

Jeremys Carebuddies Limited

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This announced inspection took place on 14 and 23 May 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. This was the first inspection since the service registered with the Care Quality Commission on 19 January 2016. The provider became registered at the current location on 11 May 2017 and the service started providing a regulated activity thereafter.

Jeremys Carebuddies Limited provides a domiciliary care service for older people living in their own homes in the community. The service offers support to people who require help with day to day care including personal care and meal preparation. They also offer a live-in care service. At the time of our inspection all of the nine people using the service were receiving personal care.

The service is registered to provide the regulated activities personal care and treatment, disease, disorder and injury (TDDI). The registered manager confirmed they were not providing the regulated activity TDDI to any people at the time of our inspection.

The service is required to have a registered manager and there was one in post who was also the owner of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

Information about people's medicines was not always recorded. Medicines administration records did not give accurate details about people's medicines or whether these had been administered as prescribed, although the people using the service and their relatives who spoke with us, told us they had been administered.

Staff recruitment procedures were not always followed to ensure only suitable staff were employed by the service.

People's needs had not always been assessed prior to receiving care so their needs and wishes could be identified and recorded. If someone's care needs had changed, the care plans had not always been updated to reflect this.

The registered manager was frequently working as a care worker in people's homes and therefore her time to effectively manage the office and the operation was restricted. They did not have the time to audit and monitor the quality and safety of services people received and had not identified shortfalls within the service.

People and relatives said they felt people were being cared for safely. Policies and procedures for

safeguarding people from the risk of abuse were in place and staff understood these and knew to report any concerns. Risk assessments for risks to people and for their home environment were carried out. People were protected from the risk of infection as staff understood infection control procedures and followed them.

Staff received the training they required to provide them with the knowledge and skills to care for people effectively. Staff assisted people with meal preparation where required. If staff had any concerns about a person's health they knew the processes to obtain help and advice for the individual.

The registered manager said that people using the service were able to make decisions for themselves and staff respected this. Staff understood people should make their own decisions about their care and treatment and knew to report any deterioration in a person's ability to do so.

People and relatives said staff were caring and treated people with dignity and respect. Staff understood people's right to make choices about their lives and respected this.

The majority of care plans viewed provided a clear picture of the person and the care and support they required. Background information about people's lives provided staff with topics of interest to talk about. There was a complaints procedure in place and people and relatives confirmed they would feel confident to raise any concerns with the registered manager.

People and relatives said they were happy with the service and that the registered manager and staff understood how to meet people's needs. Staff said they were happy working for the service and felt supported by the registered manager. Policies and procedures were in place and reflected current good practice guidance and legislation.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to person-centred care, safe care and treatment, fit and proper persons employed and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Aspects of the service were not safe.

Information about people's medicines was not always available and procedures for recording medicines were not always being followed.

Staff recruitment procedures were not always being followed to ensure that only suitable staff were chosen to work at the service.

Procedures for safeguarding people from abuse were in place and staff understood these and knew to report any concerns.

Assessments of risks to people and of their home environment were carried out. People were protected from the risk of infection as staff understood infection control procedures and followed them.

Requires Improvement ●

Is the service effective?

Aspects of the service were not effective.

People's needs had not always been assessed prior to receiving care so their needs and wishes could be identified and recorded.

Staff received the training they required to provide them with the knowledge and skills to care for people effectively.

Staff assisted people with meal preparation where required. If staff had any concerns about a person's health they knew the processes to obtain help and advice for the individual.

Requires Improvement ●

Is the service caring?

The service was caring.

People and relatives said staff were caring and treated people with dignity and respect. Staff understood people's right to make choices about their lives and respected this.

Good ●

Is the service responsive?

Requires Improvement ●

Aspects of the service were not responsive.

Care records had not always been updated to reflect changes in the care and support people received. Background information about people's lives provided staff with topics of interest to talk about.

There was a complaints procedure in place and people and relatives confirmed they would feel confident to raise any concerns with the registered manager.

Is the service well-led?

Aspects of the service were not well-led.

The registered manager frequently worked as a care worker in people's homes and was not managing the office effectively. They did not have the time to audit and monitor the quality and safety of services people received and had therefore had not identified shortfalls within the service so they could address these.

People and relatives said they were happy with the service and that the registered manager and staff understood how to meet people's needs. Staff said they were happy working for the service and felt supported by the registered manager.

Policies and procedures were in place and reflected current good practice guidance and legislation. The registered manager said she accessed healthcare publications to keep her knowledge up to date.

Requires Improvement 

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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 announced inspection took place on 14 and 23 May 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and the registered manager is often out of the office providing care. We needed to make sure someone would be available to speak with us.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before we visited the service we checked the information that we held about it, including any notifications. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we viewed a variety of records including three people's care records and risk assessments, recruitment and training details for three care staff, medicine administration record charts for two people using the service, policies and procedures, monitoring records and other records relevant to running a care service. We spoke with the registered manager who is also the company director, the administrator, two care workers and an external consultant. We gained feedback from three people using the service and two relatives.

