

JW Home Care Limited

JW Homecare

Inspection report

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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	

Overall summary

This was an announced inspection carried out on 16 and 20 November 2015.

JW Homecare Ltd is registered to provide personal care to people living in their own homes. People who use the service are provided with a range of hours of support per day or week in line with their assessed needs. The registered office is located in the Kirkby area of Knowsley. At the time of this inspection the service was supporting six people with their care and support needs.

A registered manager was in place. 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.

At the previous inspection of the service in May 2013 we found that the registered provider was meeting all of the regulations that we assessed.

Summary of findings

During this inspection we found that systems were in place to keep people safe. These systems included safe medicines management and assessing and minimising risks for people during their day to day life.

People were protected from safe recruitment practices that ensured appropriate checks had been carried out prior to a member of staff starting their role.

Each person who used the service had a care plan that detailed their care and support needs. Care plans contained specific information about individuals' that staff needed to know about when they were delivering people's care and support.

A detailed complaints procedure was in place and people told us that they would be happy to speak with staff if they had a concern or were not happy. Systems were in place to ensure that people's decision making was

supported by the Mental Capacity Act 2005. This included procedures that were in place to assist people in decision making when they were assessed as not having the capacity to make specific decisions.

People were supported by staff who received regular training and support for their role. This helped to ensure that people received safe and effective care and support from a well trained staff team.

A service user hand book was available to people who used the service. The information in the hand book gave people information about what services they could expect from JW Homecare Ltd.

Policies and procedures were in place to support and guide staff on best practice for their role. Having access to this information helped ensure that people received the care and support they required as staff had up to date knowledge on best practice.

Summary of findings

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.

People told us they felt safe with the staff team both in their home and out and about in the local community.

Systems were in place to help ensure that people received their medicines when they needed them.

Staff recruitment procedures were in place to help ensure that only staff suitable to work with vulnerable people were employed.

Good



Is the service effective?

The service was effective.

Staff received training and supervision for their role which enabled them to support people safely and effectively.

Systems were in place to help ensure that people's rights were protected under the Mental Capacity Act 2005.

Prior to using the service, people's needs were assessed to ensure that the service were able to plan and meet people's individual needs and wishes.

Good



Is the service caring?

The service was caring.

People told us that they felt the staff were caring.

Staff were aware of people likes, dislikes and their preferences as to how they wanted their care and support delivered.

A service user hand book was available to people and contained information about the service and the standards of care and support people should expect.

Good



Is the service responsive?

The service was responsive.

Person centred care planning documents were in place detailing people's needs and wishes.

People knew who to speak to if they were not happy about the service they received.

A robust complaints procedure was in place which included all of the information required for people to know how their complaint would be managed.

Good



Is the service well-led?

The service was well-led.

A registered manager was in post.

Good



Summary of findings

Policies and procedures to help ensure that people received safe effective care and support were available to staff at all times.

Systems were in place to regularly review people's care plans to help ensure that any changes needed were identified and acted upon.

JW Homecare

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 and 20 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector.

We looked in detail at the care planning records of three people who used the service. In addition we looked at records in relation to the running of the service, recruitment records, policies and procedures and staff rotas. We visited and spoke with two people who used the service and two staff who deliver the care and support to people on a daily basis. In addition we spoke with a family member of a person who uses the service and the registered manager.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the registered provider had sent to us since our last inspection. We contacted the local authority who commissioned care at the service to obtain their views. They told us that they had no concerns regarding the service provided by JW Homecare Ltd.

Is the service safe?

Our findings

People told us that they felt safe when staff were supporting them in their home and when out and about in the local community. People told us that staff arrived promptly to support their needs and enable them to access the local community.

Detailed policies and procedures were in place in relation to safeguarding people. Staff spoken with demonstrated a good awareness of local safeguarding procedures and were able to give examples of potential safeguarding concerns. They were able to describe what action they would take if they thought a person was at risk from abuse. A flowchart was available as part of the safeguarding procedures which gave clear information as to how staff were to respond in the event of a person being at risk from abuse. Information available relating to staff training demonstrated that staff had received training in safeguarding people from abuse.

People's individual care planning documents contained information about identified risks. For example, we saw that one person was at risk from choking whilst eating and therefore a risk assessment had been completed to minimise these risks to the individual. Other risks identified and planned for included moving and handling people safely. In addition to identifying risks to individuals' we saw that risks around people's living accommodation were considered. For example, information about seeking help in the event of an emergency and a fire risk assessment was in place relating to people's homes. The recognition and planning that minimised risks to people helped to ensure that where possible the risk of harm to people was reduced.

A policy and procedure was in place to help ensure that people received their medicines safely. We saw that staff delivering people's care and support had received training in administering medicines safely. Following this training staff had been assessed as competent in managing people's medicines prior to them administering them. When staff were responsible for administering people's medicines a record of these medicines and the times that they were administered was recorded.

