

JM Carehomes Limited

# JM Carehomes Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

The inspection took place on 30 March 2017. JM Carehomes Limited provides a domiciliary care service which offers personal care, companionship and domestic help to support people living in supported accommodation. They are currently supporting 40 people.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safeguarded from the potential of harm and their freedoms protected. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff had received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people. The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance were sought from health care professionals, including GPs and mental health professionals. People were supported with their nutrition and hydration needs. Staff supported people with their medication when required.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff were attentive to people's needs and treated people with dignity and respect.

People were supported with activities which interested them. People and their representatives knew how to make a complaint and the service had processes in place to deal with these.

The registered manager had a number of ways of gathering people's views including talking with people, staff, and relatives. In addition the registered manager also gained people's views by the use of questionnaires. Quality monitoring audits were completed to help ensure the service was running effectively and to make improvements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

People were supported with their medication if required.

### Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to, and they were supported with their nutritional choices.□

People had access to healthcare professionals when they needed to see them.

### Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

# JM Carehomes Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 30 March 2017 and was announced. We told the provider 48 hours before our visit that we would be coming. We did this to ensure the registered manager was available as they could be out supporting staff or people who used the service. The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service. This included any notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed information received from a local authority.

On the day of the inspection we met the registered manager and operations manager at their office and spoke with them. We also visited two of the supported living schemes and spoke with five people and four care workers.

We reviewed four care records, training records, three staff recruitment and support files, medication administration charts and audits and questionnaires.

# Is the service safe?

## Our findings

People told us they felt safe using the service, one person said, "The staff help me get ready for everything I need to do." Another person said, "I like living here, the staff are kind."

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. One member of staff said, "If I had any concerns I would talk with the person and then report my concerns to the manager." Another member of staff said, "I would report any concerns we have a 'whistle blowing' policy, if I was not satisfied I would go to an outside agency like the CQC." The registered manager and operations manager ensured staff knew how to raise safeguarding concerns by discussing this at staff meetings and through ensuring staff were up to date with their training. In addition if they had any safeguarding concerns they raised these with the local council to investigate.

There were arrangements in place to help protect people from the risk of financial abuse. Staff supported people with budgeting their finances, all receipts were kept and these were regularly audited to ensure there were not any irregularities.

The service undertook risk assessments to ensure people were supported safely and that staff were safe when working with people. The risk assessments were individualised to meet people's needs and were aimed at supporting people with their independence so that they lived full active lives. These assessments identified how people could be supported to maintain their independence with everyday activities of daily living. The assessments covered such things as assisting people with personal care, supporting people at meal times, road safety, managing money, environmental risks and challenging behaviour. Risk management processes were intended to enable people to continue to enjoy things that they wanted to do rather than being restrictive. Staff demonstrated a good awareness of areas of risk for individuals and told us how people were supported to manage the risks. They also knew how some community activities could be more risky for people due to their certain vulnerabilities and how at these times they required one to one staff support. This meant they were not prevented from accessing the community but could be supported safely.

Staff knew what to do if there was an emergency or if people became unwell in their home. Staff were trained in first aid and knew if somebody was physically unwell to call their GP, 111, or for an ambulance.

There were sufficient staff employed to keep people safe. The registered manager told us that they had a regular team of staff to provide support and that they did not have any issues covering shifts. The registered manager told us that they were very selective about the staff they employed to ensure they had the correct skills to meet the needs of the people they supported. The service did not use agency staff this meant people were consistently supported by the same staff. Staff told us that they always had enough staff and could support people inside the supported living homes as well as in the community as required.

The registered manager had an effective recruitment process in place, including dealing with applications

and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). We reviewed three staff files and saw all the appropriate checks had been completed.

Staff supported people to take their medication when required. Staff were trained to support people with their medication and kept appropriate records of this. Staff prompted people to take medication and supported them to obtain their prescriptions. Medication was provided by local pharmacies in blister packs for people. One person said, "The staff help me take my medication." Staff also underwent competency checks from the operations manager to ensure that their skills were safe when dealing with medication.

