J & M Heatlhcare Limited

J & M Healthcare

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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
J&M Healthcare is a domiciliary care service registered to provide personal care and support to people within their own homes in the community or within a supported living setting. At the time of the inspection J&M Healthcare was providing personal care and support to three adults living in their own homes only.

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
Staff knew the people they supported well. There were enough suitably trained and knowledgeable staff to help support people's care and support needs. People and their relatives told us that staff were punctual to their care call visits and had attended all arranged calls.

Staff had medicines administration spot checks undertaken to review their competencies following their training. Staff did not always follow their training and the medicines policy and procedure to ensure they didn't put themselves and people at an increased risk of medication errors. The registered manager was aware of the concern and was working to make the necessary improvement.

Staff were encouraged to discuss their performance through supervision. New staff to the service had to complete an induction and potential new staff to the service had checks carried out on them. This helped make sure they were suitable to work with the people they supported.

People and their relatives told us the support from staff made them, or their family member, feel reassured. Staff demonstrated a good understanding of how to keep people safe from harm or abuse. They also knew that they should report any concerns they may have to their registered manager or to external organisations such as the local authority.

Staff had access to an end of life policy and procedure to guide them when supporting a person at the end of their life. This would help the person have as dignified death as possible. Staff had access to information in peoples' support plans and risk assessments that helped guide them to care and support people safely and effectively. Infection control practices were in place to reduce the risk of cross contamination. Lessons were learnt and shared with staff when things went wrong or there was a risk of this.

Most people did not require the support of staff with their food and drink. Staff helped promote people's privacy and dignity. Staff also encouraged people and their relatives to be involved in discussions around their care and support needs. People felt listened to and their choices respected.

The registered manager and staff, when required, would work with external health and social care

professionals. This would help people to receive joined up care and support. Complaints about the service had not been received but people and their relatives felt confident to raise concerns and feel listened to. People, and their relatives were asked to complete surveys to feedback on the service provided. Staff could enable people to have information in different formats such as large print or pictorial formats to help them access information.

The registered manager sent staff any guidance and legislation updates. This helped support the staff team to work with the most up to date guidance. Staff meetings were held to update staff on people's care needs and provide updates on guidance and the organisation. Audits were undertaken to monitor the quality of the service provided.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 20 July 2020 and this is the first inspection.

Why we inspected
This is the first inspection since the service registered with the CQC on 20 July 2020.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
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**

J & M Healthcare

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
This 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, flats and specialist housing. This service is also registered to provide care and support to people living in a supported living setting, so that they can live as independently as possible. At the time of this inspection no one living in the supported living setting required personal care support. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
We gave the service 72 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 24 September 2021 and ended on 26 October 2021 when we visited the office location.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from professionals who work with the service such as the Cambridgeshire and Peterborough Clinical Commissioning Group. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the two directors one of whom is also the registered manager, and two support workers.

We reviewed a range of records. This included two people's care records and 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.

Requires Improvement

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Staff did not always follow their training and the medicines policy and procedure to ensure they didn't put themselves and people at an increased risk of medication errors. Staff should only support people with their medicines when they have seen the medicine be taken from its original packaging. We discussed this with the registered manager who was aware of the concern and was working to make the necessary improvement.
- Staff supported and encouraged people to independently administer their own medicines when risk assessed as being safe to do so.
- Staff were trained to administer people's medicines safely and had their competency checked by more senior staff.

Assessing risk, safety monitoring and management

- People had equipment to help support them with their safety and independence. This included equipment to aid with walking and repositioning. Records of equipment in place did not document who was responsible for the servicing of this equipment and when the next service was due. This information would help assure people and the staff supporting them that the equipment was serviced and safe. The registered manager told us they would make this improvement.
- Staff knew the people they supported well. Staff had access to people's individual risk assessments. These records guided staff on how to monitor and support a person's known risk. These included individualised risks around a person's medication support, pressure sores, nutritional risks, self-harm and moving and handling support.
- Staff had access to people's personal emergency evacuation plans in the event of an emergency such as a fire. These guided staff on the support a person would need in such an emergency.

