

Juventa 4 Care Ltd

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Inspection report

Unit C12 Alison Business Centre
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Juventa 4 Care Ltd is a domiciliary care agency registered to provide personal care. The agency office is based in Sheffield. Support is currently provided to people living in their own homes in Sheffield. At the time of this inspection the service was supporting 118 people with personal care. 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.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

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.

Risks associated with people's care and support had been identified and were being monitored. An analysis of accidents and incidents was in place, which showed these events were effectively analysed and lessons were learnt.

People were safeguarded from the risk of abuse. Staff confirmed they received training in safeguarding and could explain what action they would take if they suspected abuse was taking place. People told us they were safe.

The service had recruitment processes in place to ensure suitable staff were employed. Medicines were managed effectively, and the provider ensured all infection control measures were followed by staff.

Right Care:

Care was personalised and responsive to people's needs. People who used the service and their relatives were satisfied with the service and confirmed they were involved in planning their care. People and family members were complimentary about the staff. Where required, people received good support with eating and drinking and medication.

Feedback about consistency of support workers was that they were reliable and in the main arrived on time, although some people said the timing of visits was sometimes inconsistent. None of these visits were time critical, but we fed back to the registered manager these comments so they could monitor of staff visit times

more closely.

Right Culture:

Staff recognised when people needed support from other services, and they sought advice and assistance if they were concerned about people's health.

People told us any concerns were addressed immediately with appropriate actions.

The service was well run, and people who used the service were satisfied with the care and support they received. Audits and checks of documents and systems helped ensure continuous learning and improvement.

People, their family members and staff had regular opportunities to provide feedback about the service and there was an effective complaints process in place. We have made a recommendation about collating this feedback into reports so people could see any improvements made as a result of their feedback had been implemented. The provider said they would act to meet this recommendation.

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

Rating at last inspection and update

The last rating for this service was good (report published on 11 October 2017). The overall rating for the service has remained good based on the findings of this inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing, medicines and staff training. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Juventa 4 Care Ltd on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Juventa 4 Care Ltd

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

The inspection was carried out by 3 inspectors 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 care service.

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 and ended on 17 January 2023. We visited the location's office and made telephone calls to people and their relatives on 17 January 2023.

What we did before the inspection

We reviewed information we had received about the service since they were last inspected. We sought

feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 spoke over the telephone with 6 people who used the service and 6 family members. We spoke with 5 care staff in person, the care coordinator, 2 deputy managers and the registered manager/nominated individual manager of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We visited the office location to review written records. We looked at three people's care records. We checked records relating to the management of the service including staff files, policies and procedures and quality assurance records.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People and relatives told us they felt safe when support workers visited. Their comments included, "Overall, I'd say [name] was safe and sound with the carers who visit" and "I feel safe because there is someone else to come in and help me."
- Staff received training around protecting people from abuse and understood their responsibility to report all safeguarding concerns. They were confident any issues would be dealt with promptly and appropriately by the management team.

Assessing risk, safety monitoring and management

- Risks relating to people's health and safety were assessed and well managed. Assessments were detailed and regularly reviewed.
- The service ensured people lived and staff worked in a safe place. Environmental risk assessments were completed, and equipment was checked to make sure it was safe to use.
- Staff were appropriately trained and knew how to support people safely. They told us they received relevant information and updates about any changes in how risk should be managed. One support worker said, "People have risk assessments in their notes for everything including the safety of the house. These are regularly updated by managers."

Staffing and recruitment

- The provider had a well-organised recruitment process. Pre-employment checks, including a Disclosure and Barring Service (DBS) check were completed to ensure people recruited to the service were of good character. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives were mainly positive with the care calls and consistency of staff. People and relatives told us staff generally came on time. Some people did say they would like more consistent call times. These calls were not time critical (calls which needed to be at a specific time e.g. for the safe administration of medicines), but people said they would just like more consistency. People told us, "Timings are not great, but many a time they stay longer than they are allotted" and "I've no complaints at all, yes timing could be a bit better, but the important thing is they have never let me down and I can rely on someone coming to help me."
- There was an electronic visit monitoring system which enabled managers to oversee care was provided in a timely manner and ensure calls were not missed. We saw a record was kept of calls that were going to be late and records kept of conversations between the managers and people who used the service or their relative. We discussed with the registered manager people's comments on timings of visits. They confirmed

they would continue to monitor calls times and look at staff rotas to see if improvements could be made.

Using medicines safely

- Medicines were managed safely. The provider had systems in place to support the management of medicines. Staff received appropriate medicine training and their competency was checked.
- Support plans had clear guidance around how to support people with their medicines and medication administration records (MARs) were well maintained.
- People told us their medicines were administered safely. Peoples comments included, "My medicines are always on time which is good" and "They give me my medicines and there has never been an issue."

Preventing and controlling infection

- People and relatives told us staff followed correct infection control procedures, washed their hands and wore personal protective equipment (PPE) when providing personal care.
- Staff had received infection prevention and control training and additional information and guidance about how to protect themselves and people during the COVID-19 pandemic.
- The service had good stocks of PPE, which were kept at the office. Staff also carried PPE with them, so it was always available.

