J.O.T. Limited

Winnington Hall Business Centre

Inspection report

Winnington Lane
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Northwich
Cheshire
CW8 4DU

Tel: 01606530025

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Winnington Hall is a domiciliary care service that provides care and support to people within their own homes. This agency is also known as Caremark Vale Royal. It is owned by J.O.T. Limited. The office is situated in Winnington near Northwich and is centrally located for the service.

On the days of this inspection there were 52 people using the service, supported by 34 staff.

This was the first inspection of this service which was registered with the Care Quality Commission on 9 June 2016.

There was a registered manager in place at this service. 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 told us they were very happy with the service provided and that the staff were caring, kind and brilliant. People said "The staff are very good", "The staff know [Name] very well", "The staff do a very good job" and "I am very happy with the service provided."

Staff had received a range of training that included moving and handling, safeguarding, medication and fire awareness, however, this needed to be brought up to date. Staff supervision sessions, annual appraisals and staff meetings had occurred on an ad-hoc basis. A recommendation was made regarding this.

Quality assurance processes were not robust. Audits of care folder documentation were not up to date and telephone monitoring calls to people who used the service had not been completed. A recommendation was made.

Staff told us they enjoyed working at the service and providing support to people who used the service. They said they were supported by the office and management team.

Care plans were well documented and up to date. They gave clear guidance to the staff team. Risk assessments were undertaken for a variety of tasks which included moving and handling, falls and the environment. These were reviewed regularly and up to date. The management of medication was safe.

Staffing rotas showed that sufficient staff were employed to cover the hours required to meet people's needs.

Staff were aware of how to report a safeguarding concern. They were aware of the policies and procedures available to safeguard people from harm and told us they would not hesitate to report any concerns.

Staff recruitment files showed that good recruitment processes were in place. Staff attended an induction process prior to working alone. Staff told us that they worked alongside an experienced staff member before going it alone. They confirmed the induction process was good and that they had the information they needed to perform their role.

People had access to information about the service. They said that they knew the information was in their care folder and some people had read this. An initial visit was undertaken by one of the staff team prior to the service starting.

A complaints policy was available and each person had this information within the care folder. Processes were in place to deal with any complaints received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below.

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 felt safe and secure. Good recruitment processes were in place.

Risk assessments had been reviewed and were up to date.

The management of medicines was safe.

Sufficient staff were employed to cover the hours required to meet people's needs.

Is the service effective?

Good

The service was not always effective.

Staff did not always have access to supervision and annual appraisals. Training was not up to date.

Some people were supported with the purchase of food and provision of meals as detailed on their support plans. People were satisfied with the meals provided.

Staff understood the importance of seeking consent when providing care to people. The registered manager followed the requirements of the Mental Capacity Act 2005 to ensure a person's capacity was appropriately assessed.

People were supported to access appropriate health care professionals and services when needed.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected and people were encouraged to maintain their independence.

People had access to a range of information about the service.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and reflected people's current needs and wishes.

People were aware of the complaints process and how to raise any concerns they may have.

Is the service well-led?

Requires Improvement

The service was not always well led.

A registered manager was in place.

Improvements were required in the audit system, staff and management communications, care staff supervision, appraisals, training and staff meetings. Meetings between the management team and senior care team were not held and telephone monitoring calls to service users had not been undertaken.

The registered provider had sought feedback from people and their family members through surveys which enabled them to identify areas for improvement. However this had not been analysed or shared with people or the staff team.

Quality monitoring systems were in place and audits had been completed to ensure that people's health, safety and welfare were assessed and monitored. However these needed to be brought up to date.

Winnington Hall Business Centre

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 checked 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 comprehensive inspection took place on 10 and 17 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to support the inspection process.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had knowledge and expertise of caring for people with dementia and people who used regulated services. The expert by experience spoke with people who used the service and family members prior to the inspection.

We reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. We looked at notifications we had received. A notification is information about important events which the registered provider is required to tell us about by law.

We contacted the local authority safeguarding and contracts teams for their views on the service. They raised no concerns about this service.

