Grace Staffing Care Limited

Jhumat House

Inspection report

Jhumat House
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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?	Good

Summary of findings

Overall summary

We carried out an announced inspection of Jhumat House on 23 April 2018. This service is a domiciliary care agency. It provides personal care to people living in their own homes. This was the first inspection of the service since they registered with the Care Quality Commission (CQC).

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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is managed. The registered manager was not available on the day of the inspection. In the absence of the registered manager, the director supported us with the inspection.

The service was safe. Risks had been identified and information had been included on risk assessments on how to mitigate risks to ensure people received safe care. Staff were aware of how to identify abuse and knew who to report abuse to, both within the organisation and outside of the organisation. Pre-employment checks had been carried out to ensure staff were fit and suitable to provide care and support to people safely. Staff told us they had time to provide person centred care and there were enough staff to support people. There were systems in place to reduce the risk and spread of infection. Staff were provided with personal protection equipment to ensure risks of infection were minimised when supporting people.

The service was effective. Staff had received training required to perform their roles effectively. People were cared for by staff who felt supported. Spot checks had been carried out to observe staff performance to ensure people received the required care and support. Staff felt supported in their roles. People's care and support needs were assessed regularly for effective outcomes. Staff could identify the signs people gave when they were not feeling well and knew who to report to.

The service was caring. People had a positive relationship with staff. They told us that staff were caring and their privacy and dignity were respected by staff. People were involved with making decisions about their care and were encouraged to support themselves where possible.

The service was responsive. Care plans were person centred and detailed people's preferences, interests and support needs. Staff had good knowledge of the people they supported. No complaints had been received since the service registered but people knew how to make complaints and staff were aware of how to manage complaints.

The service was well-led. Staff told us the culture within the service was open, transparent and told us the service was well-led. Audits were carried out to ensure there was a culture of continuous improvement. People and staff were positive about the management team. People's feedback was sought from surveys.

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.

Risks had been identified and information was included on risk assessments on how to mitigate risks when supporting people.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

Systems were in place to monitor staff attendance and punctuality.

There were systems in place to reduce the risk and spread of infection.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed effectively to achieve effective outcomes.

Staff had the knowledge, training and skills to care for people effectively.

Staff felt supported in their role.

Staff knew when people were unwell and who to report this to.

Is the service caring?

Good

The service was caring.

People had a positive relationship with staff.

People's privacy and dignity was respected.

People were involved in making decisions on the care and support they received.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and included information on how to support people.

Staff had a good understanding of people's needs and preferences.

Staff knew how to manage complaints and people were confident with raising concerns if required.

Is the service well-led?

Good

The service was well-led.

Quality assurance systems were in place for continuous improvements to be made.

Quality monitoring systems were in place to request and obtain people's feedback through surveys.

Staff told us the service was well-led and were positive about the management.

Jhumat House

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 carried out on 23 April 2018 and was announced. We gave the provider 72 hours notice as we wanted to ensure that someone would be available to support us with the inspection. The inspection was undertaken by two inspectors.

Before the inspection we reviewed relevant information that we had about the provider. We made contact with social and health professionals that the service worked with to obtain feedback about the service.

During the inspection we reviewed documents and records that related to people's care and the management of the service. We reviewed care plans, which included risk assessments and two staff files which included pre-employment checks. We looked at other documents held at the service such as training and quality assurance records. We spoke to the director of the service.

After the inspection we spoke to one person and two staff members.

Good

Is the service safe?

Our findings

The person we spoke with told us they were safe when staff supported them. The person told us when we asked them if they felt safe, "Yes, I always look forward to seeing them [Care staff]."

Assessments were carried out with people to identify risks. Risk assessments provided information and guidance for staff on how to keep people safe and were regularly reviewed and updated. There were risk assessments with falls, environment and infection control. Risks had been identified and assessments included a description of the risk and strategies to mitigate the risks. We asked a staff member how they knew about monitoring risks and they told us , "We are looking out for change each day, compare to yesterday and get to know the person to know what is a good day for them. I would look at their care plan and documents."

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report abuse to. They also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the police. One staff member told us, "Abuse comes in many forms such as physical, verbal, emotional and is when people are harmed in that way. If I see anything wrong, I approach my manager and talk to them about my concerns, looking out for the best interest of the person. I help or other staff and I would go elsewhere if my manager doesn't respond or if it is not safe to tell them first." Records showed that staff had been trained in safeguarding people and there was a safeguarding and whistleblowing policy in place.

We found that there were no recorded incidents. The director told us that there had been no incidents since people started using the service. The director and staff were aware on what to do if accidents or incidents occurred. There was an incidents form in place that could be used to record them. In addition, the director told us that if incidents were to occur, then this would be analysed and used to learn from lessons to ensure the risk of re-occurrence was minimised.

Pre-employment checks were carried out to ensure staff that were recruited, were suitable to provide care and support people safely. Staff confirmed that these checks had been carried out. We checked two staff records. Relevant pre-employment checks such as criminal record checks, references and proof of the person's identity had been carried out as part of the recruitment process.

