Jubilee Citizens UK

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 16 December 2015 and was an announced inspection. At the last inspection on 12 January 2014 the provider was found to be requiring improvement in two of the areas we looked at, safe and well-led.

Jubilee Citizens UK (Birmingham) is a Domiciliary Care Service which is registered to provide personal care services to people in their homes. We were told that since our last inspection improvements had been made and they were now providing personal care services to more people. At the time of our inspection Jubilee Citizens UK (Birmingham) were providing care and support to 23 people. The provider also offers other services to people such as support with shopping or household tasks that we do not regulate.

Jubilee Citizens UK (Birmingham) is required to have a register manager in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post at the time of our inspection.

People were protected from the risk of harm because there was enough staff to cover home care calls.

People were cared for in a safe way because staffs were knowledgeable about safeguarding and the provider had systems and processes in place to support this practice.

Where people needed support with their medications, staff had the knowledge and skills to provide this support safely.

People were supported by staff who had not always received the training they needed to do their job effectively. However, staff felt supported in their role and knew who to contact for advice or information should they require it.

People's human rights were protected because they consented to the care they received and staffs were caring, kind and respectful.

People were supported to have food that they enjoyed and that helped them to remain healthy.

People were encouraged to be as independent as possible.

People were involved in the planning and review of their care and their views about the service were sought through regular review meetings and questionnaires.

People knew how to complain if they were unhappy and felt that the registered manager was responsive to

their concerns.

The provider had implemented and improved some of the management systems in place to assess and monitor the quality of the service provided to people. We also found robust action plans for on-going development in this area.

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 consistently safe.

People we spoke with told us they felt they received a safe service. We saw that the provider had effective systems in place to identify risk and keep people safe from abuse and avoidable harm.

People were protected from the risk of abuse because staff understood their responsibilities and knew how to raise concerns if needed.

People were supported by sufficient numbers of staff that had been safely recruited

Is the service effective?

Requires Improvement

The service was not always effective.

People were supported by staff who had not always received the training they needed to do their job effectively. However, staff felt supported in their role and knew who to contact for advice or information should they require it.

People were supported by staff that understood their responsibilities to protect people's rights. Staff ensured that care was provided with people's consent.

People received enough food and drink and were supported to have food that they enjoyed.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect by staff that knew them well and knew what was important to them.

People were involved in planning and reviewing their own care.

People were encouraged to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Care was delivered in a way that met people's individual needs and preferences.

People knew how to make a complaint if they were unhappy and were confident that their concerns would be acted upon responsively.

Is the service well-led?

Good

The service was well-led.

We found a clear leadership structure within the service which was supportive and transparent to both staff and to people who used the service.

We saw improvements had been made to monitor the quality of the service since our last inspection. Some systems were already in place to assess and monitor the quality of the service provided to people and we found robust action plans to promote further development.

Jubilee Citizens UK

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 on 16 December 2015 and was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team comprised of one inspector.

As part of the inspection we looked at previous inspection reports and checked the information that we hold about the service. This included notifications from the provider that they are required to send us by law, safeguarding alerts and information from local authorities.

During our inspection we spoke to four people who used the service, three relatives of people who used the service, three care staff, the Registered Manager and the Director of Operations. We also received feedback from external agencies and other health and social care professionals who are familiar with the service.

We looked at the care records of four people, reviewed the records of four members of staff and at records maintained by the provider about the quality of the service.

Good

Is the service safe?

Our findings

At the time of our last inspection, the service was found to be requiring improvement in this area. Whilst no breaches of the regulations were found, the service was required to make improvements to their risk assessment and management plans as well as their recruitment records. During our inspection, the registered manager provided us with a copy of their CQC improvement plan, which detailed the actions they had taken to improve the safety of the service they were providing to people. People we spoke with and records we looked at, confirmed that these improvements had been made.

People we spoke with told us that they felt safe receiving care from the provider. One person told us, "Oh yes, I feel safe". Another person said, "I trust her [staff] with everything". Relatives we spoke with were confident about the staffs' abilities to keep people safe and were confident that any concerns would be acted upon. One relative told us, "They [staff] are very good; they seem to know what they are doing, but if I had any concerns I would call the office".

