

Jam Care Limited

JAM Care

Inspection report

Deansgate 62-70
Tettenhall Road
Wolverhampton
WV1 4TH

Website: www.jamhomecare.com

Date of inspection visit:
27 April 2022

Date of publication:
13 July 2022

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

JAM Care is a domiciliary care agency. The service provides personal care to Physical Disabilities and Sensory Impairments. At the time of our inspection there were six people using the service.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

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

People were supported safely by staff who understood how to report any concerns about abuse. There were enough staff available to support people and they were recruited and inducted into the role safely. Risks had been assessed and staff understood how to minimise these risks through following people's care plans.

Staff received training to meet people's needs and they worked in consistent teams to support people. People were able to choose things for themselves and direct their own care. People were involved in their assessments and reviews and staff had clear guidance on how to meet people's health needs.

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 received support which encouraged independence and staff supported people promoting privacy and dignity and treated people with respect. Staff understood how to meet people's individual needs and preferences and how to communicate with people effectively.

The provider had clear systems in place to manage complaints about the service and encouraged a learning culture. There were systems in place to seek feedback and this was used to shape the service. There was a clear process in place to develop partnerships and staff were supported in their roles.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 31 October 2020 and this is the first inspection.

Why we inspected

We were prompted to carry out this inspection due to concerns we received about staffing. 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. Please see the safe section of this full report.

Follow up

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?

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.

JAM Care

Detailed findings

Background to this inspection

Inspection team

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave the service two days' 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.

What we did before the inspection

We used the information the provider sent us in the provider information return. 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 of this information to plan our inspection.

During the inspection

Inspection activity started on 25 April 2022 and ended on 3 May 2022. We visited the location's office location on 27 April 2022. We spoke with one person who used the service and two relatives. We spoke with 11 staff, this included the nominated individual, registered manager, operations manager, nurse, care coordinator, team leaders and health care assistants. We looked at three care plans and medicines administration records. We also looked at training records and the rostering system.

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 of this newly registered service. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People and their relatives told us they felt safe. One relative told us, "My relative is totally safe, and I can actually go away and not feel anxious".
- Staff understood how to report any concerns about potential abuse and confirmed they had received training in understanding abuse. One staff member told us, "The training about abuse was good it was an e-learning course which was scenario based and we had questions and tasks at the end which we had to pass to complete the course."
- The registered manager could describe how they responded to reports of abuse and how they reported these to the appropriate body. They described in detail how staff raised concerns with them and how they followed the local procedures to report the concern to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- People and their relatives told us staff understood how to manage risks to their safety. One relative told us, "[Person's name] gets the care they need. They have two carers at a time, and everyone is very well trained. They have to use a hoist, and they all know what they're doing".
- Risks to people's safety were assessed and plans put in place to reduce these. For example, risks around skin integrity, nutrition and hydration and manual handling. One person had risks relating to a specific health condition. A risk assessment and management plans were in place.
- Staff understood people's risks and could describe the actions they took to keep people safe.

Staffing and recruitment

- People and their relatives told us they were happy with the support from staff. One relative told us, "Their timekeeping is very good", another told us, "[Person's name] has a whole team of staff who are known to [Person's name]. They do not like change".
- Staff told us there were enough staff to meet people's needs and they were in teams to support people. A rostering system was used to plan people's care times and staff confirmed this worked well.
- People were supported by safely recruited staff. All staff had checks with the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Some of the recruitment files we looked at had not followed the company policy around employment history. The registered manager took immediate action to audit recruitment files and address any gaps and to prevent this from happening again.

Using medicines safely

- People and their relatives told us staff supported them with medicines safely. One person told us, "I think they are wonderful. They order catheters and all medication". A relative told us, "They always do a stock control check of medication and if there is anything needed then they let me know and I get the prescription."
- Staff had received training for administering medicines and had their competency checked, where needed specific training had been provided to ensure staff could administer medicines safely where people had specific needs.
- There were systems in place to check medicines stock, order new medicines and record administration in an electronic system.
- We found some records had not been completed. This was addressed straight away, and we confirmed people had their medicines as prescribed. The registered manager took action to ensure the missed signatures could not happen again. Staff confirmed for us in our conversations they understood the change.

Preventing and controlling infection

- People and their relatives confirmed staff understood how to protect people from the spread of infection. One person told us, "Everybody always wears personal protective equipment such as masks and gloves". A relative told us, ""The agency provides PPE and antibacterial gel. A lot of them keep stock in their boot and we have a cupboard of supplies too".
- Staff had received training for infection prevention control and could describe how they used this to keep people safe.
- The registered manager completed regular checks on people's care delivery which included ensuring staff were following infection prevention control procedures.

