

Joelma 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: Joelma Limited is domiciliary service that was providing personal care to five people at the time of the inspection.

People's experience of using this service:

People told us they felt safe and thought that staff were kind and caring.

The registered manager had systems and processes in place ensuring risks were well managed and care was personalised and reviewed.

Staffing levels, skills and experience were suitable to meet the needs of people.

Staff had a good understanding of preventing the spread of infection by using the protective equipment and good hand hygiene practices.

The registered manager shared lessons learnt with staff and managed complaints and concerns in an open and honest way through regular staff meetings and individual discussion.

People told us they felt involved and listened to in relation to their care needs. People also said staff respected their wishes and preferences and supported them to make decisions or to seek support for others to make decisions on their behalf.

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

Staff supported people with meals and drinks and to access specialised healthcare when needed.

The registered manager used systems such as training, policies and care plans to ensure that staff had the skills and knowledge to support people who needed end of life care in the future.

Care visits were on time and the registered manager and the staff team were clear about their roles and the impact of good care.

The registered manager showed ways that they were working with other agencies and healthcare professionals to ensure quality care for people receiving the service.

Rating at last inspection: This was the first time we had inspected this service which was newly registered with the Care Quality Commission on 05 April 2018.

Why we inspected: This was a planned inspection based on the date of registration.

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

The service met the characteristics of good in all areas. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 ●

Joelma 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, people with a learning disability, younger adults and people with a physical disability and sensory impairment.

Not everyone using Joelma Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 10 April 2019 and ended on 29 April 2019. We visited the office location on 10 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements

they plan to make. This information helps support our inspections and is called a Provider Information Return (PIR).

Before the inspection we:

Reviewed information we received from the provider on the provider information return (PIR), researched feedback received about the provider to CQC as well as online, reviewed information about incidents that have occurred since the date of registration, reviewed complaints and compliments received since the date of registration, reviewed the providers own website, looked at notifications we received from the service. Notifications are documents disclosing information about specific events that the provider is legally required to tell us about.

During the inspection we:

Spoke with the registered manager, gathered information from two care files which included all aspects of care and risk, looked at two staff files including all aspects of recruitment, supervisions, and training records, health and safety records, records of accidents, incidents and complaints, audits and surveys, complaints and compliments.

After the inspection, we:

Reviewed further evidence sent to us by the provider, spoke to one person receiving care from the service and three of their relatives, spoke to three staff members, spoke to health and social care professionals.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had systems in place to check care practices and ensure staff safeguarded people.
- The staff received training on safeguarding adults.
- People and relatives told us they felt safe. One relative said, "If the [registered manager] thinks something is wrong they get in touch, I can't fault them."
- Staff were aware of how to keep people safe. One staff member said, "I had safeguarding training at another role too, we looked at what to do in safeguarding situations. For example, if someone wants to tell you a secret we have to explain we can't keep it if it would put them in danger and explain that I would have to share it with the [registered] manager to make sure the client is alright."

Assessing risk, safety monitoring and management

- The registered manager wrote, reviewed and updated people's risk management plans. These plans were very detailed and covered most aspects of how to support people's physical, medical, environmental and personal needs. People's preferences relating to risk were also recorded.
- However, we found that information was not as detailed for 'how' staff should safely manage the risk and recommended the risk assessments had more detailed information added in this area..
- The registered manager directly communicated changes in people's care needs to staff to ensure staff understanding.
- The registered manager told us, "We have done the safeguarding training and know what to expect and what to look for. I have also told staff for example, if they suspect abuse they need to report to me and social services who will move in to find out what is going on. Never discuss it with people at the time and do not make a judgement but record in the notes what was observed."

Staffing and recruitment

- The registered manager had recruitment policies and processes in place to ensure staff were suitable for the role. The same processes and checks were used for permanent staff and agency staff.
- Staff told us, "[Before I started], I had to show my passport and national insurance number, CV and bank details, a criminal record check and provide two professional and two character references. My shadowing and induction was done after the checks were in."
- The staffing levels were based on people's assessed needs and were safe.
- The registered manager made sure staff had the right skills and experience for the role by ensuring staff were well experienced. If staff were pairing up, the registered manager would never send two staff who are less experienced together.

Using medicines safely

- At the time of our inspection people were able to administer medicines for themselves or with the support

of their families.

- However, the registered manager had detailed systems in place for assessing, checking and auditing the safe management of medicines and ensuring staff received training and assessment in the safe administration of medicines. This was to better inform staff in case of emergencies or adverse reactions.

