FPS (Peterborough) Limited

J&M Care Ltd - Cambridgeshire Homecare

Inspection report

10a Back Lane
Eye
Peterborough
Cambridgeshire
PE6 7TA

Tel: 01733223426

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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

J&M Care Ltd is registered to provide personal care to people living in their own homes. At the time of our inspection a service was being provided to older people, people living with dementia, younger adults, people living with mental health conditions and people living with physical disabilities or sensory impairment. The service has its office in Eye and covers the Peterborough, Cambridge and Fenland areas. There were 111 people receiving personal care from the service and there were 73 care staff employed, at the time of this inspection.

This comprehensive inspection took place on 26 April and 2 May 2017 and was announced.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People had their needs assessed and reviewed so that staff knew how to support them to improve their independence. People's care plans contained clear information about the person. The information was up to date and correct. People had risk assessments completed and staff had the necessary information they needed to reduce risks to people.. People were respected by staff and staff treated them with kindness.

There was a system in place to record complaints. This included the outcomes of complaints and how the information was used to reduce the risk of recurrence.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and could describe how people were supported to make decisions. Training had been provided by the service and staff were aware of current information and regulations regarding people's consent to care. This meant that there was a reduced risk that any decisions, made on people's behalf by staff, would not be in their best interest and as least restrictive as possible.

The risk of harm for people was reduced because staff knew how to recognise and report abuse. Staff had completed all training required by the provider. There was a system to ensure that staff received further training to update their skills.

The provider's recruitment process was followed and this meant that people using the service received care from suitable staff. There was a sufficient number of staff to meet the needs of people receiving a service.

Staff meetings, supervision and individual staff appraisals were completed regularly. Staff were supported by the general manager, two managers, five supervisors, three co-ordinators, two senior care workers, one training manager and the registered manager during the day. An out of hours on call system was in place to support staff, when required.

There were systems in place to monitor and audit the quality of the service provided. This meant that the provider was able to drive forward any necessary improvements needed.

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.

Risks to people's safety and welfare were assessed and managed.

People were protected from harm because staff understood what might constitute harm and what procedure they should follow if they thought someone had been harmed.

The recruitment process ensured that only suitable staff were employed to work with people they supported.

Is the service effective?

Good

The service was effective.

People were supported to meet their needs by staff who had the necessary skills and competencies.

Staff had received training and understood the principals of the Mental Capacity Act 2005.

People had access to healthcare professionals when they needed them.

Is the service caring?

Good

The service was caring.

People's dignity, privacy and independence were respected. People were involved in decisions about their care.

People received care that was kind and caring.

Is the service responsive?

Good

The service was responsive

There was a system in place to receive and manage people's concerns and complaints. Outcomes from complaints had been used to reduce the risk of recurrence.

People were involved in the assessment and reviews of their health and social care needs. People received individualised support from staff who were responsive to their needs.

Is the service well-led?

Good

The service was well led.

The registered manager understood their responsibilities.

Audits had been completed and issues identified to improve the service.

Staff were supported by the registered manager and staff in the office.

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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 checked 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 on 26 April and 2 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. The inspection was carried out by one inspector.

Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. We also received feedback about the service from representatives of the local authority's safeguarding team and contracts monitoring team; this helped with our inspection planning.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information to assist us with our planning of the inspection.

During the inspection we spoke with three people who used the service and three relatives of people who used the service. We spoke with the registered manager, general manager, one branch manager and three care staff.

We looked at four people's care records, quality assurance surveys, staff meeting minutes and medication administration records and audits. We checked records in relation to the management of the service such as staff training records.

Good

Is the service safe?

Our findings

At the previous inspection in February 2016 we found that the provider was breaching one legal requirement in this area and was rated as requires improvement. We found at this inspection that the provider had made improvements because risks to people had been assessed and minimised.

