

Jocelyn Cares Domiciliary Limited

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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

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

About the service

Jocelyn Cares is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection it provided a service for 4 elderly people, people with a learning disability and autistic people. The Care Quality Commission (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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support

People were kept safe. Staff knew how to raise safeguarding concerns and how to report them appropriately. Risks to people were identified as part of the assessment and care planning procedure. Risk management strategies were in place to assist staff to manage these risks and to identify triggers for behaviours that may display distress, for people they were supporting. There were sufficient numbers of staff to meet people's needs. We saw medicines were managed in a safe way.

People were supported to have maximum choice and control over 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.

Right care

Staff received a wide range of training to ensure they had the skills and knowledge to support people safely. Staff told us they also received good support in their supervision with the registered manager.

People's dietary needs were being met, and they had access to healthcare services where needed.

People were supported by staff in a kind and caring way. People were supported and encouraged to maximise their full potential where-ever possible. Staff knew the people well and care records which were well maintained and easy to access, detailed people's preferences, likes and dislikes.

A complaints procedure was available and displayed to enable people to access it if they or their relatives

had a need.

Right culture

People received personalised care and support to meet their needs and wishes.

People using the service, relatives and staff were given the opportunity to provide feedback on the service. Audits took place to ensure the quality of the service was maintained.

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

Rating at the last inspection and update

The last rating for the service was inadequate [published April 2022] and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since April 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for this service has changed from inadequate to good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

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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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

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 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 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. 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 this information to plan our inspection.

During the inspection

We spoke with the registered manager and the care coordinator. We reviewed a range of records. This included 4 people's care records and needs / risk assessments. We looked at 5 staff files to check safe recruitment was followed. We also reviewed a variety of records relating to the management of the service, including policies and procedures, training and quality audits.

We spoke with 3 people who used the service and 5 relatives about their experiences of the care provided. We continued to seek clarification from the provider to validate evidence found and reviewed additional management records sent to us. We looked at training and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was rated inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems and processes safeguarded people from the risk of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were protected from the risk of abuse. Appropriate safeguarding policies and procedures were in place to protect people from the risk of potential abuse. The registered manager and staff were able to describe appropriately the types of abuse people who receive support might face and what actions they would take if these concerns arose.
- People and their relatives said they felt safe with staff. People told us staff supported them well and were careful to meet their needs. One person said, "I have a regular group of staff who support me, I am very happy with the staff I get". A relative said, "They do everything we need them to do and more if we ask them. They never rush us."
- Staff received training for safeguarding adults at risk of abuse that they told us helped keep them up to speed with current best practice and legislation.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to sufficiently assess risks and monitor and manage people's safety. This was evidence of a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- People's needs were assessed and their safety was monitored and managed to support them to stay safe. Risk assessments contained information and guidance for staff to follow to reduce the risks identified, such as with personal care and moving and handling.
- People's falls risk assessments contained sufficient information for staff about people's mobility and their risk of having a fall. People's care plans contained enough information for staff about what actions they

should take to prevent people falling and how to support them to mobilise safely. This decreased the risk of some people falling and hurting themselves.

Staffing and recruitment

At our last inspection the provider had failed to provide a sufficient number of suitably competent and skilled staff to provide safe care. This was further evidence of a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were enough staff to support people safely. The registered manager told us they also worked as care workers when necessary.
- People told us that staff maintained good timekeeping and stayed for the agreed length of time. One person said, "Staff are usually on time. If they are going to be late because of traffic they always let me know by telephone." Another person told us, "I have the same staff and they do everything that's been agreed in my care plan. If I ask for something else, they never refuse. I am very lucky".
- All staff received comprehensive training in the necessary areas of their work including moving and handling and staff were suitably competent and skilled to provide people with safe care. People told us staff were knowledgeable and good at their work.

At our last inspection the provider had failed to follow safe recruitment practices and this was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Appropriate recruitment checks were carried out before staff started working. This helped to ensure people were supported by suitably skilled and experienced staff. The checks included references from previous employers, appropriate identity checks and Disclosure and Barring Service [DBS] checks.

Using medicines safely

At our last inspection the provider had failed to administer medicines safely. This was further evidence of a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were administered safely. Where people needed some assistance with their medicines a plan was developed for each individual person, so appropriate assistance could be provided to people. Medicines administration records (MARs) were completed by staff and returned to the office for auditing. MAR's were up to date and accurate. Staff received training in medicines administration. Checks confirmed people received their medicines safely and as prescribed from staff qualified to administer medicines.
- There were appropriate instructions for staff on how to give people their PRN (when required) medicines.