Staffing levels in the service were appropriate. Staff told us that they were not rushed in their duties and had time to provide person centred care and support to people when needed. This was confirmed by people. The person told us when we asked if there was sufficient staff available to support them and if staff came on time, "Yes." The director told us that staff were always on standby if staff could not attend appointments. A staff member told us, "We always have one back up staff member who can cover." This meant that any missed visits to people were minimised. The service monitored care visits via timesheets, which staff had to complete and this was signed by people or their relative to confirm they came on time and carried out tasks. This was then reviewed by the management team.

There were systems in place to reduce the risk and spread of infection. Staff had been trained on infection control. We asked staff how they minimised the risk of infection and cross contamination. They told us they were supplied with personal protective equipment (PPE) such as gloves, aprons and sanitisers when supporting a person. Staff told us they disposed of PPE in a separate bag when completing personal care. They also told us they washed their hands thoroughly.

The director told us the service did not support people with medicines as their family members supported them with this. This was confirmed by the person and staff we spoke to. Staff had been trained in medicine management and there was a medicine policy in place. The director informed this was in place in case the service was to support people with medicines in future.

Good

Is the service effective?

Our findings

The person we spoke with told us staff were skilled, knowledgeable and able to provide care and support.

A staff member told us, "Yes, my manager explained the role, took me to a person's home and I shadowed and observed before joining in and doing things myself." Records showed new staff that had started employment had received an induction. The induction involved looking at care plans and shadowing experienced members of staff. Records showed that new staff members received introductory training that was required for them to perform their roles effectively and in accordance with the Care Certificate standards. The Care Certificate is a set of standards that health and social care workers stick to in their daily working life. The training included infection control, health and safety, basic life support, medicines and safeguarding.

There was a supervision policy in place stating supervisions should be held every three months. Records showed that supervision had been held once with one staff member. The director told us that supervisions had been held with both staff but had not been written up using the supervision template. The director informed that they would ensure supervisions were written up on the supervision template in the future. Appraisals had been completed. Appraisals are usually completed after 12 months to review staff performance, set objectives for the year ahead and help staff develop through support and training. However, we found the appraisal did not include discussions on objectives and developments required for staff. The director informed that this would be included in the future. Staff told us that they were supported in their role and had received regular supervision. A staff member told us, "Yes, we meet monthly. We met last month in March and due again soon. I am able to talk about concerns. All records of our conversations are kept in my staff file that management has."

We checked if the provider followed the principles of the Mental Capacity Act 2005 (MCA). The 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 found two staff had not received training on the MCA. After the inspection, the director told us that this training had been booked. The director and staff were able to tell us the principles of the MCA and the best interest decision process and how this should be applied for people living in their homes. The director told us that people had capacity and there was a consent form that had been signed by the people's relative agreeing to the support provided by the service. A staff member told us, "It is when someone cannot make a decision. If that is the case, I will then let their next of kin know and my manager to do an assessment. I won' make a decision for them."

Staff asked people for consent before supporting them. A staff member told us, "Always, when I go to their home, each time I start personal care I ask them for consent about what I am about to do." The person told us, when we asked them if staff asked for their consent when supporting them, "Yes, and [family member]

helps guide them."

The director told us that the service supported the person with preparing their breakfast only and this had been included on the person's care plan. However, we noted that the person had a specific diet, which had not been included on the care plan. The director told us that this diet was always catered for as the person's relative also supported staff with making breakfast but informed us that the diet would be included on the person's records. The person told us, "My [family member] helps me with this but they [staff] will help her if needed and they never leave my house without asking if I want a cup of tea."

People's GP details and any community professionals involved in their care had been recorded in their care plans. Staff had awareness of when people did not feel well. A staff member gave us an example and told us, "For example one of my patients has [health condition]. I would know if they are not feeling well, if they are chesty, not as responsive then normal or sleepy. If they are not well, I will let my manager know for help on what to do. If their family is not around or in emergencies, I would call 999." This meant that people were being supported to ensure they were in the best of health.

Pre-assessments had been completed prior to people receiving support and care from the service. These enabled the service to identify people's daily living activities and the support that people required, which allowed the service to determine if they could support people effectively. Using this information, care plans were developed. The service assessed people's needs and choices through regular reviews. Records showed that at the time of our inspection, there were no changes to people's needs. The director told us if there were any changes, the care plans would be updated and these changes would be communicated to staff.

We saw evidence that new technology had been obtained to monitor staff attendance and punctuality, to ensure people received the required care and support at the correct times. This meant that people's needs and choices were being assessed effectively to achieve effective outcomes.

Good

Is the service caring?

Our findings

People told us staff were caring. The person told us, "Yes, they are kind. I always look forward to seeing them."

Staff had positive relationships with people. A staff member told us, "I would always re-assure them as we support vulnerable people. It is important to re-assure and communicate well. I always introduce myself and tell them what I will be doing, which makes them comfortable." The person told us, "They don't stop talking and I look forward to seeing them. That's why I like when they visit as we talk a lot and it makes me happy.

