

Chester Healthcare Limited

Jane Lewis Health & Social Care

Inspection report

Merchants House
Crook Street
Chester
Cheshire
CH1 2BE

Tel: 01244404080

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08 April 2016

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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

This was an unannounced inspection, carried out on the 7 and 8 April 2016.

Merchants House is a domiciliary care agency registered to provide nursing care or personal care to people who live in their own homes. The service was previously registered as Jane Lewis Health and Social care and had reregistered under the name Merchants house in August 2015. The service currently supports 60 people, both children and adults who have a wide range of complex health and support needs.

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.

This location had not been previously inspected by Care Quality Commission. However we identified during our inspection that the registered provider had made an administration error when changing the location address. The new location had been registered as Merchants House instead retaining their former name of Jane Lewis Health and Social Care. The registered manager took immediate action to submit the correct change of name forms to CQC.

The registered provider had safeguarding policies and procedures in place. All staff received training to raise awareness of how to recognise signs of potential abuse and poor practice and what actions they would need to take. Staff were confident in their knowledge and understanding of abuse.

Individual risk assessments were completed to ensure both people supported, relevant others and staff were protected from the risk of harm. Assessments relating to activities taking place within peoples living environments and outdoor spaces had been completed.

Processes for recruiting staff were safe and thorough to ensure staff were suitable for their role. People's needs were understood and met by the right amount of skilled and experienced staff.

Staff were supported well by the registered provider. Supervision and appraisal sessions were regularly completed to reflect on good practice and areas of improvement.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood what their responsibilities were for ensuring decisions were made in people's best interests.

Staff understood how to meet the needs of individuals supported. The service ensured that where possible a consistent approach to staff was developed. This enabled people, their family members and staff to build good working relationships and develop confidence in the support provided.

People and/or their family, friends or significant others were encouraged to be involved in the planning and review of individual care and support needs. Family members told us that staff were patient in their approach and had a good understanding of people's preferred style of communication to ensure that they were involved as much as possible.

Family members told us that they felt staff and management listened to people's concerns and acted upon them immediately. People and their family members knew how to raise a complaint and to whom.

Support plans were in place for people and regular reviews were completed to ensure that the needs of people were sufficiently met by the registered provider.

The registered provider maintained robust, effective quality assurance systems to ensure that all aspects of service provision were regularly reviewed and maintained to a good standard. We were notified as required about incidents and events which had occurred at the service.

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.

People felt safe using the service. Staff were confident as to how they would respond to concerns about people's safety.

Risks to people were appropriately assessed and recorded in support plans.

Robust recruitment procedures were followed. People were supported by staff who were suitable to work with vulnerable adults and children.

Is the service effective?

Good ●

The service was effective.

Staff understood the importance of seeking consent from people prior to support being delivered.

The manager's and staff had a good knowledge of the Mental Capacity Act (2005). Policies and procedures in relation to the MCA 2005 were in place and accessible to staff.

People were cared for by staff who were well trained and supported with their personal development.

Is the service caring?

Good ●

The service was caring.

Staff were caring, patient and responsive to people's support needs.

People's dignity and privacy were respected at all times. Staff understood the importance of promoting people's independence.

People were provided with good information about the service they could expect to receive from the registered provider.

Is the service responsive?

Good ●

The service was responsive.

A complaints procedure was available and people knew who to contact if they wished to make a complaint.

People's care and support was reviewed in partnership with them and where appropriate their family and other professionals.

People were supported with hobbies and interests as outlined in their plan of support.

Is the service well-led?

The service was well led.

The service was managed by a team of people described as approachable, supportive and responsive.

Effective quality assurance systems were in place to review and monitor the care and support people received.

People's opinions and views were valued. The registered provider undertook regular surveys to review the service they provided.

Good 

Jane Lewis Health & Social Care

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.

This inspection took place over two days and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be at the office. The inspection team consisted of two adult social care inspectors.

