

Jayrima Care Limited

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Inspection report

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15 October 2020

20 October 2020

27 October 2020

03 November 2020

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16 December 2020

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

Jayrima Care is a domiciliary care agency providing personal care to adults living in their own homes. At the time of the inspection, the service was supporting five people.

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

People and relatives shared positive feedback about the care received. One person said, "They are quite caring, you are more than just a number."

Improvements were still required in the areas highlighted at the last inspection.

Risks to people's care were not always well documented in their risk assessments and care plans.

There was no evidence medicines were not administered safely, however there were still several issues with the quality of medication records. The provider was not always following their own medication policy or best practice guidance and regulations.

Recruitment processes did not always evidence that robust checks had been done to ensure staff were safe to work with vulnerable people.

Staff had completed some but not all their mandatory training and assessment of competencies. The registered manager told us staff were offered ongoing support via the phone and regular team meetings, but no formal supervisions had been completed.

We found lack of evidence of an effective quality assurance process in place to identify the issues found during our inspection and to drive the necessary improvements.

Staff and the registered manager were knowledgeable about identifying and reporting safeguarding concerns. The provider ensured staff followed safe infection control practices and had enough personal protective equipment (PPE). People were protected from the risk of infection and plans were in place to mitigate the increased risks from the current Covid-19 pandemic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 9 June 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found not enough improvements had been made and the provider continued in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 20 May 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their good governance and staffing arrangements.

We undertook this targeted inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the some of the key questions in the Safe, Effective and Well-led domains which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jayrima Care on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We continued to find breaches in relation to good governance and staffing at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Jayrma Care Limited

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.

This was a targeted inspection to check whether the provider had met the requirements of the requirement notices in relation to Regulation 17 (Good governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

This inspection was conducted by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be available to support the inspection.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service, including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We visited the service on 20 October 2020. Between the 15 October and the 3 November 2020, we sought information and documentation from the provider. We spoke with two people using the service, two relatives of people using the service and three members of staff, including care workers and the registered manager.

We looked at care records for two people using the service and requested information about medication records for three people. We looked at training and recruitment records for staff. We also reviewed various policies and procedures and the quality assurance and monitoring systems of the service.

After the inspection

We received emails from the registered manager with additional evidence. This information was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirement notice we previously issued. We will assess all of the key question at the next comprehensive inspection of the service.

Using medicines safely

- At the last inspection, we found some issues with records related to medicines management. At this inspection, we continued to find recording issues but no evidence of these having a negative impact on people's care.
- People using the service had their medicines administered from a dosette box; their medication administration (MAR) charts did not indicate each individual medicine that was administered at each time of the day. This is not in line with best practice and regulation.
- The provider was not always following their own medication policy. For example, one person had declined their medication several times and there was no evidence medical advice had been sought; medication risk assessments, care plans and PRN protocols were not always in place or detailed enough. During and after the inspection, the registered manager provided us with an update on the actions they were taking in relation to these concerns.
- Staff had completed medication training and the registered manager told us they had assessed and observed staff's practice to safely administer medication, but this continued not to be documented. However, staff were able to tell us what they would do to safely administer medication, including if people declined to take their medication.
- We could not be assured the quality processes in place to check safe administration of medication were effective or happening frequently. The issues found at this inspection with medicines management, had not been previously identified by the provider.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate medicines would always been managed and recorded accurately in line with regulations and best practice. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the last inspection, we found some risk assessments were not detailed. During this inspection, we found some risks to people's care had not always been recorded or the risk assessments continued not to be detailed.
- For example, two people using the service had medical conditions which impacted on their care needs and that could deteriorate. There were no specific risk assessments or care plans to detail the specific risks to these people's care and how these were being managed.

- One person using the service was at risk of falls. They had equipment to manage this risk and the registered manager told us there were times when the risk was higher and the support provided to this person with their mobility. There was no risk assessment for risk of falls or moving and the care plan in place did not detail the information shared by the registered manager. Staff told us how they would act if a person had a fall.
- Some people using the service had unwitnessed falls, some resulting in serious injuries. We were assured that staff had taken the appropriate action to provide immediate support and seek further medical advice. However, we saw no evidence that this information was being used and analysed by the provider to review people's care.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the provider was assessing, monitoring and mitigating the risks related to people's care. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us they felt their loved ones received safe care.