## Is the service effective?

### Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us that they were supported to complete nationally recognised training courses. One member of staff told us, "I have completed my national vocational qualification (NVQ) level 3 and have just spoke to the manager about doing level 5 as I want to progress my career." Training was provided to staff through e-learning as well as face to face. Following the completion of courses and e-learning the operations manager did knowledge checks with staff to ensure they had understood the training. In addition the operations manager accessed courses for staff from the local authority and other professionals such as an epileptic nurse specialist. Staff told us that they had recently attended training with the epilepsy nurse, one, member of staff said, "This training really helped as we look after two people with epilepsy and I understand it better now and feel more confident dealing with seizures."

Staff undertook a thorough induction when they started at the service. New staff worked alongside more experienced staff as part of their induction. One person using the service also told us, "I help new staff and tell them what to do." One member of staff said, "When I first started I spent time going through policies and procedures and got to know the people I would be working with." The operations manager told us that they tended to employ staff who were recommended or had previous care experience. All staff were then enrolled to complete as a minimum an NVQ level 2. One member of staff said, "The manager has really supported and helped me to complete my NVQ." Staff told us that they felt well supported at the service and had regular supervision and meetings with the operations manager to discuss their performance and identify any further training needs.

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. The majority of people who used the service had capacity to make their own decisions and staff were fully aware of how to support people to make choices for themselves with day to day activities. We saw from records where people had guardianship order's in place over their finances, which were closely monitored. We also saw where one person had been subject to MCA level 2 assessments for individual decisions in regard to their care and living arrangements. This told us that people's rights were being protected.

Where required people were supported with their dietary needs. People living in the supported living houses bought their own food and were able to cook for themselves. Staff told us that some people needed more support when cooking to make sure they were safe in the kitchen and staff supported them to develop their cooking skills. Staff also supported some people to go shopping, one person said, "We go shopping together to buy food." Another person told us, "I can do my own breakfast I have toast and cereal, and a sandwich for lunch." Staff told us that they tended to assist people to make light snacks and would cook a main meal once a day either with their help or they would do it for them. People told us that they had choice over what they wanted to eat.



People if required were supported to attend healthcare appointments. Staff told us that they had assisted people to go to hospital or doctor's appointments when required. In addition staff supported people to stay in contact with their mental health teams and community nurses. The registered manager told us that they made sure that people were registered with GPs and that they had regular health reviews. One person said, "Staff came with me this morning to have a blood test done at the doctors." The operations manager told us that they had a chiropodist that visited people at home if they required this service and that they supported people to attend other appointments such as to the dentist or opticians.

## Is the service caring?

### Our findings

People were very complimentary of the support they received from staff and how caring the staff were. One person said, "Staff are kind they treat me like family, I am very well looked after." A relative commented, "My relative is well cared for and happy."

Staff knew people well, including their life histories and their preferences for care. Staff knew how people liked to be supported and told us they aimed to help people keep their independence. Staff were able to describe to us how people had their own individual routines and how people liked to have things done differently from each other. A member of staff said, "We support people to regain their independence, to make their dreams come true." Another member of staff told us how they had worked with a person for a number of years and had seen their confidence and skills grow. They told us that they felt very touched that on mothering Sunday they had brought them a bunch of flowers. Another person told us, "The staff are very good and caring, they help me. I can sort out my own washing and put into the machine and staff help me put it on the right program."

People were actively involved in decisions about their care and treatment and their views were taken into account. Each person had a key worker this is a named member of staff who worked closely with them and reviewed their care needs and support plans with them. We saw from care records that people discussed their support needs each month to see if they were still appropriate or if they wanted any different support. One person told us, "My keyworker is very good, they are friendly and support me. I can talk to them about anything and they give me good advice." When appropriate, staff supported people to have other professionals involved in their care who could act as advocates, such as social workers or community nurses.