During our inspection we spoke with two people who used the service, four family members and three healthcare professionals who visited the service regularly. We also spoke with four staff, the registered manager and branch manager. We looked at six people's care records, staff records and records relating to the management of the service.

Before the inspection, we reviewed the information we held about the registered provider including previous notifications and information about any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law. We looked at information provided by the local authority commissioners and safeguarding teams. The information we received raised no concerns about the service.

Is the service safe?

Our findings

People supported by the staff and their family members were happy with the service provided and felt assured that staff were competent to keep them safe. They told us "The staff always make sure I feel safe. I place a large amount of trust in them and them in me" and "Staff are responsive to [my relative]. They have an alarm in place that they use to call for staff. They are well supported with their needs and we feel that [my relative] is totally safe in their care".

We saw that there were measures in place to ensure that people were safe within their own living environment as well as outside. Any activities that were undertaken were taken in a safe way. Risk assessments had been carried out to identify risks to people using the service, those supporting them and others. Each assessment highlighted the potential hazard, who might be at risk and the precautions that could be taken to minimise the risk. There were clear management plans in place. An example of this was where the registered provider had highlighted the potential risks associated with the use of percutaneous endoscopic gastronomy (PEG). This is where a tube is passed through a person's stomach to provide a means of accessing food and fluids when they are not able to be taken orally. Areas such as risk of infection or contamination to the site of the PEG through poor hygiene practice had been highlighted for the attention of staff.

Staff were confident in describing what could be seen as poor practice and/or constitute abuse. Staff had access to information about safeguarding people including safeguarding policies and procedures set out by the registered provider and the relevant local authority. In addition to this information was made easily accessible for staff in the staff handbook. They told us "I would raise any concerns or report poor practice straight away to the management team" and "I know anything like that would be acted upon straight away. No one should be subjected to abuse. We have zero tolerance to abuse". The registered manager confidently described how they would raise safeguarding concerns with the relevant agencies in a timely way to ensure people were safe and free from harm. Records showed that staff had completed training in safeguarding adults and children from abuse.

The registered provider had a recruitment and selection policy and procedure. We viewed recruitment records for six members of staff and found that the process for recruiting staff was thorough and safe. All applicants had completed an application form which required them to provide details of their previous employment history, training and experience. A range of checks had been carried out prior to a job offer, including references and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to check on people's criminal record and to check if they have been placed on a list for people who are barred from working with vulnerable adults or children. This assisted the registered provider to make safer decisions about the recruitment of staff.

People were supported by sufficient members of staff to meet their individual needs. The registered manager confirmed that most care packages provided required a minimum of four hours support. The branch manager told us, "When a care package is being developed, we work hard to make sure the right amount of staff and the right people are chosen to deliver the support. This can be trial and error at first but

we usually find the right balance". Every effort was made to ensure that people were supported by the same staff. This meant people received a consistent service from staff that had a good understanding of the needs of the people they supported and of any risks to their safety and wellbeing.

People's care plans clearly identified if they required support with the management of their medication. Training records showed that staff had been provided with training in administering medication and staff told us they felt suitably skilled to administer medication. The agency had a policy and procedure for the safe handling of medicines which was accessible to staff. In addition to this, information about the medication policy was easily accessible in the staff handbook. Records we viewed were appropriately maintained and reviewed by the branch manager on a monthly basis to ensure any concerns or issues were highlighted and addressed appropriately.

Staff were provided with identity (ID) badges and were required to wear them when visiting people. However it was noted that in some circumstances requests had been made from people or their family members that they were held on their person and not visibly worn by staff when out in the community or in their own homes. This was respected by the staff at all times.

Is the service effective?

Our findings

People who used the service and their families told us that staff were able to meet their needs. "My staff member has got to know me well. They understand my health condition and how important my routines are".

