

JEPPS Care Ltd

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Inspection report

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24 October 2019

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

JEPPs Care Ltd is a domiciliary care agency. The care agency provides personal care and support to people living within the community. At the time of the inspection, there were 11 people receiving support with personal care.

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

Routine medicines were managed safely. However, we had some concerns about 'as needed' medicines. There was insufficient guidance for staff, to understand when this medicine would be needed. If these 'as needed' medicines were given, then staff had not recorded the reason for this.

People felt safe using the service. Staff were confident in identifying any concerns about abuse, and felt assured that concerns would be acted upon by the management team. Any incidents had been responded to promptly to keep people safe.

Care staff had received training and had good knowledge on how to support people's daily needs. Daily care task guidance was in place for staff. However, guidance was not always in place for people's changeable health conditions, this puts people at risk of staff not responding appropriately.

There were enough staff to support people and support times were flexible according to what support people required each day. Staff were safely recruited. People told us that staff were clean and followed safe infection control procedures (for example, wearing gloves.)

People were supported to eat food of their choosing, and records were kept of people's food and drink intake if required. Staff worked effectively with other professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. No capacity assessments had been completed at the service, however the policies and systems in the service supported this practice if required in future.

Staff were caring and provided personalised support which met people's needs and preferences. People were treated with dignity and their privacy was respected. People received good quality support at the end of their lives.

The service had a clear governance system, which caused high quality and effective care. There was a

registered manager in position, who met legal requirements by overseeing a high quality service.

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 Good (published 22 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

JEPPs 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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector

Service and service type

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

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 4 days notice of the inspection visit. 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.

On 21 October, we informed the registered manager that we planned to inspect the service. On 22 October, we phoned people using the service to find out their experiences of the service given. We also phoned staff for their feedback. We then visited the office location on 24 October 2019, to look at documents related to the running of the service.

What we did before the inspection

Before an inspection takes place, we gather information known about the service. We had received notifications from the service. Notifications are information about specific events that happen at the service, and the responsible person is required to send these by law. We also consider if any information has been sent in from members of the public. For this inspection, we had not received any information from the

general public.

Due to technical problems, the provider was not asked to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report

We used all of this information to plan our inspection.

During the inspection

On 22 October 2019, the inspector phoned people who used the service. The inspector spoke to two people, and two relatives. These people gave their views about the service they received. The inspector also phoned four care staff to find out their experiences of working for JEPPS care ltd.

During the office visit on 24 October 2019, the inspection team considered the care records of three people who used the service. We also looked at three staff recruitment files and other records relating to the management of the service. This included audits, policies and incident records. We spoke to the registered manager about the service.

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 good. At this inspection this key question has deteriorated to 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

- Staff were not always provided guidance on how to respond to people's health conditions. For example, one person was prescribed medicine for seizures. However, there was a lack of guidance in place for what staff should do if the person experienced a seizure while staff were with them. The registered manager said they planned to review people's care records, to ensure all guidance is in place as needed.
- 'As needed' medicines were not managed safely. There was a lack of guidance on when 'as needed' medicines were required. This means staff could offer this medicine inappropriately. One person's 'as needed' medicine had been given routinely and no review had occurred with the GP, to assess if this was safe or whether the prescription needed changing to daily. When staff had given 'as needed' medicine, the reason for giving this had not always been recorded.
- People told us they felt safe when staff were providing daily support. One person said, "I feel very safe. They always look out for me. They know I'm at risk of a tumble, but they help me so it doesn't happen." A relative said, "They are always on lookout for risks. Like [person] can have dry skin dry, so they'll always check and put cream on."
- Records showed that routine medicines were given safely. A person said, "My medicines are always given on time."
- The registered manager audited medicines regularly and (other than 'as needed' medicines), had identified and resolved and medicine concerns promptly.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service.
- Staff had good knowledge of how to spot signs of abuse. Staff advised that they had no concerns, and were confident that the management team would respond appropriately.
- The provider had a policy in place to guide staff on how to respond if they were concerned about people being at risk of abuse.

