St Jude's Care Ltd

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Inspection report

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Date of inspection visit:
19 March 2017
23 March 2017

Date of publication:
08 May 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

St Jude's Care is registered to provide personal care to people living in their own homes. At the time of our inspection the service was providing support to 60 people, 18 of these received 24 hour support from staff. The service was run from an office in Weymouth.

The service had a registered manager. 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.

Staff were aware of their responsibilities in protecting people from harm and knew how to report any concerns about people's safety or wellbeing. People had individual risk assessments giving staff the guidance and information they needed to support people safely.

People were supported by staff who were recruited safely and were familiar to them. People and relatives felt that staff had the sufficient skills and knowledge to support them and we saw that staff had access to relevant training for their role. Staff received regular supervision and appraisals and we saw that they also had competency checks to ensure that they had the necessary skills.

Staff understood what support people needed to manage their medicines safely and these were given as prescribed. There were processes in place to audit the accuracy of recording medicines.

Staff understood how to support people to make choices about the care they received, and encouraged people to make decisions about their care. Assessments reflected that the service was working within the framework of the Mental Capacity Act 2005.

Where people received support from staff to eat and drink sufficiently, we saw that staff offered choices and prepared foods in the way people liked.
People were supported by staff who were kind and caring in their approach. Staff understood people's likes and preferences and promoted independence. People told us that staff were respectful of their homes and treated them with dignity.

People had individualised care plans which were person centred and focussed on what goals people wanted to achieve. People received support to access health services when required.

People told us that they received a rota each week letting them know what staff were due to visit at what times. Where changes were needed to visits, or where staff were running late, people told us that the office made contact to let them know. People and relatives told us that they would be confident to complain if they needed to.

People, relatives and staff spoke positively about the management of the service. We were told that the office were easy to contact and friendly and that the manager was approachable.

Staff were encouraged to raise issues and discuss queries and felt valued in their role. There were regular staff meetings where practice and ideas were discussed. .

Quality assurance measures were regular and the information was used to monitor and drive high quality care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who understood their responsibilities in protecting people from harm.

People's individual risks were identified and there were clear plans indicating how to manage these.

People were supported by enough, safely recruited staff to meet their care needs.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about the people they were supporting and received relevant, person centred training for their role.

Supervision processes were in place to monitor staff performance.

People were supported by staff who worked within the framework of the Mental Capacity Act 2005 and where needed, decisions were made in people's best interests.

People were supported to access healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

People had a good rapport with staff and we observed that people were relaxed in the company of staff.

Staff knew how people liked to be supported and offered them appropriate choices.

People were encouraged to be as independent as possible.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People had person centred care plans and were involved in regular reviews about their support.

There were systems in place to enable people and relatives to feedback about the service.

People knew how to complain and felt they would be listened to and actions taken.

Is the service well-led?

Good

The service was well led.

People, relatives and staff spoke positively about the management of the service and told us that the office was easy to contact and staff were helpful.

Staff were clear about their roles and responsibilities and encouraged to raise ideas and suggestions.

Staff and management communicated well and staff felt valued and supported in their role.

Quality assurance measures were effective and used to drive high quality care.

St Jude's Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and took place on 23 and 24 March 2017. Phone calls were completed on 19 March 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

The inspection was carried out by one inspector.

Before the inspection we reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding concerns. We reviewed the notifications that the service had sent to us and contacted the local quality assurance team to obtain their views about the service. The provider had completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the provider does well and what improvements they plan to make.

We spoke with four people in their homes. We also telephoned eight people and four relatives to obtain their views about the service. We spoke with eight members of staff, the nominated individual, the deputy manager and the registered manager. We looked at a range of records during the inspection. These included six care records and four staff files. We also looked at information relating to the management of the service including quality assurance audits, policies, risk assessments and staff training.

Good

Is the service safe?

Our findings

People told us that they felt safe with the support they received from St Jude's Care. One person told us that they felt safe because staff responded quickly when they needed them and had been prompt about seeking support when they had fallen. A relative said "I feel very secure and know that (name) has safe care". When we spoke with another person, there was a member of staff visiting them and they checked who was on the phone and explained that the person had received some nuisance calls and was making sure that the person was happy to speak with us. A relative explained that they felt their loved one was safe because they were confident to use the equipment the person needed to move safely. This demonstrated that staff understood how to support people to ensure they felt safe.

