

Mrs Rolenda Velano Patterson

J&R Care Services

Inspection report

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Date of inspection visit:
06 September 2019

Date of publication:
29 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

J&R Care Services is a domiciliary care provider providing personal care to 12 people at the time of the inspection. It provides personal care for people living in their own homes, so they can live as independently as possible.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider had not always ensured that staff who were recruited were safe to work with people by following all the checks required. Other systems which should have been in place to ensure people received a good service were not always effective or in place. There was not enough monitoring of visits to people to ensure staff were prompt and had the time to meet their needs. Care records were not routinely checked either. There were not always enough suitably trained staff available to meet the care requirements of some people.

Risks to people's health and wellbeing were assessed and plans were in place to monitor people and to assist them in a safe manner. Staff knew how to support people safely and how to protect them from harm. Where people received assistance to take medicines, records were kept so this was done safely. When people required assistance to eat or drink, the provider ensured this was planned to meet their preferences and their current assessed need. People had support when required, in order to liaise with healthcare professionals to ensure they remained well.

People had developed caring relationships with the staff who supported them. People were appreciative and spoke fondly of staff. The provider had developed worked with other health and social care professionals to support the needs of people using the service. There were care plans in place to guide staff and these were regularly reviewed. There was a complaints procedure in place and any concerns were managed promptly.

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.

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

Rating at last inspection (and update)

The last rating for this service was Good (published 7 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to recruitment of safe staff and governance systems at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to show us what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

J&R Care Services

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 completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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 4 days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 6 September 2019 and ended on 20 September 2019. We visited the office location on 6 September 2019 and made telephone calls to people who used the service and staff after this visit.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used this information to help plan our inspection. 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 and gave them the opportunity throughout the inspection visit to update us.

During the inspection

We spoke with the registered manager, the care coordinator, and two care staff. We visited one person who received a person in their home to get their feedback on the care they received. We reviewed a range of records. These included three people's care records and medication records. We reviewed a variety of records relating to the management of the service, including safeguarding and staff training.

After the inspection

We spoke with four other people and relatives who received a service from the provider. We spoke with one more member of staff. We sought additional assurances around the management of the service and the registered manager sent them to us within the timeframe requested.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider had not completed all the checks required to ensure staff are safe to work with people in their own homes.
- Some staff did not have current background checks with the Disclosure and Barring Service (DBS) nor full references of their previous employment. This meant the provider had not ensured staff were safe and experienced to be employed in this role.

This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were not always enough staff to meet people's needs as agreed and planned with them. Some people we spoke with told us that in recent weeks their calls had become less reliable; for example, staff coming to them late.
- At times, there were not sufficient skilled and trained staff to meet people's agreed support, resulting in family members needing to provide support instead.
- One person we spoke with told us, "They haven't got enough staff and they are taking on more people without the staff to cover".
- Other people and their relatives told us they were happy with their care and that it was reliable. One person said, "Sometimes the staff are five or ten minutes late but never long and it is usually because of traffic".
- People told us they received their care from regular staff who were familiar to them and who they trusted.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns.
- One member of staff said, "We have regular rotas, so we get to know the people we support well. This means we know when they are ill or if something is wrong and they need safeguarding. I would report any worries to the manager or the local authority".
- When safeguarding concerns were raised there were records of the action taken and any learning from the situation.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed.
- People were included in assessing and managing their own risks. There were plans in place to support people to move safely including using equipment.
- Staff we spoke with knew about people's individual risks in detail. For example, they told us about the

action they took to help some people improve their sore skin.

- Environmental risk assessments were carried out in people's homes to ensure people and staff were safe.
- Some people had entry codes, so staff could enter their home if they were unable to let them in. Staff knew the importance of keeping this information safe and there was a secure system for sharing the information.

Using medicines safely

- People we spoke with told us they felt staff managed their medicines safely. One person said, "Staff always sign the book to say they have given the medicines."
- Staff had received medicines training and had a good understanding of their responsibilities.

Preventing and controlling infection

- Staff had received training in infection control practices and wore a company uniform. They had access to personal protective equipment such as gloves and aprons.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The majority of people and relatives we spoke with felt staff had the skills and training to support them well. However, when people had more complex needs only certain staff were trained to meet them. When these staff were not available people's needs could not be met as agreed. One relative we spoke with told us other newer staff had been allocated to provide the care and were then unable to do so because of their relative's specific needs.
- Some training had been provided to staff since joining the company; for example, one member of staff told us they had completed moving and handling, nutrition and safeguarding training.
- The registered manager also told us they intended to provide additional online learning for staff but as yet this had not been set up.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives needs were assessed before services commenced. They told us they were fully involved in their assessment and in developing their plan of care.
- There was information in people's care plans about specific health conditions to ensure staff had guidance in line with best practise.
- The staff team worked with other professionals when required to ensure people's care was managed consistently; for example, supporting people to manage skin integrity or to manage health conditions.

