

Jean Allen Care Services Limited

# Jean Allen Care Services Limited t/a Home Instead Senior Care

## Inspection report

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## Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

### About the service

Jean Allen Care Service Limited is a domiciliary care agency providing personal care and support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were 49 people who used the service that received personal care.

Jean Allen Care Service Limited is part of the Home Instead Senior Care franchise which delivers care and support to people within the United Kingdom and in several countries across the world.

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

People using the service received exceptional care from a well led service. People shared numerous examples of how the staff had developed caring relationships with them and their families. They described being consistently provided with high-quality care that met and exceeded their individual needs, expectations, and positively impacted on their well-being and happiness.

Relatives and professionals involved with the service were equally complimentary in describing dedicated, kind and compassionate staff, who were thoughtful and respectful in their approach which enhanced people's daily lives. Everybody we spoke with described an open culture in which they felt respected and listened to and said that they would highly recommend the service.

The leadership of the service continued to be outstanding. People, staff, relatives and external professionals were extremely confident in the management of the service. The registered manager, supported by their senior management team, had established a person-centered ethos amongst the workforce, that consistently delivered quality care.

Morale was high in the service. Staff were extremely motivated and passionate about their role and clear on their responsibilities. They were respected, and their achievements were recognised and rewarded. Teamwork was evident with staff working closely together in delivering the values of the service.

Effective quality assurance systems had sustained continual development and improvement in the service leading to positive outcomes for people. Feedback on the service was actively encouraged and used to enhance the service.

There were enough safely recruited and trained staff to meet people's needs in a timely and appropriate manner. Staff were knowledgeable about people's risks and how to care for them safely. They had a good knowledge of safeguarding practices helping to protect people from the risk of abuse and avoidable harm.

People were respected by staff who understood the importance of promoting people's dignity, wellbeing

and encouraging them to be as independent as possible. Staff were skilled in communicating and understanding the needs of the people who used the service.

People received their medicines safely and in line with good practice. Their health and nutritional needs were met.

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.

Rating at last inspection

The last rating for this service was Good (report published 10 April 2017.)

Why we inspected This was a planned inspection based on the previous rating.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective	<b>Good</b> ●
<b>Is the service caring?</b> The service was exceptionally caring.	<b>Outstanding</b> ☆
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was exceptionally well-led	<b>Outstanding</b> ☆

# Jean Allen Care Services Limited t/a Home Instead Senior Care

## **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 an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

Jean Allen Care Services Limited t/a Home Instead Senior Care is a domiciliary care agency providing personal care and support to people living in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission who was also the owner of the company. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection site visit activity started on 4 November 2019 when we visited the office and ended on 19 November 2019 when we gave feedback.

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 worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the office on 4 November 2019 and spoke with the registered manager, operations manager, senior care coordinator and nine care staff.

We carried out telephone interviews on 4, 5, 8 and 9 November 2019 and spoke with ten people who used the service and eleven relatives about the care provided.

We reviewed a range of records. This included seven people's care records and medicine records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received electronic feedback from three people who used the service, five relatives, four members of staff and two professionals involved with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that they felt safe using the service and in the company of the staff. One person said, "I feel 100% safe and comfortable with my carers in my home. My carers make sure I am safe and sound." A relative commented, "I completely trust that [family member] is safe with the carers. They make sure they are behind when [family member] walks with their frame."
- Established policies and procedures in relation to safeguarding and whistleblowing were in place and staff had received training based upon these.
- All the staff we spoke with understood their roles and responsibilities in keeping people safe from harm. They were supported by the management team to raise safeguarding concerns appropriately when they were worried about people's safety.
- People's care records contained information about their support needs and the associated risks to their safety. These included risks associated with specific medical conditions, mobility, nutrition and the person's home environment.

Staffing and recruitment

- The service operated a rostering system that took account of travel time and provided people with continuity of care. This was confirmed by people and relatives who told us they always knew who to expect, were never rushed, and staff arrived within the designated time slot (minimum visit time of one hour) and stayed the time required.
- One relative commented, "We have a team of four or five carers who come regularly, and they all know my [family member]. We sometimes get a new one, like today, they [new member of staff] are always introduced and will sit and make sure they know what they are doing before they start. They [office staff] never just send someone my [family member] hasn't met before".
- There continued to be enough staff who had been recruited safely and who had the skills to meet people's needs.