Staff members we spoke with were able to explain to us their understanding of abuse and were aware of their roles and responsibilities, including what the reporting procedures were. One member of staff told us, "There are different types of abuse like physical, financial abuse and neglect. If I saw bruises or if someone seemed withdrawn, I'd speak to them first and I would report it to the office or social services or even the police if I thought it was serious enough". Another member of staff said, "If I was concerned I'd call the office and would be directed from there". Records showed that some staff had recently received training on how to keep people safe from avoidable harm and abuse. We saw that the latest team meeting had included a training session on safeguarding adults. The registered manager told us that they had recently introduced these "training briefings" at the end of the staff meetings to ensure staff felt confident to deal with any risk issues such as safeguarding if they were to arise.

Two safeguarding concerns had been raised with us by the provider since their last inspection. We found that appropriate action had been taken and that the provider had liaised with the appropriate investigating bodies.

During the inspection we found that risks to individuals had been identified and management plans were in place. These included standard, generic risk assessments as well as more individualised risk management plans, specific to the care needs of people. Staff we spoke with told us how they used these risk assessments and care plans to inform their practice. One member of staff told us, "The risk assessments are all in their [people's] books". Another staff member said, "I always check the risk assessments and care plans in case anything has changed, because we don't always see people that often, a lot can happen in a week". One relative we spoke with told us, "We had the care package to make sure mom is safe, they asked us what we needed in order to support this and they wrote this in her plan". This meant that people were involved in making decisions about how risks were managed.

All of the people we spoke with told us they received their care reliably and had not experienced any missed calls. One person told us, "They [staff] are very reliable". Another person said, "[Staff member] is always on

time and she stays for the full hour, I sign to say she has been". The registered manager told us that they had not had any missed calls since their last inspection. The registered manager said, "This is because we only take on care packages that we know we can provide". One member of staff told us, "[registered manager] is looking to recruit more staff so we can increase our calls, but she likes to make sure that there are enough of us to cover if anyone is off sick or on holiday". We saw that staff absences were covered by other members of staff in the same geographical area, or by co-ordinators or the registered manager. The registered manager suggested that one of their biggest challenges was the recruitment of good staff. We were told the provider was looking in to ways of resolving this issue by offering an alternative to the zero hour employment contracts and they were hopeful that this will increase their recruitment and allow them to take on more care work in the future.

Staff recruitment files and all of the staff we spoke with confirmed that the provider's recruitment processes promoted the protection of people who used the service. This included a formal interview, references and a Disclosure and Barring check (DBS). The registered manager told us that they have a ten week probation period for new members of staff and if any performance issues arise during that time, they end the employment contract. We saw that the performance of all other members of staff was monitored and managed through regular supervision meetings and there was evidence that disciplinary processes were being followed. This showed that the service had effective policies and procedures in place to keep people safe.

At the time of our inspection we were told that most of the people receiving care services were not having their medicines administered to them by staff. People we spoke with told us they managed their own medications. However, the registered manager told us that they had recently taken on a contract to provide home care to people in a sheltered housing scheme, some of whom require support to take their medication. We were told they used a pool of five members of staff from another care agency who had the training and skills required to accommodate the needs of these people. Training records we looked at showed us that these members of staff had received training in medication management and that more training was scheduled for January 2016 for all other members of staff. This showed us that arrangements were in place to support people with their medication if identified as a support need.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us that the staff who visited them seemed to have the knowledge and skills they needed to meet their needs. One person told us, "[Staff member] knows what she is doing, she is excellent". Another person said, "They [staff] are very good". A different person told us, "It is excellent, if people don't think it's excellent then I just don't know what they expect". A relative we spoke with told us, "She [staff] knows what she is doing; she is like a jack of all trades". Staff we spoke with told us they felt confident in doing their job but would like more training to consolidate and update their knowledge and skills. One member of staff told us, "I haven't done any training for a while but I can always call the office if I am unsure of anything". Another staff member said, "I am new to Jubilee, but I did a lot of my training in my previous job which [registered manager] made sure I had before I started. I am waiting to have my refresher training after my probation period".