Is the service safe?

Our findings

Recruitment procedures were not always being followed to ensure only suitable people were employed. There were no explanations for gaps in employment on the application forms we viewed. For one care worker the dates they had listed as having worked for two previous employers did not tally with the dates the referees stated they had been employed by them. Some references did not contain evidence of authenticity, such as a company stamp. There was nothing to show if health information had been sought.

For one member of staff there was a criminal records check from the Disclosure and Barring Service (DBS) from a previous employer dated 2017, however the application form stated the care worker had left that employer in 2016. The DBS check requested by Jeremys Carebuddies Limited was dated after the care worker started working for the service and there was no risk assessment or explanation for this discrepancy seen. The recruitment policy we viewed was robust but it had not been followed. There was no evidence that any of the shortfalls we identified in the recruitment records had been discussed with the applicants concerned.

The above paragraphs show the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Notwithstanding the above, staff records viewed contained checks including proof of identity, right to work in the UK, and DBS checks. Photographic identification was available in the form of passport photographs and care workers also had an identity badge that contained their photograph. Staff also completed a numeracy and literacy test as part of their interview to check their skills in these areas. We discussed the recruitment process with the registered manager who accepted that they needed to be more robust in following their recruitment procedures.

The registered manager confirmed that everyone who required prompting or assisting with their medicines had their tablets dispensed from the chemist in a blister pack. For one person the care plans did not contain a list of their current medicines and the medicine administration records (MARs) were not consistent, with two different types of MAR chart being available for the same time period. The registered manager said that the care worker had their preferred method of recording the medicines, however this was not following the policy or recognised good practice guidance on the management of medicines. In another case, we saw that staff had overwritten on a MAR, indicating they had signed for the two days at the end of one month and the two days at the beginning of the next month in the same signature boxes. This had not been picked up by the registered manager when the MAR was returned to the office. The registered manager said the care workers were trained in medicines management and they had assessed their competency in this area. However, the registered manager was unable to show us any records to verify this and we discussed ensuring all training and assessments were recorded.

The above paragraph shows the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers we spoke with were able to describe the process they used when assisting or prompting people with their medicines. People and relatives we spoke with confirmed the care workers ensured people received their medicines, giving them the support and assistance they required and recorded when they assisted with medicine administration. One relative said, "They [staff] manage medicines properly, the concentration and way they sort out the medicines is excellent." On the second day of inspection we saw improvements in the printed MAR for one person. The registered manager said these improvements were in place for everyone receiving support with their medicines.

People and relatives confirmed they had regular care workers who attended and that the care workers were usually on time, however if there was going to be a delay, for example due to traffic, then they were contacted to let them know. People felt the care workers stayed for the correct amount of time and got all the tasks done. The registered manager said some staff had left and this had meant they were providing care and support for some of the people using the service themselves. We discussed the importance of ensuring there were enough staff to provide cover for sickness and absence so the registered manager could manage the service effectively.

Safeguarding procedures were in place and staff knew the action to take to keep people safe. Care workers were able to tell us about the types of abuse people may experience, the safeguarding procedures they would follow and were clear to report any concerns to the registered manager. They also knew the outside agencies they could contact including social services and the police if the provider did not take appropriate action. The registered manager confirmed there had not been any safeguarding concerns.

Risk assessments had been carried out so that risks were identified and action could be taken to minimise these. Risk assessments for people's home environments and for individual risks had been carried out. Where there was a risk, for example, someone who was at risk of falls, a care plan had been drawn up to provide staff with the information to manage the risks. The registered manager had recently introduced a more comprehensive risk assessment and we saw an example of this, which was thorough and covered a wide range of potential risk areas.

Policies and procedures were in place for infection control and people confirmed their care workers used personal protective equipment including gloves and aprons when providing personal care. Staff knew the importance of infection control. The registered manager ensured where someone was identified as being prone to infection, for example, someone with a history of urine infections, then the staff knew the symptoms to look for and encouraged the people to drink fluids to help prevent recurrence.

We viewed the incident records and there had only been one incident recorded since the service started. We saw that action had been taken to address the concern and contact made with healthcare professionals to better understand the situation. Staff confirmed they had weekly meetings with the registered manager and were able to discuss any issues they came across in their work and discussed solutions to better manage any specific care and support needs people had.

Is the service effective?

