

Josben Care Services Limited

# Josben Care Southampton

## 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Josben Care Southampton is a domiciliary care agency which provides support and personal care to people living in their own home. The service provides support to older adults who may be living with dementia. At the time of our inspection there were 9 people using the service.

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

The provider's systems and processes to monitor and improve the safety and quality of the service were not effective. The provider had not always maintained an accurate, complete and contemporaneous record in respect of each service user.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People's care needs were assessed before their care started. Staff completed induction and training designed to give them the knowledge and skills needed to meet people's care needs. Staff understood and promoted people's independence.

People's individual communication needs were assessed and taken into consideration. Staff felt supported by the management team.

People said they felt safe when being supported by staff. People were protected from avoidable harm because staff knew how to identify and report any concerns relating to the risk of abuse. Staff knew people well and were able to promptly identify when people's needs changed, and they sought professional advice appropriately.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 14 January 2022 and this is the first inspection.

### Why we inspected

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

### Enforcement and Recommendations

We have identified breaches in relation to need for consent and good governance at this inspection. We recommend that the provider refers to best practice and up to date guidance in relation to staff recruitment.

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

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## 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 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** ●

# Josben Care Southampton

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was completed 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 the service 24 hours' notice of the inspection. This was because the service is small 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 19 April 2023 and ended on 26 April 2023.

#### What we did before the inspection

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 sought feedback from the local authority.

We used all this information to plan our inspection.

#### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with the provider. Telephone calls to people using the service and their relatives. Emails to staff and electronic file sharing to enable us to review documentation.



# 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.

### Staffing and recruitment

- Recruitment checks were not always fully completed as some staff did not have the appropriate checks before being employed in the service. For example, evidence of conduct in all relevant previous employment and gaps in employment dates was not always explored.
- Checks were made on their suitability through 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 care calls were on time and consistent. Feedback we received included, "When our main live in carer has a break, her replacement always arrives in good time, as do the ones who provide a two hour break each afternoon. They've never let us down." and "Always, the evening visit sometime stretches a bit if we chat too much!"

The provider was given information and guidance on CQC's requirement of employment for Regulation 19. We recommend that the provider refers to best practice and up to date guidance in relation to staff recruitment and ensures there are systems in place to monitor this.

Following the inspection, the provider told us they had taken action to improve current recruitment documentation. We haven't been able to assess the impact of these actions but will do so at our next inspection.

### Assessing risk, safety monitoring and management

- People received an initial assessment of their needs and risks were recorded. However, risk assessment relating to specific risks were not always in place. For example, a person who was assessed as being at risk of pressure sores and a person who was at known risk of choking did not have risk assessments in place.
- A person living with a long term condition did not have a relevant care plan providing guidance to staff on how the condition effected them and how to manage the condition effectively if it exacerbated.
- People had not been impacted due to how well staff knew people and were familiar with their needs. This is an area requiring improvement.
- There were environmental risk assessments in place. The registered manager had assessed and identified potential risks in people's homes to reduce and mitigate the risk of harm to the person or staff.
- There were contingency plans in place to help ensure the service ran safely in the event of extreme circumstances, such as severe weather or staff shortages. People's care needs had been assessed to identify those most vulnerable, to ensure their care calls were prioritised.

Following the inspection, the provider told us they had started to make amendments and improvements to care plans and risk assessments. We haven't been able to assess the impact of these actions but will do so at our next inspection.

#### Using medicines safely

- A person prescribed a medication, lacked guidance in place to ensure best practice was being followed. This resulted in the person not having their medication for pain relief for 24 hours. The provider told us that they did not have these in place.
- Some people were prescribed 'as needed' (PRN) medicines, which require clear protocols for their use. Guidance in the form of protocols or care plans were not always in place. This meant the provider could not be assured PRN medicines were always administered consistently. People's allergies were not always recorded on the MAR.
- Staff had received medication training and had regular competency checks. Policies were in place to support medicines management.
- Relatives told us they were happy with the way medicines were managed. One relative said, "They're very prompt and regular giving [relative] her tablets. They always make a record of what they've given".

