

JW Home Care Limited

# JW Homecare

## 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

JW Homecare is registered to provide personal care to people living in their own homes. People who use the service are provided with a range of hours of support per day or per week in line with their assessed needs. The office base is located in Skelmersdale.□

At our last inspection in November 2015 the service was rated Good. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

JW Homecare had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

People who received support in their own homes or a supported living house and their relatives told us they felt safe in the care of JW Homecare staff. A relative said, "It does comfort me knowing [relative] is so well cared for." In addition, we saw good systems to manage, review and learn lessons from accidents and incidents within the service.

People living in supported housing and in the community, 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 supported this practice. We found the management team had obtained each person's consent to care, or their representatives where this was applicable.

Where applicable, we saw care plans evidenced staff worked with people to develop a healthy lifestyle. They were supported with their cooking skills by helping to make meals of their choice.

Care plan information focused on a person-centred method of supporting people. In addition, information contained what support was required to maintain their independence within their own home and in supported living houses.

During the inspection visit to supported living houses we observed staff being kind and attentive to people

in their care. They were caring, patient and respectful. Comments we received confirmed that.

People supported by the service told us they were treated with respect and by caring staff. Comments received included, "The people who come and look after me are truly wonderful. Nothing is too much trouble and if they have to stay a little longer that is never a problem."

Staff spoken with and records seen confirmed a structured training and development programme was in place. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

Further information is in the detailed findings below.

## 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 remains 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.

# JW Homecare

## **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.

JW Homecare is a domiciliary care agency. It provides personal care to people living in their own homes. The service covers a wide range of dependency needs including adults, people with a learning disability, people with mental health problems and younger adults.

JW Homecare also provides care and support to people living in six supported living settings so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This comprehensive inspection visit took place on 09 August and was announced. The provider was given 24 hours' notice because the location provided a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of one adult social care inspector.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

We contacted the commissioning department at Lancashire County Council. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. In addition, we completed our planning tool and reviewed the information we held on the service.

During the inspection visit we spoke with a range of people about the service. They included three people supported in the community and three people living in two supported living houses. We also talked with two relatives of people who used the service. In addition, we visited the office base at JW Homecare and spoke with the registered manager/owner, area manager and a senior carer. Also, we spoke with four staff supporting people in the community and supported living homes.

We looked at the care records of two people, recruitment and supervision records of staff members, the training matrix and records relating to the management of the service.

# Is the service safe?

## Our findings

We spoke with people who used the service and their relatives about how they were supported and if they felt safe in the care of JW Homecare staff. Comments were positive and included, "They have been great for me and look forward to when they come. It makes me feel safe knowing I am being looked after." Also, a relative said, "It does comfort me knowing [relative] is so well cared for." People who received support in their own home informed us they received care from the same carers as much as possible and that made them feel safe. One person said, "It is good they try and keep to the same staff. It makes me feel better."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding vulnerable adults training and understood their responsibility to report any concerns they may observe to keep people safe.

The management team completed risk assessments to identify potential risk of accidents and harm to staff and people in their care. Risk assessments provided instructions for staff members when they delivered support for people in their care. For example, each individual supported living home was risk assessed where potential risks had been identified and action taken recorded to ensure staff were safe.

The management team had the same good systems for recruiting staff in place from the previous inspection. In addition, the management team monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide support for people in their home and supported living houses.

We looked at how the service was staffed and found appropriate arrangements were in place. People supported in the community by the service received rotas informing them the time of their visits and the names of staff who would be supporting them. One person who received a service said, "They generally stick to the same people which is good and I know who will be coming."

We looked at how accidents and incidents were managed by the management team. The registered manager/owner had a record of falls, accidents and incidents for each supported living home. They detailed the nature of the incident, time and action taken to resolve it. There had been few accidents however, where they occurred any accident or 'near miss' was reviewed so that lessons could be learnt and to reduce the risk of similar incidents.

We looked at medication records in a supported home we visited and found people's medicines continued to be managed safely. Staff who administered medication did so at the correct time they should and had received appropriate training. One staff member said, "Only trained staff give out medicines. We have all had our training." Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the service had systems to protect people from unsafe storage and administration of medicines.

# Is the service effective?

## Our findings

We found evidence the management team was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. People received effective support from staff at JW Homecare because they were supported by trained staff who had a good understanding of their needs. Comments from people who used the service and relatives included, "They know what to do when they come here. I feel confident because they all seem competent." A relative said, "They seem well trained in caring for people and that gives me confidence."

We looked at training records, spoke with people and care staff about competency and access to training courses for staff. Responses were positive and one staff member said, "No issues with training we have a lot and always updated." Another said, "They have supported me to undertake professional qualifications so I know access to courses is really good." Training records showed a number of courses had been attended by staff and regular training was ongoing. For example training included, safeguarding, medication and infection control.

