

JOYFREDWIL HEALTHCARE LTD

Joyfredwill Healthcare Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Joyfredwil Healthcare Ltd is a service providing personal care to people living in their own homes. It provides long term and short term care to people within the community. At the time of our inspection, the service supported 1 person.

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

Joyfredwil Healthcare Ltd is a small service and due to the number of service users at the time of inspection, the CQC were only able to rate the provider in the Safe and Well Led key questions.

The care people received was not safe. Medicine Administration Record (MAR) charts were not used to record where people were prompted or administered medicines. People were at risk of not receiving their 'as needed' PRN medicines as staff were not aware of when or how to administer these medicines.

Care plans were not person centred and did not reflect the care people were receiving. Risk assessments were not completed or did not reflect people's needs and wishes.

While staff were recruited safely, they were not supported by regular supervision or competency checks. This meant that staff were not supported to develop or offered the opportunity for feedback and ongoing support and development.

The provider did not complete quality and assurances checks on the service and care they provided, this meant the provider did not have any oversight of issues and had not identified the failings found on inspection.

People were supported to have maximum choice and control of their lives, staff had in depth knowledge of people's needs and supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not support this practice.

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 14 June 2019, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified breaches in relation to safe care and treatment and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our caring findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Joyfredwill Healthcare Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was undertaken by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

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

Inspection activity started on 7 April 2023 and ended on 10 May 2023.

What we did before the inspection

We used the information gathered as part of a monitoring activity that took place on 6 January 2023 to help plan the inspection and inform our judgements.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as calls and emails to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We visited the person who used the service in their own home on 9 May 2023.



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 since the service was registered. 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

- People were at risk of harm from receiving their medicines inappropriately and not as prescribed. The provider was not clear about their responsibilities and role in relation to medicine administration.
- Where people were supported with prompting or administering of medicine there were no medicine administration record (MAR) charts in place to record when the medicine had been given or whether it had been taken. This placed people at risk of not receiving their medicines as prescribed.
- The provider was made aware of the concerns relating to medicines and they implemented MAR charts. However, when we visited the person, these records were not in use.
- Where people were in receipt of 'as needed'(PRN) medicine the provider had a policy in place which stated, 'a specific plan for PRN medicines must be clearly documented in the medication care records.' There were no protocols in place to guide staff on when or how to effectively administer these medicines. The provider was made aware of these concerns but had not rectified the issues prior to the end of the inspection.
- When people required medicine or medical equipment whilst out in the community there was no care plan, risk assessment or guidance for staff on how these should be transported and administered. This placed people at risk of harm from receiving their medicines unsafely. The provider was not aware of this requirement and could not confirm whether staff adhered to this procedure. This meant people were placed at risk of not receiving their medicines when out in the community.

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

- People were at risk of harm from poor or incomplete risk assessments and where risks had been identified these were not communicated effectively or comprehensively with staff.
- Risks had not been identified or assessed regarding fire safety and evacuating a person in an emergency. For example, exit points within a person's property were not assessed. We visited a person and found 1 of 2 exit points inaccessible. This meant staff did not have clear guidance on how to support people safely in an emergency.
- Risk assessments reviewed failed to identify concerns with peoples' continence care and mobility needs. For example, the mobility risk assessment stated the person was independent and fully mobile, however the person was reliant on the use of a wheelchair. We informed the provider who was slow to respond but took steps to rectify the issues, however the updated risk assessments provided remained inaccurate and did not reflect the person needs which placed them at risk of harm.

Systems and processes to safeguard people from the risk of abuse

- People were not protected from the risk of abuse harm and neglect.

- The provider had failed to identify risks associated with activities and visitors that staff supported people with. Staff told us they had reported these concerns to the registered manager but there was no evidence these concerns had been acted upon or reported to the local authority as required.

The provider failed to ensure that medicines were administered safely and failed to identify and assess risks associated with people's needs. This was a breach of regulation 12 (safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The provider had a policy in place to protect people from the risk of harm.

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 MCA 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 Mental Capacity Act (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 found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- People were at risk of not receiving their planned care. The provider employed 1 member of staff and the registered manager did not understand their responsibilities or risk associated with staff absences, such as sickness absence. The provider did not have a contingency plan for this type of absence.
- People told us there had been instances where they had been left without support due to staff absence and where they had had to source alternative staff or care without help or support from the provider. The person said, "When my carer is off, I'm left to sort it out myself, it can be very stressful. Sometimes I can't get another company to help and have to rely on family and friends."
- The provider had a policy in place which stated, 'All staff will receive regular supervision and competency checks, and these will be recorded and evidenced.' The provider was unable to provide a record or schedule of these checks.
- The staff member we spoke with stated they had received 1 competency check that focused on the use of personal protective equipment such as gloves and masks. This meant the provider missed opportunities to support and develop staff and obtain their feedback, suggestions, and concerns about peoples' care.

