

J.M. Kamau Limited

JM Kamau Ltd T/A ProField

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

About the service

JM Kamau Ltd T/A ProField is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 32 people using the service.

Not everyone who used the service received personal care. 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Care:

Risks to people were not always identified, assessed or action taken to mitigate risks to people. People's care plans and risk assessments did not always reflect people's current needs. The provider had not ensured all staff administering medicines were competent to do so.

Staff had received training on how to report allegations of abuse. People and their relatives told us they felt safe. Staff were recruited safely.

People and their relatives told us staff were kind, caring and respected their privacy and dignity.

People were protected from the risks of infection. Staff told us they wore personal protective equipment (PPE) to reduce the risk of spreading infections.

Right Support:

Mental capacity assessments were not always completed for decisions relating to people's care or treatment. People's care plans required further development to include information on people's health conditions, preferences, likes/dislikes and information on who was important to them.

Staff had not received additional training to meet people's needs. Staff had not received training in diabetes, catheter care, pressure care and interacting with autistic people and people with a learning

disability.

People were provided with enough to eat and drink. Staff kept records on when people were provided with food and drink. Staff had received training in providing nutritional support to people.

Initial assessments took place to ensure that the service could meet people's needs prior to admission into the service. Staff worked with other healthcare professionals to ensure people's needs were met in a timely manner.

Right Culture:

Systems were not in place to assess, monitor and improve the service. Shortfalls found during the inspection had not been identified by the provider through quality monitoring processes.

People's feedback was gathered through care review meetings and spot check visits. People and their relatives had the opportunity to provide feedback via a questionnaire.

The registered manager was guided to review the Right Support, Right Care, Right Culture guidance to ensure they fully understand the requirements should they support people with a learning disability or autism in the near future.

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

Rating at last inspection

This service was registered with us on 8 June 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to assessing risks, medicines, assessing people's capacity to consent and management oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. 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 not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was no always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was no always well led.
Details are in our well led findings below.

Requires Improvement ●

JM Kamau Ltd T/A ProField

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 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave a short period 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 25 April 2023 and ended on 3 May 2023. We visited the location's office on 25 April 2023.

What we did before the inspection

We reviewed information we had received about the service since registration. 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 2 people and 8 relatives on the telephone about their experience of the care provided. We spoke with 11 members of staff including care staff and the registered manager. We reviewed a range of records. This included 5 people's care records including care plans, risk assessments and medicines records. We looked at staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed including safeguarding and incident monitoring, auditing processes and staff training.

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 limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- The registered manager had failed to assess the risks to people using the service. For example, one person at risk of pressure sores due to their health condition had no risk assessment or care plan in place to provide information to care staff on how to mitigate this risk. This placed people at risk of harm.
- People were not always protected from the risks associated with their health conditions. There was no care plan or risk assessment in place for people with diabetes. This meant staff did not have adequate guidance to identify or to know what action to take should the person experience too high or too low blood sugar levels.
- People who required support from two staff for moving and handling with the use of a sling and hoist did not have a care plan to provide instructions to staff on how to move the person safely whilst using the equipment and how to mitigate any risks such as falling or injury. This placed people at risk of harm.
- People did not always receive their medicines from staff who were trained and assessed as competent to do so safely. One person received support with a medicine that care staff had not had the specialist training to administer. This placed people at risk of harm.
- The registered manager had not ensured people were supported by staff who had the skills and knowledge to meet people's individual needs. Care staff had not received training in catheter care, tissue viability and diabetes awareness.

The provider had failed to assess the risks to the health and safety of people using the service, manage medicines safely and ensure staff had the skills and competence to support people safely. This is a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- PRN protocols were in place for 'as required' medicines. These required further development to include if the person can ask for the medicine or if they need prompting or observing for signs of need.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff received training in safeguarding vulnerable adults and understood the signs of abuse and felt confident to report any concerns. A staff member told us, "A safeguarding concern would arise when one of the service users is at risk of harm, is being mistreated or not getting the care that they should be getting."
- People told us they felt safe. One person said, "Yes [I feel safe]; the carer gets me downstairs safely after my wash. I couldn't do it without them."
- The registered manager was aware of their duty to report any safeguarding concerns to the local authority safeguarding team and to the Care Quality Commission.

- The registered manager understood the importance of learning from incidents to reduce the risk of it happening again.

