

JWM Healthcare Ltd

# JWM Healthcare LTD

## Inspection report

47 Betts Avenue  
Hucknall  
Nottingham  
NG15 6UP

Tel: 07413757017

Date of inspection visit:  
09 May 2022

Date of publication:  
10 June 2022

### 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

### About the service

JWM Healthcare LTD is a service providing care and support to people in their own homes. At the time of the inspection the service was supporting three people. 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's care plans were not always up to date, and some risk assessments had not been completed. People's medicine records were not always accurate or fully complete. Quality assurance tools had not always been effective at identifying shortfalls and ensuring improvements were made. Immediately after our inspection the registered manager had reviewed and updated people's care plans, risk assessments and medicine records to ensure they contained the necessary information and guidance for staff.

The provider had systems designed to safeguard people from the risk of abuse. People were supported to take their medicines, and supported to eat and drink, if this was part of their care plan. Staff had a good supply of personal protective equipment, such as face masks, aprons and gloves.

People, and their relatives, were involved in their need's assessment and the development of their care plans. People's choices and preferences were documented so staff could deliver person centred care. Care workers completed training identified by the provider as mandatory and received supervision from senior staff which ensured they had the knowledge and skills to provide care in a safe and effective way.

People were supported to have maximum choice and control of their lives and care 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's dignity and privacy was promoted by staff. People were supported in line with their preferences. People were supported with their communication needs. The registered manager liaised with other professional teams to support peoples' needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 28 October 2020 and this is the first inspection.

### Why we inspected

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

### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** 

# JWM Healthcare LTD

## 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 Health and Social Care Act 2008.

#### 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.

#### Registered Manager

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 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 9 May 2022 and ended on 13 May 2022. We visited the location's office on 9 May 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 (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

We spoke with the provider, care co-ordinator, one person who use the service, one relative and two staff members. We received written feedback from one health and social care professional and two staff members. We looked at care records for three people. We looked at a range of records, including recruitment files for three staff, staff training records and provider's policies.

# 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. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The provider had developed risk management plans for some health issues and aspects of care, however we identified that risk management plans were not always in place where risks had been identified. For example, a risk management plan for the use of a catheter had not been developed and there was no guidance for staff as part of the care plan. Catheters can increase the risk of infection therefore it is important staff have the guidance on how to provide good and safe catheter care to recognise the signs of potential infections.
- Another person was at risk of their skin integrity breaking down. The registered manager told us that any concerns regarding skin integrity were reported to the dermatologist and the person was regularly seen by district nurses and their skin condition had improved. There was no detailed risk assessment as to how staff should monitor this in case their condition worsened.
- We raised these issues with the registered manager, who immediately after our inspection put additional risk assessments and monitoring charts for staff to follow.
- A range of other risk assessments had been completed which included, an assessment of the person's home environment, staff lone working or handling soiled laundry.

### Using medicines safely

- We found inconsistencies in how medicines were written on people's medicines administration records (MARs). For example, we noticed the strength of some medicines was incorrectly transcribed and none of the MAR sheets were signed by staff who transcribed the information.
- 'When required' medicines, often referred to as PRN, and regular medicines were both handwritten up on the same MARs. Best practice states regular and 'when required' medicines should be written using different records for transparency. There were no records to check the effectiveness of the 'when required' medicines. Poor record keeping can put people receiving medicines support and care workers at risk.
- Immediately after our inspection the registered manager had reviewed and updated people's MAR charts to ensure all relevant information was recorded and was correct.
- Staff had been counting each medicine after each administration to ensure correct medicines were given and to reduce the risk of medicine errors.

### Staffing and recruitment

- The provider had a recruitment procedure in place which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- However, one staff recruitment file did not have a reference from the staff member's last employer. Recruitment records did not show satisfactory evidence of conduct or the reason staff left their previous employment in health or social care settings, which is a requirement of the legislation.
- In another staff's file their employment histories were not provided and did not show the date of each period of employment which meant gaps in employment were not identified. Immediately after our inspection the registered manager had developed an action plan highlighting what they would do to ensure missing information was obtained for current and future staff.
- A relative told us their family member was supported by consistent staff. They told us, "We have a small team of carers who provide very good continuity of care for [relative] which is very beneficial to [person]."
- There were sufficient staff to meet people's needs in a timely way.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had systems designed to safeguard people from the risk of abuse. A person we spoke to told us they felt safe whilst supported by the service. They told us, "I have no concerns, they [carers] really do support me very well, I do feel safe."
- The registered manager knew how to report concerns and had made referrals to the local authority when necessary.
- Staff told us the training they received was comprehensive and they knew how to report concerns. One staff member said, "I have learnt to report anything that doesn't seem right and might raise a safeguarding issue."

#### Preventing and controlling infection

- We were assured the provider was using personal protective equipment effectively and safely. Staff told us there was a plentiful supply of aprons, gloves and masks available to them.
- We were assured that the provider was accessing regular testing for COVID-19 for staff.
- People we spoke to confirmed staff always wore PPE, one relative told us, "They (staff) always wear their PPE and I have no concerns about the care that is given to [person]."

#### Learning lessons when things go wrong

- The provider's ethos was to reflect on practice and to learn lessons if things went wrong. Team meeting minutes showed staff were updated where any changes had been made in response to any issues being raised.



# 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 to ensure the provider could meet their needs before they agreed to provide care and support.
- The registered manager told us they visited people at their homes to discuss what support they needed from the service. The registered manager would consider whether the service could meet people needs, dependent on staffing levels and training. One social worker told us, "They [the provider] provide prompt assessment each time new clients are referred to them and the commencement of their service has been very smooth each time we make use of their services."
- Needs assessments were used to inform people's care plans. They included consideration of any characteristics under the Equality Act 2010 such as age, religion, disability and sexual orientation. This meant care was delivered in line with people's preferences and choices.
- Staff were knowledgeable about people's likes and dislikes and could tell us how they ensured they supported people in line with their preferences. One staff told us, "I have spent hours with my clients studying their likes and dislikes. I know when my client says "enough" (this meant) they wanted their 'heated cat' to cuddle and a nap."

