they want to do now." Links had been established with local advocacy services so that people could receive independent support to express their views or wishes about their lives.

People told us they had developed positive relationships with the care staff who supported them. A staff member told us, "I feel like I can make a difference and really look forward to seeing people I care for. They become like family, but I know my professional boundaries as well."

The service, working with other professionals, helped to ensure end of life care was handled in a compassionate manner. so that people experienced a comfortable and dignified death. One family member had written into the agency to thank them for care given to their loved ones, it read, "In my experience the carers were always very kind and treated my parents in a lovely manner, never speaking to them as if they were children. It is thanks to your assistance that they were able to stay in their own home until just before they passed away."

Is the service responsive?

Our findings

People who used the service told us that it was responsive to their needs and wishes. One person told us, "I was involved in the care plan" Another person said, "Care planning was good, I could give my views." They said their support was planned to meet their preferences and told us that if they requested changes to their planned these were agreed where possible.

Relatives also felt the service was responsive, one telling us, "My [relative's] care plan is very good, I was involved in all the planning." Another relative said, "I find this care company is very responsive and effective. I would recommend this care company to other service users due to this. They let me know about any changes straight away."

Prior to receiving care from the agency an assessment was undertaken to ensure that the agency could meet the person's needs. People told us that they were included in agreeing to the care they received. One person said, "I was involved all along and they pop out every now and again to check everything's still working okay for me."

We saw that care plans included an assessment of the person's practical abilities and dependencies for example sight, hearing, eating, drinking, personal care, health and mobility and described exactly how staff should support the person.

We also saw how the agency was keen to look at the person as a whole and take into account their emotional, social and psychological needs. Staff had also at times attended multi-disciplinary reviews with other professionals to help co-ordinate the care of people with complex needs.

Reviews of care plans were carried out regularly and involved the person receiving support, their relatives and health and social care professionals. We saw that the agency was very keen to promote independence and to ensure that people were supported in their lifestyle choices. We were shown that a flexible service was provided, when possible.

The staff we spoke with understood that people could be isolated in their homes and how their visits could be important in reducing isolation. One care worker told us, "I try to talk about things that interest the person and we chat about different things. If I leave someone smiling at the end of a visit I feel I've done a good job. Sometimes I know I'm the only person they might see that day."

The registered provider had a procedure for receiving and responding to complaints. A copy of this was given to people who used the service. Everyone we spoke with told us they knew how they could raise a concern about the service they received. People told us they would contact the office with any concerns and have the details about how to make a complaint. One person told us, "Any concerns I would call the office. Any complaints are dealt with."

Is the service well-led?

Our findings

People told us that they valued the service provided and said the provider and senior team were committed to providing a good service. When people did have contact with a senior person they felt that these issues were managed effectively and they felt listened to. One person told us, "It's an invaluable service". Another person told us, "I would not change for any other care company."

People were asked for their views about the support they received. They told us they had received quality questionnaires to share their experiences with the registered provider. Where people had asked for changes to the support they received, they told us the agency tried to accommodate the changes they requested.

There were appropriate management arrangements in place to ensure the service was managed effectively. We found lots of evidence to show that the service was efficiently run with numerous systems in place to show the management team had good oversight into the day to day running of the service. One staff member told us of a new initiative to hold monthly seniors supervisors team meeting they told us, "It's been great for developing team work. We share what's worked and what's not. We are developing all the time, it's that sort of agency, you can speak up."

The provider was supported by an experienced team of care coordinators, who were responsible for overseeing how the service was provided in different areas. The care coordinators and senior team carried out checks on records such as medication records and care visit records. Whiteboards had been introduced into the office to help with more effective communication, for highlighting up and coming reviews or staff supervisions.

Care staff told us that the management team in the service set high standards. They felt well supported by the managers in the agency. One care worker told us, "I love my job, I feel well supported and there's always someone I can contact if I'm worried about a client." Another said, "[name] owner gives us fantastic support. Her enthusiasm rubs off on all of us. We 'buzz' off each other as a team with ideas. And [name] owner will try them out if the team all think it's a good idea."

There was a strong focus on continually striving to improve. For example they had developed new protocols based on national good practice on the care of people who were prone to pressure sores. They made use of local and national networks to seek out resources and materials for training.

The provider told us, "We are constantly adapting and tweaking people's roles for the needs of the organisation and to utilise people's strengths." For example, we saw as the organisation had developed roles such as Liaison training officer and a quality monitoring officer.

Providers of health and social care services are required to inform the Care Quality Commission (CQC) of important events such as allegations of abuse. The agency had ensured we were informed of significant incidents in a timely manner. This meant we could check appropriate action had been taken.