Staffing and recruitment

- The service did not always follow safe recruitment practices. Evidence of pre employment checks before commencement of employment had not always been retained or sought. This issue had also been identified at the last inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the provider was maintaining necessary records as are necessary related to persons employed in the carrying on of the regulated activity. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care was delivered by a small and consistent team. There were no reports of missed or late visits.
- Staff told us they had enough time to spend with people to allow them to complete all the necessary care tasks. One staff member told us one of the reasons they enjoyed working for the service was because they had the time to spend with people and establish good working relationships.

Preventing and controlling infection

- People were protected against the risk of infections.
- Staff had completed training in infection control and food hygiene and told us protective equipment, such as gloves and aprons, was made available. People and relatives said staff always used PPE when providing care.
- The provider had plans in place to mitigate the increased risks from the current Covid-19 pandemic.

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.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirement notice we previously issued. We will assess all of the key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to robustly ensure staff received appropriate training and supervision as is necessary to enable them to deliver effective care and support. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Staff had completed some but not all mandatory training and competencies set in the provider's training and medication policies.
- For example, we did not see evidence staff had completed safeguarding training; one staff member had not completed moving and handling training; we did not see evidence of staff's medication competency being assessed.
- The registered manager told us staff were offered ongoing support via the phone and regular team meetings, but no formal supervisions had been completed. We saw some records of telephone conversations between the registered manager and some staff members, but these only recorded summarised information about availability of PPE and checks on staff's welfare. An effective supervision should document a conversation between management and staff in areas such as workload, monitoring and reviewing performance, identifying learning and development opportunities.
- Staff told us they felt well supported by the registered manager and that could ask for support at any time.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate staff had completed the essential skills and were supported to deliver the regulated activity. This was a continued breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirement notice we previously issued. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection the provider had failed to assess, monitor and improve the quality of service provided and to ensure complete and accurate records were kept. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- We found concerns around the quality and accuracy of the records related to risks to people, medication, recruitment, training and supervision of staff. These were all areas that had been identified as requiring improvement at the last inspection. Following that inspection the provider sent us an action plan detailing the actions that would be taken. However at this inspection we could not be reassured this action plan had been followed effectively.
- The quality assurance processes in place had not been effective in identifying the issues found during this inspection and in driving the necessary improvements to ensure the provider was no longer in breach of regulations.
- Some of the information requested, was not provided within the indicated timescales. The registered manager did not always show a good understanding about the regulations.
- We asked the registered manager for evidence of recent satisfaction surveys but this was not provided. One person told us they had completed a survey; another person said they had not. Relatives told us they had been requested to complete a survey but could not confirm if this had been done recently. It is important that providers seek and act on feedback from relevant people in relation to the regulated activity.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate good governance of the service. This was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager told us they had only received one complaint since the last inspection. People and relatives knew how to complain and were confident that the registered manager would act on their

concerns. Staff also said they were confident that any concerns raised would be dealt with.

- There were regular team meetings taking place.

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

- People and relatives shared positive feedback about the impact that the care provided by the service had on them and their loved ones. One person said, "I like them [staff] because they are friendly, and I can chat with them." One relative commented, "They do a fantastic job and during the covid situation they have been very good;" "[Staff are] really dedicated."
- Relatives told us they felt their loved ones received safe and person-centred care, mainly provided by the registered manager, and they were complimentary about the registered manager's approach and dedication. Their comments included, "[Name of registered manager] likes me to take photos out so [registered manager] can speak with my mum about that" and "[Name of registered manager] is really dedicated to what [they do]. They [registered manager and relative] get on very well."
- Staff told us Jayrima Care was a good place to work.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records related to people's risks and medication were not detailed or accurate. Records related to staff's recruitment, training and supervision were not always in place or complete. Quality assurance processes were not effective.

The enforcement action we took:

We have served a Warning Notice.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not always completed mandatory training. Formal supervisions were not taking place.

The enforcement action we took:

We have served a Warning Notice.