

Jewel Home Care Ltd

Jewel Home Care

Inspection report

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15 September 2021

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Jewel Home Care is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, two people were 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.

Details of how to reduce risks to people's safety were not always included in people's care plans.

Safe recruitment practices were not fully robust to ensure only suitable staff worked at the service.

Enough staff were employed to meet people's needs, though calls providing personal care had not always been timely.

Quality assurance systems had not been in place to check that staff recruitment systems were robust, risk assessments to ensure people's safety were detailed and agreed call times had been met.

People were supported to have maximum choice and control of their lives and 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 said they received safe care and were protected against abuse, neglect and discrimination.

People told us they were treated with respect and dignity and staff had a caring and friendly approach to them. They said they had very good relationships with staff. Staff encouraged people to maintain their independence and do as much for themselves as they wanted to.

Care plans reflected people's individual needs and preferences. People were supported to have choice and control of their lives.

The registered manager understood their responsibilities and worked in an open and transparent way. People were aware of how to make a complaint and were pleased that the registered manager always listened to any concerns and acted on them.

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

Why we inspected

This service was registered with us in May 2019 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

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 not always well led.

Details are in our well led findings below.

Requires Improvement ●

Jewel Home Care

Detailed findings

Background to this 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 Care Act 2014.

Inspection team

This 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 homes.

The service had a manager registered with the Care Quality Commission. This means that they 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 seven days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 14 September and ended on 15 September 2021. We visited the office location on 15 September 2021.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider sent us a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection we spoke with one person who used the service and one relative about the experience of the care provided. We spoke with two care staff members and the registered manager. We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

We looked at the registered manager's action plan which included revised staff recruitment procedures, revised quality assurance procedures, revised risk assessments, and amendments to procedures.

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 for this 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.

Staffing and recruitment

- The provider did not always follow safe recruitment practices. References had not been obtained for two staff at the time they were employed. This meant checks were not thoroughly carried out to make sure staff were suitable and had the right character and experience for their roles. We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. The registered manager took action to rectify this after the inspection visit.
- Pre-employment criminal checks had been carried out for prospective staff.
- Assessments and support plans identified the number of staff required to deliver care safely, and the time of calls. One person reported a missed call. They contacted the registered manager and staff arrived later to provide personal care.
- Staffing was not always in place. The person told us that often staff were not on time, and the agency did not contact them to say they were going to be late. This caused the person anxiety at times. A relative also said staff had often come at variable times, which her family member found frustrating. The registered manager said she would follow this issue up with staff and carry out close monitoring to improve call times and communication with people should staff be late.

Preventing and controlling infection

- The person told us that staff had not always worn personal protective equipment (PPE) during the COVID-19 pandemic. The registered manager said that she was unaware of this and would speak to the person and staff to remind them that they must always wear gloves and masks.
- Staff had received training in infection control, including COVID-19 and donning and doffing of PPE.

Assessing risk, safety monitoring and management

- Risk assessments were not detailed to give staff information on how to assist people to move. The registered manager took action to add this detail to risk assessments.
- We did not find any impact on people. However, there was a risk of relevant care not being provided to people without detailed risk assessments in place to assist staff to provide safe care.
- We found other risks associated with people's care had been assessed.
- The person and the relative said staff provided safe personal care. We found no concerns relating to unsafe support.

Using medicines safely

- Medicine was currently supplied to one person and medicine administration records (MAR) were in place.

The other person was independent and able to manage their own medicine.

- Staff were trained in medicine administration and told us they felt confident supporting people with medicines when they needed to. They were aware of the safe procedure to administer medicines. Staff said their competency in relation to medication had been assessed by the registered manager.

Systems and processes to safeguard people from the risk of abuse

- The person said they felt safe when receiving support from staff. The relative also said her family member was safe with staff. The person told us, "Yes, I am perfectly safe with staff."
- The provider had systems in place to safeguard people from abuse. The procedure to safeguard people was in place. This meant people could be provided with appropriate protection.
- Staff had received training and knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns to a relevant agency if they had a situation where they needed to follow safeguarding or whistleblowing procedures.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents. No accidents or incidents had occurred to date.
- Staff meetings to discuss care and training issues had taken place. This meant there was a forum to discuss improvements to the service.

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 had their needs and preferences assessed before care was provided. This ensured there were sufficiently trained staff to provide the care and support needed.
- Assessments reflected people's lifestyle choices, culture and preferences.