Using medicines safely; Preventing and controlling infection

- Effective systems and processes were in place to make sure people received their medicines as they had been prescribed with clear records kept. One relative told us the staff, "Will give [family member their] medication if needed and sign to say it is done."
- People who were assisted with their medicines were supported by trained staff who had their competency assessed.
- The registered manager ensured regular audits and spot checks of medicines were completed. Where an

error had been identified there was a detailed procedure and follow up in place.

- Staff had access to protective equipment, for example, gloves and aprons, to reduce the risk of cross infection when providing personal care and support to people.

Learning lessons when things go wrong

- The registered manager responded appropriately when accidents, incidents or near misses occurred. They undertook detailed investigations to mitigate risk and reduce re-occurrence.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People's needs were assessed before being supported by the service, with family members and significant others involved in the process.
- Assessments had been completed in line with current legislation and best practice guidance. The information was used to create a person-centred care and support plan to help people achieve good outcomes.
- Staff had received training in equality, diversity and inclusion to help effectively support people with protected characteristics.

Staff support: induction, training, skills and experience

- People told us they felt their needs were met by staff with the right knowledge and skills. One person talking about the staff said, "I think they are very well trained and will do anything for me." A relative commented, "My [family member] uses [specialist mobility equipment] and all of the staff seem very competent with it. I am confident they all know what they are doing and its safe."
- Staff were skilled and supported to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve qualifications in care available.
- New staff completed a detailed induction and did not work unsupervised until they were confident they could do so and had been signed off by management.

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

- People were assisted, when required with their meal preparation and with the support they needed with their meals.
- People were assessed for the risk of poor nutrition and dehydration. Information about any risks associated with eating and drinking were clearly recorded with measures in place to mitigate risk.

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

- People received the care and support they needed. Staff supported people to access healthcare services when they needed them and made appropriate referrals or sought advice from a range of health and social care professionals where required. One person told us, "They [staff] are always checking if I have any pain and will ring the GP for me if necessary."
- People's records showed that where other professionals were involved their input was acted on by staff and incorporated into their care plans.

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 told us the staff consistently sought their consent before providing any care or support. One person said, "The carers always ask me if I am ready before they do anything. Even though we have an established routine for [personal care and mobilising] they still ask me. Even if a new carer should come, they still check with me first. I think that is important; shows respect."
- Care records showed that people had consented to their care and support when they began to receive the service and were involved as much as possible in their ongoing development.
- Our discussions with the registered manager and staff showed they understood the requirements of the MCA and the importance of people giving consent before providing personal care and support.
- Information to support staff about the MCA was visible in the office.
- At the time of our inspection no one was subject to restrictions that would amount to a deprivation of liberty requiring legal authority.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people were truly respected and valued as individuals and empowered as partners in their care in an exceptional service.

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

- Without exception people were extremely complimentary about the staff approach. They shared numerous examples of staff who were consistently thoughtful, kind-hearted, compassionate and 'remarkably caring'. One person commented, "I am very happy; they [staff] are all marvellous. I have not had one come that I haven't loved and got along so well with." Another person said, "They are very caring staff and I really enjoy their company. We are always laughing and chatting."
- A third person shared with us the positive impact the staff had on their mood and wellbeing and how much they looked forward to them coming. They said, "I have different requirements on different days. I would give the carers 10/10, they are all different and have their own ways, but it is a pleasure to have them look after me. They do the job perfectly and to my taste. We have a good laugh and lots of banter, it is all good fun. I chat about all sorts of things with them as they are all so different."
- Relatives were equally complimentary about the caring nature of staff. One relative told us, "The carers are all really fabulous and polite. Everything is done with the utmost care and they are always happy with [family member]. They have a lovely relationship." Other comments included, 'amazing care, marvellous carers, really happy; wouldn't change a thing, over the moon with the carers; couldn't cope without them, part of the family now, compassionate, professional and kind; carers think of everything.'
- Another relative shared with us how the staff were thoughtful and friendly and told us of times when staff had brought a cake they had baked to share with their family member. They added all the staff were, "Very caring and always check if we need anything else before they leave. They will sit and chat with my [family member] even if they have finished everything, they have a nice rapport. There is one carer in particular, who will do little extras like bring along some knitting and encourage my [family member] to make squares for a blanket."
- Staff took an interest in the families and supported them when needed. Relatives described caring gestures by staff, such as visiting people in hospital when they knew their lived away and the person would be on their own, and of acts of kindness that had helped to build meaningful friendships and understanding. For example, turning up unexpectedly with groceries when they heard of an accident that had befallen a relative and knew they would need supplies as they could not get out. The relative said it was, "So thoughtful I was really touched."
- Another relative told us the positive impact the staff had on their welfare, "The carers are really good at empathising and cheering me up, especially when it gets too much. They don't judge. I know it's the [condition] talking and [family member] doesn't mean it but it can be tough. The carers step in and it gives me that time to compose myself and find the strength to go again."
- Our conversations with staff showed they knew people well, including their likes, dislikes and preferences