Learning lessons when things go wrong

- Accidents and incidents were monitored and analysed. The service identified actions to help prevent repeat events.
- The service communicated learning and important information to staff using different systems, such as, electronic messaging, face to face discussions and team meetings. Staff said, "We are told of accidents and things we may need to do preventing them happening again." We saw in recent team meeting minutes, staff had discussed accidents, incidents and near misses.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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, and preferences were assessed before the service started to provide care to them. People and their relatives were involved in the assessment and care planning process. A personalised care plan was created so staff knew what care each person needed and when. One person said, although it was not a particular problem, they would prefer more female care staff to support them. We fed these comments back to the registered manager who gave assurances this person's preferences would be monitored more closely and acted upon.

- People's relatives told us they were satisfied with the standard of care delivered by the service. People's comments, "They do everything I need them to do, so that's good", "I get just the right care for my needs", "[Name] does get a good standard of care and I am pleased with the care staff who visit because it takes the strain off me" and "I am content with the service and am pleased for the help where I need it."

Staff support: induction, training, skills and experience

- Staff received a range of training to help ensure their knowledge was up to date. Staff were happy with the training they received. Relatives and people told us they thought some staff, but not all, had the right skills to support their family member effectively. Relatives and people told us, "I feel their training is adequate for the job in hand", "I think their training is not bad, but there is always room for improvement" and "I am not sure how much training they do get, but I would say they would benefit from a bit more." We told the registered manager about this feedback. They said they would revisit the training provided to staff and discuss during staff supervisions additional training that could be offered.

- Staff were well supported in their roles. Staff had regular supervision discussions with their line managers and received feedback about their performance.

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

- Systems were in place to make sure people's nutritional needs were met. Where people required assistance with eating and drinking their support plans had clear guidance around involving people around planning meals.

- People gave examples of how staff supported them with food preparation and cooking. People said, "They get me breakfast in the morning and make me a cup of tea in the evening, not much can go wrong with that" and "[Name] has their meals prepared by staff for the day, no problems."

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

- People's care plans contained important information relating to their health contacts and any medical

conditions.

- People were supported by staff who would make referrals to health and social care professionals and seek medical attention should this be needed. Staff said, "Managers are very good at referring people through to clinicians if their health is deteriorating."
- Relatives gave examples of partnership working. People and relatives said, "Staff would notice if [name] needed a nurse or doctor and they'd let me know" and "I feel that they do look out for me and would help in any way they can, if it meant calling a doctor or a nurse they would do so."

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 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 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.

- The service always worked within the legal framework of MCA.
- Staff had a good understanding of the principles of MCA and shared examples of how they applied this day to day. They were confident people were offered choice and made decisions for themselves.
- Support plans were signed by people and contained clear guidance about consenting to care.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives gave mixed feedback on the service being well-led. Relatives said, "Occasionally someone from the 'firm' comes to see us, we have no major concerns with the company", "I strongly feel that communication could be improved", "Managers have asked me how things are going and went in to see for themselves" and "The majority of the time the care is fine, so I have no reason to contact the office and I do know who the manager is." One person said, "I think it is a good set up, but they need more staff."
- Staff told us the service was managed well and the registered manager and other managers made themselves available to provide support if needed. Staff told us, "The company (managers) are understanding if there are any problems, they sort it out" and "I think the company is fantastic. All office staff are good."
- The service planned and promoted person-centred, high-quality care and good outcomes for people. Compliments received showed this was evident and appreciated by people and their relatives.

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 registered manager and provider encouraged an open and honest culture at the service. The registered manager understood their responsibilities in relation to the Duty of Candour. If any incidents or accidents occurred, they ensured that all relevant people were informed about them, and every opportunity was used to support organisational learning.

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

- There was a clear management and accountability structure in place to provide oversight of the service.
- Management systems, such as audits and quality assurance, were actively used to monitor and continuously improve the service. The quality and safety of the service was monitored, and any issues were quickly responded to.
- There were systems in place to monitor how the service was being delivered, to help ensure people were receiving safe, good quality care. This included monitoring the timeliness of care visits, the duration of those visits and whether people were receiving the care they needed.
- The registered manager understood their regulatory requirements and wider legal responsibilities. CQC were informed of any incidents as legally required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives told us they had regular contact with the registered manager and other managers, such as the deputy or care coordinators, so were able to provide feedback about the service very regularly. Relatives and people said, "I have been asked how things are going with [name] care, but I didn't ask for anything to be changed. The manager has been to the house and checks we are happy too", "I have been asked my opinion about my care and I told them I am jolly content with it how it is" and "They have asked me what I think of the service."
- We saw written feedback from people, relatives and staff on how the service was being run or what could be done better to drive improvements. We saw the feedback in these surveys was in the main positive. We recommend the provider collates this feedback into reports so people could see any improvements made as a result of their feedback had been implemented. The registered manager agreed this was a positive step forward and said they would look at ways of providing this feedback to people, relatives and staff.
- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, GPs and district nurses.