

Nottingham City Council

JackDawe Dementia Home Care Team

Inspection report

Aspect House
Aspect Business Park, Bennerley Road
Nottingham
Nottinghamshire
NG6 8WR

Tel: 01158763222
Website: www.nottinghamcity.gov.uk

Date of inspection visit:

18 May 2016

19 May 2016

20 May 2016

23 May 2016

Date of publication:

08 July 2016

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

We carried out an unannounced inspection of the service on 20 May 2016.

JackDawe Dementia homecare team is a domiciliary care agency that is registered to provide personal care to people in their own homes. At the time of our inspection, the service was supporting 82 people across the city of Nottingham. The service supported people living with dementia as well as those people with complex needs.

JackDawe Dementia homecare team is required by the Care Quality Commission to have a registered manager. A registered manager was in post at the time of our inspection. 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.

People were supported by staff to be safe. Support was provided by staff who were trained to recognise the signs of harm and understood what actions to take to protect people and keep them safe. Any risks were recognized, and managed through the use of risk plans. The risk plans told staff the best ways to try and keep people safe.

There were sufficient staff to meet people's needs, and people usually received support from the same staff members. The provider had carried out relevant checks to make sure staff were recruited safely.

People who needed support to take their medicines were assisted by staff that had been trained to administer medicines safely and staff had had their competency assessed so that they did this safely. Records showed medicines were given at the time people needed them, and were recorded in the correct way by staff and the medicine administration records (MAR).

People were supported by staff who had been trained to work under the guidance of the Mental Capacity Act 2005 (MCA). The MCA is the legal framework to ensure that where people are assessed as lacking capacity to make decisions for themselves, decisions are made in their best interests. Although most people using the service were deemed to have capacity to make everyday decisions, staff had received training in relation to Mental Capacity Act, and understood issues around consent and capacity.

People were supported by staff who understood their routines and needs, and who had the relevant training to carry out their roles and responsibilities. Staff received training, and accessed regular supervision and support to ensure they had the relevant skills to carry out their roles.

People were happy with the support they received, and were positive about the way staff supported and interacted with them. Staff clearly understood the needs and preferences of the people they were supporting. Staff spoke in a respectful and caring manner during discussions about the people they

supported.

People felt involved in planning their care, and were involved in assessments before their support had started. People received care that was suitable for their needs, ensuring their preferences and choices were considered. Care records gave detailed information of exactly what support was required, and how it would be provided. Staff sought guidance and support from other healthcare professionals when necessary to ensure that people's health care needs were met in a timely way.

The registered manager monitored people's satisfaction with the support they received through a number of methods, including telephone calls, personal visits from senior staff, and satisfaction surveys. If people raised any complaints or concerns, the registered manager listened and responded appropriately to the issues raised.

There was a caring culture within the service, and staff spoke positively about the management and the leadership. Staff felt able to raise both suggestions and concerns with the management team, and trusted that any issues would be promptly acted upon.

Care plans and risk plans were regularly reviewed and amended when any changes to the person's needs had taken place. The service kept detailed records of accidents and incidents, including what actions had been taken in response.

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.

People were protected from risk of harm and staff were trained to identify signs of abuse and what actions to take to keep people safe. Risks were monitored, and measures put in place to reduce the risks.

Recruitment procedures ensured that only suitable care staff were employed. There were sufficient staff to meet people's needs.

People's medicines were managed in a safe manner by staff who were trained and assessed to be competent.

Is the service effective?

Good ●

The service was effective.

People's individual requirements were met by staff who had been trained to give the support people needed. Staff were supported by training to increase their knowledge and skills in order to meet people's needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People received appropriate support to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

People had developed positive and caring relationships with staff.

People were at the centre of planning their care, and staff consulted people about their support needs and preferences.

People's privacy and dignity was respected and upheld.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable, and people received support suitable for their individual preferences and needs.

People understood how raise a complaint if they need to. The registered manager responded to complaints, and followed a clear complaints process in line with Nottingham City Council's complaints policy.

