

Jewel Home Support Ltd

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Inspection report

First Floor, Unity House
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Lancashire
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Date of inspection visit:
29 August 2018
30 August 2018
13 September 2018
14 September 2018

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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

This announced comprehensive inspection took place on 29 and 30 August 2018. Telephone interviews with people who used the service, their relatives and care staff were completed on 13 and 14 September 2018.

Jewel Home Support is a domiciliary care agency. They provide personal care to people living in their own homes in the community for; older adults, including people with dementia, people with physical disabilities, people with learning disabilities and people with autism. At the time of our inspection there were 140 people receiving a regulated activity from this service. The number of people receiving a regulated activity had increased from 40 since our last inspection.

At our last inspection, published in April 2016, we rated the service as good. At this inspection we found the evidence continued to support the rating of good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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. The registered manager was supported by a team of managers and senior staff which included a compliance manager, training manager and care coordinators, who planned and arranged visits and managed the staff rotas.

The service continued to meet people's needs safely. Staff were knowledgeable about how to protect people from the risk of harm and abuse and how to raise any safeguarding concerns. Risk assessments had been completed in people's care plans and had been reviewed and updated regularly. Staff had signed the risk assessments to indicate they had read them.

The service had sufficient staff to support people safely. Staff we spoke with confirmed this. Medicines continued to be managed safely and records were maintained properly. Staff had received training in infection control and could describe the steps they took to minimise the risks of infection.

Accidents and incidents had been recorded and actions taken to ensure the risk of reoccurrence was managed.

People's needs continued to be assessed prior to their care package starting. Some people received fast track care which had been commissioned by health providers. There was an effective system in place to ensure enough information about people's needs had been captured. There was evidence of the service

working with other organisations and families to ensure people's needs were assessed consistently and support provided to achieve optimum outcomes.

Staff received induction training and ongoing training to ensure they had the skills and knowledge they needed to support people. Staff commented on the quality of the training. People we spoke with, who used the service, said they felt the staff were knowledgeable.

The service continued to work within the principles of the Mental Capacity Act 2005 (MCA). People's capacity to make specific decisions had been assessed. Staff understood the importance of ensuring people consented to care and support provided. At the time of this inspection no one was subject to restrictive practices amounting to a deprivation of liberty.

People were supported with meal preparation and to maintain their nutrition and hydration. Records of food and drink prepared and consumed had been completed.

People had access to health services, with support when required. Some people had equipment in their homes to support them with the activities of daily living, and mobility. There was information about how this was to be used for support staff. Staff received practical training on the use of hoists and other mobility aids, prior to supporting people with this.

Staff understood the importance of getting people's consent to receive care and support. People's ability to make decisions had been assessed and, when required, decisions made on people's behalf had been taken in line with best interest principles.

Staff described to us how they supported people kindly and in ways that upheld their dignity. Staff were aware of the importance of reassuring people and chatting when providing personal care, they described the different ways they protected people's privacy.

Both the people who used the service and the staff supporting them came from a wide range of cultural and religious backgrounds. We could see how people's needs and preferences in relation to their identity had been recorded to ensure they were supported appropriately. This included, preferences on gender and language spoken. Staff reported feeling they were respected by the management team and felt able to raise any issues they may have in relation to their identity needs.

People were encouraged to share their views and raise their concerns. People we spoke with told us they were always listened to and their concerns had been addressed quickly.

People received care that was personalised and responsive to their needs. Care plans had been developed which reflected the individual person's needs and preferences. Staff we spoke with described how they worked with people in individual ways that reflected what worked best for the person. Any changes to needs and preferences had been identified and reviews arranged. The service ensured through regular reviews that care provided was at the most effective level.

There was a complaints policy, where complaints had been made we could see these had been fully responded to. A log of complaints had not been fully maintained which made it a little difficult to identify how many complaints had been received. People we spoke with said they knew how to raise any concerns

they might have. Everyone who said they had raised a concern said it had been responded to straight away to their satisfaction.

People could be supported at the end of their lives to have a dignified and pain free death. The agency did not routinely provide this type of support but when they had done this recently they had worked alongside community based health providers.

There was a clear management structure in place. Staff were aware of what was expected of them in relation to the standards of care they provided and their own professional behaviour. Staff also said they felt the service was well managed and the management team were approachable.

Governance systems ensured the management had oversight of service delivery. Any issues identified had been addressed. Staff also told us they felt involved in the service and their views were considered.

The service had expanded since the last inspection to support more people. There was a clear strategy in place to develop the service further in ways that consolidated practice to ensure the quality of care could be maintained and improved.

The service had continued to work in partnership with other agencies and organisations including the local authority, local commissioners and Bolton council forum.

All necessary statutory notifications had been received by CQC. The service's CQC report and rating continued to be displayed in the office and on their website.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service continued to be safe.

Good ●

Is the service effective?

The service continued to be effective.

Good ●

Is the service caring?

The service continued to be caring.

