

Justintime Healthcare Services Limited

Justintime Healthcare

Inspection report

16-18 North Parade
Bradford
BD1 3HT

Tel: 01274214850
Website: www.jithealthcare.co.uk

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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

Justintime Healthcare is a domiciliary care agency. It provides personal care and support to people living in their own homes. At the time of our inspection two people were using the service.

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

People received safe care and support because systems for assessing and managing risk were robust and staff knew how to safeguard people. One person told us they felt safe "all the time."

Care plans included up to date and comprehensive individual risk assessments which gave staff the information they needed to maintain people's safety. New and emerging risks including the effects of COVID-19 had been assessed.

Systems for the recruitment of new staff had been improved and were safe.

Improvements had been made to the systems for managing medicines and regular auditing meant these systems remained safe.

Clear processes were in place to prevent and control infection. The provider had been proactive in following government and local guidance in relation to managing the COVID-19 pandemic.

Staffing was well organised and appropriate to the needs of people using the service. Staff received the training and support they needed to care for and support people safely and effectively.

People's nutritional needs and preferences were assessed, and plans put in place to make sure they were met.

People were supported to have maximum choice and control of their lives and the provider had made improvements in systems for assessing people's capacity to make decisions. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Systems were in place to make sure people's needs were assessed before they began to use the service. People were involved in regular reviews to make sure their care plans reflected people's current and changing needs.

People were supported to access healthcare professionals. Advice from healthcare professionals was included in care plans.

People were supported to make decisions about their care and care plans reflected a person-centred approach.

People were treated with kindness and consideration and care was delivered in way which met people's dignity and independence needs.

People were supported to follow their preferences in relation to their interests and lifestyles.

Complaints about the service were managed effectively. Systems were in place for learning lessons when something went wrong.

Robust quality assurance systems had been introduced and implemented to enable the provider to learn and implement positive change.

People, and their relatives, were unanimous in their feedback in relation to the improvements made at the service. One relative said, "They have really stepped up in terms of due diligence, I would give them ten out of ten."

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 inadequate (published 22 October 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since December 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Justintime Healthcare on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Justintime Healthcare

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 carried out by three inspectors. Two inspectors visited the service and reviewed documents sent to us electronically. A third inspector made phone calls to people who used the service, their relatives and staff.

Service and service type

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

Notice of inspection

This Inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 January 2021 and ended on 28 January 2021. We visited the office location on 21 January 2021.

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 and local authority safeguarding adults team.

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.

During the inspection

We reviewed care records for both people who used the service. We looked at a range of other information including audits, complaints records, recruitment files for five staff and records relating to accidents, incidents and safeguarding. We spoke with the registered manager, three members of staff, one person who used the service and one relative.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure they promptly responded to, or properly reported, allegations of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The registered manager had appropriately reported all potential safeguarding issues to the local authority. They reviewed their safeguarding policy immediately following the inspection to make sure they also informed CQC of all safeguarding alerts.
- Staff we spoke with received appropriate training and had a good understanding of their responsibilities to make sure people were safe.
- Safeguarding issues were followed up and lessons learnt recorded. For example, where an issue had been raised in relation to management of a seizure, the epilepsy nurse was consulted. They confirmed the seizure had been managed well but also offered further training for staff.
- A person we spoke with said they felt safe "all the time".

Staffing and recruitment

At our last inspection the provider had not always carried out robust checks on potential new staff's background when they were recruited. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- We reviewed four recruitment files and found all appropriate checks such as Disclosure and Barring Service (DBS) and references had been obtained prior to new employees starting work.
- Issues identified at the last inspection, such as clarification of the origin of some references, had been addressed along with evidence of lessons learnt.
- Staff files included appropriate forms of identification but would benefit from the addition of a current photograph.
- There were enough staff to meet people's support needs. None of the people we spoke with reported

issues with late or missed calls.

Assessing risk, safety monitoring and management; Using medicines safely.

At our last inspection the provider had failed to assess or manage risks associated with people's care and could not demonstrate the safe and proper management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health and welfare were assessed and clear plans put in place to manage and mitigate identified risks.
- Risk assessments were up to date and reviewed regularly. New and emerging risks such as those in relation to COVID-19 had been assessed with plans put in place.
- Care plans included details about the medicines people were prescribed, what they were for and the support people needed to take them.
- Care plans for effective and safe use of medicines prescribed on an 'as required' (PRN) basis were in place.
- Risks to people's health and details about medicines were included in people's support plans and health action plans.

Preventing and controlling infection

- Staff said they had received training in infection control particularly in relation to COVID-19. They said they received regular updates from the registered manager and had received training in donning and doffing of personal protective equipment (PPE).
- Individual care plans had been developed to support people to understand and keep safe during the pandemic.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. This did not apply to anyone receiving this service at the time of our inspection.