There had been improvements in relation to the physical and health risks that people were exposed to. This was because the level of risk to people was managed effectively. Areas of risk had been identified and they included poor skin integrity, being at risk of falls, the person's home environment and the use of equipment for moving and transferring people. We saw information in relation to how risks had been managed. For example, we saw that one person's skin integrity was at high risk. Staff had information about appropriate equipment and we saw that there was information for staff to know what they should do in the event of the risk occurring. One relative told us that when their family member returned home from hospital the risks were re-assessed in relation to moving and transferring and skin integrity. One staff member said, "If there are any changes [about the risk assessments] we would get a briefing [from staff in the office] to tell us." They went on to say that if they saw that a person's risks had increased they would telephone the on call staff in the office who would ensure an assessment of risk was made.

People and their relatives told us they felt safe. One person said, "I feel safe with them [staff]. They put me in my chair to go to the bathroom." One relative commented, "They [staff] are very considerate when they move [family member] from chair to wheelchair. They make sure [family member] is well enough to use the equipment or use the hoist if there are issues."

People were kept safe because staff followed the provider's guidelines when administering medication that was prescribed. The registered manager said, and staff confirmed, that all staff had undertaken medication administration training. There had been classroom training at induction, further on-line training for theory assessment and that they observed more senior staff administer medication during shadow shifts. Once the members of staff worked independently, senior staff carried out competency assessments in the classroom and during 'spot' checks. Advice from the lead pharmacist was also made available for all staff. One staff member said, "They [senior staff] check our competency [in medication administration] when they complete spot checks [checks undertaken by senior staff and in the home of the person using the service]."

Where gaps were found in the recordings of people's prescribed medication we saw that staff had followed the provider's policy. This showed that staff telephoned the office staff for advice, checked whether the medication had or had not been administered, recorded the information in the daily notes and e-mailed the information to staff in the office. One staff member said, "If it looks like a person may not have had their medication I would ask them first, inform the office [staff] and [if necessary] ring the GP for further advice."

Staff confirmed that they had undertaken training in safeguarding people from harm and were able to explain the process to be followed when incidents of harm occurred. One member of staff said, "There are different areas of abuse [harm] like physical, mental, verbal or neglect. If I found any [abuse] I would call the on call manager, social services or whistle blow to make sure the person is safe." We saw that training

records showed staff had received training in respect of safeguarding adults which was in line with safeguarding policies. The registered manager told us that one safeguarding concern had been raised and investigated since the last inspection. The registered manager was clear about their responsibility to report safeguarding incidents to the local authority to ensure the safety and welfare of the people involved.

We saw that there was a sufficient number of staff to meet the needs of people using the service. The number of visits from staff to people using the service varied with people's needs. People and their relatives were very happy with the care they received from the service and most had regular staff who provided their care. People and their relatives told us they received a phone call from the office staff if there was going to be a delay in their expected care call. One staff member said, "There are definitely enough staff. If someone [staff] goes sick the on call [staff member] would look at the rota and see if there was a gap [that could be used to cover a care call]. If not they would offer the shift for staff [who were] not working and if no-one could be found then I believe the on call [staff member] would cover." The registered manager confirmed that senior staff would provide care when necessary.

We saw that there was a policy in place in relation to recruitment and we checked two recruitment files. We saw that staff only commenced working in the service when all the required recruitment checks had been satisfactorily completed. Staff told us that they had provided a number of documents which included an application form, a disclosure and barring service criminal records' check and references. This meant that there were checks in place to make sure that only suitable staff of a good character worked with the people they provided a service to.

Good

Is the service effective?

Our findings

People and relatives told us the staff were trained. One relative told us, "They [staff] only use things [equipment] if they have been trained to." Staff told us they received an induction including training, followed by shifts undertaken with a more senior member of staff. One member of staff said, "I completed the on line [computer based] courses. Additional training can be done by shadow training or by going into the office." Another staff member said, "I've recently done specific training for one service user [person living in the community]." They went on to say that the training was excellent because it had been very specific. This was because a friend of the person who was using the service had been part of the training and had a good insight into how the person needed to be supported by staff.