Is the service well-led?

Good ●

This service was well led.

People's views and opinions on the service was sought.

People and staff felt there was an open culture within the service.

There were systems in place to monitor the safety and quality of the service and statutory notifications were made to CQC when required.□

JackDawe Dementia Home Care Team

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 20 May 2016 and was unannounced. The inspection was carried out by one inspector. Before the inspection, we contacted the local commissioners for health and social care to obtain feedback. We also contacted the local Healthwatch team. We looked at the statutory notifications that the service sent to us. These contain important or serious information which the provider must tell us about.

Prior to the inspection, we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection.

On the day of our inspection, we spoke with seven people who use the service, and seven relatives. We spoke with the registered manager. We spoke with a care team leader and a level three (senior carer) and four care staff members. We looked at the care records of six people who used the service, and we also looked at files for three members of staff. We also looked at accident and incident records, any received complaints and compliments. We checked the policies and procedures that were used by the service. We reviewed staff training records, and considered how the service showed they were maintaining the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe using the service. One person told us, "Of course I always feel safe." Another person said, "I feel safe. The staff are really good." One relative stated, "It's very good care. I can't wish for better." Staff were very clear that if they had any concerns, they would report these straightaway to the registered manager. One staff member explained how they reacted when they found a person with unexplained bruising. The staff member told us, "I made sure [the person] was safe, and then I reported it to the office straightaway." Staff confirmed and we saw records that showed all staff had received training in safeguarding adults procedures. This training was regularly updated. This demonstrated that people were supported by staff that knew how to recognise if people were at risk of harm and understood what actions to take.

People's individual care plans contained risk assessment to manage and reduce any risks to people's safety. For example, people who required specific equipment to assist them to move had a risk assessment in place which gave detailed information to staff about how to reduce any risks to the person and to staff. Another risk plan gave information to staff to minimise the risks of a person choking whilst staff were supporting them to eat. This showed us that the registered manager and staff considered people's safety and put measures in place to support this.

The care plans and risk assessments were regularly reviewed and updated as people's needs changed by team leaders and senior carers. One person told us, "Yes, I think risks are managed." A staff member said, "People have personalised risk assessments if they need support to move about." Another staff member said, "We pay attention to the care plan and risk plans for each person." A team leader told us that they 'sign off' the care plans and risk assessment to confirm they are suitable for the individual. Senior carer staff visit people on a regular basis to ensure the care and risk plans are kept up-to-date. In addition, two occupational therapists worked within the team, and they provided additional checks, such as when people needed assistance to move. This confirmed to us that any risks to people are considered and reduced as much as possible.

Incidents and accidents were recorded in detail and reviewed by the registered manager to look for any themes and trends and establish if measures were needed to reduce risks. There were recruitment practices in place to ensure people were protected against the risk of being cared for by staff who were not suitable to work in the service. Staff had been checked for any criminal convictions, and had their identities verified. Satisfactory employment references had been obtained before they started to work at the service. Staff confirmed that these checks had been carried out before they were allowed to start working with people who used the service.

People told us that they thought there was enough staff to meet their needs. One person said, "Yes there are enough staff." The registered manager explained that the service has sufficient staffing so that cover can still be provided if staff are off work. Staff felt they usually had enough time to provide the care and support that people needed. One staff member said, "There are enough staff. It works well at the moment." Another staff member commented, "it can be a bit rushed when a person is new(to the service)."

The service had a computerised system in place to assist with managing the rota. In addition this system alerted office-based staff if a call was missed. Records showed that no calls had been missed recently as the service had introduced a more robust system to ensure that people received support when it had been scheduled. People we spoke with confirmed this. One person said, "The staff always turn up." Another person said their support visits were "never missed."

People told us that staff usually arrived at the times they were expected. One person said, "The staff are always on time." Another person said, "They [staff] are only ever two or three minutes out (from the expected time). People told us that if staff were ever delayed because of traffic or unexpected difficulties, they were usually informed by phone. A person told us, "They will apologise if running slightly late." Staff felt there was usually enough time for them to get to each visit.