and had used this knowledge to establish positive relationships. They consistently spoke about people in a caring and respectful manner and shared how they enjoyed the role they played in supporting people to achieve positive outcomes. One member of staff said, "I love my job, the best bit is the people I meet. They become like an extension of my family. You learn what makes them tick, what makes them happy or sad and try to do what you can to help make things a little easier for them."

- Staff received equality and diversity training to ensure the individual needs of people were met. Where required staff received information and guidance about people's specific religious beliefs and customs to aid greater understanding and awareness of any sensitivity surrounding each person.

Supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence

- People, and their relatives where appropriate, told us that they were fully consulted in their care and ongoing arrangements. One person said, "I have a folder which contains information that covers all my needs." A relative told us, "There is a care plan which I am happy covers all of [family member's] wishes in line with their needs. We had a long chat about all the relevant details with [registered manager]."

- Staff supported people to take informed everyday risks without compromising their safety and wellbeing. For example, when mobilising. Where needed staff signposted people and relatives towards advocacy services, so they could access independent advice and support.

- Staff encouraged people with their independence whilst providing the level of care needed to ensure they remained safe. One person said about the staff, "They are patient and understanding and never rush me. After [hospital stay] I was very down and needed so much help with even the basic of things. But with their help I am going in the right direction and can do more for myself."

- People and relatives shared examples of how the staff consistently respected people's dignity. This included during personal care by ensuring that people were covered up as much as possible and their privacy being upheld. A relative commented, "The carers are excellent at maintaining [family member's] modesty and make sure they are covered at all times with a towel or blanket. They are all caring, I have never had any qualms about them." Another relative told us, "When [family member] is up to it, they love to chat and gets on very well with the carers. Sometimes though [family member] can get anxious but staff know how to calm them down; treating them with dignity and respect all the time."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People received personalised care and support which was planned around their individual needs and preferences. A staff member told us training was, "Focused on the needs of the person receiving care; they are at the heart of everything, it's about what they want and what they need and how we can best accommodate that."
- People had comprehensive care and support plans in place that were reviewed regularly and adapted when people's needs changed. They provided staff with guidance on how to respond to people's needs effectively and safely and according to their preferences.
- People's care records were personalised and included information such as the person's history, skills and interests to aid staff in developing a professional relationship and rapport with the person.
- Information was also available to staff through electronic hand-held devices, which meant information was kept up to date and could be easily amended.
- The service was responsive and flexible to changes in people's needs, for example extra calls and support had been provided to a person following discharge from hospital and for another person who had fallen.

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 service was complying with AIS and where required information was provided to people in alternative formats such as pictorial format, large print, easy read to enable them to access the information in a way they could understand.
- People's sensory needs were known and understood by staff. They checked people's glasses were clean and their hearing aids were in working order.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew who to speak to if they had any concerns and were confident they would be addressed. A relative commented, "The office is very easy to contact, and they have a number you can ring when the office is shut. They are always happy to deal with anything."
- Records showed that where complaints had been received these has been swiftly dealt with, in line with the provider's complaints policy. The senior management team were accountable and took responsibility if there were errors or mistakes and reviewed how things could have been handled differently.

## End of life care and support

- At the time of our inspection no one was receiving end of life care, however people's preferences for their advanced care wishes had been considered. Whilst some people had opted to share their wishes and expectations for their end of life care, others had declined to have these discussions with staff and this had been respected.
- We saw a range of thank you cards and letters from relatives expressing their appreciation and thanks for everything the staff and management team had done to support and help them through 'sensitive and difficult times', such as when the service was providing support to a person following a hospital discharge and when nearing the end of their life.