We spoke with 10 people who used the service and one family member prior to the inspection and during the inspection we spoke with the registered manager (who is also the nominated individual), the care manager and two staff members. We also visited three people at their own homes to gather their views of

the service provided.

We looked at a selection of records. This included four people's care and support records, four staff recruitment files, staff duty rotas, medication administration, quality assurance audits, complaints and compliments information, policies and procedures and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe when being supported by the staff team. Family members confirmed that people were safe with the staff. Comments included "I feel very safe with them. I've no concerns at all", "I feel very safe with the carers", "I feel very safe with the carers here" and "The best thing about it is that my daughters know I am safe."

Staff recruitment was safe. We saw that staff files were well presented and included application forms, recruitment questions and answers and two references. A Disclosure and Barring Service (DBS) check had been undertaken although the information was difficult to locate in some files. DBS checks were undertaken by registered providers to ensure staff were of suitable character to work at the home. Where people used their own transport for work purposes the registered provider had ensured they had an up to date certificate of motor insurance and that the vehicle was well maintained at the time of their employment. However, we noted that some of these documents were now out of date. This was discussed with the registered manager who agreed to remedy this situation.

One person told us that they had two missed calls and another said calls were occasionally missed. However most people told us that calls were never missed. Comments included "They have never missed a call" and "They always arrive when they should." Staffing rotas showed that sufficient staff were employed to cover the hours required to meet people's needs. The care manager told us that they had looked at why these had occurred and found this was on rare occasions where a member of stay may have been delayed in traffic or with a previous client. Action had been taken to address these issues. One person told us that on occasions "shopping" calls had been postponed or cancelled due to staff sickness. We discussed this with the care manager who was not aware of the missed calls. They agreed to address this issue.

People said that they had visits at times they preferred and that they knew the staff that would be supporting them, unless it had to change in the event of a problem or sickness. Comments included "They're always on time", "No problems at all with the timings", "They're always on time depending on the previous client", "They are usually on time, 10 minutes either way, but it's never a problem, they always ring us if they are going to be late", "They are usually roughly on time, some are earlier than others", "They don't always arrive on time due to traffic or they've got stuck with a previous client but they've never been very late" and "They're not always on time but sometimes they have to spend longer with me so its swings and roundabouts."

People said that all the tasks required were completed and staff supported them well. Comments included "The carers are fine", "I would be lost without them", "The staff are lovely" and "I never know in advance about any changes to my carers." Records confirmed that staff stayed the allocated times unless the person said they could leave early, that the times were ones they preferred and that on the whole calls were not missed.

Staff told us what it meant to safeguard someone and they understood the process to be undertaken and how to recognise signs of abuse. One staff member said "I would look for any unusual bruising, maybe

someone who had no money or if there was a significant change in the person. I would report it to my line manager. Staff had received training about how to keep people safe. The care manager stated that a copy of the local authority's policy and procedure on safeguarding adults and copies of the registered providers policies and procedures on safeguarding vulnerable adults and whistle blowing were available to the staff team. Staff told us they knew what whistle blowing meant and that they had contact details to use if they had any concerns. One staff member told us that they had a copy of the whistle blowing policy and that that is they saw something wasn't right to do with a colleague then they would report it.

Medicines were managed safely. Some people told us they were supported with their medication needs. They said "The staff deal with my medication on every visit", "My medication is in a pack so the staff get it out and hand it to me" and "The staff deal with all my medication. They just leave me with a pack of pain killers in case I am in pain during the night", "The staff give me my medication each morning" and "The staff always check every day that I've taken my medication." We looked at the Medication Administration Record (MAR) sheets in people's homes and saw they were fully completed. Staff also indicated on the client activity log when medication had been administered. Staff told us they had medication awareness training and medication observation checks. Records confirmed these were up to date. Staff told us that they had access to the provider's policy on medication and also information on medication which was included in the care and support worker handbook.

Detailed risk assessments were in place for people who used the service. These were completed for a range of risks including moving and handling, food and drink, medication, financial support, domestic tasks, personal care and the environment. The environmental risk assessment looked at safety within the person's property and ensured it was a safe place for both the person who used the service and the staff member to work in. Assessments were up to date and reflected people's current needs. This meant that staff had the information they needed to manage people's identified risks.

