

JME Care Ltd

JME Care Ltd - Community Care Services

Inspection report

60 Mary Street
Scunthorpe
DN15 6LB

Tel: 01724897374
Website: www.jme-care.co.uk

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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

JME Care Ltd – Community Care Services is a domiciliary care service providing personal care and support to older people and younger adults with learning disabilities or autistic spectrum disorder, mental health needs, physical disabilities or sensory issues, living in their own homes. At the time of the inspection 11 people were being supported with personal care.

Not everyone who used the service received personal care. The Care Quality Commission (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 received a caring and effective service. People received person-centred support from staff who knew them well.

There were enough staff to provide a consistent, reliable service. Care plans covered all aspects of people's lives and their preferences. They received support to access social and leisure opportunities to ensure a personalised experience. Staff developed and implemented individualised risk assessments which mitigated risks to people's safety and wellbeing. Medicines were safely administered and recorded accurately. Robust recruitment and selection procedures ensured suitable staff were employed. Staff completed training in infection prevention and control. The registered manager completed competency checks and regular spot checks with all staff regarding safe use of PPE and infection prevention and control procedures.

People received care from staff who were well trained and knowledgeable. Where it was part of people's care package, staff prepared meals and drinks to support them in maintaining a good diet.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were supported to reach their personal goals due to the person-centred approaches promoted by leadership, and staff having the right skills and attitudes to achieve this.

Access to an advocacy service was available and used when needed. Systems were in place for communicating with people, their relatives and staff to ensure they were fully involved.

Staff were responsive to people's individual needs and encouraged them to be as independent as possible. People's privacy and dignity was respected, and people told us staff were friendly and respectful.

Staff were attentive to changes in people's health and wellbeing and worked well with healthcare professionals to ensure people's health needs were met. The provider was very proactive in working with other agencies and stakeholders, for the benefit of people using the service. People, their relatives and external professionals were very satisfied with the service.

Any complaints people raised were investigated and responded to. There was a clear emphasis on continual improvement. The provider had a quality assurance system, which included spot checks and reviewing all care and medicine records; this ensured any shortfalls were actioned and lessons learnt.

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

Rating at last inspection

This service was registered with us on 12 April 2020 and this was the first inspection.

Why we inspected

This was a planned inspection based on the date of the provider's registration.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 flats.

The service had a manager registered with CQC. 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 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 19 October 2021 and ended on 25 October 2021. We visited the office location on both days.

What we did before inspection

We reviewed information we had received about the service since the service was registered. We sought feedback from the local authority and professionals who work with the service. We used the information the

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

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, head of care, care coordinator and support workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who regularly work with the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had effective safeguarding systems in place to help keep people safe. Where safeguarding concerns had been raised, investigations and timely appropriate action was taken.
- Staff had received safeguarding training and were able to appropriately raise any concerns.
- People felt safe living at the service. One person told us, "I do feel safe, I have a great staff team and know them all."
- Families were confident that their relatives received safe care. A relative told us, "I could not be happier with the care and support [Name] receives. I have been updated on a weekly basis about the plans they have in place to keep them safe."

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

- People received good support to help them live safely at home. People had detailed, personalised care plans and risk assessments in place to reduce risk. These were regularly reviewed. Where risks were identified, support plans guided staff how to manage and reduce these risks.
- Staff recorded any accidents and incidents and reported them to the office.
- The registered manager monitored and analysed accidents, incidents and safeguarding concerns. Where lessons could be learnt, the registered manager took action to reduce the likelihood of a repeat occurrence. This information was shared with staff and health care professionals to prevent similar incidents occurring again.

Staffing and recruitment

- There were enough suitably skilled staff to meet people's needs.
- People received a very reliable and consistent service, usually from a regular group of care staff who knew them well. One person told us, "I am happy. The care is brilliant, everything is good."
- Staff were recruited safely; pre-employment checks and competency assessments were completed before staff worked unsupervised.

Using medicines safely

- People's medicines were managed safely. There were systems in place to make sure people received their medicines as prescribed.
- Staff responsible for supporting people with their medicines were appropriately trained. They received regular competency checks to check their knowledge and skills in this area.
- People's needs were assessed to identify what support they needed to take their medicines. Where

appropriate, people were supported to manage their own medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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

- People's needs were assessed and regularly reviewed, so staff had information about how to support them effectively.
- People's choice and preferences were supported by staff. One person told us, "I decide what I want to do, and I can change my mind if I want to."
- The registered manager had a good understanding of best practice and promoted this in the delivery of care.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to support people. Staff received an induction when they commenced in post. This included shadowing other staff before working independently.
- Staff completed training to ensure they could meet people's specific needs. One staff member told us, "The training is good. I am just in the process of doing my e-learning again as a refresher, which is good as it keeps you up to date with any changes."
- Staff received supervision and spot checks, to assess their on-going competence.
- People, relatives and external professionals spoke very positively about the skills of staff. One professional told us, "I am confident in the skill level of staff in managing complex individuals. There are established staff who have worked in the company for a number of years now with the same service user and this is hugely beneficial in terms of experience and passing this on to newer members of staff."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider assessed people's capacity to consent to their care and worked with the local authority if any

applications were required to authorise restrictions to people's liberty.

- Staff sought people's consent before delivering support and respected people's decisions.

