I & J Williams Ltd

I & J Williams Ltd

Inspection report

Netherton Business Units, The Savoy Centre
Northfield Road, Netherton
Dudley
West Midlands
DY2 9ES

Tel: 01384259723
Website:
www.homeinstead.co.uk/dudleyandsandwellsouth

Date of inspection visit:
03 March 2017

Date of publication:
26 April 2017

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

The inspection took place on 3 March 2017 and was unannounced. This was the first inspection of this service since it registered with us in September 2015.

I. & J. Williams Limited is registered to provide personal care services to people in their own homes. People using the service may have a range of needs including physical disability. On the day of the inspection, 25 people were receiving support. There was a registered manager in post. 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 felt safe and care staff knew how to keep them safe and had the training to do so. People were supported with their medicines has they wanted. The provider had recruitment systems in place to ensure only appropriate care staff were recruited.

Care staff were supported appropriately to ensure they had the skills and knowledge to meet people's needs. The requirements of the Mental Capacity Act 2005 were being adhered to by the provider.

The support people received was provided to them by care staff who were kind and caring. People decided how care staff supported them. People's privacy, dignity and independence was respected.

An assessment and support plan process was in place which involved people. The support people received was reviewed on a regular basis and involved people. The provider had a complaints process in place which people were aware of and knew how to use.

The provider carried out a quality assurance survey where people were able to share their views by completing a questionnaire. Spot checks and audits were taking place to enable the provider to identify areas of the service that needed to be improved.

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 the care staff knew how to keep them safe.

There were enough care staff to ensure people received the support they needed on a timely basis.

People's medicines were administered as they wanted.

Is the service effective?

Good

The service was effective.

Care staff were supported so they had the skills and knowledge to meet people's needs.

The requirements of the Mental Capacity Act 2005 were being adhered to by the provider.

People were supported to access health care where needed.

Is the service caring?

Good

The service was caring.

Care staff supported people in a manner that was considered to be kind, caring and trustworthy.

People were able to decide how they were supported by care staff.

People's independence, dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.

People's support needs were assessed and a support plan put in place which people contributed to and they were also involved in the reviewing process.

The provider had a complaints process in place to enable people to raise any concerns they had.

Is the service well-led?

Good

The service was well led.

The service was well led and people were happy with how they were being supported.

People were able to share their views on the service.

The provider carried spot checks and quality audits to check on the quality of the service.

I & J Williams Ltd

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.

Our inspection took place on 3 March 2017 and was unannounced. The inspection was conducted by one inspector.

The provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from the local authority. They have responsibility for funding and monitoring the quality of the service. They did not share any information with us.

We spoke to two people, two relatives, three members of care staff, the care manager, the two providers who were also present one of which was the registered manager. We looked at the care records for three people, the recruitment and training records for three members of staff and records used for the management of the service; for example, staff duty sheets, accident records and records used for auditing the quality of the service.

Good

Is the service safe?

Our findings

A person said, "I do feel safe with the staff". A relative said, "She [person receiving service] is absolutely safe". Care staff we spoke with were able to demonstrate a good understanding of how people would be kept safe and told us they had received training in safeguarding people. A care staff member said, "Yes I have had safeguarding training". The provider had a safeguarding policy in place so where people were at risk of being harmed care staff would know what action to take and who they would need to report any concerns.

The provider told us in their Provider Information Return (PIR) that risk assessments were carried out. We were able to confirm this from people's care files we looked at. Care staff we spoke with told us they were able to access these documents when supporting people so they were able to support people safely. A care staff member said, "Risk assessment paperwork is available in people's homes for me to look at". Care staff demonstrated a good understanding of how risks to people were being managed. We found that risk assessments were undertaken in the following areas, moving and handling, administering of medicines and the environment people lived in. Where people were at risk of choking or had a specific illnesses that care staff needed to manage carefully like epilepsy we found that risk assessments were also being undertaken to advise care staff.

A person said, "The staff always arrive on time". A relative said, "The staff do arrive on time and if they will be late they let us know". Care staff we spoke with told us that there was enough care staff employed to meet people's support needs. A staff member said, "There are definitely enough staff". We found that there were sufficient care staff to meet people's support needs and people spoke highly of how punctual care staff were.

The provider told us in their PIR that pre-employment checks were carried out and we were able to verify this through the provider's recruitment process. The care staff we spoke with told us they had completed a Disclosure and Barring Service (DBS) check as part of the recruitment process before they were able to support people. These checks were carried out to ensure care staff were able to work with vulnerable people. The recruitment process also included references being sought and systems in place to check care staff identification. This ensured that people were supported by care staff who had been appropriately recruited.

