

Mrs Julie McFarland

# Jemcare

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Jemcare provides care and support to people in their own homes in the Copeland and Allerdale areas. At the time of our visit they were supporting around a hundred people. Call times varied with some people having minimal visits a few times a week to other people having support for longer periods from two members of staff.

The service was managed by the provider who was the registered person for Jemcare. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who were supported by Jemcare told us that they felt safe because the staff team understood their responsibilities in keeping people safe

The service was suitably staffed with enough members of the team to allow for suitable care delivery. In the main staff were recruited appropriately but we discovered that some staff had visited service users prior to all checks being completed.

This was a breach of Regulation 19: Fit and proper persons employed. We made a compliance action about this matter.

All staff received an appropriate induction. The service had a disciplinary process that was used if there were any issues of poor practice.

Medicines were managed appropriately by the staff team.

Staff understood how to control infections while working in people's homes.

Staff received suitable levels of training and support to allow for each person to develop in their role.

Staff supported people to have suitable levels of nutrition and hydration.

Health professionals were called on when necessary. Staff were careful to monitor people's health care needs.

People told us that the staff team were kind and caring and that they treated them with dignity and respect.

Assessments and care plans were suitably detailed and up to date. Staff and service users confirmed that these were kept in people's home and updated when needs changed.

People were supported to pursue interests and go out into the community if this was part of their care and

support package.

People told us that they were confident that any complaints would be dealt with appropriately. The service had a suitable complaints procedure in place.

We had evidence to show that the team worked well with other professionals when people received care and support from a number of agencies.

Staff and people who used the service said that the provider was accessible and easy to talk to. Staff felt that the leadership was fair and that the service was well organised.

The service had a quality monitoring system in place. We had evidence to show that people were consulted about the care delivery and that changes were made based on quality assurance outcomes.

## 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.

Staff had a good understanding of how to deal with potential or actual harm or abuse.

Medicines support was done appropriately.

One aspect of recruitment was unsafe because not all checks had been completed before new staff had access to vulnerable people.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff were suitably trained and supported to deliver care to a good standard.

People were asked for consent before any care interventions.

Staff accessed health care support for people in an appropriate and timely manner.

**Good** ●

### Is the service caring?

The service was caring.

Staff treated people with dignity and respect.

personal care was delivered in a sensitive way.

Staff were trained appropriately in matters of equality and diversity.

**Good** ●

### Is the service responsive?

The service was responsive.

Care planning and assessment was of a good standard.

**Good** ●

Complaints were managed in a timely manner.

People were supported if they moved between services.

**Is the service well-led?**

The service was well led.

The service was managed by the provider with support from a senior care team.

The service had an active quality monitoring system.

**Good** ●

# Jemcare

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place between 15 and 22 June 2016 and was unannounced. The inspection was carried out by an adult social care inspector. The inspection consisted of two visits to the office on 15 and 22 June 2016 and telephone contacts with people who use the service and staff who work for Jemcare.

We looked at eight staff files which included recruitment information, supervision and appraisal notes. We also looked at the rostering of staff which allowed the provider to cover all the visits needed. We met six support staff who were in the office on a training course and we discussed their work with them. We also phoned two other members of the staff team. We met with the registered provider and with the care co-ordinator and three other members of the office staff.

We had contact by telephone with ten people who used the service. We also spoke with two relatives who could speak on behalf of people who were unable to discuss their care. We read eight care files, checked on medication administration records for six other people and looked at call logs where people had some queries or concerns.

We spoke with social work and health care professionals as part of a regular meeting. We also had contact with social workers and a team manager in relation to specific work done with people with complex needs.

We looked at training records and training plans. We looked at six rosters for different areas of Copeland and Allerdale. We also saw timesheets and quality checks of care delivered. We saw returned questionnaires and an analysis of the responses. We saw other quality monitoring documents and looked at the staff handbook and the policies and procedures of the service.

## Is the service safe?

### Our findings

We contacted people who used the service and they told us that they felt safe with staff who supported them. One person said, "They come four times a day, they are very nice and they look after me. They help me with my medicine and they are very good about how they keep me and my house clean and nice! They lock up after they go and I feel quite safe." One person told us, "I was uneasy about something and I told my main support worker who told the owner straight away. I was visited by the owner herself who explained how she had dealt with this. I felt very reassured by the quick and professional way this was dealt with."