People were supported safely by staff who knew the risks they faced and their role in managing these. For example, one person was at risk of choking when they ate. There was a risk assessment which outlined this risk and how staff could support the person to manage this. Staff were able to tell us how they managed this risk in the ways outlined in the care plan. Another person was at risk of falls, their risk assessment gave the history around the falls and gave staff guidance about how to support the person when mobilising to manage this risk. A different person told us that staff ensured that they had their pendant alarm on so that they would be able to summon support if they fell.

Staff understood about the possible signs of abuse and how to report any concerns. One staff member explained some of the signs that they would look for and told us that they would be confident to report if they needed to. Another staff member explained that if they were concerned about another member of staff they would whistle blow and felt that management would be supportive and take action. The service had policies in place to guide staff about what they were required to do and they included details of relevant outside agencies.

There were enough staff to support people and staff were not pressured to pick up additional work. Staff retention was good and a staff member advised that additional work was taken on as staff were recruited to ensure that there were sufficient staff to meet people's needs. People, relatives and staff told us that they had regular support from staff who were familiar to them. One relative said they had "generally the same staff and familiar faces, we have got to know them".

Staff were recruited safely with appropriate pre-employment checks. Staff files included references from previous employers, applications forms and interview records. Checks with the Disclosure and Barring Service (DBS) were in place before staff started. Some references we looked at did not provide sufficient information about the candidates conduct in previous employment and we discussed this with the nominated individual. They assured us that they would also seek character references for candidates where necessary to provide this detail. They altered their application forms to reflect this immediately.

Accidents and injuries were recorded and the information was used in a chronological log to identify any patterns or trends. Accident forms provided details about what had happened and what actions had been taken as a result. For example, one record showed that a person had fallen before a staff member arrived for

their planned visit. A body map had been completed to show where they had sustained cuts and their care plan had been updated to reflect the accident and the risks around the person falling.

People received their medicines as prescribed. The service had assessments in place to identify whether people needed assistance to manage their medicines and MAR (Medicine Administration Record) for people included instructions and body maps about where creams should be applied if these were prescribed. We looked at the MAR for three people and saw that they were completed correctly. A person told us staff "take great care and getting the right medicines at the right times". Some people had medicines which were 'as required'. One person had a medicine in their MAR which was prescribed 'as required'. The person confirmed that staff always checked with them whether they wanted this medicine. Another person had a medicine which required additional checks and we saw that they were in place to ensure that the medicine was managed safely.

Good

Is the service effective?

Our findings

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.

We checked whether the service was working within the principles of the MCA.

People had consent forms in place in relation to the support they received. Where people were unable to give consent, they had decision specific capacity assessments and best interests decisions which considered the least restrictive option and included views of people who were important to the person. For example, we saw one MCA in relation to keeping a person safe in their home. There was a decision made in the person's best interest's around the security of their home. This included the risks to the person and had included the views of their family. Staff received training in MCA and understood their role in considering whether people had capacity and following any best interest decisions made. The deputy manager explained that one person lacked capacity but had been improving and they had contacted their social worker to re-assess their capacity. We saw an email from the social worker confirming that the person had regained capacity and was able to make their own decisions. This demonstrated that the service understood the importance of continually considering capacity and enabling people to make their own decisions wherever possible.

People told us that staff had the skills and knowledge they needed to do their jobs. A relative explained that staff understood the condition a person faced and knew to check for physical symptoms if they were unwell and contact the relative. A person confirmed that staff had the correct knowledge to use the equipment they needed safely and that staff were confident to use this and understand the specific support the person needed. One relative told us "I'm very happy with the staff that we have in…we have half a dozen staff who know (name) really well". The service introduced new staff to people before they were planned to visit to support them. The care managers took new staff members out to meet people which enabled the staff member to have a verbal handover about what support the person required and how they liked to be supported. It also enabled the person to meet a new staff member with someone familiar and this was spoken about positively by people, relatives and staff.