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

- People were supported to eat and drink enough if this was part of their agreed care.
- When people were supported by staff to eat, records were kept of their meals. One person we visited told us how staff prepared the meals they liked and requested.

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.

- People using the service mostly had the capacity to make decisions and choices about how they received their care.
- Staff understood their responsibilities to ensure they had consent to provide care.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same and 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; Respecting and promoting people's privacy, dignity and independence

- People had caring, kind, supportive relationships with the staff who supported them.
- One relative told us, "The care staff listen to me and are really good. They are kind, they waited with me for an ambulance once to reassure me."
- One person told us, "All the staff are cheerful and helpful and always ask if there is anything else they can help me with".
- Another person said, "I do feel they care about me; they always ask if everything is alright and leave a phone number if I need anything".
- One member of staff said, "This company listens to us and takes action. It is more about care rather than just getting the job done. We get the chance to know people well and it makes it feel like a family".
- People we spoke with told us staff understood and respected their privacy and dignity.
- Care plans specified any diverse support requirements and staff demonstrated an understanding of these; for example, technology people had in place to assist their independence while living with a disabling health condition.
- People's care plans had detailed daily routines described which stated how to maintain the person's independence through prompts; for example, encouraging them to do some aspects of their personal care.

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

- People and relatives we spoke with told us they were involved in making decisions about care and support. How they wanted this to be provided was incorporated into people's plans.
- One person told us, "The care staff listen to me and do what I ask; they provide an important service".
- One member of staff said, "People are actively listened to in this company and we are all committed to making sure they get the best care".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has stayed the same and 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

- People were supported by staff who knew them well and understood their preferences. Staff we spoke with could explain how they cared for each person in detail and anybody they felt needed closer monitoring.
- People had care plans which were personalised and detailed.
- Daily communication books were completed to ensure staff had a current understanding of people's needs. One person told us, "The staff always fill in the book and then check it when they get here."

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.

- Assessments of people's communication support requirements were made and met in line with the AIS.
- Care plan's guided staff how to support people to improve communication; for example, hearing aids in place and clean glasses.

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.

- When it was part of the agreed care, staff supported people with social activities in their community, such as visits to the garden centre.
- One person we spoke with said, "It is good they can take me out sometimes".

End of life care and support

- The provider was not supporting anyone with end of life care at the time of this inspection. However, they had done so previously and informed us of their links with community nursing teams.

Improving care quality in response to complaints or concerns

- People knew how to make complaints and were confident that they would be listened to. One relative said, "The manager is very straight forward and you can easily say what you need from them."
- Records were maintained of all complaints received in line with the provider's reviewed policy.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection the organisation had grown, incorporating more care staff and a care coordinator. There were now two office bases. The registered manager continued to provide a lot of care themselves and the care coordinator also provided some. This left little capacity to embed the quality systems across the larger organisation which had previously been in place.
- Reviews of care and medicines records had not been completed for several months. This meant the registered manager did not have full oversight of the care provided to ensure it met people's requirements.
- There was not an adequate system to ensure people received the care they had agreed to. There was not a review of staff calls to ensure they were punctual and for the amount of time agreed. Although a rota was produced some people told us it was not always accurate. There was not always enough travel time planned into the rota for staff between calls. This meant it was difficult for them to make the next calls at the agreed times.
- Quality checks on staff had not been completed. The registered manager told us they planned checks while staff were providing support and observations but due to staffing constraints they had not had capacity to implement these yet.
- The role of the registered manager and the care coordinator were not clearly defined. Staff we spoke with told us they would report concerns to either but were not clear who held what responsibility. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff meetings were held regularly. One member of staff said, "The registered manager provides food and we are all comfortable. It is a good opportunity to clear the air and talk about any concerns about people's care."
- People were encouraged to give feedback on a regular basis and through care package reviews.
- Partnerships had been developed with professionals and local organisations.
- Notifications about important events were sent to CQC as required under the provider's registration. The previous inspection rating was displayed at the office in line with our requirements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were not effective systems in place to ensure good governance of the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not sufficient to ensure fit and proper persons were employed.