Learning lessons when things go wrong

- There was a system in place to learn when things went wrong. There had not been any accidents or incidents but there was a system in place for taking actions to prevent things from happening again and learning from incidents.
- The provider could give examples of how they used learning to make changes to the service people receive. For example, the way care plans were produced for one person had been changed
- The provider was responsive to concerns shared during the inspection. For example, an additional check on medicines administration records was introduced as part of handover for staff to ensure any records with missed entries were identified straight away.

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 of this newly registered service. We have rated this key question 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 and their relatives were involved in the assessment and care planning process. One person told us, "We had about three meetings to start with. They got to know me and really got to understand [person's name] full care needs."
- People's individual needs were assessed, and care plans put in place. Staff were aware of people's needs and could describe how these were met.

Staff support, training, skills and experience

- People and relatives told us staff received training to support people effectively. One relative told us, "The nurse has trained three staff and spent three full days with them. The transition was smooth. The nurse is an expert, so she understands all the medication and care needs".
- Staff had an induction into their role. Staff told us this was effective in supporting them to do their job effectively. One staff member told us, "Induction was completed, it was useful seeing the routines and the different ways of working prepared me well."
- The registered manager told us staff received training in all aspects of care and the records we saw supported this.

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

- People and relatives told us staff offered a choice of meals and drinks. One person told us, "I do get help with my meals, they help cook in the day and its always my choice what I want to eat. It might just be a sandwich or a hot meal".
- People and their relatives told us staff understood risks related to food and drinks and managed these safely. One relative told us, "The staff deal with all the meals, which are pureed or liquidised, [person's name] gets to choose and they seem really happy. Before [person's name] used to push and throw things on the floor and they do not do that anymore".
- People's needs had been assessed and plans put in place to meet these, staff understood people's needs and could describe how they met these by following the care plan.

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

- People and their relatives were supported by a consistent staff team. One relative told us, "Because [person's name] has complex care needs, we were told they would have a team leader. I've not had to intervene not once. There have been no care gaps, it's been seamless".
- Staff worked in care teams to support people. They had clear communication systems in place to provide consistent care. This meant other agencies involved in people's care had a consistent staff team to work

with and this improved consistency for people.

- The registered manager had regular contact with people, relatives and staff to ensure people received consistent care.

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

- People were supported to access health care when they needed it. One person told us, "They can tell when I'm unwell, they call the GP and called 999 to get an ambulance out when I have been unwell". A relative told us, "[Person's name] was losing weight. Staff called the doctor, and a diagnosis was confirmed. The staff are not at picking up on things".
- Staff understood people's health needs, they could describe how they supported people to maintain their health and access health professionals, records we saw supported what we were told.
- Assessments included detailed medical histories and where needed specific training had been given to staff to ensure they understood how to support people effectively.

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 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 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.

- People and relatives confirmed staff asked for consent to deliver care. One relative told us, "They always ask for consent and explain everything really nicely".
- The provider had systems in place to assess people's capacity to make decisions. Most people had capacity to make their own decisions, where people lacked capacity to make some decisions there was an MCA assessment in place and decisions taken in their best interests were recorded.
- Staff had received training and understood how to seek consent from people for their care and how to ensure people were involved in making their own decisions.
- The provider had recognised improvements could be made to how MCA assessments and best interest decisions were documented as some covered more than one decision. Plans were in place to make changes and ensure each specific decision was documented separately. Staff were clear about which decisions people could and could not make and there was no impact on people. We will check the recording at our next inspection.

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 of this newly registered service. We have rated this key question 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 and relatives told us staff were caring and treated people well. One person told us, "I do think everyone is very kind and they certainly know me very well." A relative told us, "They are so kind and caring and listen to [person's name]".
- Staff spoke about people respectfully and could share examples of how they built relationships with people. One staff member told us, "The whole team has formed a bond in different ways with [person's name]".
- The registered manager told us they were confident people were supported by caring staff as this was discussed in reviews with people and their relatives and other professionals.

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

- People and relatives confirmed people were involved in making decisions about their care including choices about meals, what to do and where to spend their day. One relative told us, "[Person's name] can have whatever they want for meals, whether it's hot or cold food."
- Staff could give examples of how they supported people to make choices. One staff member told us, "Some decisions [person's name] can make, we always encourage them to make decisions, [person's name] can communicate their wishes about going out during the day."
- The registered manager told us staff worked with people to help them communicate decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were treated with dignity and respect and their independence was promoted. One person told us, "I am treated with dignity". One relative told us, "They do treat [person's name] with dignity and respect."
- Staff told us how the care people received supported people to maintain their independence. One staff member told us, "[Person's name] needs confidence building but it is important to work at their pace so they can build up gradually to spending time in the community."
- The registered manager told us people and their families were involved in all aspects of their care, including choosing the care team who supports them.

