

Just Homes (Care) Limited

Just Homes Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Just Homes Care is a domiciliary care agency providing personal care to older people and people with learning disabilities living in their own homes. Just Homes Care also provides support to people with learning disabilities in six supported living houses. At the time of the inspection the agency was supporting 25 people.

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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People and relatives gave positive feedback about the service and staff felt valued. There were systems and processes in place to ensure the quality of the service was continually monitored, where opportunities to improve the service were identified, appropriate action was taken. However, there had been a failure to ensure statutory notifications were submitted in line with their regulatory requirements.

There were systems and processes to safeguard people from the risk of abuse. Person centred risk assessments were in place to reduce the risk of harm. the recruitment of staff was safe, and people were generally supported by a staff team who knew them well. Staff received training in the administration of people's medicines.

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

People achieved good outcomes as their needs were holistically assessed and their care and support was delivered in line with current good practice. New staff were supported, and all staff received regular training and supervision. People were supported, where needed to eat and drink. People had access to other health care professionals.

People were supported by kind and caring staff. Support workers knew people well, they treated people with dignity and respect. People were encouraged to retain their independence and compete tasks

themselves where possible.

Care records were person centred and detailed. Records included the support people needed to enable them to communicate. Support workers enabled people to participate in a range of activities which they enjoyed. There was a system in place to ensure complaints were dealt with appropriately.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 18 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to a failure to notify CQC of all incidents that affect the health, safety and welfare of people who use the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Just Homes Care

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 one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. This service also provides care and support to people living in six 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

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 commissioning and safeguarding teams. We took this into account when we inspected the service and made the judgements in this report. 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.

During the inspection-

We spoke with ten members of staff including the registered manager, care manager, two office-based staff, two senior support workers and three support workers. We reviewed a range of records. This included four people's care records and four staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures. We also spoke on the telephone with five people who used the service and six relatives.

After the inspection

We requested further information from the registered manager to validate the evidence found. This was received, and the information was used as part of our inspection.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- None of the people we spoke with or their relatives raised any safeguarding concerns. One relative told us, "I know that [person] is very safe."
- Staff were aware of what may constitute a safeguarding concern and were aware of their responsibility in reporting any issues to a more senior member of staff.
- The registered manager and care manager understood their responsibilities in keeping people safe from the risk of harm or abuse.

Assessing risk, safety monitoring and management

- Care records included assessments of risk to people's safety and wellbeing. Each risk assessment was person centred and contained sufficient information to maintain the safety of the individual and the staff supporting them.
- Where staff supported people in their own homes a risk assessment of their property had been completed. This covered access, fire safety and the location of the gas and electric meters and the water stop tap.

Staffing and recruitment

- Recruitment of staff was safe. Pre-employment checks including, checking candidate's employment history, obtaining references and checking if candidates had any criminal convictions.
- One relative told us they vetted any new staff who were rostered to provide care to their family member to ensure they were satisfied with them. They said Just Homes had embraced this and as a result they were, "Very pleased with the small team of carers we have retained."
- The service had a very low turnover of staff, the majority of whom had been with the service for over five years. This meant people were supported for the majority of the time by staff who knew them well. Some people and relatives told us when their regular support worker was not available new carers were not always properly introduced. However, relatives also said, where they had conveyed this to the service, they had been listened to and their concerns acknowledged.

Using medicines safely

- Medicines were only administered by staff who had received appropriate training. At the time of the inspection an assessment of staffs' competency to administer medicines was completed but the process was not very robust. We brought this to the attention of the registered manager. The care manager promptly complied a more in-depth assessment document which they told us would be implemented with immediate effect.
- Where staff supported people with their medicines a medicine administration record was completed. Improvements were needed to the records relating to medicines prescribed to be taken as required. For

example, one person was prescribed pain relief, as required but the record did not detail all the necessary information to ensure the medicine was administered safely and consistently. We raised this with the registered manager at the time of the inspection. Following the inspection, they emailed us to evidence the action they had taken to improve these records.

- From our discussions with the registered and manager and support workers we were assured staff had the appropriate knowledge and skills to ensure peoples medicines were managed safely. Staff also knew the action they should take in the event an error was made with a person's medicines.