The registered manager explained that recently the level three senior carers had been made 'trusted assessors' by the local authority. This meant that the level three senior carers were able to assess people if their support needs were increasing, rather than having to make a referral to the local social work team. We found that there was sufficient staff to meet people's needs, and people usually received support from the same staff members.

When people need support to take their medicine, this was safely managed. People felt they received their medicines when they required them. One person said, "I get my medicines four times a day." A relative told us, "[Family member] always gets [their] medicine from staff." We saw detailed care plans and risk assessments were in place when people needed staff to support them with their medicines. Staff were trained in, and assessed as competent in, the administration of medicines, and training records confirmed that this training was updated regularly. We saw that the medication administration records were being signed by staff once they had assisted the person with their medicine.

There was information in care plans which gave details of what medicines people were prescribed and when they should be taken. Staff were very clear what action should be taken in the event of a medicine being missed. A staff member told us "I would document it, and report it to the office straightaway." This demonstrated that when people required support with their medication, staff were trained to ensure they were administered safely.

Is the service effective?

Our findings

People received support and care from staff who had the knowledge skills and experience to effectively carry out their roles. People were confident in the staff and felt they were all well trained and understood what was required of them. One person told us, "I think the staff are well trained." Another person said, "The staff know what they are doing." Relatives also reported having confidence in the staff. One relative said, "The staff are competent." Another relative said, "I couldn't wish for better staff."

Staff spoke in a positive way about the training they had received. All staff had been given a thorough induction programme which included training health and safety, infection prevention and control as well as assisting people to move. Staff explained that they had worked alongside more experienced staff before they worked alone in people's homes. One staff member said, "The induction was intense but it was very good."

The registered manager told us that newer staff to the service had completed the Care Certificate. The Care Certificate is a nationally accredited set of standards introduced by the Skills for Care Council. We saw records which showed, and staff confirmed, that they had completed the Care Certificate.

One staff member said, "I've learnt so much; I've never looked back." Another staff member told us, "The training covers everything that we need to know." There was a staff handbook which contained details of the roles and responsibilities of care staff. This included policies on issues such as confidentiality and the expected code of conduct for staff. Staff told us and records showed that training was provided on a regular basis for topics such as the Mental Capacity Act 2005 (MCA), support with medication, and assisting people to move. Staff felt if they needed training in any particular area, they were encouraged to raise this with the registered manager or their line manager.

Staff told us and we saw records that confirmed that staff were receiving regular supervision. One staff member said, "I have supervision every month." The registered manager told us that staff received individual supervisions a minimum of every three months. In addition to this, regular team meetings were held in which discussions about people's needs, and staff training were amongst the topics discussed. This all assured us that people's needs were being met by staff that were suitably trained and supported.

The 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. Any applications for people living in the community must be made to the Court of Protection (CoP). We checked whether the service was working within the principles of the MCA. At the time of our inspection, no applications to the CoP had been required.

We checked whether the service was working within the principles of the MCA and we saw that they were.

People were consulted about their support. One person told us, "I am involved in any decisions." Another person said, "Yes, staff always consult me (about any decisions)."

Staff understood the need to seek consent of the person before undertaking any support. At the time of our inspection the majority people using the service were able to give their consent to their every day care and support needs. One care staff member said, "We always ask permission [from the person] before we do anything." Another staff member explained how they managed if a person refused the support. The staff member told us, "We leave the person if they say 'no'. . We go and do something else, and try again after a few minutes." Staff understood when people had varying capacity how best to support the person without restricting them. Where relevant, we saw that assessments of capacity had been carried out in conjunction with other healthcare professionals.