Our findings

The registered manager said people had been assessed to identify their care needs, however for one person whose care package had very recently been taken over by the service, an assessment and related documents were not available. The registered manager said they were intending to do the assessment and documentation and they had previously been subcontracted by another provider to provide the care. The main care workers supporting this person knew them already. However there was no Jeremys Carebuddies Limited assessment or care plan, therefore there was a risk that this person's needs would not be met. We discussed the importance of ensuring the registered manager carried out their own assessment so they knew the care the person required and had their own care plans in place to reflect this. The registered manager said she would address this. Other assessments seen were clear and identified the person's needs and preferences and how these were to be met.

Staff received training to provide them with the skills and knowledge to care for people effectively. Care workers had received an induction, which included training and also shadowed an experienced member of staff for several visits prior to working on their own. We saw that the induction programme covered several topics including moving and handling of people, both practical and theory, safe use of medication, safeguarding for both children and for adults, fire safety, equality and diversity and basic life support. We saw that new care workers shadowed experienced staff for several visits prior to working alone with people, to gain practical care experience. Staff confirmed they felt they had received appropriate training to carry out their work effectively. People and relatives also confirmed that the care workers knew how to provide the care and support people required. The registered manager said further training was being arranged for staff, including three care workers to undertake the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to care workers roles and responsibilities within a care setting.

People confirmed that the care workers helped them with simple meal preparation such as breakfast and meals heated in the microwave where required. Staff said they ensured people received their meals and encouraged them to drink enough fluids to maintain their hydration. Staff had also completed food hygiene training as part of their induction training.

If people were unwell the care workers knew to report this to the registered manager and also, where necessary, inform the GP, district nurse or contact the emergency services. We saw that the registered manager had suggested involvement from an occupational therapist to advise on the environment for one person. Where the GP had asked for certain observations to be carried out, for example, daily monitoring of a person's blood pressure, then the registered manager said they had trained the care workers to carry this out and records showed this was being carried out and recorded so the GP could review the results as necessary. We discussed the fact the service was registered to provide the regulated activity Treatment of disease, disorder and injury. The registered manager was clear that any nursing intervention people might require such as wound dressings or injections would be carried out by the district nurses and was not within the remit of the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Policies and procedures about mental capacity were in place and staff respected people's right to make decisions for themselves. Staff said they encouraged people to receive the care and support they needed but also respected people's right to choose not to receive care. The registered manager told us that all the people receiving personal care were able to make decisions for themselves. The registered manager had a generic mental capacity assessment form which they used to come to a general conclusion about whether people had the mental capacity to make decisions. They did not carry out a mental capacity assessment with regard to specific decisions. We discussed this with the manager and about ensuring any such assessments were decision specific, so they identified what the assessment related to, for example, being able to choose the care and support they required. The registered manager said they would address this.

Is the service caring?

Our findings

People and relatives were happy with the care and support the staff provided. One person said, "They arrive smiling in the morning and get me up." A relative told us, "The care has been utterly fantastic." Another said, "They [staff] are very kind, very gentle. They have all been lovely and we always know what is going on." One care worker said, "I treat people with compassion."

People confirmed the care workers asked them about the care they wanted and followed this. One person said, "They do everything they are supposed to." A relative described the staff as "truly exceptional, the detail and the way they look at things. [Person's] treatment has been utterly fantastic."

People and relatives confirmed they had regular care workers that they got to know and if cover was required for holidays or absence then the registered manager would visit to introduce the new care worker, so they had the opportunity to meet and get to know the care worker a little before receiving care and support from them.

People and relatives confirmed that the staff treated people with dignity and respect. Staff were clear about ensuring they maintained people's privacy and dignity. One told us, "You have to respect people and show them kindness." Staff explained they always ensured the room door was closed when they were providing personal care so people's privacy was maintained.

People and relatives confirmed people received the care and support they wanted. Of the care records we viewed, there was little evidence of where people had signed to agree to their care. The registered manager said people had agreed although some did not wish to sign. People and relatives confirmed that whilst providing the support and care people required the care workers also encouraged them to maintain their independence wherever they were able to do so.

At the time of the inspection the registered manager said all the people using the service spoke English and they and the care workers were able to communicate effectively. The registered manager said that if they assessed someone with specific language or other cultural needs then they would endeavour to provide a care worker who could communicate with them.

Is the service responsive?

Our findings

When the registered manager had assessed one person, we saw they had then included suggestions in the care plan for managing the person's healthcare needs, such as checking the person's blood sugar. When we queried this the registered manager said she had realised that this task would be the responsibility of the district nurses and not the care workers and confirmed no care workers had carried out these tasks, however the information in the care plan had not been updated to reflect this. We also saw where someone's needs had changed and although the additional care they were receiving had been recorded in the daily record, a reassessment had not been carried out, nor had the care plans been updated to reflect the increased care needs of the person.