The registered provider ensured that staff received training and development opportunities that were appropriate and required for their role. The branch manager told us "We support people with quite complex care needs and sometimes we need our staff to access specialist training and share their learning with colleagues". The training matrix and individual records showed what training staff had completed and when they were due for refresher training. Training sessions included moving and handling, first aid, fire safety and dementia awareness. Staff told us "The office are very good at alerting us as to when we need updates. They will give us a call a few weeks before they are due and if we don't complete the updates we don't work until it has been done". The registered manager told us "We will not send anyone out to support people who has out of date training. It is paramount that they have the up to date skills that they need to keep them and people safe".

Staff received quarterly supervisions with the management team which gave them an opportunity to be able to discuss how their work was progressing, any concerns and areas of improvement. The supervision process included the appraisal of staff performance. Information was requested from people and/or their family members on a quarterly basis and feedback was discussed with each staff member. Records of meetings were held in each staff member's personal files.

A structured induction programme was in place. The registered manager informed us "All staff have an induction programme planned ready for their start date. This includes the plan of mandatory training, specialist training and also sharing information about our approach to the work we undertake". Staff told us they spent time shadowing existing experienced staff with people prior to being allowed to support someone on their own. "They were very good, it was all about the person being happy and also me being confident before I was left alone" and "It was really good to spend time with staff who knew people. I learnt all the things you can't always know from reading support plans. It was a very person led approach". This demonstrated a commitment from the registered provider to invest in the well-being of staff from the start of their employment.

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 as far as possible people to make their own decisions and to be helped to do so when needed. When people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager, branch manager and staff had a good understanding of the key principles of the MCA. People we spoke with told us that staff always asked for consent prior to providing care. Where people were not able to verbally consent, staff described how they would understand implied consent through

actions or behaviours displayed by a person. Staff told us "We need to ensure that people make their own decisions as much as possible and understand their preferred way to do that" and "We don't have the right to make decisions for people just because we care about them. It's important to remember that".

Policies and procedures and codes of practice were in place to offer guidance to staff in relation to the Mental Capacity Act 2005 and records showed staff had completed training in MCA and Deprivation of Liberty Safeguards (DoLS) as part of their induction programme.

People who used the service and their family members told us that they took most of the responsibility for managing healthcare needs. However, staff had information about people's healthcare needs and any support they needed to provide people with. For example, how to support people if there was a notable decline in their health or wellbeing or if a person informed them that they were unwell. However, we noted that information included in care plans did not always clearly outline the registered provider's responsibilities in this area. The registered manager and branch manager told us they would update care plans to include this information.

Is the service caring?

Our findings

People and their family members told us that staff were kind, caring and compassionate when engaging with their loved ones. "I have had help from the same person for years now, they have become my friend not just my carer" and "They work hard to get the right people in place. The staff we have now understand [my relatives] communication needs and they are very patient and respectful with them" and "We are very happy with the staff support. They are amazing. We feel very lucky to have a service for [our relative] that meets their needs on a friendship level. It's not just about tasks".

Staff showed an understanding of people's needs with regards to their disabilities, sexual orientation and gender. Support plans we viewed showed how people's personal preferences in relation to their daily support needs had been considered. This included information about whether a person preferred a male or female member of staff to help them with daily tasks such as personal care. One family member told us "[My relative] is very picky about who helps them with their personal care needs. It's important that they feel comfortable and the mix of staff we have is good for them".

Staff we spoke with demonstrated a good understanding of the needs and wishes of the people they supported. They told us "The good thing about working for this agency is that they promote consistency for people. I have worked with the same person for two years which has enabled me to build a good relationship". Staff were able to describe people's preferences in relation to their routines, likes and dislikes and activities they wished to engage in or be supported with. Staff told us "The person or their families let us know what is needed and we work within their preferred timescales. It's important that we remember that people are in control of their support".

Independence was promoted by staff at all times and clear examples of encouraging people to be independent were described to the inspectors. Staff told us "Simple elements such as encouraging someone to choose what they want to wear and eat are really important for us to consider. We recognise how it can make someone feel if you don't involve them". A family member confirmed "The carers are aware of what [my relative] can do for themselves with a bit of guidance and support. They try not to take that little bit of independence away from them".