Staffing and recruitment

- People told us that staff arrived at the planned time. If staff were running late, then people were kept up to date on their expected arrival time. People told us that it was unusual for staff to be more than five minutes late
- People told us that staff teams were kept small, so they could get to know who would support them. We were told that if a new staff member arrived, people were introduced by an existing staff member.
- The registered manager had close oversight of where staff were, and their planned arrival times. Staff were

required to contact the manager to advise when they were entering and leaving a property. This ensured the safety of staff and timeliness of care.

- Staff were recruited safely, to ensure they were of good character. For example, references were gathered from previous employers.

Preventing and controlling infection

- People told us that staff always wore gloves and protective equipment as needed. People told us that staff would effectively clean up after themselves to ensure the person's home remained hygienic.
- Staff told us that they were provided with enough protective equipment and hand sanitizer.

Learning lessons when things go wrong

- Staff were skilled and provided with adequate guidance to support people safely. This resulted in minimal incidents occurring at the service
- Where incidents had occurred, a full review had taken place to ensure that lessons were learnt. For example, a staff member had left an object on the floor and the person had phoned the registered manager concerned that this was a trip hazard. The registered manager advised they would amend the person's records to explain where objects should be stored and speak to staff about the importance of clear pathways. This quick response would reduce the risk of this occurring again and the person falling.

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 good. At this inspection this key question has remained the same. 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

- Care plans provided guidance on how to meet people's health and social care needs on a daily basis. Further work was required to ensure that care plans detailed how to support people's changeable health needs. This has already been reported in 'safe.'
- Before people started with the service, a thorough assessment was completed. This ensured the service could support the person safely and that planned care would effectively meet their needs.
- Care staff and the registered manager were aware of laws related to their work. They worked hard to ensure that they delivered care in line with expected standards. People confirmed that care was provided to a high quality.

Staff support: induction, training, skills and experience

- Staff told us that they felt well trained. Staff had a good knowledge of regulation and how to support people safely.
- Staff told us that they received a full induction, which prepared them well for their roles.
- Records showed us that staff had required training to complete their roles effectively.

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

- People said they were supported to eat a diet of their choosing. Staff explained that if they supported shopping tasks, they were careful to gather detail on what sort of food people preferred them to purchase.
- Records were kept if needed on what food and drinks people had consumed. This allowed staff to recognise whether people had consumed enough.
- When people started at the service, the registered manager explored whether the person had any cultural needs related to their diet. No one at the time of inspection required a culturally specific diet, but we were informed that this would be supported if required.

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

- A relative said, "They advise if [person] needs a GP. They are always on a look out, [person] has had infections before so they'll always check if the signs are there."
- Records showed us that referrals had been made to health and social care professionals as needed. This ensured people received effective support from multiple professionals.

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 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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the MCA and how this could impact their work. Staff understood how they would support people to make day to day decisions in their best interests. A relative said, "They always ask person's permission before providing support."
- No capacity assessments had been completed. However, the registered manager had recognised that mental capacity assessments may be needed for some people who had begun to show difficulties with decision making. They were aware of their requirements under the MCA.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us that they felt well treated by staff. People told us that staff took the time to get to know them and their preferences.
- A relative said, "It's a brilliant service. They take time to talk to [person]. I can always hear them chatting. I can hear them having a giggle."
- A relative also told us that staff were considerate of the whole family and took time to check how unpaid family carers were managing.
- It was clear that people had developed positive relationships with staff. One person said, "I have the same carer come every day. She has that care about her and gives me hug. Makes me feel wanted and comfortable."
- Staff clearly explained people's diverse needs and preferences. For example, one person attended a social group each month that was organised by their religious centre. Staff recognised the importance of this group, and how the person enjoyed discussing what had happened during the group visit.

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

- People told us that they felt involved in their routines and made decisions about how they would like to be supported.
- Records showed that people had been involved with the development of care plans. The registered manager advised that people, relatives and staff were then encouraged to write on care plans when they identified any additional important information. These hand-written annotations were then quickly included in care plan updates.