Preventing and controlling infection

- Systems were in place to minimise the spread of infection such as staff training and awareness and staff had access to one-use disposable gloves and aprons.
- Staff told us, "When we arrive at the client's house, we wash our hands as soon as we enter, then use the gloves. We use new gloves [between different activities] and then when finished wash our hands with soap and water and make sure we tidy up the areas. With food we make sure the food is within its use by date and don't reheat food that has already been reheated. We dispose of things in the right place."

Learning lessons when things go wrong

- The registered manager had a good understanding of processes for learning from when things went wrong and shared this information with the staff in staff meetings and individual supervisions.
- The registered manager also researched the latest concerns, developments and resources in the wider care environment and used these to shape the quality of care provided. Staff told us, "Lessons learnt are shared about situations that happened somewhere else to teach us, so these things do not happen here. They are not just stories, real people."

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

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 had thorough systems in place for conducting initial assessments of people's needs.
- People's assessments covered all aspects of their choice, preferences, beliefs, health and wellbeing.
- The registered manager wrote people's care plans and risk assessments in line with their assessed needs. One person told us, "To be honest before we got Joelma involved it was a little hit and miss as we used the council but I have to say Joelma is brilliant."
- A staff member gave us an example of how they delivered care to meet one person's choice to make tea for themselves but needed support to do this safely.

Staff support: induction, training, skills and experience

- The provider used a robust induction program for inexperienced staff which included shadowing a more experienced staff member and competency checks of staff skills.
- The registered manager gave staff training in all areas needed their role. This included regular supervision. The registered manager had also planned appraisals for staff and these would be completed once staff had been employed for more than one year,
- The registered manager checked to make sure that staff had the right level of skills and experience for their role. Staff had comprehensive support during their induction including shadowing experienced staff, observations of their practice, checks on their understanding and feedback about any areas of development.
- Relatives told us they felt the staff had the right level of skills and training to support their family member.

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

- For people that needed support with eating and drinking, their dietary preferences in their care plans explained the person's needs. One person told us, "My husband does all the food."

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

- The staffing rota and visit times as well as daily notes confirmed the provider was delivering care at the agreed times ensuring a consistent approach to meeting people's preferences.
- One person told us, "They [staff] have been extremely good about keeping to times, they do come back when they say they will and a district nurse came this morning with [name of registered manager] to do an assessment and I knew about it so that was good."
- The registered manager told us how they checked all care visits personally and would step in to give care to ensure people still received care during times of staff emergency.

- There were systems in place for liaison with health professionals to ensure that the correct assessments took place. Referrals to the district nurse were made when required.
- For example, reassessment for the correct type of grab rails to enable the person could continue to use their bathroom safely and for another person the urgent procurement of a specific cushion to prevent pressure sores. The registered manager was able to get the cushion delivered the same day to the person.

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 with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA. People currently supported all had the mental capacity to make their own decisions. Staff told us, "If people can't make decisions for themselves anymore I would try to give them options so that they are control of making the decisions."
- The registered manager had a good understanding of their role to assess people's mental capacity and complete the necessary referrals where they believed a person to be unsafe or was being restricted in some way. For instance, speaking with the local authority to discuss concerns about one person who was becoming confused, this was to ensure the person was safe.
- Care files gave staff information about people's ability and capacity to consent and what staff needed to explain what they were going to do before starting any care.

Is the service caring?

Our findings

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

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 received training on equality and diversity. The registered manager tested staff's knowledge periodically through supervision and spot checks of practice.
- People said staff were caring and kind and treated them with respect. One person told us, "The [staff] are lovely and lovely to my [family member], very respectful."
- One person said, "[Registered manager] has been extremely kind and very caring, I have had some bad times lately due to health but I always felt they were concerned about me and about the family too, they are very good with my husband." A relative told us, "My [family member] said to me recently, 'I feel like all my carers are my friends'."

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

- People confirmed they were involved at all stages of care planning and made their own decisions about their care. One person told us, "[Staff] involve me, they are very good that way and particularly with my daughter, they involve her too." A relative told us, "It's been less than a year but we've had a couple of meetings and we chat on the phone. I feel totally involved. Staff are very kind and caring."
- All areas of people's care plans started with the phrase '[name] would like staff to know...' this gave a nice personalised feel to the information and put the person in control of how they wanted to be supported.
- Documents looked at showed evidence of people's involvement in initial assessments and ad-hoc reviews as well as formal reviews. This included the reduction of calls for one person who had become more confident and independent due to the support by Joelma Limited.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff uphold their privacy and dignity and promote their independence. A relative said, "It's fine I have no problems, the staff are very sweet. [Staff] come and support with the shower and encourage exercise."
- Staff told us, "One of the clients is slightly deaf so you might speak to them but they might not respond straight away so you have to repeat yourself, give them time and then they will talk."
- Staff received training on confidentiality and information governance.
- The registered manager securely stored all paper and electronic records.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff were supporting to them to meet their individual needs in relation to health, cultural and social needs. One person told us how they did not like the hoist and the registered manager was working with them and the occupational therapist to assess them for a reclining/riser chair and a programme to try and help them be able to stand and walk again so the hoist would not be needed.
- Care records showed people's preferences and wishes were at the core of the planning process. This included a one-page profile showing people's interests, hobbies, dreams and conditions at a glance.
- The registered manager used information about people's medical history to inform their care. However, care plans did not include people's personal history to enable staff to have a better understanding of the person. The registered manager told us they would add this.
- Care records were updated daily by staff documenting relevant information. We suggested that more personalised information such as, people's emotions, interactions and outcomes would further develop these records.