Some people required support with their meals and drinks. One person told us, "The staff make everything I need to eat." A relative told us, "Staff monitor all the time what [person's name] is eating. One staff member explained how they supported a person who required encouragement to have an adequate diet. This staff member told us, "I encourage [person's name]. I say, 'Try to eat a little more,' and it often works." We saw detailed information on how staff needed to support a person to eat. We also saw the care plans which considered if any special diets were needed, and whether there were risks, such as choking.

Staff told us and we saw records of action taken when people's weight changed unexpectedly. A staff member told us, "If there are concerns about weight loss, we regularly weigh the person. We keep a record of their weight in the care plan." Staff clearly understood what their responsibilities were if a person was losing weight unexpectedly.

People were supported to access healthcare services such as GP's, dieticians and community nurses when relevant by the service. One person told us, "My family support me if I need the doctor." Another person said, "Staff will help me to [access healthcare] when it is necessary." A staff member explained how they had involved a community psychiatric nurse and an occupational therapist when a person had been reluctant to accept support. The staff member said, "We looked at the issues as a team. With the right input, the person accepted support." Another staff member told us how, on finding a person who's skin was at risk of breaking down, immediately called for the local district nursing team.

Is the service caring?

Our findings

People were supported by staff that were compassionate and caring and supportive of the people they assisted. People spoke positively about the staff and told us always staff were always willing to help them and go the 'extra mile.' Comments people told us included, "Staff are very caring." Another person said, "The staff are amazing." One relative said, "Staff are genuinely caring." People also told us that staff built a rapport with them, and spent time talking with them. When talking to staff, it was clear that they genuinely cared for the people they supported. One staff member told us, "The work can be challenging, but I still enjoy it." Another staff member said, "I enjoy supporting older people."

People and their families were involved in making decisions and setting up their care plans. One person told us, "We had a meeting at the beginning [with staff] to see what was needed." Another person said, "I am involved in any decisions." One relative confirmed, "The staff offer [person's name] options to make informed choices all the time."

We saw in the care plans that people and their families had signed to say that they had been consulted on what was in their care plans. When people were new to the service, we saw that they that were visited by the registered manager or other senior staff member to discuss their preferences and needs, before the service started. We saw copies of these pre-assessment visits in people's care plans.

People were involved in their day-to-day care and were given choices. One person said, "They respect my preferences." Another person told us, "They respect me and my wishes at all times." Staff demonstrated sensitivity when talking about offering people choices in relation to their care and support. One staff member told us how they seek consent from a person. They said, "Would you like to a wash this morning?" Another staff member described how they ensured they communicated with a person who struggled with their speech. The staff member said, "We always get opposite the person and ensure we make eye contact. We demonstrate with actions what we are trying to achieve."

People felt their dignity and privacy was respected by staff. One person said, "Staff are polite and treat me with dignity." Another person told us, "They [staff] respect me all the time." One staff member said, "If I am helping a person to dress, I make sure the door is closed, and their family members are out of the room if that's what they prefer." Another staff member explained how they waited outside the bathroom to preserve someone's dignity while using the toilet. Care plans were written in respectful language, and had the person's needs and preferences clearly stated throughout. This also demonstrated that people were being treated with respect and dignity.

Is the service responsive?

Our findings

People told us that their care and support was provided in the way they preferred, and met their needs. One person said, "The staff asked me all the time (what is needed)." Another person said, "Staff always check with me what is needed." One relative told us, "My relation always receives the right care."

Each person had an individual care plan which contained detailed information about the support they required and their preferences and choices. In care plans, when people required specialist equipment to help them move, there were clear instructions and diagrams to remind staff of the correct procedures. One person said, "The care plan has everything in it." One relative told us, "Staff write in the care plan all the time."

We saw one care plan where detailed instructions on a person's morning routine had been written, including ensuring that staff moved woke person gently to avoid causing alarm. Care plans also contained significant dates that were important for the person such as family birthdays and anniversaries. In care plans when people required specialist equipment to help them move, there were clear instructions and diagrams to remind staff of the correct procedures. This showed that the service was providing responsive care.