We spoke to staff who had a good understanding of what might be abusive or harmful. They understood how to make a safeguarding referral. They told us that they trusted the provider to deal with concerns appropriately. Staff had received suitable training about safeguarding. We had evidence to show that the provider dealt with allegations in an appropriate manner. Staff told us that they could 'blow the whistle' if anything was worrying them. We had evidence to show that the provider supported people and maintained their anonymity if they had reported concerns. The provider had good policies and procedures about this and these were part of the staff handbook.

Suitable risk assessments were on file for all aspects of the care and service delivery. We saw that assessments of things like the person's moving and handling needs, property and care delivery were completed by the care co-ordinator or senior support workers. Staff were reminded of risk management during supervision and in team meeting minutes. Accidents and incidents were suitably logged and dealt with. We saw evidence to show that families, social workers and other involved parties were informed of any problems.

We checked on staff recruitment and we found that staff completed a CV and an application form. Staff were interviewed by the provider and new staff had references taken up. Staff were also asked to complete their application to the Disclosure and Barring service. This allows the provider to check that the candidate does not have a criminal record or has not been dismissed from another care service. We noted that two staff had started their induction before the certificate was returned. We judged that this to be unsafe because these two staff members had visited vulnerable people in their own homes with more senior members of the team

This was a breach of Regulation 19(2) Fit and proper persons employed because the provider had not ensured that all checks were complete and satisfactory.

We looked at a number of staff files and we saw that where staff did not meet the standards expected by the provider then suitable action was taken. Sometimes this was done through further training or supervision but we also saw that where the problems affected the operation of the service the provider took disciplinary action.

We asked people about medicines and we were told that staff supervised or administered medicines appropriately and signed to say they had done so. Staff had detailed guidance about how to deal with

people's medicines. We asked staff about how they did this and they could speak confidently about the different ways of managing medicines, topical creams and other prescription medicines.

The care co-ordinator had attended a course on medicines management, trained staff and had checked their competence. Staff had also received further training on specific medicines. For example they had received training on the importance of timely administration for people living with Parkinson's disease. Policies and procedures had been reviewed and were clear and accurate in relation to the responsibilities of staff when administering medicines.

We saw suitable policies and procedures were in place for managing infection control. Staff said they were given equipment to support this and that they had received training on how to manage infection procedures. People told us that staff were, "Very clean and tidy in my house...they always wear their aprons and gloves."

## Is the service effective?

### Our findings

We asked people about the staff who came to provide them with care and support. We were told that the staff were, "fantastic", "lovely", "very nice" and "capable". We also learned that, "Staff go on courses and study so they know what they are doing." People also told us that they had agreed to the care and support provided. People said, "I signed to say I agree...that's one way I consented but every visit the staff ask if it's all right to do whatever they need to."

People also told us that, where necessary, staff would help with shopping, food preparation and supporting people with meals. People were satisfied with the way this was done. One or two people said that "staff do their best with the time they have from social services...I am happy enough with the way it's done."

We spoke to staff about the support they were given to develop in their roles. The care co-ordinator told us that she had been supported to train as a trainer in relation to moving and handling and to medicines management. We saw that this level of expertise was then cascaded to staff. We noted that the provider also attended training on a variety of subjects to allow the service to keep abreast with good practice.

We asked for and received a copy of the record of staff training and the proposed staff training plan. We judged that there was on-going training for both new and established staff that would allow their skills and knowledge to meet the needs of people in the service. We saw that staff were given training in what the provider saw were core skills. This included moving and handling, safeguarding, dementia awareness and first aid. Staff also completed other training to meet the needs of people who used the service. Staff told us they really enjoyed training on living with Parkinson's disease and end of life training. The provider had accessed trainers who were living with specific disorders and hoped to find more training of this kind and to involve more service users in induction training.

We asked staff about their training and development. Staff told us that everyone in the team was completing a care certificate and that they were supported in this by an external trainer. We met a group of staff who were working with this trainer on the first day of our inspection. We saw that the staff were enjoying this training and were pleased to be given the opportunity to develop their knowledge and skills.

We also checked on the supervision and appraisal records for the staff team. We saw that staff were given regular supervision, appraisal and support. Staff competencies were checked while they worked with people. Staff had the opportunity to discuss their work in these sessions and in the regular team and full staff meetings. The provider and her senior team were working on new ideas for staff development and were keen to involve staff in developing their own portfolios.

