

Jane Bennett Care Services LTD







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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?	Good	
Is the service caring?	Good	
Is the service responsive?	Outstanding	
Is the service well-led?	Good	

### Overall summary

This inspection took place on 13 January 2015. The service received 24 hours notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies.

The service provides care and support to people in their own home. On the day of our inspection 29 people were being supported.

The service had a registered manager. 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.

Everybody we spoke with was positive about the care provided. People who used the service spoke highly of the care provided by staff and the management. People were particularly complimentary about the way new care staff were introduced to them before they began providing care.

# Summary of findings

People were supported by a small number of consistent staff who were familiar with their individual needs and preferences. There were enough properly trained and well supported staff to effectively meet people's care and support needs. Staff knew people well which meant they could identify any changes in a person's health or support needs.

People were encouraged to express their views about the way their care was delivered. This included face to face meetings with the management team, by telephone or in a written survey. They told us that they were confident that any issues they raised would be effectively addressed.

The service worked closely with local specialist support services to ensure people received the most effective care. They responded promptly to changes in people's care needs to ensure appropriate support was provided.

The service had a clear management structure. People who received services, relatives and staff felt comfortable about sharing their views and talking to the registered manager or director if they had any concerns or ideas to improve the service provided. Staff demonstrated a good understanding of their role.

# 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.

There were safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

There were sufficient staff to meet people's individual needs and keep them safe.

Effective recruitment practices were followed.

People's medicines were managed safely by staff that had been trained.

Good



### Is the service effective?

The service was effective.

People's health and support needs were assessed and appropriately reflected in care records.

People were cared for by staff that were well trained and supported to meet people's needs.

Staff had been trained in the Mental Capacity Act (2005).

People were supported to maintain good health and access health care services and professionals when they needed them.

Good



### Is the service caring?

The service was caring.

People, their relatives and external professionals were positive about the way in which care and support was provided.

People said that staff understood and listened to them.

Good



### Is the service responsive?

The service was responsive.

People received care that was based on their personal wishes and preferences.

Changes in people's needs were quickly recognised and appropriate action taken. This included making referrals to external professionals.

Outstanding



### Is the service well-led?

The service was well-led.

The management of the service promoted strong values in the service.

There were effective systems to assure quality and identify any potential improvements to the service.

Good



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## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.'

The provider was given 24 hours' notice because the location provides a domiciliary care service and this is in line with our current methodology.

The inspection team consisted of a lead inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we looked at the provider's information return (PIR). This is information we asked the

provider to send us about how they have met the requirements of the five key questions. We also reviewed other information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we spoke with 15 people who used the service or their relatives. We also spoke with the registered manager, the director of the service and three care workers. We spoke with a district nurse and a person who worked for the local health service dementia intensive support team.

We inspected three care plans belonging to people who used the service. We also looked at other records relating to the management of the service including records of staff induction, training and supervision, safety and quality audits and records related to the overall management of the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service. One relative told us, “Yes, I feel very safe with the carers. They have really helped [relative].” Another said, “They have a friendly chat with [relative] and I feel very safe with them coming.”

Safeguarding procedures were in place. Staff had a good understanding of how to identify and act on an allegation of abuse to help keep people safe. They were aware of the importance of disclosing concerns about poor practice or abuse and understood the organisation’s whistleblowing policy. Records we inspected showed that where a concern had been identified the appropriate actions had been taken in a timely manner to safeguard people.

The service had a thorough risk assessment and care planning process. Risk to people’s wellbeing were identified as part of the initial assessment and risk management plans put in place. These were reviewed and amended regularly to ensure they remained relevant. We saw that where an assessment identified that a person required equipment, such as a hoist, to ensure that care was delivered effectively and safely, the service had liaised with the local authority to ensure this was put in place.

Systems were in place to identify and manage foreseeable risks. The organisation had a business continuity plan which addressed risk to the running of the service such as a power failure and inclement weather. Staff we spoke with were able to describe what they would do if they needed to

take emergency action, for example, not being able to gain access to a person. Staff felt that they would be confident in dealing with other emergencies such as finding that a person had suffered a fall or was unwell.

People we spoke with told us they received care from a regular group of staff who arrived on time and provided their care in an unhurried manner. One person told us, “We have four usual faces who come and they are all very capable people.” We discussed staffing levels with the registered manager and director. They told us that as they were a small service they were able to regularly monitor the number of staff they need. Before a new care package was agreed the director ensured that there were sufficient staff available to deliver the new package without disruption to people who currently used the service

Safe and effective recruitment practices were followed to ensure staff were of good character and able to meet people’s needs. New staff did not start work until satisfactory employment checks were completed. We saw an example of where employment had been refused when satisfactory checks were not received.

People and their relatives told us that they were happy with the way staff supported them with their medication. We observed staff supporting one person to take their medication in a patient and caring manner. Records showed that staff had been trained in how to administer medication appropriately.