Staffing and recruitment

- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives told us enough staff were deployed to meet their care needs. Staff rotas were arranged so people received support from regular care staff with whom they were familiar. One person told us, "I normally get the same carers; all four who come are very, very good."

Preventing and controlling infection

- Staff had received training in infection control and understood how to prevent and control the spread of infections. One staff member told us, "We wear masks, aprons and gloves to maintain the clients good hygiene and prevent spreading anything that could be avoided."
- The provider ensured staff had access to personal protective equipment (PPE).

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Where people were unable to make particular decisions for themselves about their care and treatment, mental capacity assessments had not always been completed and best interest decisions recorded. This meant the provider was not always following the principles of MCA to ensure people were supported in the least restrictive way possible and in their best interests.
- People's consent had not always been considered and recorded. One person's care plan instructed staff to take photos of injuries however, there was no evidence that the person had consented to this or that it was in their best interest.

The provider had failed to ensure they acted in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received care and support based on their assessed needs. The provider carried out initial assessments to ensure they could meet people's needs and to create individual care plans. However, we found care plans required further work to make them effective as a guide for new staff to meet people's needs.
- For example, one person's assessment identified they required support from staff with oral care. There was no information recorded in the person's care plan on how staff were to support the person with cleaning their teeth.

- People and their relatives told us they were involved in the initial assessment. One relative said, "[The registered manager] came at the beginning, to meet with us and go through what [my relative] needs. After that, anything I raised, she was there to sort it out and add into the plan."

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

- People's care plans stated whether they needed support from staff with meals and drinks. However, care plans were not specific to include what support was required for eating and drinking. Care plans did not identify people's preferred or favourite meal or drink.
- People and their relatives were happy with the support they received with their food and drink. One relative told us, "If I've left something in the fridge [for my relative], the carers will ask her if she would like it and prepare it for her – microwave usually. They will make her some soup if she asks, and always make her a cup of tea."
- Staff had received training in food hygiene. One staff member told us, "I support them [people] with eating and drinking by inviting them to the table, when the meal is ready so they do not have to wait. Direct their [person's] attention to the food. Put the cutlery or cup in their hands if needed."

Staff support: induction, training, skills and experience

- At the time of the inspection, the provider did not support any autistic people or people with a learning disability, however, staff had not received training on how to interact appropriately with people with a learning disability and autistic people. This is a requirement which we will review at our next inspection.
- Staff received an induction which included shadowing other care staff to observe and understand people's care and support needs.
- Staff completed mandatory training during their induction. This included moving and handling, fire safety, basic life support, first aid and equality, diversity and inclusion. This training was provided by an external training company.
- Staff told us the training and induction they received gave them the confidence and skills to perform in their roles. One staff member told us, "The induction was good. I got shadowing from other staff who had worked for longer and more experienced."
- Staff were enrolled onto the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People's care plans required further development to include information on people's health conditions, how this affects them and the support required from staff. For example, there was limited information in people's care plans for those living with diabetes and how this is effectively managed, and the support required from healthcare professionals.
- People and their relatives told us staff recognised when there was a decline in health. One relative told us, "The carers have called the health care team several times – any time there's anything wrong, they've dealt with it. They work in cooperation with the district nurses."

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

- Peoples care plans required further development to include personalised information such as ethnicity, religious beliefs and preferred language to ensure staff understood people's individual preferences.
- People and their relatives told us staff were kind and caring. One relative told us, "My [other family member] can't believe the laughing and conversations he hears when the carers are with [my relative]; there's a warm interaction. They're very gentle, thoughtful about her feelings, and speak to her while they're working with her."
- Another relative told us, "The main carer is very professional and quiet, but she is warm and friendly as well, and my [relative] likes her."
- The provider had ensured staff received training in Equality, Diversity & Inclusion.

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

- The registered manager had begun the process of meeting with people and relatives to review the care provided and ensure people had the opportunity to share and express any concerns or areas of improvement.
- A relative told us, "[My relative] sat in on the meeting and if there was anything she needed to decide, she passed it on to me. She was very happy with what we agreed."
- Another relative said, "Yes, [my relative] has got to know 3 or 4 of the girls [carers] now and they always do what she asks when washing and dressing her, so she feels like she's in control. The carers will always ask if she wants a shower, or just a quick wash, or her hair washed etc and she decides." □

Respecting and promoting people's privacy, dignity and independence

- People's care plans required further development to detail the daily living tasks people could do themselves and where they required staff support. For example, if there are any areas on a person's body they could wash themselves.
- People and their relatives told us staff respected their privacy and dignity. One relative told us, "Everything private is done in the bathroom and they [staff] stay upstairs until [my relative] is done." Another relative said, "They get on with it and they don't comment or anything, just act normally so [my relative] is never made to feel uncomfortable."