Good ●

Is the service responsive?

The service continued to be responsive.

Good ●

Is the service well-led?

The service continued to be well led.

Good ●

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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.

Inspection site visit activity started on 29 August 2018 and ended on 14 September 2018. We gave 24 hours' notice of the inspection because the service provides care to people in their own homes and we needed to be sure someone would be in the office when we visited to facilitate the inspection. Telephone interviews of staff, relatives and people who used the service were completed on 13 and 14 September 2018.

The inspection was completed by one adult social care inspector from the Care Quality Commission (CQC).

Before the inspection we reviewed information that we held about the service. This included any notifications of incidents and events, which are reportable to CQC, the provider had told us about. A Provider Information Return (PIR) had been completed to support us with our inspection planning. A PIR 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 also looked at information we received from other agencies such as the local authority and clinical commissioning group.

During the inspection we spoke with the registered manager and other members of the management team. We conducted telephone interviews with 11 people who used the service or their relatives and 10 members of care staff.

We looked at the recruitment records of four staff, the care records of 10 people, supervision and training records, staff rotas and other records relating to quality and audit checks completed by the service.

We also checked that the previous Care Quality Commission rating for the service was prominently displayed for people to see. The last inspection report and rating was displayed in the office area. The service had a website and the last inspection report and its rating were displayed.

Our findings

At the last comprehensive inspection in April 2016 we found the service was safe and awarded a rating of Good. At this inspection we found people continued to receive care and support in ways that maintained their safety.

People who used the service and their relatives told us they felt safe as a result of the care and support they received. One person said, "I feel safe because they always turn up and they know how to help me." Another person said, "I feel safe because I have regular carers and I have got to know them." A third said, "I feel safe with them [agency] because they come when I need them."

Staff told us they felt they had enough time to ensure they supported people safely. Some staff said this might be more difficult when people first started using the service as it could take longer during the first few visits but they felt this did not happen too often to be a concern.

Safeguarding policies and procedures continued to be up to date and were aligned with Bolton Council's safeguarding strategy. Safeguarding concerns had been raised with the local authority safeguarding team when required. Staff understood the safeguarding policy and were aware of how to identify safeguarding concerns. Staff were aware of how to raise a concern outside of the service if necessary. Information and contact numbers for reporting safeguarding to external agencies were displayed in the office and included in service user guides.

Staff recruitment continued to be completed safely with all necessary checks being completed prior to the staff member starting to work with people in their homes.

The risks people needed support to manage, in relation to the care they received, continued to be thoroughly assessed and plans developed to minimise their impact. Risk assessments were reviewed and updated regularly. Staff signed to show they had understood them.

Medicines continued to be managed safely. All staff had received training prior to supporting people with their medicines. There were effective systems in place to ensure people received their medicines as prescribed. Medication administration records (MAR) charts that we looked at had been signed without any unexplained gaps. Where people needed medicines on an 'as required' basis, for example pain relief there continued to be clear protocols in place to ensure staff knew when to administer them. Entries in daily records showed 'as required' medicines had been given as described in the protocols. Some people needed support with the application of creams, these continued to be applied and recorded by the care staff correctly. Body maps had been included to ensure staff were aware of where to apply creams.

There continued to be an effective system for recording and responding to accidents and incidents.

Records were maintained which identified specific incidents and detailed how these had been responded

Good 

to. Infection control continued to be maintained. Staff had received training and there was appropriate personal protection equipment, such as gloves and aprons available in people's homes for staff to use.

The service continued to investigate and learn from incidents to maintain safe practice and improve the quality of care.

Our findings

At the last comprehensive inspection in April 2016, we found the service was effective and awarded a rating of Good. At this inspection, we found the service had continued to provide effective care.

People who used the service and their relatives told us the staff knew how to support them and believed they had the necessary skills and knowledge to meet their needs. One person said, "They know how to help me and they do everything I want when I want them to." Another person said, "Staff know what they are doing, even though they only have a couple of days shadowing, I feel comfortable they know how to support me."

People's needs had been thoroughly assessed prior to them receiving care. The assessments continued to consider all aspects of the person's health and social care needs. Consultation with the person, families and other agencies had ensured sufficient information had been captured. Care plans had been developed which ensured people's identified needs were met in the way they preferred. People's preferences in relation to their cultural backgrounds and identity had been included and considered, such as, preferred gender of carer, and language spoken.

Staff received a comprehensive induction programme which included five days face to face training and three days shadowing a colleague. Staff who had started work since the last inspection praised the induction programme. One person said, "It was really amazing, it told me everything I needed to know about my job." Another person told us, "Induction was really interesting and helped me with my job. We also receive more in depth training and we always have updates when necessary." Staff continued to receive training refreshers when required. All staff were either already qualified or working towards a recognised qualification in care. The service was changing their monitoring system for training which would automatically alert them when staff needed a refresher. We will review this at the next inspection.