Improving care quality in response to complaints or concerns

- The registered manager followed the provider's complaints process including steps taken to address the concerns and outcomes. People said us, "I have no complaints, any small concerns [Registered manager] sorted them straight away." And "I did I have one [staff] who was a bit sulky and I raised it with the manager and they spoke to [staff member] and they are less sulky now."
- The registered manager responded to concerns well including one which we became aware of during our inspection. This was regarding a person's management and ordering of skin creams. The registered manager was visiting the person that afternoon and they agreed to discuss a system for better monitoring when items were running low.
- Staff told us, "I feel happy to raise concerns, [registered manager] says if we ever have problems or ideas on how to improve just to tell them or put it in the suggestions box in the office. I haven't complained in writing but I have told them my ideas and what I thought and they changed the format of notes as a result."

End of life care and support

- The service was not currently supporting people with end of life care but had good systems in place to support people if required, such as training, policies and care plans.
- Staff told us, "We don't support anyone on end of life care but we do have some people on do not resuscitate orders. They are kept in [the persons] folder in their house."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team and care staff were all very passionate about ensuring they gave quality, person-centred care. They supported all and any disability to promote independence and dignity for both people and staff. The registered manager and staff team had a good understanding of their responsibilities.
- People said the service was well run and they received quality care.
- The registered manager showed an open and honest approach to care provision, welcoming regular feedback and ensured they managed concerns quickly and safely. A staff member told us, "I feel like I can talk to the registered manager as a normal person they are very approachable, I never feel like I am stepping on anyone's toes asking things and it's relaxed. [Registered manager] is really excellent in that sense they are very compassionate about [people we care for] but also of their staff."

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

- The registered manager and staff team were all able to define their roles, how to put these into practice and used continuous learning from experiences internally and externally to improve the service provided.
- The staff team were highly motivated and all understood the impact of good care on the people they were supporting.
- The registered manager told us, "By using the skills of communication, eye contact, closeness and listening to people and their families and giving them the opportunity to say what they want to say you can make sure people feel they matter and are listened to."
- Staff felt valued and well supported. Staff told us, "I am most definitely supported, [Registered manager] was aware I was inexperienced and so made it a priority for me to shadow and go through the mandatory training. There was a policy where I could ask any questions and always learn and find out why something is done a certain way and it allowed me to be inquisitive."
- The registered manager showed a good understanding of legislation. This included the requirements of the Health and Social Care Act 2014 and their responsibilities within their management role.
- The provider used good governance systems for auditing and monitoring care provision and standards and accepted accountability for these.

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

- There was regular and effective engagement with people and staff to seek feedback on the service provided.

- A variety of meetings were held to enable staff to contribute to how the service ran and be well informed. Staff told us, "We have supervisions and staff meetings once a month in the main office, it starts off like an introduction talking about what's going on with the clients and the company. The registered manager asks about any challenges and how things are going for me."
- The service used regular feedback forms sent out to people to gain their views and look at ways of improving the service as a direct result.
- People and staff gave positive feedback about the registered manager and care staff.
- People said they were involved in regular communication with the registered manager and asked for their views on the care so any concerns could be found and were always quickly resolved.
- Staff were supported in their role including being encouraged to enable people to do what they could for themselves to promote independence and dignity.
- Information was in formats suited to the individuals' communication needs. For example, people who were hard of hearing used technology to help communication.

Continuous learning and improving care

- Audits and governance systems were used as well as feedback to develop and improve the service and relayed this to their staff team.
- Feedback in surveys said that people were likely to recommend the service to others and that staff encouraged them to give their views.
- Staff told us, "We can make suggestions in staff meetings on what we can improve and discuss things as staff team, we get observed in practice when working with Thelma and she will give me feedback on my practice."

Working in partnership with others

- The registered manager worked with others and external health professionals to help improve the quality of life for people. For example, they ensured people had the right assessments, equipment and access to services.
- The registered manager had identified a person at risk of social isolation and malnutrition. As there was a lack of day centres in the area the registered manager had liaised with Age UK to assist the person to be more confident to go out.