

JW Home Care Limited

Church Way Respite

Inspection report

28 Church Way
Kirkby
Liverpool
L32 1TL

Tel: 07814516202

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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

About the service

Church Way is a residential care service that provides short term respite care for adults with physical and or a learning disability. At the time of the inspection one person was using the service. The service can support up to three people.

The service has been developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

There were processes in place to protect people from the risk of abuse and harm. Risks to people were assessed and measures were in place to keep them safe. Safe recruitment processes were followed, and people were supported by the right amount of suitably skilled and experienced staff. Medicines were used safely. There were systems in place for reporting accidents and incidents and learning from them.

People's needs, and choices were assessed prior to them first using the service and at the beginning of each stay. Staff worked within the law and followed best practise guidance in meeting people's needs. Staff received the training and support they needed for their role. People's dietary and healthcare needs were understood and met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were well treated, their privacy, dignity and independence was promoted and respected. Staff knew people well and had formed trusting and positive relationships with them and their family members. People openly expressed their views and opinions and were involved in decisions about their care.

People had choice and control, their care and support were planned around their wishes and preferences. People knew how to complain, and they were confident about complaining if they needed to. Complaints were used to improve the service.

The registered manager and provider promoted a culture which was person-centred, open and inclusive. There was good partnership working with others to meet people's needs. Regular checks were carried out on the quality and safety of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 01 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had yet to be rated since it registered with the CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Church Way Respite

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Church Way is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

Before the inspection, we looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager, the provider and a care worker. We met with one person who used the service and carried out observations of their interactions with staff. We spoke on the telephone with one person's family member about their experience of the service.

We looked at one person's care records and their medication and medication administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for three staff and other records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This was the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to protect people from the risk of abuse.
- Staff had completed safeguarding training and they had access to safeguarding information and guidance.
- Managers and staff knew the different types and indicators of abuse and how to report any safeguarding concerns and they were confident in doing so.

Assessing risk, safety monitoring and management

- Risks to people were assessed and guidance was in place for staff to follow to minimise the risk of harm to people and others.
- The service operated an on-call system and had a business continuity plan to manage unforeseen situations.
- Managers and staff had received training in topics of health and safety and they were confident about dealing with emergency situations.
- Regular safety checks were carried out on the environment and equipment used at the service.

Staffing and recruitment

- People received safe care and support from a consistent team of staff with the right skills and experience.
- Staffing levels were arranged based around meeting people's needs and keeping them safe.
- Applicants' suitability to work with vulnerable people was checked before they were offered a job.

Using medicines safely

- Checks were carried out on people's medicines and medication administration records (MARs) at the beginning of each stay and they were stored securely.
- People received their medicines at the right time from staff who were trained and competent to carry out the task.
- Staff had access to medicines management policies and procedures and other best practice guidance to support their practice.

Preventing and controlling infection

- Staff had completed training in the prevention and controlling of infection and had access to policies and procedures and other guidance to help support their practice.
- Staff followed good practice guidance to minimise the spread of infection.

Learning lessons when things go wrong

- There was a system in place for recording any accidents and incidents which occurred at the service and for learning lessons to help prevent the risk of these issues reoccurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This was the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and choices were assessed before they used the service and at the beginning of each stay.
- Outcomes for people and how they were to be met were agreed with them and where appropriate relevant others.
- Where it was required for people professional guidance was obtained and staff followed it to achieve good outcomes for people.

Staff support: induction, training, skills and experience

- Staff received the support and training they needed to carry out their role effectively.
- Staff completed an induction and ongoing training relevant to their role and people's needs.
- Staff were provided with support through regular one to one supervisions and group discussions. Staff felt well supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they needed to eat and drink and maintain a healthy and balance diet.
- Staff had information about people's dietary needs, likes and dislikes and any support they needed to eat and drink.
- People were involved in planning and preparing their meals and meals times were flexible.

Supporting people to live healthier lives, access healthcare services and support

- Staff had information about the support people needed to maintain their health and wellbeing.
- A record was kept of any healthcare professionals who may need to be contacted during a person's stay.
- Where people required support during their stay from healthcare professionals this was arranged.

Adapting service, design, decoration to meet people's needs

- Aids and adaptations were in place to assist people with their personal care, mobility and independence.
- All parts of the service were spacious and well equipped with domestic style furniture, fittings and appliances.
- Decoration across the service was well maintained and in keeping with ordinary living.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- No person using the service had any authorisations in place to deprive them of their liberty. Staff had however completed MCA training and had access to information and guidance to help support their practice. They understood people's right to make decisions unless assessed as otherwise.
- Staff obtained people's consent before providing them with any care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care plans included information about people's expressed choice and wishes including their preferred name, and any specific support they required.
- Staff were knowledgeable about people's wishes, preferences, likes and dislikes and they respected people's lifestyle choices.
- Staff spoke with about people in a kind and caring way. Their interactions showed that positive and trusting relationships had been formed between them.
- People were supported to feel at home during their stay, they were encouraged to personalise their bedrooms and other communal areas.

Supporting people to express their views and be involved in making decisions about their care

- People were given opportunities to be involved in their care and express their views.
- People were asked about their experiences following each stay at the service and through care reviews. Reviews gave people the opportunity to check that their care plans were working for them and discuss and plan any changes they wished to make.
- The service provided people with information about support services if they needed independent advice and support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- Staff provided people with dignified care and support. They knocked on bedroom doors before entering and assisted people with personal care in private.
- Staff respected people's independence and understood the importance of this. People were supported to maintain their independence.
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's needs, and choices were clearly set out in their own personalised care plan.
- Care plans instructed staff on how best to meet people's needs to achieve the intended outcome in a way the person preferred.
- Care plans were reviewed at the beginning of each stay and updated with any changes in people's needs or at their request.
- Staff supported people during their stay to follow their interests and take part activities to meet their needs.
- People were supported during their stay to follow their beliefs and maintain relationships with those who were important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and were recorded in their care plans.
- Information was available in different formats where this was required.
- Staff explained information to people and their family members where this was needed to make sure they understood the care and the options available to them.

Improving care quality in response to complaints or concerns

- People and relevant others including family members were given information about how to complain.
- No complaints or concerns had been raised about the service, however there was a system in place for recording complaints and any action taken to improve the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider promoted a positive culture which was person-centred and inclusive.
- People were involved in planning their care and support and they experienced good outcomes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- There registered manager had a clear understanding of their role responsibilities in line with regulatory requirements. They knew when to notify the Care Quality Commission (CQC) about incidents and events which occurred at the service.
- Staff had a good understanding of their roles. Their performance, learning and development was monitored through observations and regular discussions with the registered manager and provider.
- The registered manager and staff understood their responsibilities for ensuring risks were quickly identified and mitigated. Risks to people's health, safety and wellbeing were effectively managed through ongoing monitoring of the service.
- There had been no incidents at the service since the service had been registered. However the registered manager and provider understood their responsibilities to act in an open and transparent way by being open and honest with people when an incident occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, family members and others were provided with opportunities to provide feedback about the service.
- Regular staff meetings were held which enabled staff to meet as a group and share any learning and development and receive any updates about the service.
- The service was open and inclusive and fully considered equality characteristics.
- There was a positive approach to working in partnership with others such as people's representatives and health and social care professionals.

Continuous learning and improving care

- There were systems in place for checking and improving the quality and safety of the service.

- Action plans were developed for areas identified as needing to improve and the actions were completed in a timely way.
- The registered manager and provider completed training and sourced information to update their knowledge and learning.