The provider had a record of the training that staff had completed and this showed that not all staff had received the training they needed to meet people's needs. One member of staff we spoke with told us, "I care for a lady who has diabetes, its well-controlled with her diet but I have not had any training on diabetes; I wouldn't really know what to do other than to call for an ambulance if I thought she was having diabetic symptoms". This meant that staff did not always know how to respond to people's needs in the most appropriate way due to a lack of training. The registered manager told us, "It is difficult to get staff to do training as we cannot pay them for doing it". However, we saw that staff had an obligation to attend training without payment as part of their employment contract. The registered manager acknowledged that this had not been recognised but informed us that attempts had been made to upskill staff in other ways; for example, training briefings had been introduced to the end of team meetings. Staffs were paid to attend these meetings, although, some of the staff we spoke with said they do not always attend the team meetings due to alternative commitments. We saw that the registered manager had encouraged staff to attend training and team meetings in supervision and had recently signed up to a learning and development programme which offered free training in all areas of care. The registered manager told us that training is an on-going area for development and recognised that this requires improvement and has been identified in the services' improvement plan.

Staff we spoke with told us that they felt supported in their roles. We found that help and advice was readily available to support staff in their daily duties either by contacting the office or by using the on call system. Records showed and staff told us that they had supervision with the registered manager and team meetings were held regularly. One member of staff said, "We [staff] have supervision every three months". Another staff member told us, "I have supervision with [registered manager]". We saw that the team meetings were held in a central venue to promote attendance and team discussions were recorded and made available to staff who were unable to attend. One member of staff told us, "I can't always make it to the team meetings because of alternative commitments but they send me the minutes through the post". Another member of staff told us, "We can always ring the office and speak to [registered manager] or one of the co-ordinators, they are very helpful". This shows that staff communicated effectively in order to get the help and support they required to do their jobs effectively.

We found that care was provided to people with their consent. People we spoke with told us that staff involved them in making choices and decisions about their care. One person told us, "They [staff] know what I want because it's in my plan but they always ask me first". Another person said, "They [staff] help me to have a shower and they ask me if I want them to wash my hair". A different person told us, "They [staff] always ask me what I want; nothing is too much trouble for them". A relative told us, "When they [staff] come, they always ask what needs doing, they are very helpful".

Staff we spoke with could not recall having had training on the Mental Capacity Act (2005). 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. Nevertheless, staffs we spoke with were able to give examples of how they worked within these leagal paramaters and protected people's rights and the need for consent. One member of staff told us, "I can't remember having any training specifically, but I know they [people who use the service] sign the care plan to consent to having care and I always ask them before I do anything". Another member of staff said, "We always ask them [people who use the service] before doing anything, if they want a shower for example; if they refuse we can't force them". A different member of staff told us, "If a person was unable to make a decision, sometimes they have advocates to make decisions on their behalf. We can speak to their family or maybe ask the GP to do a capacity assessment if we needed to, but I would always get advice from the office first". We saw consent forms were signed upon initiation of the care package and were included in people's care records.

Staff we spoke with were clear about the signs and symptoms people may present with to indicate that they were physically unwell and knew what action to take. One member of staff said, "Most of the people I work with can tell me if they feel unwell and I encourage them to call their GP". Another staff member said, "I would call emergency services if I needed to and let the office know, they can call a relative then". A different member of staff gave us a recent example, they said, "I had to call an ambulance because a person had had a fall when I arrived, I called [registered manager] to let her know, I went with the person to hospital and stayed with them for as long as I needed to until their relative arrived". Records we looked at showed that referrals had been made to social services for assessment or care review to ensure that any changes to peoples care needs were met.

We found that people were supported to have sufficient to eat and drink. One person told us, "[Staff member] prepares me a sandwich and a cup of tea if I want one". Another person said, "[Staff member] always asks me if I want tea or coffee and asks me what I would like on my sandwich". Records we looked at, identified people's likes and dislikes and staff we spoke with told us how important it is to offer choice. One member of staff said, "Sometimes if they [people who use the service] are confused, I will show them what they have, so they can see and choose what they want to eat".

