

JM Carehomes Limited

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Inspection report

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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

JM Carehomes Limited is a domiciliary care service which offers personal care and assistance to support people living in supported accommodation. The service supports people over 11 houses in the community and at the time of our inspection there were 40 people using the service.

The service has been developed and designed in line with the principles and values of Registering the Right Support and good practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning difficulties and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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 safeguarded from the potential of harm and their freedoms protected. Potential risks to people had been assessed and managed appropriately by the registered manager. People received their medicines safely and as prescribed and people were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

Staff had been recruited appropriately and had received relevant training, so they were able to support people with their individual care and support needs. Staff received supervision and a yearly appraisal to support them to develop their careers and provide the support people required.

Staff sought people's consent before providing care and support. 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 treated with understanding, kindness and compassion. People's rights to privacy were respected by the staff who supported them to maintain their dignity. People were supported to express their views and encouraged to be actively involved in making decisions about their care and support needs.

Each person had a care plan based upon an assessment of their needs which was regularly reviewed. The care plan included personal details about the persons choices for food and how they wished to live and be supported. People using the service were aware of the complaints process and were confident about approaching the registered manager and senior staff if they needed to.

There were effective auditing systems in place to monitor the quality of service provision. The views of people on about the service was gathered and used to support service development. The service worked closely with other professionals to support people using the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

Rating at last inspection (and update)

At our last inspection in March 2017 we rated the service as good. The report was published on 26 April 2017.

Why we inspected

This was a planned inspection based on the previous rating and the inspection was also prompted in part due to concerns received about a safeguarding referral. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

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 ●

JM Carehomes Limited

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 specialist housing. The service also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. 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

This inspection was announced.

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

Inspection activity started on 2 August 2019 and ended on 13 August 2019. We visited the office location on 2 August 2019.

What we did before the inspection

When planning our inspection, 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 looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with the registered manager, three operational managers and three members of the care staff. We reviewed a range of records. This included three people's care plans and multiple medicine records and audits. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also 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 spoke with two professionals who regularly visit people at 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.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and senior staff had kept safeguarding professionals continually informed while an internal investigation regarding a safeguarding that had been raised was carried out.
- All of the people we spoke with told us they were confident the staff kept them safe and secure. One person told us, "I feel safe here because the staff know me and care for me."
- There were effective processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.
- Staff received training on keeping people safe from abuse and avoidable harm and understood their responsibilities for reporting safeguarding incidents.

Assessing risk, safety monitoring and management

- The safe were knowledgeable about the potential risks to people and actions they could take to help to keep them safe.
- Each person had a risk assessment which was reviewed regularly on a planned basis and as required.
- As risks were identified they were recorded and used to inform changes to people's care plans.

Staffing and recruitment

- The service continued to have an effective recruitment policy in place. This included seeking references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.
- The service had processes in place to cover staff absences. There were also systems in place to ensure there were enough members of staff on duty with the appropriate skills and knowledge to ensure people were cared for safely.

Using medicines safely

- People received their medicines safely and as prescribed. One person told us, "The staff bring my medicines to me whenever I need them."
- Staff had received training on how to manage and administer medicines.
- The service systems in place to ensure that medicines were managed appropriately. We saw daily records were maintained by staff showing when people had received their medicines as prescribed.

Preventing and controlling infection

- Staff understood how to protect people by the prevention and control of infection. A member of staff told

us that they were provided with the appropriate cleaning materials and protective equipment by the service.

- We service had an infection control and hygiene monitoring process in place and staff informed us that they has received training regarding infection control.

Learning lessons when things go wrong

- The service demonstrated they assessed information and learnt lessons.
- There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. People and staff were consulted throughout and informed of any actions.
- An operation manager explained all accidents, incidents or 'near misses' were analysed.

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

- The service had developed processes which involved people in how they received personalised care and support. A person told us, "The staff are very flexible to help me with my various needs and I see my key worker regularly to review and plan the way forward."
- Peoples assessments included advice from other professionals and how the staff could support people to achieve their agreed goals.
- Care plans were divided into sections and information recorded explained how the care was to be achieved while also taking into account people's choices. The care plans were reviewed at pre-set dates and also if in response to any events.

Staff support: induction, training, skills and experience

- Staff had received appropriate training and had the skills they required to meet peoples assessed and individual needs.
- There were staff training plans in place which were reviewed and updated on a regular basis. A staff member told us, "The training is really good and evenly spread out throughout the year."
- Staff told us they had regular supervision meetings with their manager to support their development. The registered manager informed us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed.

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

- A person told us, "No problems with the food or drink; plenty of it."
- Staff were aware of how to ensure people maintained a healthy weight by eating a nutritious, healthy and balanced meals which were planned with the people using the service. One person told us, "I love the food and I help to cook it."

Staff working with other agencies to provide consistent, effective, timely care

- The staff supported people with their health care needs by discussing and recording information and supporting people to attend clinics and GP appointments.
- The staff understood people's health needs and the importance of raising concerns if they noticed any significant changes. A member of staff told us that any changes to people's health were reported to senior staff and recorded in daily notes.