Preventing and controlling infection

- Protective equipment, for example, aprons and gloves were readily available for staff.
- Staff received training in infection prevention and control and were aware of the steps they needed to take to reduce the risk of the spread of healthcare related infections.

Learning lessons when things go wrong

- The registered manager and care manager recognised the opportunity to learn lessons in the event things went wrong.
- In the event of an accident or incident occurring, there was a system in place to ensure they were recorded and analysed. This provided an opportunity for lessons to be learned, reducing future risk.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior the service accepting a new care package. The registered manager told us before a new care package was accepted, "We check we can accommodate the package, if we can we meet the individuals needs and staff compatibility. We then do a full assessment. We get them involved, their families and any other relevant health care professional." They told us the information gathered during this process was used to develop the person's care and support plans.
- Care records and risk assessments were reviewed and updated annually or in the event a person's needs changed.

Staff support: induction, training, skills and experience

- People told us they felt staff knew what they were doing. One relative said, "Even the younger ones are good."
- New staff received induction and training. They were also supported with a period of shadowing a more experienced member of staff.
- All staff received regular refresher training. Where staff supported people with specific health needs, they were provided with training to ensure they had the necessary knowledge and skills.
- Staff received regular management supervision and regular field-based checks on their performance and competency were also conducted.

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

- People and their relatives told us staff respected their eating preferences.
- Where people required staff to support them to prepare meals and drinks, or to support them with eating and drinking this was recorded in their care plan.
- Where people required textured diets, this was also clearly recorded, along with specific likes and dislikes. One person's care record included their cultural preferences and noted how they wanted to try to cook a greater variety of these dishes with staff. It was clear from talking to staff, they knew people's meal, snacks and drinks, preferences and dislikes very well.

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

- A relative told us, "They keep us well informed of what they're doing with [person]."
- Staff felt the systems of communication within the staff team and the office were effective. Information was shared through handovers, meetings and staff supervision.
- Care records included information about people's medical and health related histories.

- Care records also included a protocol for staff to follow in the event a person needed to be admitted to hospital.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Assessments of capacity and evidence of best interest's decision making were not always in place. We reviewed the care records for two people who lacked capacity to make decisions regarding aspects of their care and support. A mental capacity assessment had been completed regarding them accessing the community when they had moved into the supported living service. This had resulted in an appropriate referral to the Court of Protection for them to authorise the deprivation of their liberty. However, these MCA's had not been reviewed since. Where the individuals lacked capacity for other specific aspects of their care, capacity assessments had not been completed.
- We brought this to the attention of the registered manager, and they took immediate action to rectify this shortfall. When we returned for the second day of the inspection, we saw evidence that further decision specific capacity assessments had been completed. We were satisfied the service was acting in the person's best interest and this was a records shortfall.
- The staff team had all completed MCA training. It was clear from our discussions with the registered manager, care manager and support staff, people were supported to have choice and control of their lives and staff were supporting them in the least restrictive way.

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

- A relative told us, "The care is absolutely excellent. ... [person] is very, very well cared for. ... the carers treat [person] like family, they just love [person]." People and relatives told us they had good relationships with their support workers. Another relative commented, "I can't fault them [staff]."
- From our conversations with the registered manager, care manager and support workers it was evident staff knew people very well. The registered manager told us, "We put ourselves in their shoes, what would you want, how you want to be cared for. It is about them, their life, their choices, their wishes."
- People were supported as individuals and were treated in a non-discriminatory way. One of the staff said, "We work in a person-centred way, staff are motivated, they listen, offer choices, they are aware of changes [to people]." Another staff member told us, "We promote individuality, person centred care. We encourage people to lead their care. We want to enhance their lives."

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

- People were involved in making decision about their care and support. One person described how they had written their own detailed care plan which the service had implemented. They added, "The carers are responsive to my needs on a daily basis."
- The registered manager was aware of how to access advocacy services for people if required.
- Staff were able to tell us how they supported people to make decisions. For example, what clothes to wear, the meals they wished to eat and activities they wanted to participate in.

Respecting and promoting people's privacy, dignity and independence

- People told us their support workers were respectful and preserved their dignity. Staff were described as discreet when attending to people's personal care needs.
- People and relatives also told us support workers encouraged independence even if that took longer for a task to be completed. One person told us their support workers demonstrated great patience in supporting them to shave. They told us this gave them a sense of autonomy.
- Staff respected confidentiality. Personal and confidential information was stored securely.