Preventing and controlling infection

At our last inspection the provider had failed to sufficiently prevent and control infection. This was further evidence of a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were protected from the risk of infection because staff followed appropriate infection control procedures in order to help keep them safe. The registered manager confirmed staff followed the infection control procedures in place.
- Staff received training in infection control and the safe use of personal protective equipment to reduce the risk of infections including COVID-19.
- The registered manager carried out regular checks of infection control practices to ensure staff followed current guidance.
- Staff told us personal protective equipment was available to them and we saw staff accessed and disposed of this appropriately.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Learning lessons when things go wrong

At our last inspection the provider had failed to learn lessons when things went wrong. This was further evidence of a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider and staff learnt lessons when things went wrong or when there were incidents where people expressed distress or aggression.
- The provider had audit systems in place to ensure lessons were learnt when things went wrong. The registered manager told us there was a review system in place and discussions were held with staff, so if there was an incident, lessons could be learnt to prevent similar incidents wherever possible.

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 our last inspection this key question was rated requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide staff with appropriate support, training, professional development and supervision. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were supported with regular supervision and training. There were well maintained training and supervision records that evidenced this.
- Staff understood their roles and felt confident with the training they received. One member of staff said, "The training has been good for me. It helps me to do my job properly. I enjoy the training I get with this company."
- Staff received induction training we saw was comprehensive in its coverage of the policies and procedures new staff would have to work with. We noted staff were supported and encouraged to gain the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The Care Certificate aims to equip support workers with the knowledge and skills needed to provide safe care. This meant people were being supported by staff who were trained in nationally recognised care standards.
- Training covered topics such as the safe administration of medicines, food safety, manual handling, dementia, infection control and safeguarding.
- The registered manager carried out regular supervision with staff. Staff told us they felt supported in their work. This meant staff had received appropriate support and professional development. Staff understanding, competency and skills were checked regularly.

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

- We saw people's needs were assessed in collaboration with the person, relatives and health professionals to ensure the service was able to meet the person's needs and wishes.
- People's care plans included their healthcare conditions and the care and support they needed.
- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included the people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

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

- People were supported to maintain a balanced diet. Staff recorded when and what people ate and drank. This meant staff could monitor people's food and fluid intake to ensure they had enough to eat and drink.
- Staff had the necessary training to support people to maintain a balanced diet. One member of staff said, "Where people have specific dietary needs, I follow the guidance provided in the care plan."
- A relative told us, "They do help my [family member] with their food and meals. I can say that they are very happy with their meals."
- Some people received support with preparing and cooking meals and they were encouraged and supported to eat nutritious and varied meals.

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

- Staff told us people's care plans were helpful in providing all the information staff needed about people's healthcare needs and how best to meet them. The care plans we reviewed evidenced the expected outcomes which were agreed with people. This meant staff were able to support people to lead healthier lives.
- Most people managed their own health and medical conditions with help from their families.
- Staff worked closely with external health professionals to ensure people's needs and wishes were met. Referrals for people were made to GPs and other healthcare services as required in a timely manner.
- One relative told us their family member was supported by staff to mobilise every day. They told us this had had a positive impact on the person as it had helped them to become more mobile and generally to feel better overall.

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 found the service was working within the principles of the MCA.

- All but one person had mental capacity and they were able to make decisions for themselves. For the person concerned who required help making some decisions, they were supported by their family.
- The people and their relatives who we spoke with told us staff asked people for their consent to proceed before providing care.

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 requires improvement. At this inspection this has changed to 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 and their relatives said staff were committed to providing good quality compassionate care and support. They said staff were well informed, trained in the necessary work areas to support them effectively and went the extra mile to ensure people were well treated and supported to meet their needs.
- One person told us, "They are absolutely brilliant. I have no complaints only praise for what they do for me. Kind and caring and nothing's ever too much trouble". A relative said, "We are very happy indeed with the way they care for [family member]".
- Staff received training in equality and diversity and understood people's needs.

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

- People were supported to express their views and were fully involved in making decisions about their care. The registered manager told us they carried out monitoring visits to speak with people and their relatives to find out their views on the quality of their care and if any changes were required, they were made.
- Staff provided care in line with people's preferences, including how they liked to receive their personal care and their food and drink. Staff told us, "We follow the guidance set out in people's care plans, which we can access on our phones. We know exactly what to do when we arrive." People confirmed this and told us staff asked them if they needed anything else to be done for them on the day.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them to maintain their independence as far as possible. They said staff provided personal care support sensitively and always asked them how they would like to receive their support.
- A relative told us, "Staff respect my [family member]. They provide good care that meets our wishes for privacy and dignity".
- Our discussions with staff showed they understood how to maintain people's confidentiality. Staff received training to understand their responsibilities in relation to this.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has changed 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

- People's care plans were personalised, detailing health needs, backgrounds and people who were important to them. Care plans were kept up to date so they remained reliable for staff to follow.
- People and their relatives told us they were involved in the initial assessment and care planning and in any care plan reviews when they took place.
- Staff knew people's individual needs and preferences well as they worked closely with them and understood their risk assessments and care plans.
- People and their relatives all complimented this provider in being very responsive to their needs.