There was a computer system in the service which provided the registered manager with details of training expiry dates so that staff were kept up to date with any training expected by the provider. There was evidence that 32 staff had completed the Diploma in Health and Social Care at Level 2 or 3, one member of staff had completed it at Level 4 and one member of staff had completed it at Level 5. There were 19 staff working towards Level 2, three at Level 3 and four at Level 5. This meant people were supported by staff who had undertaken the training necessary to ensure people's needs were met.

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.

We checked whether the service was working within the principles of the MCA. We found that people's rights were being protected from unlawful decision making processes. At the time of our inspection the staff we spoke with said that people who received a service had the mental capacity to make decisions about their care.

Staff said they had received training in the application of the MCA and Deprivation of Liberty Safeguards (DoLS). One member of staff said, "We always ask the [people using the service]. It's about their choice and we involve them." People we spoke with said they were able to make choices for themselves, but some chose to have their relatives speak on their behalf.

There was evidence and staff confirmed that they received one-to-one supervision on a regular basis. One staff member said, "Yes I have had three [one-to-one meetings] and we go through safeguarding, any problems or any training needs. There is a yearly appraisal and you get called into the office for that."

People and relatives we spoke with told us they provided their own meals. One staff member said that most people had their meals provided by their relatives and that they (the staff member) heated the food. They went on to say, "One person usually has soup at lunch time and then the meal arranged by their daughter. She [daughter] writes down the details of the meal and how long to cook it. I make sure the food is hot all

the way through. Another person has 'snack' lunches like scrambled eggs or beans on toast. They decide what they want."

We found that people's health and well-being was being met. One relative said, "They [staff] deal with situations and call me in if they need to. The district nurse comes in regularly and they [staff] talk to her." Another relative told us, "I am very happy and they [staff] are keeping [family member] well and looking so much better." One staff member said, "If someone is not well I would ask them if they wanted the GP. If they weren't able to or it was urgent I'd call 111 to get some advice from a GP. I would alert on call [staff] and the family. If I needed support the on call [staff] would help."

Good

Is the service caring?

Our findings

People and their relatives made a number of positive comments about the staff who provided their care and support. One person said, "They [staff] are very nice." A relative told us, "I trust them [staff]. They are all very good and they make [family member] smile." They went on to say that the staff supported them [the relative] and encouraged them to rest whilst their family member received care. Another relative said, "It's brilliant. We're really pleased."

Relatives and people using the service were involved in decisions about their needs and how they wished to be supported. For example one relative said, "We [relative and family member] were both involved about what was wanted and the outcomes [we wanted]."

People and their relatives understood about the plans about their/ their family members' care and that their views were at the centre of the support provided by the staff. One relative told us, "They [staff] communicate with [family member] and know how to 'get on the right side' of [person]. Their approach helps [family member] to understand that cleaning and creaming is what they are here for and that makes [person] feel better." They went on to say that this helped as their family member could be 'quite difficult' when personal care was provided. Staff told us that they were informed if there had been any changes in individual people's care needs via text, e mail or telephone. This meant people could be assured that the support the staff provided was up to date.

People and their relatives confirmed they usually had regular staff to support them. Staff told us there were times when changes were made to the rota, which meant they supported people they did not know well. Staff were clear that there would be sufficient information in the person's home to enable them to meet people's care needs. One staff member said, "The care plans are in the person's home. We keep in touch with our manager and they tell us about any new clients [people using the service]."

The registered manager was aware of advocacy services and had enabled one person to access Voiceability. Advocacy services are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in the assessment and regular reviews of the care and support being provided by the service. One person said, "I have got a care plan. They [staff] just get on with it." One relative said, "There is a care plan. It's updated every couple of months or when [family member] comes out of hospital." This meant people had regular opportunities to talk about their changing needs or any concerns about the service.

The information in the care plans we looked at was individualised and detailed. For example, where two staff were required for moving and transferring this was recorded and staff confirmed it always took place. In another file there was information to ensure a person was not socially isolated. This was done through staff interacting with the person and supporting the person to go into the community. This meant that people were being provided with care that was based upon their needs.