Staff received an induction into their role and completed the Care Certificate as part of this. The Care Certificate is a national induction for people working in health and social care who did not already have relevant training. We saw certificates where staff had successfully completed this and also saw that staff completed shadowing with other staff before they worked alone. The nominated individual explained that shadowing continued until the senior staff member and the staff were confident that they were ready to work independently. Staff had an identified supervisor and had regular supervision to discuss practice, performance and any learning and development. Some staff provided live in care for people and the deputy manager explained that they visited these staff regularly to offer support and for supervision. Staff confirmed that they received this support and also that their line manager would ring them weekly to check in and offer

support. This demonstrated that people were supported by staff who had received an effective induction into their role and were supported to discuss and develop their practice.

Staff completed training in a range of topics, some were essential and refreshed on a regular basis. Topics including moving and assisting, infection control and first aid. Other topics were highlighted either by staff through their supervisions, or in response to the needs of people who received a service. For example, a person had just started to receive a service from St Judes care and needed staff who were specifically trained to manage equipment they needed to receive adequate nutrition and hydration. We saw that a staff member had been identified and trained in this area in response to this need. There were other members of staff with this training and further staff training was planned in response to this identified need. Other training staff had undertaken included malnutrition care and assistance with eating, positive behaviour support and leadership and management. Staff told us that they were encouraged to learn and develop and we saw that some staff had undertaken health and social care training through the Qualifications and Credit Framework (QCF) which is the new national credit transfer system which has replaced the NVQ. Other staff were commencing this training and told us that the service had supported them to work towards this qualification. The nominated individual explained that staff who provided live in support sometimes found it difficult to access online training and senior staff had taken laptops out to staff so that they were able to undertake training when required.

Staff communicated well with people and understood that people had different communication needs. For example, one person had limited communication and staff understood that they needed to give the person time and listen carefully to enable them to communicate. A staff member explained how they communicated with a person through their expressions and eye movements. The person confirmed that staff understood how they communicated and this meant that the person was able to be supported in the way they wished. Care plans included details about how people communicated and reflected what staff and people had told us. They also included a 'care changes' sheet which staff used to record any changes and ensure that these were effectively communicated between people. For example, a person's 'care change' sheet reflected that there was a change to a prescribed cream. Staff told us that this was helpful and an effective way of ensuring that when they visited a person, they could quickly identify any changes that they needed to be aware of.

People were supported to have enough to eat and drink by staff who understood what support they required. One person needed a softer diet to eat safely and this was reflected in their care plan. A staff member explained how they prepared foods in the way the person needed and how they supported them to eat safely. Other people told us that staff offered them choices about what they ate and drank and we saw that a staff member prepared a person two drinks when they advised that they were thirsty. The person hadn't requested two drinks but explained that they preferred to have a choice which the staff member had known. This demonstrated that staff knew people well and effectively supported people to receive adequate nutrition and hydration.

People had access to healthcare services when required. We saw that a person's care plan reflected that a healthcare professional had visited and that guidance had been given about how to manage an area of sore skin. A staff member told us that they had been concerned that a person may be suffering from an infection and explained the signs that they looked for. They were following this up with the GP. We saw that a person had suffered a fall and that the service had asked for a GP visit to check for any underlying medical causes and also referred them to the falls team for further assessment.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring in their approach. One person explained that staff were caring because when they were upset staff "make me a cup of tea and put their arm around me until I stop shaking". They went on to tell us that they were really satisfied with the staff that they had and said "I love them, absolutely love them". Another person felt staff were caring because they "offer to help with whatever I want". A relative said that staff had "a sympathetic ear" which they found supportive. Staff spoke with warmth and affection about the people they supported and one explained that they ensured that they made time to speak with the main carer of a person when they visited. They were aware that the carer was isolated also and wanted to ensure that they felt included and supported.

People told us that staff knew what their preferences were and how they liked to be supported. A staff member explained how they supported a person to manage their cosmetics and skin care as this had always been very important to the person. Another staff member explained that it was important to the main family carer of a person that they supported them in a particular way and they respected this. A different staff member explained that a person could become anxious and needed staff to be calm and positive when they visited. They were mindful of this and ensured that their approach reflected how the person wished to be supported.

Staff treated people with dignity and respect. A person confirmed that staff respected their privacy and other people we spoke with explained how staff were respectful of their homes and ensured that they left everything clean and tidy before they left. A staff member explained how they had worked with a person and built up a rapport so that the person felt comfortable enough to enable them to support with intimate care. They advised that they always sought consent before supporting and respected if the person did not want this. Another staff member explained that they offered privacy by waiting for a person to ask for support before continuing.