Good

Is the service effective?

Our findings

People and family members told us that the service was effective and that their care and support needs were met. They confirmed that they were given choices on how their care package was delivered. Comments included "The staff do everything I require", "I have a key safe outside so the staff let themselves in and they always announce themselves at the door", "The carers always do what I want doing" and "The carers are very good."

People and family members told us they thought the staff were experienced and were trained for their role. Staff told us that they received the training and support they needed to carry out their role. This included moving and handling, medication awareness, safeguarding, infection control, food hygiene, fire safety and first aid. Staff said that they had undertaken the registered providers' mandatory training during induction and following that as annual updates. Records showed that staff undertook a range of training, however, we noted that some refresher training was not up to date. We discussed this with the registered manager and care manager and they agreed to ensure staff brought their training up to date.

Staff told us that formal supervision sessions and annual appraisals were not always completed and records confirmed these were undertaken on an ad-hoc basis. Staff records showed that some people had received spot checks. Team meetings had been irregular over the last seven months. No meetings had been available for the service supervisors with the senior management team. From observations and discussions with staff members it was evident that communication was poor at times between the senior management team and the service supervisors and generally across the wider staff team. Staff told us that day to day supervision was good and that the registered manager and care manager were approachable but good communication systems were not in place.

We recommend that the registered provider ensure that suitable support, training, supervision and appraisals are provided to enable staff to carry out the duties they are employed to perform.

People told us that usually they or their family members usually contacted healthcare professionals such as the GP when needed. However, they felt that if they needed support the staff would help them. One person said "They've rang the doctor for me and suggested medication that they thought might help. My doctor willingly prescribed some medication after their suggestion", "Occasionally, the staff have rung the district nurses and made arrangements to be at my home at the same time for hoisting me" and "They have occasionally rearranged my visit so that I can attend my specialist appointments. People's medical conditions and medication requirements were included in the care plans and records indicated these were up to date and reviewed regularly to reflect people's changing needs.

Some people were supported with the purchasing of food and preparation of meals where detailed in their care plans. People said "They make my breakfast for me and it's always great and they always chat with me", "They make my breakfast and evening meals three times a week. Everything is always ready there for them to prepare and the meals are ok" and "[Name] choses their meal and staff will make a sandwich for teatime." Care plans detailed how to support people with nutrition and hydration. Details of meals eaten

were recorded in the daily notes. Staff told us they were aware of people's preferences and that information regarding this was noted in the care plan.

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 2005. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order.

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager and care manager were aware of the principles of the Act and how to determine people's capacity. The registered provider had up to date information in regards to the MCA 2005, which was included in the safeguarding policy. Staff said they had received training in mental capacity awareness within their induction. Staff told us "It's about a person's capacity to make decisions" and "Some people have the capacity to make some decisions but not other ones."

People told us "If staff are new then they shadow another girl as part of their training" and "[Name] comes out to assess new staff and also comes to check how things are going." Staff attended an induction programme at the start of their employment. One staff member told us about their experience. They said that the induction gave them enough information to undertake their role and that they also shadowed an experienced staff member as well. The induction process was a 12 week programme which was based on the 15 standards of care of the Skills for Care – Care Certificate. The care certificate is the start of the career journey for staff and is only one element of the training and education that will make them ready to practice. Each staff member had a copy of the care and support worker handbook which included a wide range of information about the company, terms and conditions and a range of policies and procedures. Staff also received a copy of the staff code of practice. This gave staff information on what standards the company expected of them. This included information on dress code, conduct, wearing an identity badge, their roles and responsibilities and clients and carers rights.

Good

Is the service caring?

Our findings

People and family members told us that staff were very caring. They were kind and friendly towards them. People said staff supported them well with their needs. Comments included "The carers are brilliant", "The staff are very good, nice and pleasant", "The carers are friendly and chatty" and "The staff are very friendly."

