

Jubilee Angels Limited

# Jubilee Angels

## Inspection report

Victoria Methodist Church  
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Sheffield  
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Tel: 01143498153

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12 April 2022

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### Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

### About the service

Jubilee Angels is a domiciliary care agency based in Sheffield providing personal care to 11 people at the time of the inspection. 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.

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

People were very happy with the care they received, and they told us they felt safe when receiving care from the service.

Staff understood how to recognise and alert others to potential abuse involving people who used the service. The risks associated with people's care and support needs were assessed, managed and kept under review. People received a consistent and reliable service, provided by regular staff with whom they were familiar.

The provider demonstrated safe recruitment practices. They carried out checks on the suitability of staff before they started work. Some improvements to record keeping around recruitment were discussed, and these improvements were addressed by the registered manager and provider.

People had the support they needed to manage and take their medicines safely. The provider had measures in place to protect people from infections. The management team reviewed any accidents or incidents involving people who used the service, in order to learn from these.

The management team promoted a person-centred culture within the service. People's care and support was kind and caring. People and their relatives were encouraged to provide feedback about the service they received, so any improvements could be identified.

The provider had quality assurance systems and processes in place to enable them to monitor and improve people's care. Methods used to provide feedback to people need to be more structured, embedded and sustained to ensure they remained effective. Staff and management sought to maintain positive working relationships with the community professionals involved in people's care.

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

### Rating at last inspection and update

The last rating for this service was good (published 22 September 2020)

### Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct

Monitoring Approach (DMA) assessment where no further action was needed. We were seeking assurance about this decision and to identify learning about the DMA process.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jubilee Angels on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Jubilee Angels

## 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 Health and Social Care Act 2008.

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#### Inspection team

The inspection was carried out by one 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

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### 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.

Inspection activity started on 12 April 2022 and ended on 14 April 2022. We visited the location's office on 12

April 2022 and made telephone calls to people and relatives on 12 and 13 April 2022.

#### 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke over the telephone with two people who used the service and four relatives. We emailed six staff to ask a range of questions. We spoke with two care workers in person, a care coordinator and the registered manager. We visited the office location to review written records. We looked at three people's care records. We checked records relating to the management of the service including policies and procedures and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse.
- The service had safeguarding procedures in place to report concerns to the relevant professionals including the local authority and the CQC.
- People told us they felt safe. One person said, "Staff explain everything they do and wait for my understanding and agreement. I feel very safe with their care, they truly understand my needs and how I like things done."
- Relatives told us their family members felt safe when they received their care and that staff respected their homes and promoted their safety. Relatives told us, "It is clear to us [name] feels safe in staff's care, and I have had no worries for her safety" and "Everything about the care and how it is organised, gives us reassurance that [name] is safe. She smiles and chats to the care staff and indicates she feels confident and safe with them."
- Staff told us they had received training in safeguarding and would report any concerns to the manager or external agencies.
- Information from lessons learnt and changes to practice were shared with the staff team through supervision, meetings or through email.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been identified and assessed. Records provided guidance to staff on the measures needed to reduce potential risk.
- If anything changed or concerns were identified the staff were able to immediately alert and record them on their hand-held devices, so staff had current information.
- We saw risk assessments were reviewed by the management team.

Staffing and recruitment

- Appropriate checks were carried out to protect people from the employment of unsuitable staff. Due to some documents being held in a paper format and other documents held electronically on the day of inspection the registered manager was unable to locate a reference for one member of staff. This were forwarded to us the day after inspection. The registered manager acknowledged the confusion and shortfall of the current system and told us the measures they had in place to improve all record keeping.
- The service was adequately staffed which meant staff provided a person-centred approach to care delivery. People and relatives told us care and support was provided by a consistent group of carers. Comments included, "I have found the service well managed. Staff come on time and stay for the agreed time", "When it's been necessary to introduce a new member of staff, they [the service] have done so a

couple of days before they actually worked with [name], so there was some familiarity there when they visited" and "[Name] has got to know familiar faces and they [staff] have been skilled at forming working relationships with her."

- The registered manager kept staffing levels under review to ensure there were enough staff to meet people's needs and keep them safe.
- There were on call arrangements in place for outside office hours should people using the service or staff need advice or support.

#### Using medicines safely

- The provider had systems and procedures in place to ensure people received the level of support they needed to manage their medicines safely.
- People who received support with medicines told us it was administered appropriately and in a timely manner. People and relatives told us, "The greatest reassurance of the care is that her medicine regime is now safe", "I order the medicines but staff do all the administration, it's always on time and appears well recorded" and "Staff have taken over giving my tablets as that was a problem for me, so I always have them at the right time and they have a chart to show they have given them."
- Staff received annual training in the provider's medicines procedures, and their competence in this area was checked during unannounced spot checks.
- Staff maintained accurate and up-to-date medicines records to confirm people had taken their medicines as prescribed.

#### Preventing and controlling infection

- The service had effective systems for managing infection risks including those presented during the COVID-19 pandemic.
- People and relatives told us staff were using personal protective equipment (PPE) effectively and safely. One relative said, "We've had hundreds of hours of care visits and throughout all the pandemic have not had to worry about standards of hygiene and have avoided infection."
- Infection outbreaks were effectively prevented and managed by staff taking daily lateral flow tests.
- The provider's infection prevention and control policy was up to date.



# 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 our last inspection we rated this key question good. At this inspection rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The feedback from people, relatives and care professionals about the service and management team was very positive. Comments included, "The physical and mental care they give is phenomenal, could not be exceeded. All the care staff display the same attitudes and values", "The whole emphasis has been on making it person-centred and it's a feeling of partnership between the agency and the family", "We have experience of four other agencies and this is by far the best, because the management is excellent" and "[Name] has improved and has a good quality of life now and this was due to the care and compassion shown by the care agency."

- People and relatives told us they usually had weekly or daily contact with the registered manager and provider and so were able to provide feedback about the service very regularly.

People and relatives said, "The manager comes to our home to discuss care needs; she makes a point of spending time with [name] as well as listening to my experiences and needs" and "I can phone the office any time, or the manager on her mobile phone. I feel they provide seamless care."

- People who used the service, relatives, and stakeholders had been asked for written feedback on how the service was being run or what could be done better to drive improvements. However, this information was not always fed back to people to show improvements had been made to the service as a result of their comments. The registered manager said they would be implementing methods to feed this information back to people and were introducing a newsletter for people and staff in the next few weeks.

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 relatively new in post but was very experienced in social care. They were aware of their regulatory responsibilities and understood how and when to submit information to the CQC.

- The registered manager was fully aware of their responsibility under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

- The service was open and honest if things went wrong and proactive about putting things right. They investigated incidents and made sure people and relatives were kept involved and informed of the outcome. Relatives said, "If I ring, I can guarantee they will act to sort out any issues immediately. I feel one of their major strengths is that they fill the gap, where there are no other family supports" and "I haven't had any

cause to complain but I'd be confident anything would be attended too quickly."

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

- A number of audits and checks were completed to help ensure continuous learning and improvement. The audits included the identification of any issues and actions to address them.

- Spot checks and competence evaluations were completed with staff regularly. This helped management understand where further training, mentoring and support was required.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, and district nurses. A relative said "One day the carers informed the office [name] was complaining of knee pain, this was passed to us and we arranged GP attention, it all worked well as working together." A social care professional commented, "The agency communicates well with me and always appear to be focused on supporting the client and achieving good outcomes for them."