A relative said, "I am very happy with how staff support [person's name] with her tablets". Where people were supported with medicines 'as and when required' we found that the appropriate guidance was not in place where people were unable to make their wishes known. This guidance would ensure that people were administered these types of medicines in a consistent way by all care staff. The registered manager sent us information the day after the inspection to show that this guidance was now in place. A Medicine Administration Record (MAR) was used to document which care staff member had supported people with their medicines and when this was done. However we found gaps where people were not due to be administered their medicines and no key code was being used to identify this. The registered manager showed us evidence that they had already identified this area of concern and taken the appropriate action to rectify this. Care staff we spoke with knew what support people needed with their medicines and had

access to policies to give them further guidance or clarity when administering medicines. We found on some occasions that where care staff had hand written people's medicines on the MAR that appropriate checks were not taking place to show that the information had been written on correctly. The registered manager told us they would take immediate action to ensure their medicines checking process was updated to include this area.

We found that where an accident and or incident had taken place that care staff took the appropriate action to ensure people were supported safely and that the appropriate documentation was completed. Care staff were able to explain how they dealt with accidents. One member of the care staff said, "I would record any accident in the daily log in the service user's home and report it to the office so they are able to complete the relevant accident forms". The registered manager showed evidence that the accidents and incidents were monitored for trends.

Good

Is the service effective?

Our findings

A person said, "Staff do know how to support me". A relative said, "Staff do have the skills and knowledge". Care staff we spoke with told us they did feel supported. A care staff member said, "I do feel supported and my manager is available if needed". We found that care staff were able to get the support they needed so that they had the skills and knowledge required to meet people's needs.

Care staff we spoke with told us that they received regular supervision, had access to regular staff meetings and appraisals were being carried out. A staff member said, "We are able to get the grapevine newsletter. This gives us vital information which support us to do our job". The grapevine newsletter was sent out by the registered manager to give care staff up to date information on a regular basis. We found that care staff had access to a 12 week induction course, this consisted of them being able to shadow more experienced care staff in order for them to gain the skills and knowledge needed to support people appropriately. A relative told us, "New staff get to shadow existing staff so they know what to do". A care staff member said, "I have completed the care certificate". The care certificate is a national common set of care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction. We were able to confirm that the care certificate was part of the induction process.

We found that care staff had access to regular training to develop the skills they needed to support people. Care staff were also able to gain specific training in order to support people with specific health concerns for example where people were at risk of choking or were diabetic. Care staff we spoke with confirmed this.

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.

A person said, "My consent is sought". A relative said, "Consent is always sought before the staff support her [person receiving the service]". Care staff we spoke with understood the principles of the MCA and the Deprivation of Liberty Safeguards (DoLS). They were able to explain how people's best interests were being considered and they knew that no one was being deprived of their liberty by way of a DoLS application being approved through the court of protection. We found from the training records that care staff had received training in the MCA and DoLS. Care staff we spoke with confirmed this. We found at the time of inspecting this service that no one was assessed as lacking capacity to meet the requirements of the DoLS.

We found that where people needed support with their meals that care staff were providing this support. Care staff we spoke with were able to explain how people were supported to make healthy eating choices and that people ultimately decided what they had to eat and drink. People were supported to prepare meals where needed and some people were supported or observed whilst eating and/or drinking due to their risk of choking.

We found that people were predominately supported with their health care needs by their relatives. However care staff were able to explain where people needed support that this was provided. Where people needed support to see their doctor, a dentist or even a chiropodist, care staff would support people to access these health care services. We found that where people's health needed to be monitored, that care staff were able to do this and keep clear and concise notes for health care professionals to act on.

Good

Is the service caring?

Our findings

A person said, "The staff are kind and caring they are like a friend". A relative said, "The staff are absolutely lovely, supportive, kind, considerate, caring and trustworthy". Care staff we spoke with told us that they would support people by ensuring they were at the heart of the support they provided. They would always befriend people and would show concern for people's general wellbeing not just for the task they were supporting people with. The provider told us in their Provider Information Return (PIR) that care staff worked in small teams of three to help people build a relationship with the care staff based on mutual respect and trust.

A person said, "The staff always communicate with me and the office always keep me informed". A relative said, "The staff always ask [person's name] what he wants doing and whether he wants a drink or what food he wanted to eat". Care staff we spoke with told us that people decided how they were supported. They would ask people what they wanted and then support people as they wanted. We found that the support people received was based upon their decisions and not that of care staff. Care staff listened to what people wanted and acted upon what people's decisions were.

We found that people were communicated with using a range of methods. These varied from care staff asking people what they wanted, to the office staff contacting people by telephone to check that the support they were receiving was what they wanted.