Staff support: induction, training, skills and experience

- New staff completed an induction that included training relevant to people's needs and they were working alongside more experienced staff to receive support in the new role. This helped the new staff to be able to meet people's needs safely.
- Staff told us they were trained to support people safely. Staff stated they had completed training in safeguarding, mental health, behavioural needs and medicine management. We looked at staff training record which confirmed this.
- Staff received supervision in line with the provider's recommendations. We saw records of staff supervisions with their manager which were detailed and focussed on people. Staff told us they also took part in staff meetings where a range of topics such as care plans, PPE or training were discussed.

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

- People were supported to eat and drink when this was part of the care plan. Care plans detailed people's specific needs around food and drink, for example modified diet.
- People's dietary needs and preferences were documented after consultation with people and their relatives and staff were aware of these. One person told us, "The carers cook my food, I usually tell them what I want and they will sort it out for me."

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

- The provider liaised with other professional teams to support peoples' needs. Examples included Clinical Commissioning Group, local authority social work teams, GP's and district nurses.
- One social worker told us the provider would inform them about any changes affecting people's care needs. They said, "They [provider] always call to give us information about clients that we need to know about and if there are changes that are going to affect the clients, they alert us to the changes without delay."

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.

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.

- The registered manager understood the impact of the MCA in their work and knew when to undertake a best interests process. The manager gave an example whereby various professionals and family members had been involved in making decision in person's best interest.

# 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 supported by staff who treated them well.
- One relative told us, "The carers are very kind and professional and were able to deal with [relative] when [person] behaviour was very challenging. They handle [person] very carefully and are very kind and considerate."
- We saw care plans detailed people's personal wishes and preferences. This meant staff could respect people's individuality. People religious and cultural needs were documented so staff could support them accordingly.

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

- People were able to express their views and were involved in making decisions about their care.
- A relative told us they had been involved in the planning of their family member's care and support. This meant care was personalised with input from the people who knew them best.
- People who used the service and their relatives were supported to express their views and be involved in the service development via regular meetings and quality surveys.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff provided respectful care. A one person told us, "The carers are marvellous, they do treat me with respect and maintain my privacy, for example before they enter my house, they always shout through the door to let me know they are here."
- Staff supported people in ways which promoted their independence. For example, one person could undertake some aspects of their own care and made own decisions, staff promoted this and only assisted where the person wanted or needed their support.
- Personal information was kept securely at the office location. The registered manager and staff were aware of the importance of confidentiality and keeping information safe. One staff member told us, "I do not talk to my family or friends about a client, only other colleagues, the manager, GP and other professionals."

# 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 care plans to promote their choice and preferences.
- People's care plans were clear and included people's desired outcomes and goals, and how to support the person to achieve this. Care plans also detailed what the person was able to do for themselves and how staff could support them to maintain their independence.
- A relative told us the registered manager ensured continuity of services for their relative after they had to move home even though the person moved into an area usually not covered by the provider. A relative told us, "We were very thankful that they were able to continue with [person] care here and we did not have to find another agency."

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's care plans detailed how people's communication needs had been assessed and whether they required any additional measures to aid their communication.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. People and relative we spoke with were aware of how to raise any concerns should this be needed.
- The registered manager told us they had not received any formal complaints. A social worker told us the provider and staff had a positive impact on their client's life. They said, "From the feedback from the clients and their families, each individual client has had a positive experience. In all my dealings with them there is yet to be any complaints from clients."

End of life care and support

- People's care plans contained information about their religious beliefs, and some contained basic information about their wishes should their care needs increase.
- There was no one currently being supported for end of life care.

# 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.

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

- The registered manager used a range of audits and spot checks to maintain oversight of the quality and safety of services. However, these had not always been effective at identifying where records were not up to date or complete and had not always led to planned improvements in records. We reported on this in the safe section of this report.
- After our on-site inspection, the registered manager had taken on board our feedback and listened to the issues we raised. As a result, they created an improvement action plan and took immediate actions to address the shortfalls. After the inspection the registered manager showed us what improvements they had already made.
- The registered manager provided care to people alongside their management duties. This meant they were well known by people and families and could regularly assess the quality and safety of services.
- The registered manager was supportive of the inspection process. They were open to suggestions and reflected upon ways to continuously improve the service people received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was committed to delivering good quality care to people in their homes. At the time of inspection, they undertook the support calls alongside overseeing the running of the service.
- The registered manager told us about occasions when they supported people and their relatives to ensure they received appropriate support from health services. One relative confirmed this and told us, "[Registered manager] is very knowledgeable about the continuing health care system which has been beneficial for us as we had no experience of this."
- Relatives were asked to complete satisfaction surveys to feedback about the care delivery. The comments from latest surveys included, "Carers are kind and respectful to my [person]" and "Carers are always approachable."
- Staff were given opportunity to take part in regular meetings to discuss improvements for the service.

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 their responsibility to keep people informed of actions taken following incidents in line with the duty of candour. They were aware of their legal duties to send

notifications when appropriate to the local authority and CQC.

#### Working in partnership with others

- The registered manager told us they had good links with people's care teams and people got external support when required. People were supported to access health support including specialist provision.
- One social worker told us they felt the registered manager and staff were committed to improving their services to people. They said, "Judging from the way their management are always striving to do things the right way and making sure they abide by the regulations and legislation at all times when conducting their business with me and the council."