Systems and processes to safeguard people from the risk of abuse

- Staff had training in safeguarding people from poor care or harm. Staff were able to describe to us the different types of harm people could experience and how they would report these concerns.
- Staff said they would not hesitate to whistle-blow to their registered manager any concerns they might have. A director told us, "I would report concerns to the safeguarding team and the police, I would send in a CQC notification about the allegation."
- People and their relatives said that having a consistent staff team supporting them helped them, or their family member, feel reassured.

Staffing and recruitment

●There were enough suitably trained staff to meet people's care and support requirements. There was a business continuity plan in place to cover care call visits should staff have to self-isolate due to COVID-19.
● Staff were punctual when attending care call visits and attended all arranged care call visits. A person said, "Timekeeping is good, they come on time and I have had no missed care calls," and a relative confirmed, "The staff are very punctual and have never missed a care call."
● Potential new staff had a series of checks undertaken and documented to try to ensure they were suitable and of good character to work with the people they would be supporting.

Preventing and controlling infection
● Staff had training in infection prevention and control. Relatives told us staff wore personal protective equipment (PPE) such as face masks when undertaking care call visits. A relative said, "PPE is worn by staff, masks, gloves and aprons."
● Staff had access to plenty of PPE which they confirmed were single use items. A staff member said, "PPE? We have plenty. I wear a water repellent face mask and disposable gloves and aprons. They are single use and we change them."
● Staff had weekly rapid COVID-19 swab tests to try to reduce the risk of cross contamination.

Learning lessons when things go wrong
● The registered manager and staff gave examples about learning from incidents, accidents and near misses. Learning was communicated through reflective discussions with staff. Any actions taken were also implemented and shared to help reduce the risk of it happening again.
● A staff member also gave examples about how learning was shared with other staff to help promote and maintain people's wellbeing. They said, "We would record on the care planner any incidents, we would be expected to revert back to training and speak to the management re what has gone wrong."

Good

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 registered manager assessed potential new people to the service and their care needs. This ensured staff were suitably skilled enough to meet the persons requirements in line with current guidance. This assessment also included the persons cultural needs, diet and religious requirements.
- The registered manager shared guidance and legislation with staff to make sure they were up to date.

Staff support: induction, training, skills and experience
- New staff to the service had to complete an induction. Staff were trained to support people's requirements safely and effectively.
- Staff had supervisions to discuss their performance. Staff had their competency to complete care tasks such as medicines administration safely, checked by more senior staff members.

Supporting people to eat and drink enough to maintain a balanced diet
- Most people did not require staff support with preparing food and drinks for them.
- One relative who needed this staff support for their family member told us staff prepared lunchtime meals with the ingredients they had laid out for their family member.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Staff supported a person to access a COVID-19 swab test from a test centre. They said, "Staff helped me go and have a COVID-19 test late last year when I needed to."
- People's representatives, such as family members, and staff supported people to access healthcare services, and to have support from physiotherapists, district nurses and their GP. A person confirmed, "I do my health appointments but [staff] would contact the GP if needed."

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.

- Staff followed their training around MCA when supporting people and respecting people's choices. A person told us, "They give choice and respect my choice," and a relative said, "The [staff] come in they are kind, listen and respect choices."
- We were told that no one using the service lacked the mental capacity to make decisions.

Good

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

- Staff treated the people they supported well and respected people's individual requirements. A person told us, "It's going fine. They are very nice."
- A relative confirmed how staff treated their family member professionally, but also with care and kindness. They said, "We have not been with the care service very long, but they have been very, very, good. Efficient and professional." Another relative said, "Staff have been brilliant."
- People and their relatives confirmed that they, or their family member, had been asked what gender of staff member they wanted to assist them with personal care. Staff respected this preference. A relative said, "This is really important and has always been respected."

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

- The registered manager and staff provided people with the opportunity to discuss their care needs and ensured people's preferences were acted on without discrimination.
- People, where needed, were also supported by relatives, to determine how staff were best to support and care for the person.
- A person told us, "I was involved in the setting up of my care plan and agreed what was needed."
- Advocacy services information was available to people should they wish to use this external support to help make decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. A staff member confirmed to us, "We maintain dignity by closing curtains and shutting doors. If there was another [staff member] present, I would ask the client if this was ok. When washing someone I cover the part I am not washing with a towel."
- A relative told us, "Staff support [family members] privacy and dignity with personal care and washing intimate areas. They will ask first and wait for permission."
- Staff promoted and encouraged people's independence. A person confirmed, "[Staff] respect my independence."