The above paragraph shows the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People confirmed they received the care and support they required and that there were copies of the care plans in their homes, which staff read. The care plans we viewed were person centred and described the care each person required. Where specific needs had been identified, for example, at risk of developing a urine infection, then more comprehensive care plans had been developed and these were clear. Where one person's care had been reviewed we saw a further assessment had been completed and the care plans had been updated to reflect any changes. The registered manager said she was going to do this for each person to review their care and support.

Information about people's interests and also their culture and religion was included on the care records so the care workers knew something about the individual and their lives. The registered manager confirmed that where people needed support with their religious or cultural needs, these would be considered when providing care and support. One care worker said that they ensured a person was ready in time to attend church on the days they wished to do so.

There was a complaints procedure which the registered manager said was given to each person using the service. People and relatives said if they had any concerns they would contact the registered manager to raise them. Care workers also knew to refer people to the registered manager if they had any concerns. The registered manager said they had not received any complaints.

The service was able to provide care and support as part of a person's end of life care needs. One care worker told us that Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were in place where people did not wish to be resuscitated should they stop breathing. One relative was very complimentary about the care and support that had been given by the registered manager and the care workers to a family member receiving end of life care. The registered manager said no-one was receiving end of life care at the time of our inspection.

Is the service well-led?

Our findings

The provider did not operate effective systems and processes to mitigate risks. For example, the staff recruitment procedures did not always ensure that only suitable staff were employed to care for people. Medicines were not always being managed safely and the provider had not always assessed and planned care to meet people's changing needs. In addition, the provider's systems for monitoring the quality of the service failed to identify these shortfalls or to improve the quality of the service.

The registered manager was working with people using the service each day and also covered calls when care workers were unable to do so, for example, due to sickness. Whilst they helped to make sure that people were getting the care they needed by working a care worker, there was an operational role that they needed to fulfil as the registered manager for the service. We identified that the registered manager was not clear about which care worker had provided cover when one of the care workers had been on leave and there were discrepancies in the information we received regarding this. This meant the registered manager did not have a clear oversight about how the service was being operated and provided to people.

The above paragraphs show the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager regarding the importance of effectively managing the service and they acknowledged they needed to ensure they were available to manage the service and said they were recruiting additional care workers to allow them to do this. They had recently recruited the administrator to help them with running the service.

People said they did not sign timesheets but confirmed staff attended for the length of time they were booked for. The registered manager said they used timesheets for payments to staff but when we asked to see an example we were told these were all with the accountant so none were available to view. The registered manager said she was looking at a way that staff could confirm the times they arrived and left a person's home so that there would be a system for monitoring the care workers visits. People were happy that they were kept informed if a care worker was going to be late and one relative said the staff would stay longer if necessary and did not ever rush their family member.

People and relatives were complimentary about the registered manager and the service people received. One relative said, "They [registered manager] are truly exceptional, the detail and the way they look at things.....I cannot imagine there is another care agency that provides the care this one does." Another relative told us, "They have all been lovely, we always know what is happening."

People and relatives confirmed that the registered manager visited people to check if they were happy with the care they were receiving and to monitor staff performance and we saw the registered manager had completed spot check forms to evidence these visits. Staff confirmed they had weekly staff meetings and were able to discuss any issues they might have encountered with their work and that the registered manager was supportive and approachable. One care worker told us, "The support I get from my manager is

very encouraging, she is always there, she does care about her workers." Staff had individual monthly supervision with the registered manager and said they discussed their work and identified any training needs and this was recorded.

The registered manager sourced an external consultant who had carried out an assessment of the service and drawn up a service improvement plan. Where shortfalls had been identified by the consultant, there were improvement plans which included timescales for their implementation. One area of planned improvement was to introduce a system for auditing and monitoring aspects of the service. On the second day of our inspection we saw this had been started, for example, one set of staff recruitment records had been reviewed to ensure all the required checks and documents were in place. A checklist for recruitment records and checks had also been drawn up for the administrator to follow. The registered manager said they would ensure that auditing and monitoring systems were used so any issues could be identified and addressed and there was a continuous process for monitoring the service provision.

Policies and procedures were in place and included references to relevant legislation and good practice guidance. The registered manager said she read nursing and pharmaceutical magazines and also received the National Institute for Health and Clinical Excellence newsletters, to keep up to date with current good practice. We discussed signing up for the CQC newsletters to keep up to date with regulatory matters and the registered manager said she would do this.

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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not always carry out an assessment of needs and preferences for the care and treatment of the service user.</p> <p>Regulation 9(1)(3)(a)</p> |
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always ensure the proper and safe management of medicines.</p> <p>Regulation 12(1)(2)(g)</p> |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always assess and monitor the quality of the service provided.</p> <p>Regulation 17(1)(2)(a)</p> |
| Personal care | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not operate recruitment procedures effectively to ensure the required information was obtained for each people employed at the service to make sure</p> |

they were suitable for the jobs they were employed to do.

Regulation 19(1)(2)(3)(a) and Schedule 3