People told us that staff treated them with dignity and respect. They said "The staff have to wash me and put cream on. They're always very polite and respectful", "The staff put cream on for me" and "The staff always put me at my ease when showering me. They are very respectful towards me and my home" and "The younger ones don't always use their common sense and some are better than others. But they are all ok and we chat." Staff told us that they knew the people they visited well and that information was available in the care folder. They said that they always asked people about their support and what they wanted doing, before commencing the task.

Staff described people's individual situations and how they supported each person with care and support that was centred on their needs and wishes. From discussions we saw that staff were very knowledgeable about the people they supported and that time had been taken to get to know the client and their preferences. People told us they liked to know who was coming to support them and comments included "I mainly see the same carers which is great", "I tend to see a mixture of people, but that's ok. I don't mind seeing different faces", "I do see different ones, but I have three of four regular carers. I much prefer to see the same faces" and "I never know in advance about changes to my carers." This meant that the service provided individual care and support to people who used the service helped to ensure that person's needs and wishes were maintained.

At the beginning of the service people received a care folder and everyone mentioned this to us during our discussions. The care folder contained information about the service, contact numbers and their care plan. People said that this remained within their home and that staff used it to log information about each visit.

People had access to a range of information about the service. This included the service user's guide, statement of purpose and brochure. The statement of purpose which included a range of useful information about the service; it's aims and objectives; details of the registered manager and registered provider; services provided; and location details for the office. Copies were seen during our visits to people who used the service within the care folder. The service user's guide contained information about the agency and delivering care and support; how to make a complaint and information on contractual terms and conditions. The brochure which was produced by Caremark gave information on the care and support a person could expect to received, details of the staff team, funding and contact details for the local agency. We noted that the address of the agency was incorrect. This was brought to the attention of the registered provider and by the end of the first day of inspection this had been rectified.

We saw the service had received a range of compliments which were logged onto a database and shared with relevant staff members. Comments included "I am very happy with the staff that support me, they are very kind", "[Staff name] was 100% brilliant and good as they communicated well and is always smiling",

"[Staff name] brings out a sparkle in [Name]. They fit in very well", "Staff are kind, caring and very special", "[Staff name] is an excellent carer and good at their job" and "Staff are kind, patient and caring." Where staff had been named the compliments had been passed onto them personally, and records confirmed this.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. Staff supported them with the care and support needs well, listened to them and supported them to remain as independent as possible. Comments included "I've no problems at all", "Some staff do a little extra if they can, they always offer", "The staff do a very good job", "Staff will do other tasks as needed" and "The staff are very kind."

People and family members told us they knew how to raise a concern with the service. People said "I've never had to complain", "I would contact the office staff if I was unhappy" and "I have no complaints at all." All the people we spoke with had not made any complaints but said they would speak to the office staff or the registered manager if they had a problem. People and family members said they were aware of the registered provider's complaints procedure. We saw it contained details of who to contact and timescales for the progress of the investigation. A complaints log was kept and showed that where complaints had been raised, these were investigated and had been resolved to the satisfaction of the complainant.

We reviewed the care plan documentation at the office and within people's homes we visited. We saw that care plans were written in a person-centred way. Person-centred care is a way of looking at and recording information that sees the people at the heart of the planning and developing care to make sure it meets their needs. Information in the care plans included personal details and next of kin, general health and medical history, all aspects of personal care and support and assessments to minimise risk to the person. We saw that these documents were up to date, had been signed by the person or their representative and had been regularly reviewed. People told us that they had regular contact with the field care supervisors regarding reviews of their care and support. We saw that care plan reviews were up to date. People had given their consent for the care and support they received and had signed the care plans where possible.

Client activity logs showed the times that staff arrived and departed on each call. People told us that usually the times were around the previously "planned and agreed times". Information in the logs included the tasks undertaken, food and drink offered and taken; and any observations by the staff member were recorded. Each record was signed by the staff member.

People told us about how the staff supported them to remain as independent as possible and to maintain their social activities and be supported out and about in the community. We saw that people were supported to visit the local shops and leisure centre. Other people were supported to attend medical appointments. Some people told us that they didn't need support to remain independent and that they used a taxi or dial-a-ride to get out and about or relatives and friends would take them out. This meant that people were supported to remain as independent as possible, follow their interests, take part in social activities and to help to avoid social isolation.