A system was in place that ensured that changes to people's medicines were managed safely in line with the prescribers guidance. This process involved the completion of a risk management plan to be implemented in the event

of a person's medicines needing to be changed. For example, one person who was living with epilepsy had a risk management plan in place for use if they experienced specific types of seizures within a particular timescale. This plan involved the increase of a medicine over a specific timescale. The risk management plan recorded the risks and impact to the individual and others and what actions were to be taken when the medicine had been increased. This demonstrated that the needs of the person had been considered, advice had been sought and guidance was available to staff supporting people when a risk had been identified in relation to people's medicine management.

Staff rotas were designed to help ensure that whenever possible people were supported by the same group of staff. A member of staff told us that they felt it was beneficial to people to receive the care and support they needed from a regular group of staff. In addition, they told us that whenever possible the skills and interests of staff were considered when planning people's support. They gave the example of people who used the service being members of local performing arts groups and that staff with the same interests were on duty when people attended the groups and performances. Staff stated that they found matching their skills with the people they supported promoted a common interest between people and the staff who supported them.

Detailed recruitment policies and procedures were in place to help ensure that only suitable people were employed by the service. We looked at the recruitment files of three members of staff. The information contained in the files demonstrated that appropriate checks had been carried out prior to them starting employment. For example, we saw that an application form had been completed, evidence of formal identification had been produced, two written references had been obtained and a Criminal Records Bureau (now known as the Disclosure and Barring Service [DBS]) check had been carried out. These checks are carried out to help ensure that only people suitable to work with vulnerable people are employed by the service. We saw, and the registered manager explained that an annual Disclosure and Barring Service review took place for each member of staff. This review was carried out to check with staff if they had any changes to the information contained in the CRB/DBS checks previously undertaken. The registered manager told us that they had implemented this system to help monitor that only suitable people are employed by JW Homecare Ltd.

Is the service effective?

Our findings

People told us that they felt well supported by the staff team. They indicated that they enjoyed the company of the staff and the activities in which staff accompanied them on during their day to day life.

Prior to a service commencing an assessment was carried out. The purpose of this was to identify what people's specific needs and wishes were and to plan how people's needs were to be met. Information gained during this assessment contributed to the development of a person's individual care plan. The registered manager explained that this assessment period also included staff slowly being introduced to people and their home environment to enable people to 'get to know' staff. This process helped ensure that people's needs were planned for and met safely and in a manner they wanted.

Policies and procedures were in place to offer guidance to staff in relation to obtaining people's consent to the care they received. We saw that a restrictive practice assessment was available for completion if it was determined that support provided to a person could be considered restrictive and to ensure that appropriate measures had been taken to protect the rights of the person under the Mental Capacity Act 2005. This assessment gave the opportunity to record the assessed needs of the person and to record actions required to ensure that people's rights under the Mental Capacity Act 2005 were adhered to.

A process for supporting people to make decisions was available to staff. We saw that this information directed staff on how to manage people's decision making in the event of them not having the capacity to make a specific decision. When a person was assessed as not having the capacity to make a specific decision a best interest meeting was held to determine the least restrictive way in which the decision could be made on the person's behalf. We saw evidence of one best interest decision that had been made on behalf of the use of equipment which was in use for the safety of the individual. The registered manager and staff demonstrated a good understanding of the Mental Capacity Act 2005.

People told us that staff always asked them what they wanted to eat for their meals. They told us that they could if

they wished participate in the preparation of their meals, however, one person told us that they didn't particularly enjoy this. They told us that they did participate in washing up and planning what food shopping was needed with the support of the staff team.

Information was available in people's care plans in relation to their needs and wishes in the event of them needing hospital treatment. This helped to ensure that people received the appropriate care and support when they visited the hospital. On the day of this inspection we met two people who used the service and one person had a GP appointment. A relative was supporting the person with this visit. Staff explained that people chose to be supported to medical appointments by either relatives or staff and on occasions both staff and their relative. This demonstrated that people had the opportunity to make a choice of who enabled them in their day to day activities.

Training information demonstrated that staff received regular training to enable them to carry out their role safely. Training certificates showed that staff had participated in on-line electronic training and had attended courses provided by other agencies. Records demonstrated that staff had undertaken training which included safeguarding, infection control, first aid, moving and handling, medication, a pro-active approach to conflict, the Mental Capacity Act 2005 and had achieved National Vocational Qualifications (NVQ) for their role. This qualification gives staff the opportunity to gain a recognised qualification in the work place. Each member of staff had a training development plan that identified specific training, the date they had attended the training and the date they needed to renew the training. These records helped to ensure that staff received updated training when required. Staff told us that they felt they received good opportunities to attend training for their role. One member of staff said "If you identify a training need the manager will source it for you."

Records demonstrated and staff confirmed that they received regular supervision for their role with their line manager. In addition, each member of staff had an annual appraisal to discuss their role, discuss ideas and any areas of development needed for staff to improve the service that people received.

Is the service caring?

Our findings

People told us that they felt that staff were caring. They told us that they liked the staff and that they were “Nice.”

During our visit it was evident that positive relationships had been forged between people and the staff that supported them. We observed a member of staff supporting two people in their home in a gentle relaxed manner. Staff were aware of people likes, dislikes and their preferences as to how they wanted their care and support delivered.