We found that advocacy services were not currently being used within the service as people were able to make their own decisions or had relatives that supported them. However the registered manager told us that they would be making details of local services available in the future.

A person said, "Staff always respect my privacy, dignity and independence. They [care staff] always knock the door before entering". A relative said, "Staff most definitely respect [person's name] dignity and his independence is encouraged". Care staff we spoke with gave examples of how people's privacy, dignity and independence was respected. A care staff member said, "People are encouraged to do as much as they can to keep their independence and during personal care type tasks I always cover people over". We found that people were supported in a way that respected their dignity, privacy and independence.

Good

Is the service responsive?

Our findings

A person said, "I was involved in the assessment process". A relative said, "An assessment was carried out which I was involved in. A support plan is also in place and reviews happen fairly regularly". Care staff we spoke with told us that in each person's home they had access to the assessment, support plan and other documents used to provide the service. A care staff member said, "I am able to check the support plan if needed". The provider told us in their Provider Information Return (PIR) that people were central to the care planning process and were all given a client journal with all the important documents they would need, this included the assessment and support plan. They told us that people were listened to as part of the assessment process so they were able to gather people's life experiences, preferences and routines as part of putting together a support plan. We found that assessments and support plans were in place which people were involved in sharing their views. Reviews were carried out that involved people sharing their views on the service they were receiving.

Care staff we spoke with told us that they received training in equality and diversity and were able to explain how this impacted the support people received. Care staff explained that people's cultural, religious and sexuality were just some of the questions that were part of the assessment process and the training they received enabled them to support people ensuring their preferences were being met. We were able to confirm the information care staff told us. The provider told us in their PIR of situations where people's religious and cultural preferences dictated how care staff supported them. An example of a particular situation where care staff had to deal with the death of a service user was used as an example to show how care staff worked to ensure people's preferences were always central to the support provided.

The provider told us in their PIR that a complaints process was in place to enable people to raise any concerns they had. A person said, "I would complain to the office, but I have never had to". A relative said, "I do know who to complain to, but I have never had to complain". Care staff we spoke with knew how complaints should be handled and explained the process to us. A care staff member said, "I would pass all complaints to the manager, but if it was simple and I could resolve the concern I would do so". We found that a complaints procedure was in place and a log was available to show how complaints were managed and that the provider's procedure and timescale for resolving complaints were being adhered to. The registered manager told us that complaints monitoring was in place so where there were trends these could be identified as a way of improving the service to people and reducing complaints.

Good

Is the service well-led?

Our findings

A person said, "The company is a really good company. The service I get is well run". A relative said, "Its an excellent service. A clear vision and professional, with a great deal of love in the service". Care staff we spoke with told us the service was well led. A care staff member said, "The service people get is well led and the training I have had is excellent". We found that the service provided was well led and people and care staff told us the culture within the service was one of treating everyone like a family member. Another care staff member said, "I instantly felt part of the family when appointed". The provider told us in their Provider Information Return (PIR) that they had a 'open door' policy and were readily available to offer support and guidance and our findings confirmed this.

A person said, "I do know who the registered manager is". A relative told us, "I do know the registered manager". Care staff we spoke with spoke highly of the registered manager and the staff based in the office. We found that people were regularly invited to events in the office as a way of promoting the service people received and building a rapport. We found the registered manager to be approachable and friendly.

Care staff we spoke with were aware of the whistle blowing policy and its purpose. Care staff were able to explain how they would use the policy where people were at risk of harm. We found that a policy was in place for care staff to refer to.

We found that questionnaires were being used to gather people's views on the service they received. A person said, "I do get a questionnaire". A relative said, "I have had questionnaires to complete". Care staff we spoke with told us they were able to complete a questionnaire. We saw the information gathered from the most recent survey carried out. The information showed that 100% of people who shared their views would recommend the service to others and 100% of care staff spoken to felt proud to work for the service. A comment from a person completing their questionnaire was, "They [care staff] give me a reason to live". We found that people's views were being gathered and analysed to improve the service people received.

We found that spot checks and quality audits were taking place to ensure the quality of the service people received. A care staff member said, "The office do carry out spot checks". A relative said, "Spot checks are carried out on the staff". We were able to verify that quality audits and checks were being conducted to ensure the quality of the service. Through these checks the provider had identified areas for improvement with how people were supported with their medicines and actions had been taken.

We found that the provider operated an out of office service to enable people to contact the service in an emergency during the times of the day the office was closed. For example; bank holiday, weekends or on evenings where an emergency may occur. Care staff we spoke with were also able to use this service to seek support in an emergency or for advice at any time.

The registered manager knew and understood the requirements for notifying us of all deaths, incidents of concern and safeguarding issues as is required by law.