Through discussions with the registered manager and branch manager it was clear that consistency was a priority when providing a package of support. "We aim to be the chosen provider for the length of the care package. It's important that we listen to people, respect their feedback and work with them to get it right". Healthcare professionals told us "The agency work as part of a team, we support people to create a vision for their care package and they build the support around this. They are creative when meeting people's needs".

Staff told us that they always treated people with dignity and respected their privacy. Staff were confident in describing how they would promote and maintain people's dignity. Examples such as ensuring that people were covered and doors were closed during personal care and also showing discreet behaviour when asking for private information if other people were in their immediate vicinity. Consideration was also given to

skills, matching staff to people supported. The branch manager told us "We try to look at varying aspects of someone's support. For example if someone is quite young we try and match a younger staff member for support to see if they have common interests. We feel this also helps to maintain people's dignity". Family members told us "We have a mix of one younger staff member and a more mature staff; this gives [our relative] a great balance. They know about the latest fashions, hair styles and also there is someone who can make sure everything gets done". Thought and consideration had been taken into account when choosing the right staff to meet people's needs.

People were provided with a detailed service user guide and statement of purpose. The guide outlined information relating to the service people could expect to receive from the registered provider. Some of the information included, referred to matters of health and safety, safeguarding procedures, arrangements to cover staff sickness and how to make a complaint and to whom. The registered manager explained that the guide was discussed with the person and their relatives in detail when their support package commenced.

Is the service responsive?

Our findings

The registered provider had a clear process in place for the management and review of complaints. One person told us, "I was given information at the start of my support about how to make a complaint about the service I receive, but I have never had to make one yet". Another person told us "I know that if I have any concerns I can pick up the phone and call the office. I am confident that it will be dealt with quickly". Family members confirmed that they were aware of who to speak to and what process they needed to follow if they were concerned or unhappy about any aspects of care delivered to their relatives.

We reviewed the registered provider's complaints procedure and saw that the process outlined only guided people to raise complaints directly to the registered provider or to CQC. The registered manager confirmed that she would update information to ensure that contact details for the local ombudsman would be made accessible to people. We saw records relating to two complaints that had been received at the service and these had been dealt with appropriately within the registered providers own timescales. We also saw records of compliments from people and family members thanking staff for the work they had undertaken to support them or their relatives through difficult times in their lives. Comment such as "I have been very impressed with the service" and "I would highly recommend you to any family who need 24 hour support" and "Thank you for the fabulous service you have provided for me" were received.

Prior to any support being delivered an initial assessment of need was completed with each person and/or their relevant others. This information was used to form the basis of a support plan for staff to follow in order to deliver the support a person required. Information gathered included people's specific health care needs, preferred method of communication, mobility support and day to day support requirements. However, we looked at initial assessment records for four people and found that they were not always completed in full or signed and dated. We found that support plans were in place for each person that included basic information about the support people required and an overview of what actions staff would need to take to meet their needs. However, through discussions with staff it was clear that they were able to describe in good detail people's character, routines, personal preferences, health and support needs. They told us "Working consistently with people helps us to get to understand their needs better. I pride myself on knowing the person I support well. I know what they like and what they don't like". Family members informed us that "We review the care plans regularly and update the information with any changes that staff need to know about. They are vigilant at reading the records". Daily records kept for each person also helped to ensure staff had up to date information about people. We spoke to the registered manager and branch manager about the requirements of having a fully completed assessment and the benefits of support plans that included a good level of detail so that staff, less familiar with the person could also provide a personalised service. They confirmed that they would review the content of the assessments and care plans to ensure that people were provided with effective and responsive support.