Good

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

- Staff knew the people they supported well. People received individualised care and support that met their needs.
- People and their relatives told us communication was good and they had agreed the care and support being delivered by staff.
- A relative said, "We were involved in decisions around [family members] care. Communication is good." Another relative told us, "It is NHS funded so the NHS were very clear around care and support [needed]. But [the registered manager] is very flexible."

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.

- Information about the service was available for people in large print and pictorial prompts to help make information more assessible.
- Staff had guidance within people's support plans to guide them on how the person communicated. This helped guide staff on people's communication needs and how they were to impart information and promote and listen to people's wishes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During COVID-19 the wider community was closed, or the numbers of people restricted due to government restrictions. As restrictions were being lifted further links to the community were being developed and re-established.
- A relative told us, "It helps me enormously as I know someone [staff] has seen [family member] everyday if I can't get there."

Improving care quality in response to complaints or concerns

- The registered manager told us there had not been any complaints received about the service.
- There was a complaints policy and procedure in place for the registered manager and staff to follow if a complaint or concern was raised with them. A staff member confirmed, "I would direct the client to the manager and ask them to raise it with them. We have a complaints procedure to follow."
- A person told us, "I have not had to communicate with them but would be confident I could contact them

and be listened to." A relative said, "They are very caring, but I would know how to complain if I needed to."

End of life care and support

● Staff were to follow the providers end of life policy and procedure and liaise with external health professionals should anyone they were supporting become end of life. This would help make the persons death as dignified and pain free as possible. No one at the time of this inspection received palliative or end of life care.

● Some staff told us they had not yet been trained in end of life support. The registered manager told us they would make this improvement. A director told us about how they supported staff recently when they thought a person could be end of life. They said, "We had a chat about it and gave staff supportive end of life leaflets to read. We would involve the family at the time and also support staff."

● A director told us they had discussed a person's end of life wishes and the person and their relative had not wished to continue this discussion. However, there was no record of this discussion having taken place. The registered manager told us they would make this improvement.

Good

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.

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 registered manager and staff and about the service they provided. A relative said, "We have had a lot of care agencies over the years. This one is going well as they look after [family member] extremely well."
- The registered manager and staff told us how they learnt from incidents and near misses. The registered manager and staff told us how they would reflect on what had happened, learn and actions taken would be communicated to staff. The registered manager said, "We have a daily forum and we share what has happened and have a debrief."
- The registered manager encouraged staff to provide the best service they could. A staff member said, "I think [the service] is run absolutely fantastically. [Directors] could not be more supportive."

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

- As the service had not yet been rated, there was no requirement for them to display any ratings.
- The registered manager demonstrated to us their knowledge of the incidents they would be required to notify the CQC about.
- Staff understood their roles and responsibilities.
- Staff undertook internal audits to monitor the quality of the service provided. Action plans recorded any improvements required and acted on.
- The registered manager told us how they had planned to work with an external company who would undertake a service improvement audit to look at all areas of the service. This had been postponed by the COVID-19 pandemic but was to take place soon.

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

- The provider started the service at a difficult time as the first COVID-19 government lockdown restrictions were in place. However, people and their relatives told us communication was good. A relative said, "[Registered manager] is in contact with us weekly to find out how things are going. Which is how a customer should be treated."
- People, their relatives, were asked for their feedback on the quality of the service. A relative said, "No

improvements needed it is all working well. The service and staff are very flexible."
● Staff were encouraged to give feedback on the service provided via a survey. A staff member said, "Staff feel addressed [listened to] and [the directors] do really well with that."

Working in partnership with others
● The registered manager and staff worked with external health and social care professionals and organisations to help people receive joined-up care and support. They worked with the local clinical commissioning group, GP's, district nurses and physiotherapists to encourage this to happen.
● The directors of the service were described by an external health and social care professional as, open and engaging.