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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans required improvement to ensure care staff had detailed information on people's individual needs. Peoples care plans were found to contain generic and limited information. We found no evidence of impact on people as care staff had got to know people well and listened to how they wanted to be supported.
- Staff told us they had access to peoples care plans. "I have read and understood their care plans and through it I know what they like and dislike. I also have conversation when I am attending to them whereby, I ask for their consent on what care I am about give them."

End of life care and support

- People's care plans did not inform staff whether people had a 'Do not attempt cardiopulmonary resuscitation' [DNACPR] in place or not. A DNACPR means that if a person has a cardiac arrest, there will be guidance on what action should or shouldn't be taken by a healthcare professional, including not performing Cardiopulmonary resuscitation (CPR) on the person. This meant staff did not have the information available to ensure they respected peoples wishes and best interests.
- People's care plans did not include information on people's end of life wishes and preferences.
- The provider did not provide a specialist end of life service. However, staff had received training in end of life care.

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

- Care plans required improvement to provide personalised information for staff to know people better, including important relationships to people such as friends and family and any hobbies they may have.

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 communication needs were assessed and recorded in their care plans to ensure staff communicated with people effectively.
- At the time of the inspection, no one required information to be made available to them in the format they required, such as, large print and other languages.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. People and their relatives told us they would be comfortable to raise concerns with the provider and felt they would be listened to.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- There were ineffective governance and auditing systems to assess, monitor and mitigate the risks to people. During the inspection we identified missing or incomplete risk assessments for risks relating to pressure care, fire and moving and handling. This had not been identified through the provider's quality assurance systems and placed people at potential risk of harm.
- Systems to review and audit medicines administration were not in place to identify shortfalls and areas for improvement including potential missed medication. We found records of missed medication for two people that had not been identified by the registered manager and addressed to ensure people received their medicines as prescribed.
- Systems to review and update care plans were ineffective. During the inspection we identified missing information in people's care and support plans. For example, the registered manager informed us a person they supported regularly refused personal care support. This was not detailed within the person's care plan to provide staff with information and guidance on how to support this person appropriately to meet their needs.

Systems were either not in place or robust enough to demonstrate the safety and quality of the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection feedback, the registered manager implemented some changes to people's records such as inputting more information in care plans to reflect their current needs, however, a system to audit people's care records would need to be embedded and sustained.

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

- The provider was open and transparent with the inspector and accepted there were areas in which they needed to improve and were keen to work with other professionals and CQC to drive improvement.
- Staff told us they felt supported in their roles and felt confident to raise any issues with the registered manager. One staff member said, "I feel supported in my role, and I can call the office anytime in case of a concern and they always come to my aid." Another staff member told us, "[The registered manager] is always ready to assist and guide you always. I feel supported in my role."
- People and their relatives provided positive feedback about the care provided and the response they

received from the registered manager when making any contact. One relative told us, "The two or three times I've rung, I think it's been [the registered manager]; she's always pleasant and says she'll look into whatever I raise."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager had a good understanding of the duty of candour including their responsibilities to be honest with people, relatives and staff when things went wrong. There had not been any occasions where the provider had to act upon the duty of candour. This will be followed up at our next inspection.

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

- People's feedback was gathered through care review meetings and spot check visits. People and their relatives also had the opportunity to provide written feedback via a questionnaire.

Working in partnership with others

- The provider worked in partnership with other health care professionals, where needed, such as GPs and district nurses to help meet people's needs.

- The provider worked well with other partnership agencies including the local authority. The provider attended regular meetings with the local authority and other domiciliary care providers to share ideas and experiences and to learn from other professionals in the care industry.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure they acted in accordance with the Mental Capacity Act 2005.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess the risks to the health and safety of people using the service, manage medicines safely and ensure staff had the skills and competence to support people safely.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate the safety and quality of the service was effectively managed.

The enforcement action we took:

Warning notice