# 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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People and their relatives spoke favourably on all aspects of the service, notably the quality of care and how it was run. It was evident that the leadership team led, by the registered manager who was also the owner, had nurtured a culture within the service where there was a focus on the provision of outstanding care to people.
- People and their relatives shared with us numerous examples of how the quality of care and support provided had made a difference to their lives and how this had a positive effect on their wellbeing. Comments included, 'I love my carer/s, they know exactly what to do and how I like things done, put me totally at ease' and 'fantastic carers who have such a lovely way about them they keep me going'. One person said, 'My carer is a wonderful person who has become a true friend. I look forward to their visits and miss them when they go.'
- Since our last inspection, the service had continued to develop and improve, and this enabled people to experience positive outcomes and contributed towards there being a high level of satisfaction and transparency with the service provided. A relative shared with us their positive experience of using an application linked to the electronic care records used by the staff which informed them of what was happening. They said, "The good thing for relatives is the app they provide so you can see which carer has visited, the jobs they have done and the comments they have written, which is a fantastic idea and is good to keep an eye on what is going on and any problems that may arise."
- Staff were extremely positive about the management team and had confidence in their ability to lead the service well. One staff member told us, "It is more than a team it is family. We all work together, including the management who are visible and very approachable." Several staff shared with us how supportive the registered manager had been to them both professionally and personally and the positive impact this had made.
- Professionals involved with the service were favourable about the staff and leadership of the service with one saying, "The staff are very caring and go out of their way to help. Another commented, "The quality of care is exceptional, it is a very well run service."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There continued to be a clear management structure in place with each person's roles and responsibilities clearly defined. The registered manager was also the owner and they were supported by a senior management team consisting of an operations manager and care manager to provide effective oversight

and governance of the service.

- The senior management team understood that the recruitment and retention of competent, valued and supported staff was essential to delivering high-quality care and to building a skilled and competent workforce. They had established a career pathway to support staff to progress into more senior or leadership roles within the company by gaining additional qualifications and taking on additional duties.
- The senior management team were committed to looking after the wellbeing of the staff team. For example, all staff had access to an employee assistance programme which offered free counselling. In addition, the operations manager had recently attended 'mental health first aid' training to help support staff by being someone they could talk to about their mental health or wellbeing. It also helped them identify when a staff member might be struggling or needed support, for example, following a bereavement of a person they may have cared for.
- There were high levels of satisfaction amongst the staff team and all staff told us they felt valued and their achievements were recognised. One staff member said, "I was awarded best carer of the month, and been nominated with other colleagues for best team. It's nice to be appreciated, it shows that you are doing a good job".
- The service had improved the infrastructure since the last inspection. An electronic system had been implemented that helped the management team monitor the service, check on visits and review travelling times. The effective system supported the governance and oversight of the service and enabled the staff to quickly respond to changes where needed. For example, adverse weather conditions.
- There was an open and transparent culture in the service that enabled learning from events and supported reflective practice. Robust quality assurance systems had been embedded to monitor and continually develop the service in line with legal requirements and best practice. In addition, an independent external audit was carried out annually of all aspects of the service to provide a fresh perspective.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The views of people and their relatives remained central to driving forward improvement and service development. Regular surveys were used to seek feedback about the quality of service provided. The results of the last survey were positive with people extremely satisfied with the quality of care provided.
- There continued to be high levels of engagement with staff to ensure that their views were heard and acted upon. Staff meetings were well attended, and surveys provided staff with an opportunity to share feedback.
- There were consistently high levels of positive feedback from staff who were proud to work for the company. They confirmed that their views and opinions were valued and acted upon. One staff member said, "I have made some suggestions I thought would make things better for one person, and they [office staff] acted on what I said."
- Staff told us team meetings were collaborative and that they were asked for their views about what could be done differently or better to improve the service provided. One staff member told us, "There is a lot of experience in this company, and I learn a lot just from talking to my colleagues about how they would do things. I think you're never too old to learn."
- The service continued to be an active presence in the local community to keep abreast of local issues and trends and undertook several initiatives to help benefit local citizens. This included giving talks on fraud and scam prevention.
- The service had a systematic approach to working with other agencies to enhance people's care. This was evident in the case of one person, where due to their complex needs, the registered manager had been involved in multidisciplinary meetings with a range of healthcare professionals to help ensure that the person received the very best care.



- Staff recognised the importance of enabling people to maintain their local links and sign posted them to groups, activities that may be of interest to them.
- The registered manager continued to work with local businesses and organisations taking the opportunity to raise awareness of dementia and issues affecting older people.

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 was aware of their responsibilities to notify CQC of certain important events which might occur within the service.
- The management team encouraged an open and honest culture at the service and understood their responsibilities in relation to Duty of Candour.