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 of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- People and relatives told us staff knew people well and provided person centred care. One relative told us, "The staff completely understand [person's name]. They are at ease with the staff. [Person's name] is very vulnerable and they trust the staff."
- People were able to choose their own care team and had their diverse needs considered as part of their assessment and care plan. One person told us, "I only have female carers." A relative told us, "It is noted that we are Christians."
- Staff understood people's preferences and had care plans in place which were person centred. One staff member told us, "The company allows people to be in control, deciding who comes into their home and how they like things to be done."
- People and relatives where required were involved in the review of care plans. One person was developing their care plan using an alternative format to support staff to understand their preferences.

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.

- The provider was meeting the accessible information standards.
- People had their communication needs assessed and plans put in place to meet them. Staff were able to describe how they supported people to communicate, using different methods including sign language and equipment to support people's understanding.
- The provider ensured people had information in a way they could understand to meet their individual needs.

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

- People and their relatives told us staff supported people to maintain relationships and interests. One person told us, "[Patient's name] has got a good relationship with the staff, they play games together."
- Staff were able to give examples of how they supported people with maintaining relationships with members of their family.
- The registered manager told us staff supported people with similar interests which helped people to take part in activities which were relevant to the individual.

Improving care quality in response to complaints or concerns

- People and relatives told us they understood how to make a complaint and were confident these would be dealt with. One relative told us, "I have no complaints. If I need anything adjusting, I would feel confident to raise it with the agency."
- The provider had a complaints policy in place, and they were able to demonstrate how complaints had been responded to in line with this.
- The registered manager described how reflecting on complaints was used to inform learning and make changes to the service.

End of life care and support

- There was nobody receiving end of life care at the time of the inspection.
- The registered manager told us there were systems in place to support people with planning for end of life care when this was required which included assessments and care plans.

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 of this newly registered service. We have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives were complimentary about how the service was managed. A person told us, "I am really happy, I think I'm finally settling into a nice pattern".
- Staff spoke positively about people and understood how to provide people with person centred care. One staff member said, "We have to be responsive to how [person's name] is feeling, we try to help [person's name] guide how they like things done."
- The registered manager and staff were open and inclusive, working with other agencies to support people to achieve their outcomes. One health professional told us, "The registered manager is always responsive to any questions that we ask and often able to work to accommodate any changes in a people's changing requirements."

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 provider understood their responsibilities under duty of candour and could demonstrate how they would be open and honest with people if something went wrong.

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

- Systems were in place to enable the registered manager to have oversight of the service however some systems had not enabled timely action. For example, systems to check medicines administration and recruitment processes are followed, the registered manager took immediate action to prevent this from happening again and there had been no impact on people using the service.
- There was a system in place to check people had received their care as required. For example, the electronic system sent an email to the registered manager if there were any gaps in care. This was checked live on a system each day.
- Staff worked in teams to ensure care was delivered consistently. A relative told us, "The agency is so professional and consistent. They always have cover for the calls no matter what. They are just so on the ball."

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

- People and relatives were asked for their feedback on the service. A relative told us, "We do reviews. There

should be one coming up soon."

- Staff felt able to make suggestions and share their feedback with the provider and registered manager and felt they worked as part of one team. One staff member told us, "The best thing about the service is the ability to care and to listen to what people need and what staff need, communication and support is great, never had this anywhere else I have worked, we feel part of a team straight away."
- The provider told us they received feedback from people, relatives, staff and other health and care professionals about the service and used this to shape how the service developed.

Continuous learning and improving care

- The provider had developed a learning culture. They were proud of their achievements including receiving recognition through local and national awards programs for the service they provided to people.
- Staff told us they had opportunities to develop and were supported professionally and personally by the company. One staff member told us, "Training is designed around the person and delivered by occupational therapists, physiotherapists and nurses as well as the standard training."
- The provider sought opportunities to learn from others in the sector and used this learning to improve their service. For example, the provider had recently invested in a new system for quality assurance following learning from other providers what worked well.

Working in partnership with others

- The registered manager had developed a culture of partnership working with people, relatives and other professionals. One health professional told us, "They work well with community teams such as district nurses and communicate well with people, relatives and members of Multi-Disciplinary Teams when required and appropriate."
- The provider had developed wider partnerships with the community. For example, they had become involved with local charities within the community and supported awareness raising events through their social media.