Records demonstrated that people's support plans were reviewed annually and reviews were completed by a multidisciplinary team of people. This included the person and/or their relevant others, the registered manager and branch manager, healthcare professionals involved in the person's support and support staff. The registered manager explained in the event of a person's needs changing prior to this review the support

plan documents could be updated at any time to meet the needs of individuals. Family members confirmed that their relatives were involved as much as possible in the planning and review of their care and support. They told us "[My relative] is always consulted about decisions or changes in their care needs. Sometimes they find it difficult to get across what they need but that doesn't mean they are not asked or involved".

People were supported to maintain a range of individual interests and activities, according to their personal support needs and preferences. Family members told us "The staff help [our relative] go out in the community to do their shopping and other activities such as the cinema, whatever they would like to do". Support plans identified individual interests and hobbies which enabled staff to provide a personalised service.

Is the service well-led?

Our findings

The service was well managed by a person registered with the Care Quality Commission. The registered manager took responsibility for the day to day management of the service. In addition to the registered manager there was a branch manager in place who had a very good understanding of the overall service provided to individuals. They told us "I am very proud of the work we do. We take great pride in our work and we make sure our staff received the best training they could have" and "The quality of the service we provide to people is extremely important to me. I work hard to make sure we get it right and learn from when we don't". People who used the service, their family members and healthcare professionals told us that they found the management team approachable, easy to talk to and responsive and people were confident in their abilities.

During our inspection we noted that the registered provider had recently changed address and in error registered their new location name as Merchants House instead of keeping their original name of Jane Lewis Health and Social Care. This was an administrative error. During our visit we highlighted this to the registered manager and they immediately submitted the appropriate forms to revert the name back to Jane Lewis Health and Social care.

The registered provider had effective and well managed quality assurance systems in place. Audits covered a wide range of areas were completed by the registered manager alongside her team on a monthly basis. Information such as staff recruitment processes, training, supervision and appraisal, care plan reviews, accidents and incidents were some of the topics reviewed in the monthly audit process. In addition weekly meetings were held as a team which gave an opportunity to discuss any other areas of good practice or concern and to share updated information relating to the services provided.

In 2015 the registered provider had carried out an annual survey with people who used the service to measure their success and areas of development. We looked at the completed survey and found that the overall feedback was positive. We noted that the registered provider highlighted any areas of development and these were reviewed and addressed appropriately. In addition surveys were issued every three months which allowed regular opportunity for feedback to be given on both the agency as a provider and also in relation to staff support. Family members told us "I value the fact that I am asked for feedback so often and on all areas of the service provided to [my relative]. It's important to me to know I am listened too". This demonstrated that the registered provider valued people's opinions and feedback.

We viewed accident and incident reports and these were recorded appropriately and reported through the registered provider's quality assurance system. Each accident or incident that occurred was reviewed by the management team and a post incident analysis was completed. This enabled the service to identify what changes were needed to minimise the risk of an incident occurring again. This meant the registered provider was monitoring incidents to identify risks and trends and to help ensure the care provided was safe and effective.

Staff told us that they had good systems of communication with the management team. Staff told us "I

know it doesn't matter what time of day or what I want to ask I can always speak to the managers. They are very supportive and approachable". It was clear that regular discussions took place regarding any changes in need and support that people required. Records showed that staff were involved in annual review meetings about people's support and their contributions and feedback was welcomed.

The registered manager had a good awareness of her responsibility in line with the Health and Social care Act 2008. Registered providers are required to inform the Care Quality Commission (CQC) of important events that happened within the service. The registered manager was aware that CQC are required to be informed of specific events by law to ensure people are kept safe and well. There had been no significant incidents that had occurred at the service since registration.

The registered provider had a comprehensive set of policies and procedures for the service. The registered manager informed us that policies were reviewed and updated as required. Records confirmed this. All staff were issued with a staff handbook when they started working for the agency. The handbook contained details about key policies and procedures in order to assist staff to follow current legislation and best practice. Policies were also available on the computer system at the office which ensured that staff had access to up to date information and guidance when required.

Personal records were stored in a locked office when not in use. The manager's had access to up-to-date guidance and information on the service's computer system that was password protected to ensure that information was kept safe.