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 good. At this inspection this key question has remained the same. 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

- Peoples care records were very person centred, detailing the support people needed, their likes and dislikes. One of the care plans we reviewed noted the individual meals they liked from their preferred take-away.
- Care records were reviewed and updated at least annually. A review of peoples care and support was also completed every three months. This provided a summary of their care and support over the preceding months. Each review was audited by the registered manager providing them with an overview of peoples care and support.

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.

- Relatives described support workers as both attentive and responsive, taking care to ensure they understood the different ways in which people communicated their needs. with them. care plans included information about how people communicated and the support they needed with this.

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

- Where support to participate in social activities was part of a person's package of care, people were supported to engage in a range of activities they enjoyed.
- Care records for one person evidenced how they were enabled to attend church regularly. Another care record noted how they staff had organised a bus pass for them. A support worker told us this was because the person enjoyed bus travel, and this enabled them to travel on the bus more often.

Improving care quality in response to complaints or concerns

- People and relatives told us they would not have a problem approaching the service to express any concerns.
- Where a complaint was raised, this was logged, and we saw action had been taken to resolve the issue.
- Compliments were also logged and recorded. These were also shared either with the staff team or with the relevant support workers.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership were not always clear about their regulatory requirement. Leaders and the culture they created supported the delivery of high-quality, person-centred care.

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

- Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. During our inspection we identified three incidents which the registered manager had failed to notify us of.

We found no evidence that people had been harmed however, the registered manager had failed to submit statutory notifications in line with their regulatory requirement. This was a breach of Regulation 18: Notification of other incidents, Care Quality Commission (Registration) Regulations 2009.

The registered manager responded immediately during and after the inspection. They submitted the notifications retrospectively. They also amended relevant policies and procedures to include the requirement for statutory notifications to be submitted to CQC.

- There were a number of systems and processes in place to monitor the quality of the service people received. This included regular support and monitoring of support workers and a quarterly formal review of staff recruitment and training needs. Regular audits of peoples care and support were also completed.
- The registered manager completed a monthly management audit. This provided a summary of key performance data to the registered provider. This included compliance with peoples scheduled calls, staffing needs, accidents and incidents. Each report had been signed and dated by both the registered manager and a senior manager.

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

- People and their relatives felt the service was well led. Three relatives mentioned the registered manager by name, praising her for her caring manner and her efforts to help and support people and their relatives. Comments included; "They've been very good really", "I'm really happy with them" and "The people in the office are always approachable."
- Staff were equally positive about the management of the service. One support worker said, "It's a lovely little job, I look forward to coming. They are very approachable. If there are any issues, they have been spot on. They have been an angel with me."

- It was clear from speaking to staff, they understood the values of the service, which included, dignity, independence and fulfilment.

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

- There were regular meetings held in each of the supported living houses. The registered manager told us, although they always read the meeting minutes, they planned for either themselves or the care manager to attend meetings in the future.
- People and relatives were also offered the opportunity to participate in an annual survey. We reviewed the 30 surveys which had been completed in 2019. The feedback was predominantly positive. Two people had given negative feedback regarding communication from the service where their regular carer is not available. A document, summarising the findings of the surveys included details of the action taken by the service to address these concerns.
- Staff told us they felt valued. There were regular staff meetings and there was also a staff forum. The registered manager told us this had implemented to provide staff with a regular opportunity to be involved and engaged with how the service was managed. The service also operated their own employee of the month. The overall employee of the year was awarded a single additional day paid holiday. Minutes from the staff forum evidenced staffs input into how this process had been developed and improved over the previous year.

Continuous learning and improving care

- It was clear from talking to the registered manager and staff team there was a clear desire to continually improve the service. Evidence gathered as part of this inspection demonstrated systems and processes were continually reviewed and regular feedback was gained from everyone involved in the service. These processed were used to learn and improve outcomes for people and staff.

Working in partnership with others

- There was clear evidence of partnership working with other health care professionals.
- The service had also developed partnerships within the local community to benefit people living with a learning disability. For example, a local pub dedicated an evening a month to hosting a disco.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents There had been a failure to submit statutory notifications to CQC in line with their regulatory requirements.