In discussion with members of the team we learned that the provider and staff were aware of the needs and rights of people who used the service. The provider said that they were never involved in restraint or in any action that might deprive a person of their liberty. She said that she was careful to assess people's needs and would not take a package of care where the person had difficulties managing their behaviours or emotions. We saw in care files that, where possible, people were asked for consent. We spoke to people who

told us that they had signed their care plans and that staff asked for permission before any care or support interventions.

We asked people about food preparation and those we spoke with were happy with the arrangements in place. Care files showed staff what was expected of them in terms of food preparation. The service had not been asked to undertake nutritional planning with anyone they cared for.

Daily notes, call logs and care plans showed us that the staff team supported people to receive suitable health care support. Staff would access community nurses, the GP or other professionals if a person was unwell. Staff had, when necessary, called on emergency services. Staff were trained in first aid techniques and had used these where there had been accidents or incidents.

Jemcare had an office which was situated in a business park in Workington. The office had suitable equipment and storage facilities for files and records. There was a meeting room and smaller rooms so that the staff could meet for supervision or team meetings. These rooms were not easily accessible for people with disabilities but the provider could hire a room on the ground floor which was easy to access.

## Is the service caring?

### Our findings

We measured this outcome by talking to people who used the service, checking on how staff spoke and wrote about people and looking at staff training.

The people we spoke with were very positive about the staff who came into their homes. We were told that staff respected their homes, their lifestyle and their preferences. People told us that they thought the staff were, "fantastic", "very nice...polite and caring." One person explained by telling us, "I feel like we are building a relationship...It isn't a friendship but its more than just work to them. We have an easy relationship and I trust the people who come to my house. "

Another person told us that they thought the staff were, "Very nice...not one of them is cheeky or pushy." We learned that staff had a caring and respectful approach. We learned that the staff listened to the views and opinions of people who used the service. One person said, "I can negotiate with them, I had a big say in my care plan and I am asked about my views of the service."

We spoke with people about how care was delivered and we learned that staff helped people to maintain their dignity and privacy with a great deal of sensitivity. One person said, "I feel Ok about being helped with (personal care) tasks...they put me at ease." Another person spoke on behalf of a person living with dementia. "I think it is better that the professionals do it ...he doesn't mind at all...much better than the embarrassment of family helping..." No one we spoke to felt that they were discriminated against for any reason.

On the first day of the inspection we met with a group of six support workers who were in the office attending a training session. We sat with them and we observed them discussing individual rights and needs. We had evidence that the course they were working on helped them to look at matters of equality and diversity. We also saw that training had a focus on a person centred approach.

We looked at care and support plans and these were written appropriately and where possible people were encouraged to be independent. Care plans and visit notes were written in a respectful way.

The provider had a policy on dignity and respect which staff were expected to follow. This was included in the staff handbook. Staff understood their responsibilities in following this. We had evidence to show that the provider dealt with any issues around this in a prompt and appropriate manner.

## Is the service responsive?

### Our findings

People told us that they were asked about their needs and preferences before the service started. One person told us, "I had a visit from one of the senior [support staff] and we went through all the things I needed and what I could do for myself." Another person said, "Yes I told them what I needed and when and together we put this into the care plan." We also spoke with someone who told us that, "I helped with the assessment and the plan because [my relative] is living with dementia and wanted me involved."

We learned that assessment of need and planning for care was on-going. One person told us, "If anything changes I ask for a visit from a senior. If we need to we can ask the social worker to visit but some of the changes are easy and the staff are very accommodating. I have negotiated times and ways of doing things without any problem." We spoke with a relative who said that communicating change was done very well. They told us that they had forgotten to tell the provider they were taking their relative out and "the office staff chased round the family and the neighbours just to make sure there wasn't a problem. It was our fault but that was really good that they did that. Just in case."

We looked at care files and we saw that most of the care files had social work assessments and details of the times of visit and the support needed. We had evidence to show that when the provider took a person without social work involvement a full and comprehensive assessment was completed by Jemcare staff. We also saw that further assessment was completed by the senior support workers once the care delivery started. When visits were planned after a hospital stay the provider or one of the senior team went out to assess the person's needs to make sure they could support them when they returned home. We saw that staff added the small but important details to the file so that people would get the kind of support they wanted and needed.