# Is the service effective?

## Our findings

All of the people we spoke with were complimentary about the care provided. Comments included, “They come in everyday and to be honest, they go beyond the call of duty. They really care for my [relative] and support them very well,” and “I am really pleased with the carers. They are all very good and I must say there are no problems whatsoever.”

Everybody we spoke with was very complimentary about the way the service introduced new carers to people receiving care. One relative told us, “Jane (director) is very selective about the people she sends and recently we’ve had to increase care which has been very well handled.” Another said, “They’ve really helped [relative] and when a new carer starts they always bring them round before hand to meet [relative] for an introductory chat before they start coming. It is very well handled.” This gave staff a good level of understanding of people’s needs and the support required the first time they provided care.

Staff told us they received good training and support from the service to enable them to provide care which met people’s needs. Records showed that all new staff were provided with an in-depth induction prior to carrying out any care visits. The induction covered a variety of areas such as manual handling, medication and health and safety. New staff undertook a competency assessment as part of their induction. This equipped staff with the knowledge to provide care which met people’s needs.

Staff had regular one to one supervision sessions and an annual appraisal. Supervision and on-going training was individual to that member of staff. The director told us that this was because staff came from a variety of backgrounds and the service looked to enhance that individuals strengths.

The registered manager or director carried out a thorough assessment of people’s needs before providing care. All of the care plans we looked at contained a care needs assessment which had been regularly reviewed and amended when people’s needs changed. For example making a referral to an appropriate care professional such as the dietician or occupational health to obtain more suitable equipment. This meant that staff had a good level of information about people’s needs when providing care and support.

People told us that they received care from a small number of regular staff and that they got to know the people who were providing there personal care. This meant they felt more comfortable than receiving care from someone who was a stranger to them. People and care workers were also pleased that the minimum visit was 45 minutes which they said meant care could be provided at a pace which suited the person. One person told us, “[Relative] really likes the carers who come in, they are a tight group of carers so [relative] knows them all. They’ve been a lifeline for [relative] and I give them 11 out of 10. I really feel I can communicate with them.”

The provider had policies and procedures in place in relation to the Mental Capacity Act (2005), and consent. People’s care plans we looked at each contained a mental capacity assessment. Managers and staff we spoke with said they had received training on mental capacity and consent. Records we looked at also showed that staff had attended this training. Our discussions with managers and staff showed they had a good understanding of the Mental Capacity Act (2005) and issues relating to consent.

The service worked closely with the local Dementia Intensive Support Team to provide a high standard of care to people living with dementia. This team were very complimentary about the service telling us that the service was, “very flexible in their approach” and “achieved good outcomes as a result of engaging positively with people.” They gave us good examples of how people had been able to stay in their own home and continue with activities they enjoyed because of the support received from the service.

We observed staff supporting a person to eat. This was done in a calm and unhurried manner and the person was encouraged to do as much as they could for themselves. Staff encouraged people to maintain a balanced diet. For example one person ordered their meals from a regular supplier and staff sat with them when they did their order and encouraged the person to choose healthy options.

People told us staff supported them with their healthcare needs. A relative told us, “They are very good at spotting problems and they’ve called the doctor in the past to arrange an appointment for [relative].” They went on to say that they believed this was because staff knew their relative well and they had noticed a change in their condition. The thorough assessments carried out when people began receiving care meant that the service has a base line to

## Is the service effective?

judge any changes in a person's condition. We saw that where a person's needs changed appropriate referrals were made. For instance referrals to a dementia care or incontinence specialist.

# Is the service caring?

## Our findings

All of the people we spoke with told us how happy they were with the care provided. One person said, “They are absolutely wonderful, I have nothing but praise for them.” Another person said, “I think the whole service is excellent, I have high praise for them all. The carers have all been good and [relative] is very comfortable with them. They look after [relative] with great dignity and respect. They sit and chat and also take [relative] out.”

Staff we spoke with told us they were proud to work for the service and were motivated to provide a high standard of care. One member of staff told us, “I would not work for another service. We are 100 per cent for the person”. Another told us, “The person is our priority.” We spoke with the director of the service who told us they had set the service up with a vision of providing good care centred on the person. They told us, “We will not provide care for less than 45 minutes. I have turned down work where they wanted us to be in for less time. You cannot provide good care and support in less.” This ethos of providing care centred on the person was supported by feedback from people using the service and by external professionals.

People told us that staff knew their needs and supported them in accordance with their preferences. One person told us, “You do not have to repeat anything, they listen to what you say.” One relative told us how when they were feeling down recently the service had given them practical support and, “Got me through.”

People told us that staff regularly went the extra mile to support them. One person told us how the staff, “regularly think outside of the box,” when supporting their relative.

Another person told us how staff had stayed beyond their visit time when their relative had become unwell. They had taken their relative to the doctor and brought them back again which they described as, “Brilliant support.”

In response to the regular survey sent out by the service, we saw how people valued the relationships they had built up with staff. Comments included, ‘I am very satisfied with my service and enjoy my carers company,’ and ‘I look forward to seeing my carer each week.’