Since the inspection the provider sent us a backdated patch rotation chart which is now in place. The provider has confirmed that allergies are now recorded on the MAR charts.

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

- The provider had a safeguarding policy in place, which detailed actions to help keep people safe in the event of concern to their safety or wellbeing.
- Staff had received training in safeguarding and understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm.
- People felt safe with the staff. Comments included, "It's good, I feel looked after well". A relative commented, "We have no qualms at all about [relatives] safety".

#### Preventing and controlling infection

- There were systems in place to help keep people and staff safe and protected from the spread of infection.
- Staff had completed infection control training and had a good understanding of infection control practices.
- A person told us, "They're all meticulous. Masks are a bit of a pain because they muffle talking".
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# 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.

- The provider was not always working within the principles of the MCA.
- For some people, where they may not have capacity to make a decision due to an impairment of the mind or brain there was not always assessments of their capacity or recorded best interests decision in relation to their care. For example, consenting to necessary medicines, consenting to be helped with personal care and capacity to sign their care plans.
- Mental capacity assessments had not been completed in line with best practice guidance. For example, for each MCA there needs to be a separate best interest decision. A person had been assessed as lacking capacity to make two separate decisions about their care, however, there was only one best interest decision in place covering both MCAs and not one for each specific assessment.
- Staff had received MCA training and had access to the provider's MCA policy.

The provider had not acted in accordance with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider told us they had completed mental capacity assessments and best interest decisions for people who lacked capacity to make a decision. We haven't been able to assess the impact of these actions but will do so at our next inspection.

Staff support: induction, training, skills and experience

- Staff had completed training relevant to their roles. This included topics such as safeguarding, diet and nutrition and infection control. A staff member said, "there is continuing professional development with lots of e-learning in place."
- Spot checks were completed to provide assurances of staff competency and performance in their daily roles. This included observations of staff supporting people with their medicines and was used to help develop staff and to identify any further training needs to improve the care provided. Staff were supported through supervisions where they could discuss any issues.
- Staff received an induction into the service and completed training in line with the Care Certificate when they started. 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.

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

- Assessments of people's needs were completed. Staff provided support depending on people's needs. Information had been sought from the person, their relatives and other professionals involved in their care.
- People and relatives spoke positively of the service, feedback included, "They know me, and I know them, especially my evening carer," and "They're value centred, they care for [relative] as their own."
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

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

- Staff provided the required level of support people needed with preparing their meals and drinks of their own choosing.
- People with more complex needs received support to eat and drink in a way that met their personal preferences.
- Staff had received training and recognised the importance of good nutrition and hydration.

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

- People had good support to access other health professionals to maintain and improve their wellbeing.
- Staff ensured any health advice for people was discussed at handovers between shifts, and staff made time to encourage and support people with daily living skills and any ongoing reablement.

# 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

- All of the people and relatives we spoke with were positive in their feedback about the care and support provided by Josben Care. A person told us, "They couldn't be kinder. Lively, knowledgeable, courteous, and friendly without being too familiar. I think they do an excellent job for us." and "Oh yes, they're very nice."
- Feedback from relatives included, "[Relative's] carer knows and anticipates their needs. [Staff] sings and dances and kind of radiates a sense of fun which makes [relative] smile."
- Staff received training on equality and diversity which helped ensure they respected people's individual needs.

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

- Care plans were developed with people and their relatives, where appropriate. Relevant health and social care professionals and the staff team who knew people well also contributed to care plans.
- Care plans included detailed background information of each person and their goals and objectives. This helped to ensure staff had a good understanding about the individual so they could provide person centred care to the person.
- Relatives told us they were consulted on behalf of people who couldn't make their wishes known regarding their care. Feedback included, "We have a working care plan which we all look on as a guideline for [relative's] care." and "We do have reviews but sadly there's little change year on year."

