

Joghide Home Care Ltd.

JOGHIDE Home Care Ltd (Worcestershire)

Inspection report

46a
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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

About the service

Joghide Home Care Ltd X is a community-based care provider that provides personal care and support to people in their own homes. At the time of our inspection there were 4 people receiving personal care. We inspected the service at the provider's new address of 46A Newtown Road, Malvern, WR14 1NZ. A notification had been sent into CQC as required by law, informing us of the new address.

People's experience of using this service and what we found

Staff had received training in how to keep people safe and knew the actions they would take to keep them safe from harm. Risk assessment documentation was in place to show the actions taken to manage and reduce risks to people. The provider had a recruitment process to ensure they had employed suitable staff to support people safely. People received their medicines as prescribed. Staff followed infection control guidance and had access to personal protective equipment.

People were supported by regular staff who had the skills and knowledge to meet people's needs. People were supported to eat a healthy diet and care staff knew people's specific dietary requirements.

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

People were supported by staff who were kind and caring. People's privacy, dignity and independence were respected by staff.

People's support needs were assessed regularly and planned to ensure they received the support they needed. The provider had a complaints process which people were aware of to share any concerns.

The registered manager completed regular audits to monitor the quality of the service. Quality reviews were carried out to gather information about people's views. Spot checks and audits were completed to ensure the quality of the service was maintained.

Rating at last inspection

This service was registered with us on 25/02/2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

JOGHIDE Home Care Ltd (Worcestershire)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The nominated individual is also the provider and registered manager at the service.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one person and three relatives who used the service to obtain their views on the care people received. We also spoke with one health professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessment documentation provided guidance to staff and showed the actions taken to manage and reduce risks to people. However, some risk assessments were not sufficiently detailed and required more information, for example, more detail on how to support someone to re-position safely or how to support someone with diabetes.
- Where it was identified that some risk assessments required more detail; the registered manager had been unaware of the level of detail required to guide staff. We discussed this during the inspection and the registered manager understood why more detail was necessary and told us this would be addressed immediately. There had been no impact on people as they had the same regular staff who knew how to meet their individual support needs.
- The provider had an electronic call monitoring system to monitor whether calls were logged in at the scheduled time. This enabled the provider to ensure the staff member had arrived at the person's home safely and the person received their care on time. People told us they received their calls on time. One relative said, "If there is a problem, they phone to say they won't be there on time so I can let mum know."

Systems and processes to safeguard people from the risk of abuse

- People felt safe at Joghide Home Care Ltd. One person said, "They [staff] treat me right." A relative said, "Yes, [person] is definitely safe."
- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.
- The registered manager used body maps to record any injury to a person and was aware of the importance of investigating such injuries and the monitoring of trends and patterns to try and prevent them from happening again in the future.

Staffing and recruitment

- There were recruitment processes and recruitment checks undertaken before staff were appointed, ensuring suitable staff were employed.
- The service was new and the registered manager was actively recruiting for more staff to ensure they could maintain their standard of care.

Using medicines safely

- People's medicines were managed safely. Medication administration records (MARS) we observed were completed accurately. One relative told us, "They [staff] are very good with medication."

Preventing and controlling infection

- Staff had received training in infection control and told us how they followed good infection control practices to prevent the spread of infection.
- PPE (personal protective equipment) was readily available to staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out an initial assessment so they could be sure they could support people safely and how they wanted. People using the service and their family members were involved in the assessment.
- People's current needs were regularly assessed to ensure they continued to receive the correct level of support.

Staff support: induction, training, skills and experience

- Staff received induction training in line with the Care Certificate and shadowed experienced staff before commencing work. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Staff were given opportunities to review their individual work and development needs.
- Staff received regular on-going training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy balanced diet and where people had specific dietary needs, staff were aware of their needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- When people's care needs required input from other health professionals, their advice had been sought. The service worked with other agencies as needed. This was confirmed by relatives and health professionals we spoke with.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of

Protection for them to authorise people to be deprived of their liberty.

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

- People were involved in decisions about their care and people had signed documentation consenting to their care.
- Staff had received training in the MCA and understood the importance of people being involved in decisions about their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff and feedback we received was very positive. One person said, "They [staff] are really lovely, they are so friendly." A relative told us, "I am more than happy with the care, they [staff] are so friendly, really helpful."
- We found people's equality and diversity needs were respected and staff received training in equality and diversity to be able to meet people's needs.
- The provider supported the Disability Confident scheme which is a government scheme designed to encourage employers to recruit and retain people with a disability and those with health conditions. This meant they were committed to ensuring that all people who applied for a position within the company were treated equally.

Supporting people to express their views and be involved in making decisions about their care

- People and their families were involved in care planning and their views and wishes were respected and this was clearly documented in people's files.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Feedback from one person said, "My care staff respect my privacy and maintain my dignity by covering me up." A member of staff confirmed this by saying, "If I help with a strip wash, I start at the top and cover the bottom. When I wash the bottom half, I cover the top."
- Both the registered manager and staff member were dignity champions and were passionate about ensuring people were treated well.
- People were encouraged to maintain their independence and do as much as they could for themselves. Care plans clearly documented what people were able to do for themselves to support their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly.
- One relative told us how [person] had improved since receiving care from the service. They said, "Excellent care, it's magic. [Person] was really quite depressed and now is back to normal. [Person] is chatting with us again and having happy conversations."
- The registered manager told us how important it was that staff greet people when they entered their homes and ask after them to ensure they provided person centred care and this was recorded in people's care plans.
- Care plans contained information about people's backgrounds and hobbies and interests and clearly stated what outcomes they would like to achieve.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of AIS and how to meet people's specific communication needs. People were asked about their preferred communication method during the initial assessment and this was clearly recorded in their care plans. People were offered alternative forms of documentation for example, whether they needed documents printed in large text.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. There had only been one complaint since the service opened which had been dealt with through the provider's complaints procedure.
- Staff told us they felt comfortable to raise any concerns with the registered manager.

End of life care and support

- The service supported people with end of life care and their wishes and beliefs had been recorded and respected at the end of their life.
- We saw a thank you card from a relative which said, "Thank you so much for looking after [person]. You showed [person] so much care and affection and we know they really appreciated it."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager completed regular audits and had oversight of the service.
- Spot checks and competency checks were carried out regularly on care staff in order to ensure they were providing good quality care for people.
- Care staff received regular supervisions. Care staff confirmed this and we saw evidence of this in records we checked.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts. A notification had been sent in to CQC informing us of the new office address, however, this should have been sent in before commencing care at the new office address but was actually sent in 16 days later.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the service. Feedback from one person stated, "I am very pleased with the management of Joghide Home Care, they explain things to me." A relative told us, "It [the service] appears to be perfect."
- People and their relatives told us there was good communication between them. One relative said, "They keep in touch all the time."
- Staff told us the registered manager was approachable and said, "The registered manager is very easy to work for."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and was very open and honest during the inspection about where improvements could be made, for example, more detailed risk assessments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality reviews were carried out with people to gain their views of the service. Feedback we observed from the surveys was positive. One person was asked how well their care needs were being met and their reply was, "Fantastic, I'd say."

Continuous learning and improving care

- Management and care staff received on-going training to ensure their learning, skills and knowledge were current to be able to support people.
- The registered manager was very open to learn about where the service could improve. They said, "I am all about improving things." They told us how they accessed the CQC website to improve their knowledge. They said, "CQC have publications which are very useful. It is a very useful tool. I read other people's reports to learn."

Working in partnership with others

- The service worked in partnership with social workers, health professionals and relatives to ensure the service people received was person centred.