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). We saw written consent to care and support had been recorded on people's care records by the person. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes. However, the management team were aware of (DoLS) for people living in supported houses. Staff demonstrated a good awareness of related procedures.

Care records contained an assessment of their needs before care staff commenced their visits. This ensured the service had information about support needs of people and they were able to confirm these could be met. Following the assessment, the service in consultation with the person to be supported or family member had produced a plan of care for staff to follow.

The management team at JW Homecare shared information with other professionals about people's needs on a need to know basis. For example, when people visited healthcare services staff assisting with the visit provided information about the person's communication and support needs. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. People we spoke with told us they were happy with the support they received with their healthcare needs.

We looked at what arrangements the management team had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about whether the person had communication needs. These included whether the person required easy read picture format or large print reading.



Care plans seen confirmed people's dietary needs had been assessed and support and guidance recorded. People we spoke with told us they were happy with the support they received with their meal preparation and times that staff attended to their meals. In addition, people who lived in supported living homes were involved in preparation and shopping for food. One person said, "Love shopping for food." Staff informed us they had completed food and hygiene training to ensure they were confident with meal preparation.

## Is the service caring?

### Our findings

People supported by the service told us they were treated with respect and by caring staff. Comments received included, "The people who come and look after me are truly wonderful. Nothing is too much trouble and if they have to stay a little longer that is never a problem." Also, "I don't know what I would do without them. They are a lifeline to me, so caring and helpful."

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life. Staff received equality and diversity training to ensure they understood inclusion, discrimination, diversity and prejudice. The intention was to ensure staff demonstrated interactions that respected people's beliefs, values, culture and preferences

There was information available about access to advocacy services should people require their guidance and support. For people living in supported housing there was information details for people and their families if this was needed. This ensured their interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

When we visited a supported living home with a member of the management team we observed they and staff there consistently engaged with people in a kind and supportive manner. They interacted in ways that demonstrated they knew the person and what interested them. They enjoyed their company and sat and laughed and chatted with them. It was clear from our observations and discussion with people who used the service staff showed a good awareness of the importance of treating people with respect and maintaining their dignity. One relative said, "They always treat me, but more importantly [relative] with respect and patience."

Care records contained evidence the person or a family member had been involved with and were at the centre of developing their care plans. Also, what support was required to maintain their independence within their own home. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and provided information for staff who were visiting the home.

## Is the service responsive?

### Our findings

Care records of people living in supported housing and people's own homes contained evidence the person or a family member were at the centre of developing their care plans. In addition, what support was required to maintain their independence within their own home. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and provided information for staff who were visiting their home.

People's end of life wishes had been discussed with them and recorded. At present the service was not supporting people on end of life care.

JW Homecare provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care and support. For example, one person said, "I Like going dancing we all really enjoy it. It is my hobby."

In the supported homes they had technology to assist people to have contact with family members or friends if they wished. Computers were available for people to use to communicate through skype which is an internet based communication service. In addition, people often accessed the internet to play computer games.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

# Is the service well-led?

## Our findings

People supported by the domiciliary service and those living in supported houses told us the registered manager/owner and staff team were approachable and ran an organised service to their benefit. For example, comments from people being supported and relatives included, "It is all about making sure I am cared for. The staff and management have been great." Also, "[Relative] has been so well cared for by good staff and management."

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

We found the service had clear lines of responsibility and accountability. The registered manager/owner and their management team and staff team were experienced, knowledgeable and familiar with the needs of people they supported. Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided a well run and consistent service. A staff member commented, "Great management always there to help."

The service had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of people they support through satisfaction surveys. We looked at the outcome of survey responses received in January 2018. These included staff and relative/'client' surveys. Positive outcomes had been received. One relative wrote, 'We have noticed a big change in [relative] the staff are doing a great job.' The registered manager/owner informed us any negative comments would be analysed and acted upon.

The management team completed a range of quality audits to ensure they provided an efficient service and constantly monitored JW Homecare. These for example included, medication, care records and staff training. Documentation highlighted examples of where the management team took action to address identified issues. One of the management team said, "It is important to monitor and continue to improve, auditing systems enable us to do that."

The management team had other monitoring systems in place such as home visits by the management and telephone discussions with people who used the service. One person who used the service said, "They are always checking up, it is a very good service." A number of people we spoke with during the inspection confirmed they had received visits from office staff.

The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals and social workers.

The service had on display in the reception area of their premises and their website their last CQC rating,

where people could see it. This has been a legal requirement since 01 April 2015.