

Jewel Home Support (Lancs) Ltd

# Jewel Home Support (Lancs)

## Inspection report

215-217  
Ribbleton Lane  
Preston  
PR1 5DY

Tel: 01204650511

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27 January 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Jewel Home Support (Lancs) is a domiciliary care agency. It provides personal care to people who live in their own homes. It provides a service to older people and those who may live with dementia and a physical disability.

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. At the time of our inspection the service was providing support to 60 people.

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

Although the provider identified and managed risks to people, we have made a recommendation for risk assessments to contain more person centred detail.

Staff were knowledgeable about risks to people and people and their relatives told us they felt staff delivered care and support in a way which kept them safe and free from harm.

Although the service had received some complaints about the quality and consistency of care and support, changes had been made to improve the quality of the service people received. Action had been taken to help lessen the risk of repeated complaints in the future.

Since the last inspection, changes had been made to practices and systems to help staff feel better supported in their roles. Staff told us they felt well supported by the management team. Staff recruitment process ensured staff were safe to work with people.

People had a say in their own care and support plan and were supported by a consistent staff team who were familiar with their needs and routines. Staff supported people to retain their independence in order to remain living in their own homes.

We received positive feedback from both people who used the service and their relatives about the care and support they received.

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.

The service demonstrated a commitment to delivering good quality care and support to people. Governance processes had been improved to help better evaluate performance to monitor and improve standards of care. This was underpinned by collaborative working to achieve positive outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (21 October 2021). At our last inspection we recommended the provider developed risk assessments to include further detail for staff to follow, renewed systems for supporting staff and reviewed their governance processes to help better evaluate performance to monitor and improve standards of care.

At this inspection we found that although the provider had acted on our recommendations and made improvements, further time was required to evidence the effectiveness of improved practices.

#### Why we inspected

The inspection was prompted in part due to concerns received about staff training, medicines managements and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

# Jewel Home Support (Lancs)

## **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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 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 27 January 2023 and ended on 3 February 2023. We visited the location's office

on 27 January 2023.

#### 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 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We attended the office and spoke with the registered manager, the deputy manager and four members of care staff. We looked at records in relation to people who used the service including four care plans, medication records and systems for monitoring the quality of the service provided.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and quality assurance records. We spoke with five people and four relatives on the telephone to help us understand their experience of the care and support received.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Although we were assured that people's risks had been identified and were appropriately managed and mitigated by staff, not all risk assessments were recorded in a person-centred way and did not always contain enough guidance for staff to follow.

We recommend risk assessments are written in way to better record the identified risk to the person and the action taken to manage and mitigate the risk.

- However, as people were supported by the same staff team, staff were knowledgeable about risks to people. Staff were able to explain what action they needed to take to help keep people safe. We also spoke with the registered manager who told us that staff had access to the local authority's care plans which contained details of any risks to people. One member of staff confirmed, "I know about risks to people and have enough information to manage them."
- People and their relatives told us they felt the care and support provided by staff was safe. One person told us, "They look after me well and I feel safe with them." A relative commented, "Yes, I definitely feel [Name] is safe in their care."
- Information about risks was shared and discussed through staff meetings and information was also communicated to staff via email.
- The service adopted a practice of learning from any incidents, accidents and other relevant events. People's records were reviewed to monitor any safety related themes. Findings were communicated to staff to ensure the correct action was taken to help prevent any future recurrence.

Systems and processes to safeguard people from the risk of abuse

- People were adequately protected from the risk of any harm or abuse. Systems and processes were in place to ensure any concerns would be shared with relevant safeguarding authorities and for investigations to take place.
- Staff were trained in safeguarding matters and knew what action to take to keep people protected. One member of staff told us, "Yes I've had training on this and know what to do to keep people safe."

Staffing and recruitment

- Recruitment systems ensured staff were recruited to support people to stay safe. Staff files contained all required information.
- Due to national staff shortages in the health and social care sector, the registered provider recruited some staff from overseas. Staff were provided with a structured induction programme to ensure they were equipped with the skills required for their new roles. One member of staff told us, "I had a good induction, I

feel I have all the support I need."

- People received care and support from regular staff who knew their needs well. People had a choice in which staff supported them, for example, people were able to choose gender of staff. A relative told us, "We requested [Name of staff] as they are wonderful, so they [Managers] did listen to our preferences and what we wanted."

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 MCA 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 Mental Capacity Act (MCA).

- We found the service was working within the principles of the MCA. People being supported by the service were able to provide their consent to care. People told us staff always explained what they were about to do before providing support.

Using medicines safely

- Medicines were managed safely. Staff were supported to ensure they met good practice standards and were trained and competent to administer medicines.
- Wherever possible, staff supported people to manage their medicines independently, and sometimes only supported people by prompting them to take their medicines, this helped maintain people's independence and dignity.