Care plans were regularly reviewed and updated, particularly if a person's needs changed. One person told us, "The supervisor checks the paper work (care plan) regularly." Staff we spoke with confirmed this. The care team leader (senior care worker) told us, "We write the care plan based on discussion with the person, whilst considering health and safety." We saw, and people confirmed, that care plans were usually reviewed every month. A senior care staff member said, "I ask care staff if anything has changed and I update the care plan accordingly. The care plans are essential."

People's needs were met in culturally acceptable ways. Care plans referred to any specific requirements such as dietary needs and preferences, and communication methods. One of the care staff explained how they ensured culturally appropriate food was prepared for someone from a diverse cultural background. Another staff member told us that one person had a specific taste in music, which staff ensured was left playing for the person.

There was a robust complaints policy which was overseen by Nottingham City Council. The people we spoke with told us they had no complaints, but knew who to contact if any complaints should arise. One person said, "I have no reason to complain." Another person added, "I have never needed to complain." The registered manager kept a record of any historical complaints received. These had been dealt with in a systematic way, and in accordance with the local authority's complaints procedure. The registered manager explained how there had been improvements made from the outcome of previous complaints. The registered manager said that in the past, these calls had been occasionally missed, but in response to a complaint about this, the service has now embedded extra checks to ensure no calls are missed.

Is the service well-led?

Our findings

Everyone we spoke with was positive and enthusiastic about the service and the way it was managed. People and their relatives told us communication was good and they felt they could rely on the service. People spoke highly of the registered manager and the management team. One person told us, "They explain things and they listen." Another person commented, "You can phone and speak to them any time." One person added, "I don't know what I would do without them." People told us they thought there was an honest and open culture within the organisation, and that any ideas and suggestions would be listened to.

Staff were positive about their work at the service and believed they delivered good, consistent care. Staff felt valued by their line managers and spoke enthusiastically about the support they received. One staff member commented, "My line manager is great. We do get good support." Another staff member added, "I do feel valued most of the time." There were clear lines of responsibility within the service. Staff were given feedback about their performance both in supervision and by observational checks carried out by the management team. Some of the observational records stated, "[Staff member's name] is an excellent team player." Another record said, "[Staff member's name] gave lots of reassurance to the person they were assisting."

Quality checks and audits were regularly carried out by the registered manager and the management team to ensure that people received high quality care. These checks were carried out by a variety of methods. One person said, "The office make phone calls to ask if we're happy." Another person said, "They send out questionnaires." A relative added, "The supervisor comes out to check everything." Staff confirmed this. One senior staff member explained, "When I carry out checks (of staff working practices), I notice things that the care worker may have missed." The registered manager told us that care team leaders regularly carried out observations of staff whilst they were working to ensure standards are maintained. We found that this was the case. There was a clear policy on what was expected from staff in relation to their standards and conduct whilst at work. All of the staff we spoke with were committed to providing a high standard of personalised support and care.

The most recent satisfaction surveys were from September 2015. Two surveys were produced; one was for people using the service, and the other was for relatives or family carers. The survey responses were all reviewed by the registered manager, and providing people had not completed the forms anonymously, the manager followed up any areas of concern raised. The majority of responses showed that people were happy and satisfied with the support they were getting from JackDawe Home Care Team. Other audits regularly carried out included care plan audits, medication audits, health and safety audits and safeguarding. Some of these audits were carried out by other departments within the local authority. The information gathered was used to continually develop and improve the service.

The registered manager explained that the rota coordinator gave information on the capacity of the service on a daily basis. Staff felt listened to and were in regular contact with the management team. Staff felt they were involved with the development of people's care plans in that if staff reported that they did not have sufficient time to do what was required, the management team would ensure that the assessment of the

person's needs was redone.

The management were committed to providing well trained and motivated staff. Many staff had worked at the service for several years and built up positive relationships both with the people they worked with and colleagues. Staff were issued with the handbook which had information and links to the policies and procedures that they were expected to follow. This helped ensure the right standards of care were maintained.