There were ways for people to express their views about their care. Each person participated in a full review of their care plan every three months where they were able to comment about the care they received. One person told us that they had regular face to face meetings with the registered manager or director where the care was re-assessed and if there had been any changes the care was changed as needed. They also told us that if they had anything they wanted changed in the meantime they would have no hesitation in contacting the office.

People also received a written survey every three months to check they were happy with the care they were receiving and to share any concerns. The outcome of these showed a high level of satisfaction with the care provided and the staff providing it. The service provided documentation in a format which was accessible to people, for example the complaints procedure was available in an easy read format.

People told us that staff respected their privacy and dignity. One person described to us how their relative’s care was provided, “Without disrupting our routine.” Staff were aware of issues of confidentiality. When they discussed people’s care needs with us they did so in a respectful and compassionate way.





# Is the service responsive?

## Our findings

People received care that met their needs, choices and preferences. Staff understood the support people needed and provided this support in a safe, effective and dignified way.

All initial assessments of people's needs were carried out by the registered manager or the director. The director told us that meeting the person personally prior to the service providing care meant that they had a good understanding of people's needs and supported on-going communication with the person.

Care plans were personalised and focussed on what people liked staff to do so that their needs and preferences were met. Records showed people and relatives were asked about their life history and preferences and any outcomes they would like to achieve. For example, we saw in one care plan that the family requested a care worker from the same gender, this had been addressed. A relative told us, "When we set the care up we met with Jane and she managed the whole thing, we talked through what was needed and agreed with what she planned to put in place. Really good."

When people's needs changed this was quickly identified and appropriate action was taken to ensure people's wellbeing. Staff told us that part of the reason they could recognise changes in people's health and wellbeing was that they knew them so well. A relative gave us an example of how staff had noticed a change in their relative and had immediately contacted the person's GP to ensure they received the appropriate treatment. Another person had initially received support with personal care but following a review the person decided they would prefer the service to provide support with a social activity.

We saw an example of where a person's changing condition had had a detrimental effect on their relationship with a

relative. The service had promptly recognised this and had taken steps to support the person and their relative. Contact had been made with other care professionals and specialist equipment obtained. The service had supported the person's relative to use the equipment effectively. This had resulted in an improvement in the health and well-being of both the person and their relative.

The care people received was subject to on-going review. There was a formal review of the care plan every three months with the person or, where appropriate, their representative. We also saw that the service spoke with people on a weekly basis about the care they were receiving. One relative told us, "I live quite a distance away and I like the way that I get information about what's happening." Any changes to people's care were recorded in their care plan and promptly and effectively communicated to staff.

People were able to speak directly with the registered manager or director at any time of the day or night. The director told us that this was part of the service they provided.

People told us that if they had any concerns they would contact the director of the registered manager and felt confident their concerns would be addressed. One person told us, "Yes, Jane [director] and Tessa [registered manager] are very approachable and there is no problem with contacting them." There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could escalate their complaint to if they were not satisfied with the response from the service. People were given a copy of the complaints procedure included in the service users guide. There had been no formal complaints in the past year. The director told us that they believed this was because people felt confident to contact them before a niggle escalated to become a problem.

# Is the service well-led?

## Our findings

The service had clear values about the way care should be provided and the service people should receive. These values were based on providing a person centred and open service in a way that maintained people's dignity. Staff valued the people they cared for and were motivated to provide people with high quality care.

It was clear from the feedback we received from people, an external professional and the staff that the service had a positive and open culture. We observed the values of the organisation put into practice when we observed care being provided.

We spoke with the registered manager and the director and they were aware of the importance of effective communication with both people receiving care and staff. The registered manager regularly worked in the service providing care. The director, who had extensive experience in providing care, spoke regularly with people, carried out assessments and reviews of people's care and could, if required, provide care. They told us that this meant that they kept in regular contact with people receiving care and could actively monitor the care and support people received.

There was a clear management structure including a registered manager. The registered manager told us that they were currently undertaking further professional

management qualifications to enable them to improve their abilities. People who used the service and staff were fully aware of the roles and responsibilities of the manager and the director.

Staff we spoke with were complimentary about the management team. Comments included, "They are always there if I need advice and guidance. Lovely place to work." We saw that staff received regular one to one supervisions in which their progress and development were discussed. We saw that where a member of staff had requested further training this had been provided.

We saw that regular surveys were carried out both of staff and people receiving care and support. These were monitored by the registered manager and director. Suggestions from people were acted upon. For example feedback to the service about the colour of protective gloves used was acted upon and the colour of the gloves changed. Staff had suggested that a new section in the care plan in a person's home containing details about staff and the company structure would give people a better insight into the company. We saw that this had been put in place.

The quality of the service was monitored using formal systems such as quality audits. Evidence was available to demonstrate that audits were used effectively and enable the registered manager to identify any shortfalls in a prompt manner. Where issues had been identified we saw action plans had been implemented. For example, a medication error which had occurred was quickly identified and procedures put in place to ensure it did not happen again.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.