People had been included in making decisions about how best to support them. The person told us, "Yes. Nothing is ever done without my permission." A staff member told us, "[Person] always makes the decision on how they want to be supported. It is their life and we are only here to help them when they need it." Care plans had been signed by the person's relative to evidence that the person and their relatives agreed with the contents of the care and support they received from the service.

Independence was encouraged and records showed, where possible, that staff should encourage people to support themselves. Staff told us they supported people to make choices in their day-to-day lives with personal hygiene and care. A staff member told us, "During personal care, [person] participates as much as possible and can wash [person] face and neck when feels well. This is discussed each time."

Staff ensured people's privacy and dignity were respected. The person told us, "Yes, they are very courteous and they have good manners." Staff told us that when providing particular support or treatment, it was done in private. A staff member told us, "I respect privacy by ensuring when I give personal care, I ensure the door is closed and there is no one around with the blinds and curtains closed also." Staff also told us they respected people's privacy by ensuring they always knock on people's door before entering.

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. We saw that confidential information such as people's care plans and medicine records were stored securely.

People were protected from discrimination. A staff member told us, "I treat everyone with respect regardless of their ethnicity, values or religion." Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. People's religious and cultural beliefs were recorded on their care plan. The person we spoke with confirmed that they were treated equally and had no concerns about the way staff approached them.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. The person we spoke with told us that staff were responsive. The person told us, "They have known me for a while and have got to know me now. They enjoy coming to my house and I look forward to it too. I don't stress them out. They make me happy."

People had an individual care plan, which contained information about the support they needed from staff and a description of people's health. There was also a mental health assessment that assessed people's mental health and wellbeing and if further support was required in this area. Staff told us that care plans were helpful. One staff member told us, "Yes. They reflect changes, but a lot of the time we know stuff because management hands this over to us either in person or on the phone." There was a personal profile, which included people's date of birth, religion, marital status and next of kin. Care plans detailed the support people would require to ensure people received person centred care. Care plans were individualised and included details of people's family members and details of health and social care professionals. In one person's care plan, information included that a person may experience discomfort around the leg area and staff should be aware of this when supporting the person. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

There were daily records, which recorded information about people's daily routines and the support provided by staff. Staff told us that the information was used to communicate with each other between shifts on the overall care people received and if a particular person should be closely monitored. This meant that staff could summarise the care needs of the people on each shift and respond to any changing or immediate needs.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. Care plans included how people communicated. The person we spoke had no concerns on how staff communicated with them.

Records showed that no formal complaints had been received by the service. The person we spoke with did not have any concerns with the service and told us they would complain to the care staff or manager if they had concerns. There was a complaints policy in place. The director and staff were aware of how to manage complaints. A staff member told us, "When there is a complaint, I have to document this in the care plan and also inform my manager over the phone. I tell the person making the complaint what I will do so it can be fixed. We haven't had any complaints so far."

The director informed that staff would at times take the person outside the community and park if they preferred. Records showed that a review had been carried out with the person and going outside the community was discussed and agreed with the person. This meant that the service took into account

people's preference and responded to this, to ensure this had a positive impact on their well-being.

Good

Is the service well-led?

Our findings

Staff told us that they enjoyed working for the service. One staff member told us, "Yeah, they are very supportive. We work well together as a team and I like the role as I like helping people." The person we spoke with was positive about the registered manager and the service.

Staff told us that they were supported in their role, the service was well-led and there was an open culture, where they could raise concerns and felt this would be addressed promptly. One staff member told us, "She [registered manager] is really good. I can approach her with anything I need. I have not felt like, I have not been supported by her."

The director told us as that they had a business plan and this was to expand and provide support to more people. Records showed that the service was preparing for this as a staff member had already been recruited and was in the process of carrying out pre-employment checks. A digital staff monitoring system had been purchased to monitor staff attendance and punctuality.

There were systems in place for quality assurance. Records showed that the director had carried out audits on care plans to ensure information was accurate. A score was awarded on each area of the care plan with the action required. Where action had been identified, a staff member was allocated to complete the action within a certain deadline. Once the action had been completed, the staff member was then required to sign to confirm completion. This meant that potential issues can be identified through the service audit processes and action taken to ensure people received safe and effective care at all times. The registered manager also carried out spot checks on staff and provided feedback to staff on the outcome of these checks. Spot checks included how the staff practiced care, how they spoke to people and supported them.

We found a number of records had not been made available on the day of the inspection such as supervision notes, professional references for staff, timesheets, rota's and daily records. The director told us that this was not kept in the office and the service was going paperless. They said most of this information had been kept electronically at a different location. We were provided with this information after the inspection and were informed that once the service goes paperless, all documents would be stored electronically in the office.

People's feedback was sought through surveys. Surveys included questions on the service delivery, staff approach, confidentiality, privacy and support provided. The results were positive. The director told us that as they supported a limited number of people and the feedback had been positive so far, the results had not been analysed. However, they told us that as the service expanded, feedback would be analysed from people to ensure there was a culture of continuous improvement and people always received high quality care. This meant that people's views were sought to make improvements to the quality of the care and support they received.

Staff meetings were held regularly. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues. This meant that staff were able to discuss any ideas or areas of

improvements as a team, to ensure people received high quality support and care.