Respecting and promoting people's privacy, dignity and independence

- The staff respected people's privacy and promoted their dignity and independence. One person told us, "Being showered by a female was a bit strange to start but she's [staff] very polite, asks permission and is gentle, no problem."
- Staff had received training in privacy and dignity in care.

# 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

- Overall care plans were personalised and the service responded promptly to changes to people's care needs. Care plans included people's preferences, their social background and things that are important to them.
- Staff understood people's daily routines and care calls were planned to accommodate these. Daily routines were detailed and contained sufficient information to support staff in the delivery of care.
- One family member explained, "The [staff] know my [relative] as well as their own, their likes, dislikes, moods, need for peace and quiet, when [relative's] not well and so on." A person told us, "We've got a good working relationship."

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 included in their care plans.
- One person had a hearing impairment and reduced communication ability. There was detailed information on how staff have to anticipate and interpret her needs at all times.

Improving care quality in response to complaints or concerns

- At the time of our inspection, the provider had not received any complaints. An accessible complaints procedure was in place to enable people and their relatives to raise any concerns.
- People told us that although they had never had cause to complain, they wouldn't hesitate to speak up if they had to.

End of life care and support

- No one was receiving end of life care at the time of the inspection.
- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care and would respond to any requests or advance wishes.

# 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

- At this inspection, the provider was in breach of 2 regulations. The provider had failed to ensure need for consent and good governance. We recommended the provider refers to best practice and up to date guidance in relation to staff recruitment and fully mitigating risks around supporting people with all their needs is an area requiring improvement. The provider's governance systems had not identified these issues and therefore we were not assured about their effectiveness.
- Medicines audits were completed. We were not assured they were effective. For example, the dates of the audits were inconsistent and it did not indicate complete checks of the medicine administration records (MAR). The registered manager had not identified through the quality checks process, a person was being given medication at times outside those instructed on the MAR and there was a delay in a person receiving their pain relief.
- Some risk assessments did not clearly outline the risks to people and how these risks were being managed by staff supporting them. While staff understood people's needs and supported them safely, these were not always clearly recorded.
- The providers system to monitor people's care records to ensure these remained accurate and up to date was not effective. For example, mental capacity assessments had not been completed for people even though the provider had identified in other parts of the care records that the person lacked capacity.

The provider's failure to implement effective quality assurance systems and processes to monitor and improve the safety and quality of the service. Failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and staff had good knowledge and understanding of the people they were supporting and knew them well. People and their relatives told us they had a positive experience with the service. One relative told us, "[Staff] has got such a relationship with my [relative] that they anticipate any risk. We've never had an issue since [staff] started looking after them."
- Staff told us they had regular contact with the registered manager. They found them to be exceptionally supportive. One staff member told us, "I would describe the management as responsive in a professional

manner, there always there if you need anything and they always look out for the wellbeing of the staff as well."

- Staff felt respected, supported, and valued which supported a positive culture. There was regular communication between staff members to help ensure consistency in care and the smooth running of the service. One staff member told us, "They have an open door policy, very approachable. You are free to share your concerns and views. There is no blame culture, you feel like part of a family."
- Staff told us they were happy working at the service and felt supported by the registered manager. One staff member told us, "I feel proud, you get to make a difference in the life of service users, it gives me a sense of purpose and adds more meaning to my life. It is very rewarding."

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 understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- There were policies and procedures in place to respond to incidents, safeguarding alerts and complaints

Continuous learning and improving care; Working in partnership with others

- People and their relatives told us they felt confident that the service would act if they suggested an area for improving care.
- The provider worked in partnership with others which ensured people had access to all health services to meet their needs and help them remain independent in their own homes.
- Staff were passionate about enabling people to live their best lives.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not acted in accordance with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's failure to implement effective quality assurance systems and processes to monitor and improve the safety and quality of the service. Failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>