Preventing and controlling infection

- The service managed the control and prevention of infection. Staff followed policies and procedures on infection control which met current and relevant national guidance.
- The service ensured staff understood their role and responsibility for maintaining good standards of hygiene in people's homes. This included managing risks of COVID-19 by the use of effective infection prevention techniques and the use of appropriate PPE.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was not always consistent. Although we were assured leaders and the culture they created supported the delivery of high-quality, person-centred care, further time was required to evidence good practices.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At the last inspection, we recommended the provider renewed their systems for supporting staff including inductions, supervision and appraisals to help support staff development in the delivery of safe and high-quality care. Some staff did not feel the service always engaged well with them or took on board their views.
- At this inspection we checked whether the provider had acted on our recommendation and found that they had. Staff told us they were up to date with their supervisions and training and felt comfortable to feed back their views at any time. Feedback was listened to and acted on to help shape the service further. One member of staff told us, "Oh yes I can and do feedback, they [Managers] listen to us and will always try to make any changes needed."
- The office had changed location since the last inspection (the change was still in the process of being registered with CQC). Staff told us the office was convenient and felt they could call in for a cup of tea and chat at any time, helping them feel supported in their role.

Continuous learning and improving care

- At the last inspection, we recommended the provider reviewed their governance processes to help better evaluate performance to monitor and improve standards of care. We found although a complaints process was in place, complaints were not audited and reviewed to help identify themes and prevent recurrence. Complaints, any late or missed calls were dealt with as and when they happened.
- At this inspection, we checked whether the provider had acted on our recommendation and found that they had, demonstrating their commitment to sustained and improved care. Although the service had received a number of complaints between inspections, action had been taken to address any issues. However, further time was required to demonstrate the effectiveness of improved practices.
- Action had also been taken to help address the cause of any complaints such as changes to staff deployment and enhanced staff training. Where there were shortfalls in staff performance, the registered manager had taken action to help improve this.
- The service had invested in an electronic system to help managers better monitor calls times and call duration, so that if a member of staff did not attend a call, managers would be alerted right away.
- The system also helped aid more effective auditing so that any areas for improvement were highlighted and timely action could be taken to address. For example, audits had highlighted shortfalls in the quality and accuracy of care notes recorded by staff. The service responded by introducing training to help better support staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service utilised governance and accountability processes and practices, to help monitor the safety and quality of the care and support being delivered. The registered manager and staff demonstrated a good understanding of their role and responsibilities and were committed to deliver a person-centred service for people.
- The registered manager split their time between the provider's sites. They were supported by a deputy manager who was based at the office full time. The deputy manager dealt with the day to day running of the service, they told us they felt well supported and the registered manager was readily available.
- The registered manager understood the importance of their role and understood their legal and regulatory requirements. Staff were supported using performance feedback, such as supervision and appraisals and provided with opportunities for further learning and development to help further enhance the delivery of good care and support.
- Quality assurance processes were in place to capture the views and experience of people using the service. We saw evidence of written feedback provided by people and their relatives, comments included, "Since you have taken over Mum's care she has been nothing but happy," and "You have restored my faith in social care management, from the very start you have been amazing." However, some people did comment it would be useful if the office contacted them more regularly.
- The service had a complaints policy which was accessible to people. People told us they were aware of who the manager was and who to contact should they need to raise any issues, queries or concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The leadership, governance and culture promoted the delivery of good quality person-centred care. These values were understood and shared amongst staff so that people using the service received a service that was inclusive and person-centred. Staff were keen to tell us how much they valued their work, comments included, "I love my job," and "I have formed strong bonds with the people I support."
- Wherever possible, the service involved people's relatives in their support, which helped lead to positive outcomes for people, and a more bespoke service. One relative told us, "Staff have my number and I trust them, they call if there are any queries or issues."
- The service promoted equality, diversity and inclusion to help remove any barriers to people's access to high quality care and support.
- People and their relatives were keen to tell us how well they thought of staff, people told us, "They [Staff] are lovely, I can't fault them," "Staff are very good and in fact are like family to me" and "Staff are lovely and kind." Relatives commented, "They [Staff] treat my Mum like their own grandmother," "Staff are wonderful, you really couldn't get any better" and "Staff are very professional, knowledgeable, polite and caring."

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

- The service was open to feedback and adopted a transparent and open approach. Any concerns were investigated in a sensitive and confidential way, shared with the relevant authorities and lessons were shared and acted on.

Working in partnership with others

- The service worked in partnership with external organisations to help support good quality care provision to ensure people received a positive experience based on best practice outcomes and people's choice and preference.