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

- People's received appropriate support with eating and drinking. Staff understood people's dietary needs and supported them to have a varied and nutritionally balanced diet. Appropriate support was provided to people who required a specialised diet.
- Staff supported people to plan menus, shop for ingredients and cook meals. One person told us, "I like to make my own food from scratch."
- Information about people's nutritional needs and preferences was recorded in their care plans, so staff had access to the information they needed.

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

- Staff were very alert to any changes in people's needs and supported them to access any healthcare they needed.
- Staff sought advice and guidance from external health professionals where necessary. A health professional told us, "JME staff have good partnerships with local primary care services. They usually inform us of any health issues as they arise."
- Care plans included detailed information about people's medical conditions and how to manage any associated risks.

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

- People were treated with kindness and respect. People told us staff treated them well and with kindness. Their comments included, "The staff are kind and caring and know me well" and, "I'm happy with the staff. They are all great."
- Relatives were also complimentary about the staff team. Comments included, "I feel they should be recognised for the amazing work they do every day."
- People's individual needs and preferences were recorded and known by staff.
- Staff received equality and diversity training and were aware of the importance of supporting people in a non-discriminatory way which reflected their cultural preferences.

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

- Staff involved people in decisions about their care and respected people's choices. This included day to day decisions about the support they wanted. People told us, "I am involved in my care and make my own decisions."
- People were supported to have their say and had an independent advocate, where required, to promote their rights.
- Staff spent time listening and talking to people. There was a relaxed atmosphere and mutual respect between people and staff.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff's knowledge of people's individual preferences enabled them to respond to people's wishes and put them at ease. This included examples where people had initially been reluctant to accept care. but the support and reassurance from staff had resulted in positive outcomes for people.
- People were actively supported to set goals and to develop their independence. One person told us they had been supported to have some of their artwork displayed in a local art centre and were hoping to have their work displayed in other galleries too.
- People were supported to go on holidays. One person told us they had stayed in a hotel for a few days for a special birthday. Others described how they were supported to maintain their flats and complete daily living tasks, such as laundry.

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

- People had personalised support plans which covered all aspects of their life and the support they required. Support plans were reviewed regularly so staff had access to up to date information about how to support people.
- Staff were highly responsive to the needs of people they supported and tailored their support accordingly. This included adapting care packages when people's needs changed. For example, the provider had provided additional one to one support to a person for a short period of time whilst they were unwell to enable them to remain living in their own home.
- People and their representatives were involved in reviews of their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider assessed and recorded information about people's communication needs, in line with the AIS.
- People could request information in different formats.

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

- People followed their interests and took part in activities that had positive impacts on their lives and their overall well-being. One person we spoke with enjoyed taking part in archery sessions and bowling. Another told us, "I enjoy activities and have been to lots of places. I have lots of friends and meet them regularly."
- People were supported to use a range of communication methods to maintain contact with their relatives and friends during the COVID-19 pandemic.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. The registered manager and staff followed their complaints procedure, so that any concerns people raised were fully investigated and responded to.
- People told us they would feel confident to raise any concerns. Their comments included, "I know who to complain to if I am not happy" and, "I would tell [Name] if I wasn't happy but I am really happy and I hope they know that."

End of life care and support

- Where people chose to, staff supported people to make advanced care plans for the end stages of their life.
- People's advanced care plans were personalised and the relevant people were involved to ensure people's wishes were gathered and recorded.

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

- The registered manager promoted a very positive, person-centred culture. This resulted in a high-quality service and good outcomes for people.
- Staff enjoyed their work and spoke warmly and respectfully about the people they cared for. Staff told us they were well supported, found the management team very approachable and responsive, and had opportunities to make suggestions or raise concerns.
- The registered manager acknowledged the hard work of staff through various incentives, including Employee of the Month and Employee of the Year awards.
- People and relatives were very satisfied with the care provided. One person told us, "Everything is good. The best thing I ever did was use this service; I have met some amazing people. I am happy with the service; they should get a gold star." A relative told us, "I could not be happier with care and communication between myself and the management."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of, and understood, requirements in relation to the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service had a robust management and administrative structure and staff were clear about their roles. The service benefitted from an experienced registered manager who was aware of regulatory requirements and notified CQC of relevant information in a timely way.
- The registered manager was open with the inspector during the inspection and took on board suggestions for improvements.
- There were good communication systems, and management and office staff met daily to action plan and exchange important information.
- Feedback was routinely sought from people using the service through meetings and surveys about their care. People had regular review meetings with their staff team and relevant professionals. This was to look at all areas of their support plans and ensure any barriers to leading a full life were overcome. Feedback received from recent surveys was positive.
- Relatives and visitors were encouraged to give their views about the service.

- Staff meetings were held to help development the service. A member of staff told us, "We have been having smaller team meetings which are more about the individual and these work well."
- The provider had a quality assurance system in place. The commitment to continuous improvement was underpinned by a comprehensive range of audits. These focused on positive outcomes for people. Monitoring of the service was thorough. If any shortfalls were identified, action was taken within agreed timescales. This ensured any identified improvements were put into place in a timely way to improve people's quality of life.

Working in partnership with others

- People were supported by a range of healthcare professionals. The manager and staff had forged good working relationships with these professionals, to ensure people got the support they needed.
- A health care professional told us, "I have a good working relationship with the management team which has developed over the years. I find that the leadership team ask for advice and support when necessary." Another told us, "Management listen and act on advice given and communicate effectively with professionals involved."