People were supported to be as independent as possible. A staff member explained that a person had dementia and found managing tasks independently more difficult. They explained that they gently gave clear directions to the person to enable them to remain as independent as possible. For example, they said "We need to stand up now (name). Put your hands on the arms of the chair…". This approach meant that the person was able to stand and mobilise with minimal support. Another staff member explained that they encouraged a person to remain independent by offering them options about how they wanted to be supported. For example, "do you want to make yourself a drink, or would you like me to…?" This demonstrated that staff were working with people in ways appropriate for them to encourage their independence.

Good

Is the service responsive?

Our findings

People had individualised care plans which were person centred and focussed on what goals people wanted to achieve. For example, one care plan identified that a person's goal was to live at home for as long as they were able and identified staff roles in supporting the person to achieve this. Information was recorded about people's personal histories which meant that staff were able to have conversations with people about subjects which were meaningful to them. For example, one person's record included how they preferred to be addressed, hobbies and interests that they had and information about people who were important to them. Care plans were regularly reviewed and people and relatives told us that they were involved. For example, one relative explained "we had a review a few weeks ago and checked how everything was going".

People received regular rotas which told them what staff would be supporting them and they told us that if there were changes to the rotas, the service rang to let them know. A person told us "I get a rota and it's correct, if someone is poorly, they ring to let me know". A person explained "they have gone out of their way to be flexible and move times to fit with what I need". Staff explained that they generally had sufficient time to travel between visits but that if they were running late, they informed the office who rung people to let them know. People confirmed that they were informed if staff were going to be late and no-one reported any missed visits. The registered manager told us that they felt strongly about people receiving the full amount of time that they were supposed to and worked to ensure that staff had sufficient time to travel between people's home to ensure that people received the full amount of support.

People understood how to offer people choices in ways which were meaningful to them. For example, a staff member explained that they visually offered a person a choice of three options for clothes so that the person was able to choose what they wished to wear. Care plans reflected that staff offered people choices about what they had to eat and drink and people confirmed that staff offered them choices about their support and respected the choices that they made.

People's preferences were listened to by the service. Care records included whether people had a preference about whether they had a male or female carer and people we spoke with said that their preference had been respected. A person explained, "I've said no to personal care with male staff and that's been respected". One relative said that their loved one preferred female staff and said, "they respect that and they have only had female staff". One of the care coordinators explained that where people had requested not to have certain staff members, this was recorded on the system and meant that the staff member could not be booked to visit that person. People told us that where they had requested not have a staff member, this had been respected. A person told us that they had asked not to have a particular staff member and said that the office had listened and not sent them back. This demonstrated that the service listened to the preferences of people and acted upon their requests.

People and relatives told us that the service kept them updated about their loved ones and that they would be confident to complain if they needed to. A relative said "they keep me in the loop and if (name) isn't well or they are concerned, they ring me up". One person said "If I wasn't happy I would speak to (name) in the

office". A relative said "If there was a problem I feel confident to speak with them". We saw that information about how to complain was included in paperwork in people's homes. The service had not received any complaints since 2015 but we saw that recording paperwork was available to record and monitor what actions were required if a complaint was received.

Feedback was gathered using an annual survey and through phone calls and links with a 'dedicated care manager' who acted as the first point of contact for people. We saw that people had received letters advising them about who, within the service, was their care manager and people told us that this was who they spoke with to feedback about their support. A person explained that their care manager rang to check how things were going on a regular basis. The nominated individual explained that the service had three care managers who took a lead role in speaking with people and monitoring how their support was working. The annual survey had been sent to 61 people and 23 had been completed an returned. The questions included feedback about whether people had enough information about the service, whether staff were professional and friendly, and whether people felt staff had sufficient training. Responses were positive overall and where areas for improvement had been identified, there were actions in place.

Good

Is the service well-led?