We saw that several forms of communication were used by people and staff to communicate. For example, one person showed us that they communicated by the use of photographs and pictures. We saw that these pictures were used to prompt a subject of conversation and staff on duty knew the meaning of the pictures and the meaning of the them to the person. For example, one picture was of a local town and staff explained the person liked to visited this town whenever possible as it was one of their favourite places.

During discussions with staff and the registered manager it was evident that they knew the people they supported well. One member of staff had supported a group of people for over seven years and therefore they knew each other well and had shared several life experiences and hobbies.

A service user hand book was available to people who used the service and formed part of their care planning documents. The hand book gave clear information about what standards of support and care they should receive from JW Homecare Ltd. For example, information was available in relation to people’s rights, privacy, dignity and confidentiality. In addition, information was available that explained the principles and values of the service in relation to its philosophy of care. For example, information about the key principles of privacy, fulfilment, personal choice and consultation was available to people who used the service to help ensure that there was a good awareness of the purpose and standards of the service provided.

Policies and procedures were in place for staff in relation to the privacy, dignity and confidentiality of the people they supported. This helped ensure that staff were aware of their role in relation to providing a person centred service to people.

Is the service responsive?

Our findings

People told us that if they had any concerns or complaints about the service they received they would speak with the staff. They said that they would be comfortable in approaching staff to discuss their concerns.

Each person had a care plan that detailed their care and support needs. We looked at the care planning documents of two people who used the service. We saw that people's care was planned in a person centred manner. The documents gave clear detailed information as to people's identified needs in relation to the physical, psychological and accessing community based activity and how these needs were to be met. For example, one person's care plan stated in relation to communication "Although (X) has no verbal communication he can fully communicate with people who know him well. (X) uses a combination of communication methods, eye and head movements and will shake his head for no and lift his eyes upwards for yes". Care planning documents contained detailed instructions for staff help ensure that people's needs were met.

Care plans contained clear information for staff as to what they needed to do to ensure that people received the care and support they required to live their life. For example, one person's care plan stated that they "Be included in all conversations. (X) understanding everything being said to [them] and enjoys talking with all people around them." A further record stated that it was important to the person that they "Have his mobile phone charged and on his person at all times. (X) likes staff support to text and call his family and friends".

We saw that care planning documents put people at the centre of their care and information was available of people who were close to individuals' and others involved in their life. Further information was available in relation to health care professional and agencies involved in the person's life.

Records demonstrated that people's care planning documents were reviewed on a regular basis

People had weekly diaries to plan their activities for the week. We saw that several different formats were used to ensure that people had access to what they had planned. For example, one person showed us that they used pictures to stick on their weekly diary. They told us that they liked that they could move the pictures around to show staff that they wanted to change the times that they wanted to do something. Another person's care plan stated that they had a write board that staff completed on a regular basis as the person used the board as a visual reference and regularly referred to the board to know where they are going and what they had planned.

A complaints procedure was in place and a copy of this procedure, along with a complaints form was available in the service user hand book. The procedure detailed who people could contact if they wished to make a complaint both within the service and the local authority. The different stages of the procedures were explained so that people were aware of the timescales of the complaints process.

Is the service well-led?

Our findings

The director of the organisation held the role of registered manager and responsible individual for the service. People spoken with and staff were aware of who the registered manager of the service was, their name and how to get in contact with them. During our inspection we saw that there was a clear line of accountability within the service. The registered manager was supported by an area manager who supported three senior support workers. We saw that an out of hours on-call rota was available which meant that a senior member of staff was available at all times to offer advice and support outside of general office hours.

The majority of records relating to the service were managed electronically with the ability for any information to be printed when required. The registered manager had access to a comprehensive set of policies and procedures to support and direct staff in carrying out their role safely. All staff had access to these policies and procedures by an individual 'log in' system giving them access to the documents at all times.

An information file was available for each person's personal address. The information contained in these files included risk assessments relating to the environment, an restrictive practice assessments in place, sample signature records of staff for use when administering medicines and budgets for staff meals and transport costs. In addition, policies relating to staff which included staff acknowledgement of the flexible working policy, the minutes of team meetings and evidence of staff driving licenses. We saw that monthly auditing took place of these files which included a general

report of the person's home that considered people's privacy and dignity, risk assessments in place and development and training. This demonstrated that regular reviews of the service were taking place and where required changes were made to improve the service.

Further systems were in place to monitor the quality of the service received by people. For example, we saw that people's care plans were regular reviewed and updated. In addition, we saw that an annual review of people's needs and wishes took place and people were able to invite who they wished to their review. People told us that they got together with staff on a regular basis to discuss their care and support and plans for the future.

To ensure that staff received the training they required on a regular basis the area manager explained that they regularly carried out an audit of what training staff had undertaken, what was planned and what staff had requested. They told us that this review ensured that staff received the training they required in a timely manner to enable staff to deliver safe care and support to people.

The registered manager and the area manager visited people on a regular basis. As part of these visits they asked people, and when appropriate their relatives their thoughts on the service they received. The registered manager told us that not all of the people who used the service were able to express their thoughts verbally. However, other forms of communication and observations were used to gauge people's satisfaction with the service. These observations were recorded as part of people's care planning review processes.