Good

Is the service caring?

Our findings

People we spoke with were happy with the care staff who visited them and the consistency of the care staff. One person told us, "I mainly have one carer [staff], this works very well, I have got to know her; she is very pleasant, efficient and tactful". Another person told us, "I see the same one [staff] ever week, she is very good. I couldn't ask for anyone better". Another person said, "[Staff] is very efficient and very friendly; she always helps me, nothing is too much trouble". Staff we spoke with told us how they developed positive relationships with the people they cared for. One member of staff told us, "I love my job, we get to know people and we get to know what they like". Another staff member said, "I get a lot of job satisfaction knowing I am making a difference and helping people, I like to see my clients happy".

We found that people were supported to be independent. One person told us, "I am very independent, so it's new to me having carers [staff] but they are very good and only do what I need them to do". Another person said, "I want to stay as independent as possible, so I do a lot for myself but somethings I do need help with, like washing my back, they help me with that". We saw that this person's care plan reflected their level of independence; it informed staff that this person only requires support to wash their back and lower body. Staff we spoke with told us how they encouraged people to remain as independent as possible. One member of staff told us, "I always give them the option to do as much as they can for themselves". Another staff member said, "I think it is important for people to remain as independent as possible and most of them want to".

All of the people we spoke with said that the staff treated them with respect. One person said, "They [staff] help me to wash, it doesn't bother me, but they are very respectful and mind my privacy". Another person told us, "[staff member] is very discrete and tactful". A different person said, "It's very dignified the way they [staff] do it [support with washing], it's very good". Staff we spoke with were mindful of people's rights to have their privacy and dignity respected. One member of staff told us, "I always make sure doors are closed and I ask them if they want me to come in and help them". Another staff member said, "I try to be as discrete as I can be, I will turn my back to give them some privacy". A different member of staff told us, "We always ask permission before we do anything and let people know what we are doing as we go along".

People told us and records showed us that people were actively involved in their own care. We saw that some care plans had been signed by the people receiving care to show that they agreed with the plan. We were told that, where care plans had not yet been signed, this was because they were for people who were new to the service and the co-ordinators usually take the typed copy out for people to sign when they review the care package after the first six; this ensured that they were satisfied with the final plan having received and trialled the care provided. Care plans we looked at were detailed and included people's preferences.

Good

Is the service responsive?

Our findings

We found that people were receiving personalised care that was responsive to their individual needs. People we spoke with told us they were happy with the care they were receiving. One person told us, "It's very good; they do exactly as you ask them to". We saw that the care records we looked at had detailed care plans which informed staff of how people liked things done with reference to their preferences. One care plan we looked at explained how a person preferred their kitchen to be organised after food preparation. Staffs we spoke with were mindful of respecting people's preferences. One member of staff said, "It is all in the care plans how people like things to be done". Another member of staff told us, "We get to know what people like and we can look in their care plans if they are new, but most people are able to tell us what they want".

People told us and records showed us that people were involved in and contributed to the planning and review of their care. We saw care plans were regularly reviewed and people's opinions and feedback were sought through review meetings and questionnaires. People told us that questionnaires are sent out asking for feedback and people felt listened to. One person told us, "I received a questionnaire which I filled in and returned. I am very happy with the service I receive". Another person told us, "I have had a telephone call from the manager to see how things are going and to make sure I am happy with the carers [staff]". Another person said, "Little things have been corrected when I have raised them". Records we looked at showed us that most of the feedback was positive about the service and the main areas of concern at that time were staff at weekends. The registered manager informed us that this had been addressed and they now only use a pool of five members of staff to cover weekend calls. People we spoke with confirmed this. However, the registered manager recognised that it would be useful to evidence the action taken from the feedback they received and the outcomes of their action.

People we spoke with told us that they knew how to complain. They told us if they were unhappy or had any concerns they would contact the office. One person said, "I have the number, I know the boss". Another person told us, "I have never complained but if I needed to I would call the manager". A different person told us, "I would call the office if I needed to complain, the manager went through this [complaints procedure] with us when we joined". We saw that the provider had a complaints procedure in place. The registered manager told us that they had not received any formal complaints and any constructive feedback they had received from the questionnaires had been acted upon to improve the service.