People told us that they service they received was good. People said "The staff are lovely, great", "The staff are very pleasant" and "I cannot fault the staff, they do a grand job." The care manager explained that referrals were usually from the local authority or continuing healthcare commissioners. Staff would visit the person and obtain details of their needs and wishes and produce a care package tailored to meet those

needs. Following the start of the package a full care plan and risk assessments would be produced and discussed with the person using the service and their representatives as appropriate.

Requires Improvement

Is the service well-led?

Our findings

People and family members told us that the service was well led by management team and that the service was 'Brilliant'. People said "The service is very good value for money", "Without this service I would have to go into a care home", "I think it's very good", "I am happy with the service provided", "By and large they've been the best of the firms that I've had" and "I am very happy with the service.

A manager was in place and had been registered for 13 months since the service was registered. The registered manager was also the owner of the company and the responsible individual. 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.

We found that the audit system used was not robust. Communication across the staff and management teams was not always clear or consistent. Staff support in regards to supervisions, appraisals and care staff meetings was completed on an 'ad-hoc' basis. Meetings between the management team and senior care team meetings were not held and telephone monitoring calls to service users had not been undertaken. These areas required improvement and were discussed with the nominated individual and care manager.

Audits carried out by the management team included the monitoring of the care folder documentation and telephone monitoring calls to people who used the service. Audits of people's care files including the medication records and client activity logs were undertaken. These documents were returned to the office where the audit was completed. A log sheet monitoring form was used and we saw that although comments such as "No receipts" or "Missed signatures" were noted these were followed with "All logs and monitoring forms ok", which counteracted the previous sentence. No action to be taken was recorded and therefore it was difficult to ascertain if any action had been taken. These audits should be undertaken each month however we saw that they had not been completed since February 2017. Telephone monitoring calls had not been completed and the care manager confirmed this. This meant that audits of these records were not robust or up to date and telephone calls had not been made. This was brought to the attention of the registered manager and the care manager.

We recommend that systems are put in place to ensure that the assessment, monitoring and improvement of the quality of the service is robust.

From discussions with the care manager and the staff team we saw that the ethos of the service was to be open and transparent in their approach. There had been significant changes in the management structure recently and the care manager was new in post. Staff told us that there had been a period of uncertainty but things were now 'settling down' and 'much better'.

The registered provider notified CQC as required by law of significant incidents and events that affected people or the running of the service. Notifications were sent shortly after the incidents occurred which

meant that we had been notified in a timely manner.

The registered provider had a business continuity plan in place which included the type of risk, preventative measures and contingency arrangements for example evacuation of the building in the event of a fire, loss of utilities or failure of the IT systems. Emergency contacts numbers and key staff contact details were also included. This meant that the registered provider had considered the implications of a major emergency occurrence at the service and the steps needed to be put in place to manage this. We noted that this needed to be brought up to date and brought this to the attention of the registered manager. This was completed by the end of the first day of the inspection.

The registered provider had a set of policies and procedures for the service which were reviewed and updated as required. All staff were provided with the care and support worker handbook when they started working at the service. The handbook contained details about key policies and procedures in order to assist staff to follow best practice in their role. Policies were available in the main office which ensured that staff had access to relevant guidance when required.

People told us "Staff have been out to check how things are going and finalise some paperwork", "The care manager has been out a couple of times to do paperwork and get feedback from us" and "Nobody's recently been out from the management side but occasionally they cover as carers."

Annual surveys were undertaken with the people who used the service. Most people said carers arrived at the agreed time and stayed the allocated time. All people said they were treated with dignity, respect, compassion and kindness. Everyone said that they felt safe with the staff and that they were competent and well trained. A document to analyse the surveys was included, however, this had not been completed. This would have showed what was working for the people who used the service; what was not working; and the actions to be taken. This was discussed with the registered manager and care manager and they agreed to action this and share this information with people who used the service and the staff team.