We looked at care plans and we noted that the first thing a staff member would read was called, "See the person I am and look at the support I want." When these details were in place the staff then moved on to the next step which was called "Here is something I would like to share about myself." This person centred approach allowed people to have the level of contact they wanted and needed. One person said, "The girls don't need to know all about me...they just need to know how to [deliver a specific type of care]." Another person told us, "We are happy to have lots of details in the plan because the care is so complicated."

We also noted that some plans gave very specific details of things like, "Put syrup in the bottom of the porridge bowl", other plans said, "Ask what...how?" We also read good details of things like how to support people to get suitable nutrition, how to move and handle people using equipment and how to help with medicines. We judged that the care planning was of a very high standard.

Some plans did include support that helped counteract social isolation but most of the work the service did was not centred around this. Staff ensured people were able to attend day centres or social events if this was part of the planned support.

The provider kept a log of any complaints or concerns. There was a suitable policy and procedure for

complaints in place. This was given to new service users. We judged that complaints were managed appropriately. We saw letters acknowledging complaints and could track any action taken to prevent any similar problems. Most people we spoke with had no complaints. One person said, "I sometimes have minor things but I just talk to the person...who might not realise they are doing something that I would prefer them not to do...I feel able to do this and no one takes offence. I would ring the office if it was major. " People also told us,"The senior support workers come out and ask if we have any complaints ...so I could tell them."

We had evidence from the local authority and from health professionals to show that the service worked well with them if people had more than one service provided. We had no issues raised by other professionals. We saw evidence in daily records, call logs, care plans and incident logs to show that the service worked well with others and supported people who were receiving different sorts of care from other agencies. We saw good reassessments and care plans after people had been in hospital or residential care so that care would reflect any adjustments needed.

## Is the service well-led?

### Our findings

We spoke with people who used the service and they told us that they were happy with the way the service was led. People said, "The office is very good if there is a problem." We also spoke with people who said, "I have met the person who runs it and I am quite happy with the way its organised." People also told us that they were consulted on a regular basis by surveys and questionnaires. They were happy with the way the service checked on the quality of care. One person said, "The senior person sometimes comes to look after me and will always ask if everything is all right and how the staff are with me."

This service was managed by the provider. She had a senior team of administrators, care co-ordinators and senior support workers working with her to support the delivery of care. We saw that tasks had been delegated to people in the team and that staff understood this scheme of delegation. We heard staff talking to service users and social workers on the days we visited the office. We saw that the team worked effectively to manage all the issues that came up day to day.

We also saw that there was a system in place so that the provider could access how well the service was operating. The quality assurance system operated on a daily basis with on-going reviews of systems in the office and audits of timesheets, rosters and care planning and delivery. We saw evidence of this within quality monitoring records and in analysis of quality checks. We noted that the quality of care deliver was checked in a number of ways. The care co-ordinator checked all time sheets against the deliver of care, checked the daily notes for times of delivery, checked the daily notes for all service users twice a month and went out to visit people to ask about quality. The senior support workers checked on the satisfaction levels of all the people on their 'patch'. Care plans were routinely checked and any issues fed back to social workers, where appropriate. Care plans were changed and developed and worked on to reflect changing needs. People we spoke with were happy with the standard of care delivery.

We were sent information from some of this auditing. This included an analysis of the six monthly anonymous questionnaires sent to people who used the service. We saw that the provider had looked at ways to meet some of the issues that were brought up in the last survey. Some people were a little unsatisfied because sometimes they had a number of changes in the team delivering care. The provider had reassessed the make-up of the teams and the work allocated to them. She had ensured that each team had a senior support worker who could allocate the work using local knowledge and which would meet individual needs. We judged that this system had a positive impact on the delivery of care.

We also saw evidence of a more targeted survey of service users. The care co-ordinator visited some people on a random basis and asked them to complete a focussed survey. We saw that this had helped the service to look at ways to improve the introductory visits with new service users and to improve 'live' communication when support staff were running late.

Prior to our inspection we had spoken to health and social care professionals who said that they were satisfied with the way the provider and her team worked with them. We saw evidence of good communication between the staff and social workers, health care professionals and others.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment procedures were not always operated effectively to ensure that people were safe.