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 provider met the AIS and key information was provided to people in alternative formats if necessary.
- The registered manager regularly spoke to staff about AIS and implemented appropriate methods of communication with people where required.
- Care plans detailed people's individual communication needs.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints policy and procedure in place that people and staff were aware of. People said they knew how to raise any concerns or complaints they might have and they said they were confident issues were dealt with quickly and swiftly.
- Where there were complaints, the registered manager was able to demonstrate what action was taken and that it had been taken in a timely way and resolved for all involved.

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

- People were supported both to develop and maintain relationships that were important to them. People told us they kept regular contact with their relatives. One relative commented, "The good work staff do with [family member] have really helped us to maintain the relationship with them."
- People told us they were supported to pursue the social interests and activities that were important to them.

End of life care and support

- At the time of our inspection no one was receiving end of life care. However, the registered manager told us they would work closely with the person, their relatives, the local hospice and others involved in their care to plan and provide end of life care when necessary.

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 the service was rated requires improvement. At this inspection has changed to good. This meant the service was consistently managed and well-led.

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

At our last inspection the provider had failed to be clear about the manager's role and understand quality performance, risks, regulatory requirements and guidance. This was further evidence of a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the time of the last inspection the registered manager was covering the care and support function to people [who used the service]. This limited their ability to provide the necessary oversight and management of the service. Since then the provider employed more staff to take on the role of the support workers and also employed a full-time admin officer. This enabled the registered manager to take on the role fully and comprehensively and to make the necessary changes to the service provision as was indicated in the last inspection report. We saw evidence both in the records we inspected, from people, their relatives and other healthcare professionals that service provision had been completely reviewed and the new framework implemented and fully embedded.
- The registered manager understood their role and responsibilities, as did the staff.
- The quality assurance systems in place helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided.
- The provider carried out a regular service quality assurance audit which was closely aligned to that of the Care Quality Commission.
- Service user satisfaction feedback questionnaires were sent out and we saw all the responses were positive about the quality of support people received.
- Staff were well supported with good training and one to one supervision.
- Regular monitoring visits of staff practice were undertaken by the registered manager. This enabled the registered manager to monitor how staff were working practically with the person as well as checking time keeping and monitoring their performance. In this way they were able to ensure improvements were made where necessary.

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

At our last inspection the provider had failed to promote a person-centred culture that was inclusive and empowering. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People and their relatives were happy with the care and support they received. They told us the registered manager had a positive attitude and they felt able to communicate any concerns or changes they required in their care packages.
- People said the agency communicated well with them and made regular checks to monitor the quality of the care and support being provided. They said the provider worked well with the local authority and held regular reviews which helped to ensure their needs were met.

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

At our last inspection the provider had failed to involve and engage people and staff and fully consider their equality characteristics. This was further evidence of a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People and their relatives told us they were fully involved in the service they received. They said any special requests or needs were taken seriously and where appropriate integrated into their care plans.
- People said the agency communicated very well with them but also said they were able to contribute suggestions to how the service could be improved. They told us they felt listened to.
- There were systems in place to ensure the service sought the views of people through regular reviews, keyworker meetings, resident's meetings and annual surveys.
- Staff told us they regularly spoke with people to ensure they were happy with the service they received.

Continuous learning and improving care

At our last inspection the provider had failed to continuously learn and improve care. This was further evidence of a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- We observed staff discussed people's daily needs and any issues or concerns. Staff team meetings were held on a regular basis and provided staff with the opportunity to discuss issues relating to the management of the home.
- The registered manager recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements if required.
- Audits were carried out by the registered manager and staff on a regular basis in areas such as medicines

management, care plans, staff records, health and safety and the home environment. Where required action plans were developed to address any issues or concerns identified.

Working in partnership with others

- The service worked with other organisations and agencies including GPs and pharmacies; district nurses; St Christopher's Hospice; day centres and local authorities.
- People and their relatives spoke positively about the joint working between other services and this provider. Comments we received reflected this, "We are very happy with the care and support we receive," and "No problems at all, it's worked out really well."

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 was aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency and candour when things had gone wrong.
- Managers and staff communicated openly and honestly with people and their families and other organisations when something went wrong.