Respecting and promoting people's privacy, dignity and independence

- A relative said, "They are always drawing the curtains when supporting [person's] personal care. They are always supporting [person's] privacy."
- Staff were aware of the need to keep people's personal information private. During the inspection, they were careful to only disclose required information to the inspector.
- Staff spoke in a caring and dignified way about people that they supported. Where staff recorded people's support needs, these were documented in a caring and respectful way

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- The previous report was rated 'requires improvement' in this domain. This is because daily records did not clearly show what support staff offered. This had improved and clear documentation was kept. This showed that thorough and responsive support was offered.
- The previous inspection also found some concern with care plans. We compared current care plans to previous care plans, and saw they were much more thorough. We did note that some changeable health conditions did not have adequate guidance. This has already been reported in 'safe'.
- People told us that staff were aware of how to support them, and new staff met people with existing staff so they could learn the person's preferences.
- Staff had good knowledge of people's preferences. For example, a staff member was supporting someone by going shopping. They said, "[Person] has written down that they want two slices of meat. That's not much to go on, but I know exactly what slices of meat they want."
- People's basic oral health care needs were recorded in care plans. This provided guidance on how staff could support people's oral hygiene. The registered manager explained that currently people did not have complex oral needs, but intended to develop oral care plans if their needs increased.

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.

- The registered manager was aware of their requirements under the AIS. The service had worked to ensure people were given information in an understandable way.
- For example, one person liked to be involved with their medicine's but could not read the information on medicine labels. The staff created this information in large print, so they could be involved in taking their medicine.

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

- Those people who required activities that were culturally relevant to them, were supported to access these.
- The registered manager and staff had a good knowledge of people's social network and relationships that were important to them.

Improving care quality in response to complaints or concerns

- People told us that they had not had reason to complain. One person who had made a complaint, felt it had been responded to quickly and appropriately.
- While on inspection, the registered manager received a phone call complaint about the service. The registered manager was observed to listen carefully to the person's concern and put in place quick actions to ensure the person's concerns were responded to.

End of life care and support

- People's end of life preferences were supported. A staff member said, "[Person] wanted to pass away at home, so we gave them the care they wanted at home. It is people's decisions who cares for them at the end of their life. If they want hospice we'd support that and help them move."
- Staff explained that people were supported to have appropriate health and social care support when they came to the end of their life. For example, staff arranged for a GP to visit to support someone to make an advanced decision about their resuscitation needs.
- We observed the records of someone who had received end of life care. These were thorough and caring in their documentation.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- All staff, people and relatives, described a caring and well led service which achieved positive outcomes for people.
- Throughout the inspection, the registered manager displayed a positive attitude, and described their aim to provide good outcomes for people.
- Records showed us that people received good quality care, which provided good outcomes for them.
- There was a clear focus on supporting people to receive the care that they needed. Staff were free to spend as much time as needed with people. For example, if their care took 20minutes, this is what the care cost the person. If they required additional support that day, then the payment system was flexible to respond to these changes. People advised that staff always supported them for as long as needed and were not rushed.

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 recognised their legal responsibility to be open if things went wrong. Where things had been a concern, the registered manager was open and thorough in their investigations.
- There is a legal duty for the service to notify the CQC about events that happen at the service. The registered manager had ensured these notifications had been submitted as required and in a timely way

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

- There was a registered manager in position. A registered manager is responsible for the safe running of a service. We spoke to the registered manager and they were aware of their responsibilities and were keen to provide a high-quality service.
- Auditing occurred at the service to ensure care met good standards. Where concerns were raised on inspection (with medicine and care plans), the registered manager quickly began action to resolve these concerns and review any gaps in their auditing.
- The service met legal requirements by providing safe care that met people's needs well. Staff and the registered manager were aware of the legal requirements that guided their work.

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

- People and staff told us that they felt listened to, and that they were approached for feedback on the service. One person said, "I got a questionnaire and I sent it back. But I had nothing to complain about."
- Records showed us that people's feedback was considered and resulted in changes to care planning

Continuous learning and improving care

- The registered manager advised that they were keen to further develop the service and had considered how this could be done. They had considered the use of electronic systems instead of paper, and discussed the strengths and weaknesses of a system change on people that used the service.
- There was a clear governance structure, to ensure that systems and processes were regularly reviewed. Any concerns highlighted were reviewed and actioned promptly.

Working in partnership with others

- The registered manager described attending Local Authority meetings, to ensure that their skills and knowledge remained up to date.
- People told us and records showed us that staff worked in partnership with health and social care professionals to ensure care was high quality. For example, staff supported a person with specialised mobility equipment. Staff had received professional guidance in how to use this specific equipment safely.