Good

Is the service well-led?

Our findings

At the time of our last inspection, the service was found to be requiring improvement in this area. Whilst no breaches of the regulations were found, the service was required to make improvements to the leadership and support of staff as well as to the quality assurance systems. Since the last inspection, there had been a change in management and during our inspection, the new registered manager provided us with a copy of the CQC improvement plan that they had implemented since joining the service. This plan provided details of the actions they had taken to implement change and to improve the leadership and culture of the service such as introducing team meetings, regular staff supervision, and enhancing quality monitoring systems. People we spoke with and records we looked at, confirmed that these improvements had been made.

During our inspection, we saw that there was a clear leadership structure in place within the service. The service was required to have a registered manager in place as part of the conditions of registration. There was a registered manager in post at the time of our inspection. Information we hold about the service showed us that the provider was meeting the registration requirements of CQC and were working collaboratively with other external agencies. The provider had ensured that information that they were legally obliged to tell us, and other external organisations, such as the Local Authority, about were sent. We received feedback from contracting monitors to confirm this. Information they shared with us showed us that the registered manager was reliable in providing information to them as required, which included the quality monitoring self-assessment surveys.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The registered manager was able to tell us their understanding of this regulation and explained that she also expects this level of openness and honesty from the staff she employs. The registered manager told us, "If I have made a wrong decision, I will talk to [director of operations]; she is very approachable and very supportive. Likewise, I trust that the staff would come to me. I would like to think I am approachable, they certainly use the on-call system a lot more now; I am always there to help them". Staff we spoke with confirmed that they felt comfortable and confident in seeking advice and support from as well as raising concerns with the registered manager. One member of staff told us, "I would go straight to [registered manager] if I needed to, she is very approachable". Another staff member said, "I can always ring [registered manager]; she is very good]". A different member of staff told us, "I would not hesitate to tell the manager if I thought something was not right or someone was unsafe; I know I can ring CQC as well if I needed to".

Information we hold about the service and the registered manager told us that there had not been any whistle-blower concerns raised since our last inspection. Whistleblowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk, wrongdoing or illegality. The registered manager told us, "If something is wrong, I want to know about it so we can deal with it; we don't have a blame culture and staff know they can talk to me about anything".

The registered manager told us that they received support and supervision from the director of operations. We saw that the director of operations was available to support the registered manager during our inspection. The responsibilities in respect of monitoring the quality of the service were also shared with two care co-ordinators. The registered manager told us that the care co-ordinators now had a lead role in managing the domestic side of the service which allowed her to focus on managing the regulated part of the service, care provision; this had been implemented as part of the action plan from the previous inspection.

We saw that some systems were in place to monitor the quality of the service. Since our last inspection, we found that the registered manager had improved the effectiveness of the quality audit processes including those of care records and call monitoring processes, making them more robust. The registered manager had also introduced feedback questionnaires for the registered activity being provided by the service, as well as spot checks on staff performance. Spot check visits enable the provider to check the quality of the service provided. We saw evidence of observed practice in staff files and found that staff performance issues had been addressed in supervision.

The registered manager had also introduced new processes to encourage staff to return daily care records and time sheets at the end of every month to enhance record keeping, administration and quality monitoring. Checks on people's care records ensure that they are reflective of the care being provided to people and identify any actions needed for improvement. It also promotes the safe storage of potentially private and confidential information and ensures the provider is adhering to information governance policies and procedures.

Whilst, staff training was found to require improvement, we saw evidence that the registered manager had made some improvements since joining the service. A training matrix had been developed in order to identify staff development needs, they had signed up to a formal training provider and had arranged the first training session to be delivered early in to the new year. The registered manager had also recently introduced training briefing sessions to team meetings and provided written hand-outs for staff to refer back to as well as as a reference guide for those who were unable to attend the session. Action plans were in place for further development and we will check that these are implemented.