Staff support: induction, training, skills and experience

- The person said staff usually provided good personal care to them, though some staff had been new to them and had to be reminded what to do. The registered manager said this would be followed up with staff, though the person had their care provided to them by the same staff who knew what care needed to be provided.
- Care staff files showed staff had received induction and training, though the training had been provided on one day. The registered manager recognised it is difficult for staff to be thoroughly trained and remember all the training as it was condensed into one day. They said training delivery would be reviewed.
- Care staff had been trained in important areas such as infection control, medication and health and safety. They said this training meant they felt confident to meet people's needs.
- At the time of the inspection nobody was receiving end of life care. However, the registered manager said this training would be provided to staff.

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

- A person said they were provided with meals and drinks that met their needs.
- A relative said staff had provided food and drink to her family member and, as far as they knew, there had been no issues with this.

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

- People's assessment and care plans covered health care needs. A care plan documented health care professionals involvement in a person's care.
- Staff told us they would contact relevant professionals or relatives if people in their care needed additional health or social care support. This had not been the case so far.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

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.

- Staff understood the principles of the MCA and supporting people to make choices.
- Mental capacity assessments had been completed. People were able to decide their day-to-day choices. No best interest decisions were currently needed.
- A person confirmed staff always asked for consent before providing care to them. People had signed and consented to the care being provided.

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 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 received support from staff who were friendly and caring. A person said, "Staff are friendly and caring. They have a good attitude." A relative also said that her family member found staff providing care were caring in their approach.
- Staff had a good knowledge of the people being supported. They were enthusiastic about providing quality care to meet people's needs.
- The person said staff respected the way they wanted to live their life.

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

- A person said they had been involved in the planning of their care.
- Care plans set out how people liked to receive their care. For example, they included people's choice of how they wanted their drinks to be made.

Respecting and promoting people's privacy, dignity and independence

- A person said staff preserved their privacy and promoted dignity when providing care to them. Staff gave good examples of protecting people's privacy.
- A person said staff respected their independence and did not take over and do things for them that they could do for themselves. Staff said they always encouraged people to be independent and would help when needed.
- Staff were aware of keeping information safe and confidential.

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

- Care plans included information on how people wanted their care to be provided.
- A person said they received care that was personalised to their needs. They said staff asked them how they wanted their care to be provided. The person said, "Staff ask me what I want and when I tell them, they do it for me."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- A person and a relative told us there were no current communication or information needs.
- The registered manager was aware of the need to respect people's preferred communication styles. There was information in the care plans to provide information in other formats if this made it easier for people to understand information.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place so complaints could be recorded and dealt with formally. To date, only two complaints had been made. These had been dealt with to the satisfaction of the person involved.
- A person and A relative told us that if they had had concerns, the registered manager would listen and usually act on this information. However, one person said the registered manager still had not yet entirely dealt with untimely call times. The registered manager said this would be closely monitored to ensure calls were timely.

End of life care and support

- No end of life care was being delivered by the service at the time of inspection. The registered manager was aware of what was required should someone require this support. They were amending this section in the care plans to include more detailed personalised information.
- A person and A relative said that this information would be supplied when they were ready to do so.

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.

Continuous learning and improving care

- Audits and checks had been carried out to check that the service met people's needs. However, audits of call times, risk assessments and staff recruitment had not identified issues that needed to be acted on. The registered manager said this would now be carried out.
- A person and a relative told us staff provided care that met their needs.
- Spot checks on staff took place to monitor whether staff were providing quality care, timeliness of calls and the approach to people. Staff said they had regular checks and said they were provided with any support they needed from the registered manager.

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

- The registered manager and staff had a good knowledge and understanding of people they supported and knew them well.
- Staff told us they were happy working at the service. One staff member said, "The manager is always there to support me whenever I need her."
- Staff put people at the centre of the service and provided friendly care.

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 understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority. They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their role and understood the needs of their staff team. Staff were very positive about carrying out their work.
- Staff understood their responsibilities, and who to go to for help should they need it.

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

- Feedback was sought from people and relatives as questionnaires were provided. This gave the

opportunity to suggest any changes or improvements.

- Staff meetings were held to discuss the service. Issues discussed included training and government guidance.

Working in partnership with others

- A person was receiving the service from a health professional. The registered manager was aware of the need to work with health professionals to ensure people's needs were met.
- Staff understood they needed to inform the manager and people's families if they became ill.
- The registered manager was receptive to feedback when we discussed the inspection findings.