Staff continued to receive regular supervision and appraisals. Staff we spoke with reported they found this to be useful in their role.

People were supported to eat and drink when this was required. Records of all food and drink provided had been maintained. Specific dietary needs relating to cultural background or recommendations from speech and language therapists, such as softer diets were recorded and followed.

Staff continued to record and communicate effectively in the daily records and with others involved such as, families and health professionals to ensure consistent and effective care was provided. People were supported to maintain and improve their health and wellbeing and had assistance to access health professionals. Where someone needed to use any equipment or adaptations in their home. Staff continued to receive training and guidance on this to ensure equipment was used effectively.

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.

The service continued to work within the principles of the MCA. People's capacity to make specific decisions had been assessed. Staff understood the importance of ensuring people consented to care and support provided and were able to describe how they discussed this with people first. People who used the service told us they were involved in making decisions.

Our findings

At the last comprehensive inspection, in April 2016, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People who used the service and their relatives complimented the kind and caring support they received from the carers. One person said, "The carer is really polite and caring, we could not have got a better person." Another person told us, "The carer is very kind and my relative has really taken to them, their face lights up when the carer comes in." A third person said, "They are very kind and they promote my independence."

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through the process of person-centred care planning. Staff also reported they felt their cultural backgrounds and needs were respected.

People continued to be supported in ways that maintained their dignity. Staff told us how they ensured they took time to understand what was important to the person and how they communicated to ensure they continued to have choice and control. Staff were skilled at understanding how some people may find receiving care challenging and described how they encouraged and persuaded people. One person said, "I always try to tell them what I am planning to do and give them time to agree or decline. I will try to persuade someone without patronising them, suggest they might like to wear a particular dress after their shower." Another person told us, "I try to keep people covered up and talk with them when providing personal care."

People continued to be supported to maintain their independence. Staff described how they encouraged people to do what they could for themselves. One person who used the service told us they had been able to cancel their care because they had been able to develop enough independence.

Our findings

At the last comprehensive inspection, in April 2016, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People continued to receive care that was personalised and responsive to their needs. Assessments and care plans had captured full details of the person's needs, background, preferences and goals. People had been involved in developing their plans and their needs and wishes had been reviewed regularly to ensure the level of care provided was at an optimum level.

Any changes to a persons' needs and preferences had been identified and reviews arranged. People who used the service and their relatives told us, "The agency went through the plan with us fully and it was helpful, they keep things under review." Another said, "They respond to my changing needs and I am involved in planning, I have had a new plan recently and I was very involved in this." A third person told us, "I have agreed with the agency that I am able to manage myself and have cancelled my care."

There was a complaints policy in place. Where complaints had been made we could see these had been fully responded to. We could not see a log of complaints, the registered manager informed us they did not always record separate complaints if they were resolved quickly. This made it a little difficult to identify how many complaints had been received. The registered manager had agreed to address this and we will review how the service logs concerns and complaints at the next inspection.

People we spoke with said they knew how to raise any concerns they might have. People we spoke with told us their concerns were listened to and the service had responded. One person said, "I could tell them if I had any worries." Another said, "I have not needed to raise any concerns but I know how to do this because there is information in the pamphlet they gave me." A third said, "I had a concern about the carers who seemed to change regularly, I raised this and we now have a more consistent carer." We were confident people had raised concerns and the service had responded to them effectively.

People could be supported at the end of their lives to have a dignified and pain free death. The agency did not routinely provide this type of support but when they had done this recently they had worked alongside community based health providers.

Our findings

At the last comprehensive inspection, in April 2016, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

There was 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.

There was a clear management structure in place which ensured the service was organised and well led. Staff were aware of what was expected of them in relation to the standards of care they provided and their own professional behaviour.

Staff said they felt the service was well managed and they were able to raise any concerns they had with the management team, and could rely on them responding. A Saturday morning clinic had been arranged for all staff to drop in if they wished to discuss their work schedules or any other concerns. Staff reported they felt valued by the management team. One person said, "Management is good, I know what is expected of me." Another said, "We have good managers, everyone communicates well and if there are any changes they will email me."

People who used the service and their relatives told us they found the management to be approachable and accessible. One person said, "I feel able to approach the manager when I need to, they are always available." Another said, "There is one particular manager that I deal with, they are very approachable and I can contact them when I need to."

Governance systems, such as audits of records and spot checks of care practice ensured the management had oversight of service delivery. Any issues identified had been addressed. Staff also told us they felt involved in the service and their views were considered.

The service had expanded since the last inspection to support more people. There was a clear strategy in place to develop the service further. During the inspection an upgraded electronic communication system was being developed and installed with the aim of improving the recording and monitoring of the services. Staff were being provided with new handsets similar to tablets to log calls and maintain records. The service also used mobile technology to ensure staff were updated about significant changes.

The service had continued to work in partnership with other agencies and organisations including the local authority, local commissioners and Bolton council forum. They had also been working with a recruitment organisation supporting people into work.