Supporting people to live healthier lives, access healthcare services and support

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.

- Staff explained, and we observed, how they gained consent from people before supporting people with their care needs.
- Members of staff we spoke with told us they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.

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 remained the same. 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 told us staff treated them with kindness and compassion. One person told us, "I am very pleased to be here and the staff treat me with respect and help me."
- People were encouraged to express their views on how they preferred to receive their care and support. The information had been clearly and carefully documented in people's care plans.
- We observed caring interactions between people and staff throughout our visit. A relative said, "[My relative] has never been better, this is because of the staff knowledge about them and they treat them with respect and care."

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

- Each person had a person-centred care plan which had been written with them and was reviewed with them.
- We saw people making decisions about their daily lives, for example; when they wanted a drink or snack, if they wanted to go out and planning holidays and days out, One person told us about the trip out to an adventure park which they had enjoyed the day prior to our inspection.
- One person told us, "I get up when I want to and nobody makes me do anything, the staff are really nice and I like doing things with them like shopping."

Respecting and promoting people's privacy, dignity and independence

- Each person's care plan had been written to explain how staff were to support the person to maintain their or increase their independence.
- People were supported to remain independent with their daily living skills. One person informed us how staff worked with them and encouraged them to meet their own needs. They told us, "The staff have help me to cook."
- We saw in people's care plans time had been taken to carefully explain the support the person needed while also recording their preferences about what they like to do for themselves.
- A relative informed us that they rated the staff highly for their patience and understanding to support their relative increase their independence..
- Staff knocked on people's doors and waited to be invited in to preserve peoples dignity and privacy while also showing respect.

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 that was responsive to their needs. A person told us how staff supported them to enjoy their hobbies, interests and helped them plan visits to see relatives.
- Staff told us how they got to know the people they supported by building a rapport with them, reading their care plans and understanding what they found difficult and how to support them with those concerns.
- We found staff knew people well and were focussed on providing personalised care and what action to take should a person become upset.
- Staff told us about equality and diversity and understood the importance of relating this to people they supported.

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.

- People's care plans were designed in line with the Accessible Information Standards (AIS). The standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, and with support, so they can communicate easily with health and social care services.

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.

- A person we spoke with told us how staff were supporting them to maintain links with their family.
- Another person said, "They took me to see [person's name]. I am going again soon and looking forward to it".
- Care plans we looked at included people's interests, hobbies and cultural wishes and ways in which the staff would support them.

Improving care quality in response to complaints or concerns

- There was a procedure in place which outlined a structured approach to dealing with complaints in the event of one being raised. These were used to improve and develop the service.
- A relative told us, "I have never needed to make a complaint but if I have any concerns I can talk to any of the senior staff."

End of life care and support

- There were no people using the service that required this level of support.
- Care plans included information about people's plans and wishes should they require end of life care.

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 'Good'. At this inspection this key question has remained the same. 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, their relatives as invited, and staff were involved in making decisions about how the person-centred planning was promoted. A relative told us, "We come to the review every six months or so and we do speak in between this time."
- We saw copies of meetings with people, showing how they were consulted on the care and supported they received.
- The service carried out surveys with people using the service, relatives and staff to understand people's thoughts and feelings about the service and how this information could be used to develop the service. For example, some people had expressed that they wanted to go on holiday together, while other people wanted to enjoy days out.

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

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

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

- Staff said they were listened to by the registered manager. They were clear about their roles and responsibilities towards people living at the home. They felt confident about raising any issues or concerns with the manager at staff meetings or during supervision.
- Staff understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.
- An operational manager believed a key to a quality performance was for staff to get to know people well and hence they tried to ensure they people using the service were supported by a small number of staff to ensure continuity.

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

- Care plans contained information about how to contact the registered manager should the need arise.
- The registered manager and senior staff undertook some care visits themselves, including when new people started using the service to build up a relationship and identify any additional support which may not have been apparent in the initial assessment.
- The staff we spoke with told us they well were supported. One staff member said, "I like working here because the senior staff are helpful and supportive."
- A healthcare professional informed us that they found the service staff helpful and the staff had supported people at short notice and in emergencies.
- Staff informed us that they were consulted by the registered manager and contributed towards the running of the service. They used one to one meetings and staff meetings to talk with the registered manager about their ideas for the development of the service which were welcomed.

Continuous learning and improving care

- Quality assurance and audit systems were in place for monitoring service provision. The service had effective systems in place for reviewing care plans, risk assessments and medicine recording sheets.
- Areas for learning and service improvement were shared with staff during supervision and team meetings.
- The provider used feedback from people and staff to develop the service.

Working in partnership with others

- The service informed us they worked closely with other organisations to develop the service they provide.
- The management team had built positive relationships with other agencies. Feedback from other professionals' support people using the service was positive.