Our findings

People and relatives spoke positively about the management of the service and the organisation of the office. One person told us "I can always get hold of the office if I need to and they are helpful". Another person said "they always answer the phone when I ring". People told us that they felt the service was well managed and that the staff in the office were helpful and friendly when they rung. Staff told us that they were able to contact someone for support easily if they needed to. One staff member told us "Staff in the office make a big difference, it's a happy atmosphere". Another said "I can always ring and they are helpful, they encourage us to come in to discuss things". Another said "as companies go, they are one of the best". Staff also spoke highly about the registered manager with one person describing them as "the heart of the place". The office had a busy, positive atmosphere with staff who had positive, open communication with each other.

Staff understood their roles and felt supported by the management of the service. Office staff had clearly defined roles and this worked effectively as they each took responsibility for a different area of the service. For example, there were three care managers who took responsibility for assessments and reviews with people and had allocated people and staff for who they took a lead role. At the time of inspection, the registered manager was absent from the service and staff were working closely together to support each other and continue the service with the high standards expected by the registered manager. The registered manager came in to meet us during the inspection and spoke with genuine pride about how staff had worked together to manage the service in their absence. We observed several staff members popping into the office throughout our inspection and there was a relaxed, friendly atmosphere and banter between all staff.

Communication between staff and the office and management team worked well with the use of staff newsletters and regular staff meetings. Staff were encouraged to visit the office whenever they wished and told us that they were always greeted warmly. There were two sets of staff meetings, one for the office staff and one for all care staff. The nominated individual explained that meetings were booked for two times on the same day to enable staff to attend and the meetings were included in staff rota's so that they had time booked out to attend these. Staff told us that they were encouraged to raise ideas and suggestions and that these were listened to. For example, where staff had identified that they had been booked to visit people without an introductory visit, this had been addressed with the office staff. Newsletters included updates for staff and also information about areas of practice. Copies we saw included information about considering capacity and consent in line with the Mental Capacity Act (MCA), information and advice about supporting people to cope in the colder weather, and extracts from the Code of Conduct which focussed on a particular value staff needed to demonstrate and guidance about how this applied in practice. For example, the December newsletter focussed on accountability and gave advice about professional boundaries and responsibilities for staff to report and identified changes with people.

Staff had access to pool cars which were owned and maintained by the service. If staff were undertaking visits to people in the community, they were able to book a pool car to complete these. Each car came with a fuel card which staff could use to re-fuel if needed and the maintenance of the vehicles was managed by

the service. Staff felt this was a real positive of working for St Judes and one staff member explained that they had put excess miles on their own vehicle in a previous job and really appreciated that they no longer needed to use their own car for work. The nominated individual explained that they were able to ensure that all cars were in good mechanical order and that staff were not responsible for any outgoing costs for fuel because this was pre-paid by the service. The service nominated a carer each month whose positive behaviour was noted by the office staff. They also nominated a staff member for the monthly dignity award. This included identifying what the staff member had done to be nominated and how it demonstrated dignity in care. Staff received a voucher in recognition and this encouraged and motivated staff to focus not only on the support they provided to people, but on considering their behaviour and conduct and ensuring that they embedded the dignity standards in their practice.

The nominated individual explained that they linked with a number of national organisations to discuss and develop good practice and attended a local group with other providers of domiciliary care to share ideas and consider future developments. The office staff used peer support to drive high quality care as staff had a range of experience and backgrounds. The nominated individual had a background in law and several senior staff were registered nurses, including the registered and deputy manager. The registered manager explained that they had high standards and said, "we pass standards on and expect that from staff".

Quality assurance checks were regular and used to drive high quality care and improvements. The nominated individual explained that they were continuing to focus on improving accuracy in medicines recording. They had implemented a medication quiz to identify any areas for further staff development or support and told us that this had been useful and enabled them to provide further support to staff where needed. Competency checks were carried out with staff regularly and outcomes were discussed with staff. Other audits included checks on recruitment files and people's care plans to ensure that the correct documentation was in place. The nominated individual explained that they used an external consultant who visited the service regularly and completed quality audits to identify gaps and trends. They said, "I think we should be in shape all the time, not just when we are having an inspection".

The service had a clear development plan which included implementation of the Gold Standard Framework(GSF) for end of life care. The nominated individual explained that two staff had completed training which was planned to be cascaded to other staff. Other planned developments included expanding the senior carer role to include other responsibilities such as spot checks for staff and a buddy or mentoring system. The service also had plans to develop a questionnaire specifically for carers to identify where they felt the service could develop further