The provider failed to ensure staff were deployed in such a way to meet people's needs and failed to ensure staff had appropriate supervision and competency checks. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff were recruited safely, and all appropriate checks were completed such as obtaining references.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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 since the service was registered. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Where people were supported with meal planning and preparation there was no care plan in place for this. The person we visited told us, they had no access to their kitchen and fully relied on staff to prepare their meals. However, the risk assessment stated the person only required prompting with nutrition. This placed people at risk of not receiving their meals or having an adequate stock of food.

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

- People told us that staff supported them to contact and attend medical appointment, but this was not documented within care plans.
- Staff we spoke with confirmed they assisted people with transport in their own cars to medical appointments. This was not documented within care plans and risks had not been assessed this meant that people were at risk of harm from inappropriate transportation methods.

Staff support: induction, training, skills and experience

- Staff employed had the right skills and experience to be able to carry out their role. Staff received training to support their role such as manual handling and safeguarding training and where knowledgeable about their responsibilities.

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 since the service was registered. This key question has been rated requires improvement. This meant the provider did always people to feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us their dignity and privacy was respected. One person said, "Staff are very good, they are mindful to close the curtains when needed."
- People told us they were treated with kindness and compassion. One person said, "[Staff Member] is my rock, They, [staff] help me with my anxieties and talk me through situations."
- While people told us they were treated with kindness the providers systems meant that at times people were at risk of not receiving good care.

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 since the service was registered. This key question has been rated requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People told us the registered manager was responsive to queries and changes, however changes were not clearly documented within the care plan. For example, where changes in health conditions had been identified these had not been recorded or updated within the care plan.
- People told us they knew how to make a complaint and although they had not needed to raise a complaint, they felt the provider would respond.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People using the service did not require information in an accessible way. However, the provider had policies in place to show they could provide support if required. For example, large print and easy read formats.

End of life care and support

- At the time of inspection no one was in receipt of end of life care, however the provider had a policy in place should this become a requirement in the future.

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 since the registration of the service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider had a 'Good Governance' policy in place however the registered manager was not clear about their role and responsibilities. For example, the policy stated the provider would, 'ensure robust systems and processes to monitor and improve quality by actively supporting staff to carry out their roles'. The 'safe' section of this report demonstrates how staff were not actively supported.
- The systems in place for identifying, capturing, and managing risks were ineffective. Where risks had been identified, these were poorly assessed and did not give guidance on how staff could support people safely. For example, people who required support with continence care did not have the relevant care plans in place.
- The provider stated at the time of registration they would demonstrate 'effective governance, including assurance and auditing systems and processes.' The provider failed to complete any quality assessment audits or checks. This meant the provider repeatedly missed opportunities to identify the issues we found on inspection.
- We raised these issues with the register manager who stated, "Up to 6 months would be needed to make the improvements to the service,". The registered manager also stated due to other working commitments they could not dedicate time to the improvements needed.
- The provider did not demonstrate they understood the principles of good quality checks and the service lacked drivers for improvement. Information needed support to performance monitoring was inaccurate, out of date or not obtained. This placed people at a continued risk of harm due to the provider's lack of oversight and ability to implement improvements.
- There was no evidence of any reflective practice. For example, there was no analysis or findings completed from annual surveys the provider undertook.

Working in partnership with others

- The provider did not work in partnership with others.
- Where people were in receipt of support from other medical professional such as Mental Health Nurses or GP's their recommendations were not recorded and there was no evidence of ongoing monitoring of people's health in line with recommendations. For example, the person we visited had been prescribed a short-term medicine by their GP, these had not been documented within the care notes or recorded within a medicine administration records (MAR) chart.
- Where people were in receipt of care packages from 2 providers there was no handover documentation that promoted combined working or information sharing. This placed people at risk of receiving

inappropriate and inconsistent care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Reporting of incidents, risks, issues and concerns was unreliable or inconsistent. Staff were not told about risks or how best to respond and support people with those risks.
- Support for staff was lacking and inconsistent. The registered manager and staff did not share an understanding of the risks and issues facing the service. For example, they were not aware of the requirement to have MAR charts in place when administering medicines.

The provider failed to ensure the quality, safety and leadership of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were happy with the service and care they received. People told us they could approach the registered manager with requests and questions, and they were responsive.

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

- People told us they were involved in their care planning however the person we visited confirmed the care plan within their home did not reflect all their needs. The person said, "The staff member knows me well and we discuss what I need regardless of what is written down."
- People told us the provider sought feedback from them annually in the form of a questionnaire. However, the providers quality assurance policy stated feedback would also be sought from other stake holders. The person we visited stated, "I wish they communicated with the other care company I have but for some reason they won't." This meant additional feedback inline with the provider own policy was not sought.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure that medicine were administered safely and recorded appropriately. Risks associated with people health condition were not identified or mitigated safely or effectively.</p>

The enforcement action we took:

We issued the provider with a notice of proposal to cancel their registration.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to undertake and form of quality assurance checks. Management were clear about their role and responsibilities.</p>

The enforcement action we took:

We issued the provider with a notice of proposal to cancel their registration.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure their was adequate staff cover for short notice absence which placed service users at risk of not receiving their planned care.</p>

The enforcement action we took:

We took urgent enforcement action to impose conditions on the providers registration.