We checked whether the service was working within the principles of the MCA.

At our last inspection the provider had not assessed people's capacity to consent to care and treatment. This was a breach of Regulation 11 (Consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's capacity to make decisions about their lives had been assessed.
- Easy read documents had been used to help people make informed decisions about, for example, having COVID-19 tests and vaccinations.
- Where people had consented to care and treatment this was clearly documented.
- Staff understood about capacity issues and gave examples of how they supported people to make decisions and made sure these decisions were respected.

Staff support: induction, training, skills and experience

At our last inspection the provider was not providing staff with formal support to enable them to provide effective care. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received the induction, training and support they needed to enable them to provide safe and effective care and support.
- Induction records included details of mandatory training, specialist training and shadowing of more experienced colleagues during their induction period.
- Staff received specialist training based on the needs of people using the service.
- Each staff member had a training record showing what had been completed and when an update was due.
- Staff received regular supervision with the registered manager and their work with people they supported was assessed through spot checks. Feedback from people they were supporting was included in the spot check report.

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

- Risk assessments and care plans had been developed to make sure people received the support they needed to make sure they received a diet suitable to their needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care files included details of how staff supported people to attend health care appointments and to access health care professionals as needed. Advice from specialist health care professionals was included in care plans
- Monthly care plan reviews included details of contact with health care professionals and any changes to the person's care as a result of this.
- One person told us staff had been "Very proactive" in responding to their relative's changing healthcare needs.
- Hospital passports had been developed. These were documents for people to take to hospital with them to help medical staff understand their needs.

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 has remained the same. 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

- People and their relatives were complimentary about the care they received. Their comments included, "I think it's the best ever." and "They have got it consistently spot on."
- Care records demonstrated a caring and respectful approach to people's diverse and equal rights. For example, one person's care records showed how staff respected and supported their need to practice their faith.

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

- One person told us how staff went through their care plan with them and how they supported them to make decisions about the support they received. They described the staff as "smashingly good."
- A relative told us they had "absolutely no issues" and would give the service ten out of ten.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated a good understanding of the need to respect people's privacy, dignity and independence.
- Care plans included information about people's abilities and included details about how staff could support people to retain these abilities and therefore promote independence and dignity.
- Care plans included short, medium and long term goals for people to achieve. Many of these goals were in relation to retaining and developing independence.

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 requires improvement. At this inspection this key question has now improved to good. 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. End of life care and support

At our last inspection the provider had failed to ensure people's care plans reflected their preferences and were sufficiently detailed to support staff to meet their needs. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Support plans had been re-developed and provided a very person centred and inclusive approach. Plans included information about the person, what was important to them and what people admired about them.
- Each area within the plan detailed the person's strengths and abilities, what they would like to learn, short, medium and long term goals and the support they needed to achieve these goals.
- Support plans also included activity plans developed with the person and information about how staff should support the person to make everyday decisions.
- One person told us how the family had been involved in the development of the care plan. They said staff were "proactive" with their relative's changing needs.

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.

- Support plans included illustrations to help people, where appropriate, to better understand each section of their plan.
- Decision making documentation included the additional measures such as symbols and pictures that had been included in supporting the person to make their views known.
- Care documentation had been produced in one person's first language as well as in English.

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

- People's interests and preferences in relation to their social lives were recorded within their support plans.
- One person had set goals in relation to possible employment opportunities and plans for future holidays.

Improving care quality in response to complaints or concerns

- People told us they would feel comfortable in telling staff if there was something they were not happy about.
- Documentation in relation to monitoring of complaints acknowledged that the service had previously failed to conduct proper analysis of complaints made.
- Management of complaints had been improved to include analysis of patterns and trends, actions to reduce the possibility of reoccurrence and how the findings would be communicated to people involved.
- Lessons learned from complaints were shared with staff.

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 inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

At our last inspection the provider did not have robust systems to assess, monitor and improve the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had sought the support of an independent company to support them in making improvements in the service.
- People and their relatives told us the improvements they had experienced in the care at the time of our last inspection had continued and further improved.
- Robust systems to effectively monitor quality in the service had been introduced and maintained.
- Audits included details of any actions needed to address identified issues and what lessons had been learned from the audit process.
- The provider had addressed and achieved compliance in relation to all previously identified breaches of regulation.
- The provider was open and honest about previous issues in relation to management of the service and was able to describe learning they had taken from effective audit systems.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- People were asked for their feedback about the service they received. This included satisfaction surveys, feedback during spot checks and feedback on staff performance.
- Feedback from surveys of staff and people using the service was summarised and given a rating. This was shared with staff during meetings and sent to people who were given opportunity to comment during a follow up telephone call.
- Feedback was also sought from professionals involved in the care and support of people using the service.

- Family members told us their opinions of the service were sought. One person said "They have listened to everything the family have had to say."