People were supported to maintain contact with their family. Some people were supported to travel to see relatives. Staff told us how some people had minimal contact with relatives but they did encourage them to continue making contact. A member of staff said, "One day their relative responded to a text they had sent and they were so over joyed to have heard from them."

People's diverse needs were respected. People were supported to follow their cultural beliefs and celebrations. This included celebrating religious festivals and supporting some people to attend church. Where required people were supported with specific dietary requirements. Staff were respectful of people's privacy and dignity. A member of staff told us, "We always respect people's privacy and wait to be invited into to people's rooms."

## Is the service responsive?

### Our findings

People received care that was individual to them and personalised to their needs. The operations manager met with people, to complete a full assessment of their needs and to see if these could be met by the service. During this meeting the operations manager gained the information needed to understand people's personal histories, their preferences for care and how they wanted to be supported. People moving into the supported living, were invited to spend time at the services to see if they wanted to live there. The operations manager worked with people and their relatives to develop support plans aimed at helping them develop their skills of independence. People met with their key worker each month to ensure their support plan was still relevant to their needs.

The service was responsive to people's needs. For example one person who required wheelchair access the operations manager arranged for ramps to be fitted at the service and for their room and bathroom to be adapted to aid their independence. Another person who needed to have visual aids to help them with their daily routines, the operations manager arranged for them to have a board put up in their bedroom to show them what each day their activities and routines would be. They told us that this has really helped to motivate the person and that they are far more active now than they used to be.

Staff supported people to follow their hobbies and interests. One person told us how they had been supported to attend a computer course each week. The registered manager told us that staff supported people to locate and access courses that interested them. They also supported people to access voluntary work, one person said, "I am going to work." Staff told us that they attended the 'Growing together' project, which is an allotment where people take part in gardening and growing vegetables. Another person told us how they liked to make bracelets and that staff sometimes helped them. People were also supported with leisure activities in the local community and to take holidays. People had enjoyed holidays abroad with staff and we saw that these had been well planned and risk assessed to ensure that people were supported throughout and could enjoy the freedom of being able to travel to other countries.

The provider had a complaints process in place. People we spoke with said that if they had any complaints they would raise these with staff or the operations manager. The service also received compliments one said, 'Refreshing to see dedication of support staff and management, willing to go above and beyond their duties to ensure wellbeing of clients'.

## Is the service well-led?

### Our findings

The service had a registered manager. People were very complimentary of the manager and operations manager they were very visible within the service. One person told us, "We see the manager all the time, when they come in." A member of staff said, "The operations manager comes around 2 or 3 times a week to check everything is okay."

The service promoted an inclusive and person-centred culture. People benefitted from a small staff team that worked well together, and were consistently supported by the same staff. Staff told us, "We are a good team, we all work together." Staff shared the same vision of the service, to promote people's independence and enable them to live a fulfilled life. One member of staff said, "We aim to help people gain their independence." Another member of staff said, "We want people to feel empowered and be well cared for."

Staff felt supported at the service. All the staff we spoke with felt they were supported by the registered manager and operations manager, one member of staff said, "The manager is always available to talk to, and we see them every day or talk to them on the phone." Staff received regular one to one supervision where they could discuss any training needs or ideas they had about the running of the service, the operations manager also held a weekly meeting that staff could attend. In addition all staff also received a yearly appraisal from the operations manager. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People and their relatives were actively involved in improving the service they received. The registered manager gathered people's and their relative's views on the service through direct feedback, telephone calls, emails and by using questionnaires. The responses and feedback from the surveys were positive. In the supported living schemes there was a house meeting with people and staff where any issues were discussed and ideas shared on the running of the service. We saw that the management responded to request and feedback from these meetings. This showed that the management listened to people's views and responded accordingly, to improve their experience of the service.

The registered manager had a number of quality monitoring processes in place, these included reviewing people's care records and written notes, financial records and medication records. The registered manager and operations manager were very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.