Staff said that information about people's individual needs was also discussed during the regular staff meetings. One member of staff said, "There are meetings about individual people [being provided with a service] to discuss any concerns or changes." This meant staff recognised and responded to people's changing needs.

Staff told us there were a number of ways in which information about people was shared. For example one staff member said, "[Staff in the] office would call me in and tell me about the new person. I would read through the care plan to familiarise myself about the person beforehand. If the person was already known to the service [just new tome] I would be taken for a shadow shift before I attended on my own." Another member of staff told us they received information of any changes in relation to people's care needs by text or telephone, or when they came into the office. Staff were aware of the current guidance for each person and could provide the consistent support that people needed. People told us the service was flexible. One relative said, "I know the staff will give [family member] extra time if needed, even though it will put the schedules [rota] out."

There was a policy and procedure in place from the provider on how to deal with concerns or complaints. People and their relatives knew how to make a complaint and had the necessary telephone numbers in the service folders in their homes to enable them to do so. One person said, "I would [complain] if I needed to. I would speak to the [staff in the office] or write to whoever is in charge." The registered manager told us that only one complaint had been received in the previous 12 months. The provider had responded to the complainant and ensured that lessons were learned to improve the service. Staff were able to tell us how they would help a person they were caring for make a complaint if they wished to.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. The registered manager understood their responsibilities and had support systems in place to enable them to manage the service. The registered manager was supported by a general manager, two managers, five supervisors, three co-ordinators, two senior care workers, one training manager and 73 care staff.

People told us they found it easy to contact staff in the office. One person commented, "It's easy to get through [to the office staff] and the on call numbers to the senior carers."

Staff told us they felt supported by the registered manager and other managers. One staff member told us the managers' door was always open and they were all very approachable for advice. Other staff agreed. One staff member said, "My manager is lovely and so helpful. [Manager] supports us [staff] as well as the clients and always goes above and beyond." Staff were aware of the out of hours contact numbers and said there was always someone at the end of the phone to help them.

Staff said there were regular team meetings and we saw minutes of the March 2017 meeting of the managers and February 2017 care staff meeting. The minutes included information about issues arising from staff practice such as reporting absence from work. This showed staff had been provided with the appropriate information and protocol in relation to work absence. This meant staff had the information they needed to improve the service.

People could be confident that there were procedures in place to review the standard of care staff performance. This was done through monitoring by senior staff who visited care staff during their visits to people. There was a staff training and development programme in place.

Care staff were aware of the values and aims of the service. One member of staff said, "[The service] is to enable people to live in their own homes longer instead of moving into a nursing home or care home. They just need some support to ensure they can continue to live as independently as possible."

The provider had a system in place to ensure that people's views about the quality of the service were taken into account. They had sent out questionnaires to friends and family of people who used the service in August 2016 and a report had been compiled. The comments made in the questionnaires were positive. Where the percentage of the responses was lower actions to improve the service were seen. For example providing information about advocacy services to all people using the service and providing different formats for the Service User Guide where necessary. The registered manager said that the format of the surveys was being looked into as the questions did not always provide the information needed to move the service forward.

The registered manager was aware of the incidents that occurred within the service that they were legally obliged to inform the Care Quality Commission (CQC) about. Records we held about the service, and looked at during our inspection confirmed that notifications had been sent to the CQC as required. A notification is

information about important events that the provider is required by law to notify us about.

Staff told us that the service had a policy and procedure in place in relation to 'whistleblowing' so that they could report any poor practice and would do so if necessary. Staff felt they would be supported but had never had to raise a whistleblowing concern.

The provider had a system in place to monitor and improve the quality of the service. A new audit process had recently been implemented, which would be completed three monthly to identify any trends. These were in relation to areas such as care plans and medication administration record charts. The registered manager said that the audits were in the process of being completed and showed us those that were available. We saw that some care plans had been audited and where there were any issues these had been recorded for action to be taken. For example some care plans needed to be reviewed. The registered manager told us that although staff had arranged meetings to complete the reviews they had not yet taken place. Staff had been informed to record when arranged meetings had not taken place to evidence that efforts had been made to complete the reviews.