

Jemis Care Ltd

# Jemis Care

## Inspection report

1 High Street  
Unit F8, First Floor  
Southall  
UB1 3HA

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31 March 2022

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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?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Jemis Care is a care agency providing personal care and support to people living in their own homes. 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. At the time of the inspection, two people were receiving a regulated activity.

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

The person and relative we spoke with told us they felt the service was safe, caring and met people's needs. However, during the inspection we found the management of risks was not always effective as risk management plans were not always developed to provide care workers with guidance on mitigating the identified risks to people.

The provider did not always follow safe recruitment practices as they did not always carry out appropriate checks to help ensure they only employed suitable staff.

The principles of the Mental Capacity Act were not consistently followed. However, overall people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Some areas of care records were person centred but other areas lacked detail. We have made a recommendation about ensuring records reflected person centred care.

The provider had some quality monitoring process in place, but these had not always been effective as they had not enabled the provider to identify and address the issues we found during the inspection.

Staff followed appropriate infection prevention and control practices. Care workers were supported in their roles through training and regular contact with the registered manager.

People and relatives were involved in planning their care and felt able to give their views. People were supported by staff who understood their culture and could speak their first language.

The person and relative we spoke with told us the manager was accessible and responded to their concerns.

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 and update

This service was registered with us on 15 September 2020 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 are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care, safe recruitment and good governance. 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.

## 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.

**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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Jemis Care

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was conducted 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 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.

Inspection activity started on 31 March 2022 and ended on 5 May 2022. We visited the location's office on 31 March 2022.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

#### During the inspection

We met with the registered manager. We looked at records the provider used for managing the service, including the care records for two people who were using the service on the day of the inspection and the records of a third person who was in hospital at the time of the inspection. We also looked at two staff files and other records used by the provider for monitoring the quality of the service. We spoke with one person who used the service and one relative.

# 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.

### Assessing risk, safety monitoring and management

- Risk assessments were not always robust enough. Identified risks had not always been risk assessed and a risk mitigation plan implemented. For example, the records noted two people were at risk of falls but there were no risk mitigation plans. Another person had asthma but there was no information about how the condition affected them.

Systems had not been used effectively to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the provider sent us a number of updated risk assessments which included diabetes.
- Risk assessments had been carried out in people's homes relating to health and safety and the environment to help protect people and staff who provided care.

### Staffing and recruitment

- The provider did not always follow safe recruitment procedures to help ensure new care workers were suitable for the work they were undertaking. We looked at both staff members' applications to confirm if the provider had met the legal requirement of recording gaps in applicant's employment history.
- We found one person had not written in dates for when their previous employment began and ended which meant the provider was unable to confirm any gaps in employment. The person had worked at two care agencies previously but there was only one reference recorded. After the inspection the provider emailed us a reference from the other care agency which confirmed the dates the person worked with the agency.
- The second employee did not have any references. The registered manager said they had received a verbal reference from their last employer, but this was not recorded. After the inspection the provider sent two character references for the staff member. This meant the provider had not sought evidence of satisfactory conduct from previous employers before employing people in their service.
- The second staff member had a status of British overseas territories citizen but there was no record they had permission to work in the UK.

This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People we spoke with said care workers generally arrived on time and stayed for the agreed length of time.
- People received support from the same staff which provided consistency of care. One person told us, "The best thing is that they are regular carers and being consistent is most important."

#### Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to help safeguard people from abuse. This included safeguarding adult and whistleblowing procedures.
- Staff had completed training around safeguarding to help them recognise abuse and how to respond.
- One person confirmed they felt safe with the agency and care workers.
- The service had not had any safeguarding alerts, but the registered manager understood their responsibilities in relation to safeguarding, and appropriate systems were in place. The registered manager showed us a template they had to follow and told us they would report any concerns immediately to the local authority.

#### Using medicines safely

- Medicines were managed safely. The two people receiving care at the time of the inspection both self administered their own medicines. However, the provider had completed a risk assessment to help ensure this was completed safely.
- The provider had a medicines policy and staff had completed medicines training in preparation for when they did have to administer medicines.

#### Preventing and controlling infection

- The provider had infection prevention and control policies and procedures and staff were trained in infection control.
- The provider had general COVID-19 risk assessments and said they would complete individual assessments for people and staff.
- People had individual risk assessments for infection control specifically for food preparation and prevention of cross contamination.
- Staff had relevant training and were provided with personal protective equipment (PPE) such as gloves and masks to protect people from the risk of infection.

#### Learning lessons when things go wrong

- The provider had systems for learning lessons when things went wrong and procedures for responding to safeguarding alerts, complaints and incidents and accidents.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 had a process for identifying and supporting people who lacked the mental capacity to consent to their care but had not always implemented this effectively. In one person's record's their relative had signed care plans but there was no evidence the relative had lasting power of attorney (LPA), although the registered manger thought they had. We discussed with the registered manager ensuring they had proof of LPA.

We recommend the provider consider current guidance around the Mental Capacity Act 2005 and take action to update their practice accordingly.

- The provider had an MCA policy and procedures in place.
- Where people were able to sign their consent to care form, these were signed appropriately.

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

- The registered manager told us people's needs were assessed prior to starting the service to confirm these could be met by the provider and the assessments formed the basis of people's care plans. However due to building works, the provider was unable to access the assessments at the time of the inspection.
- People and relatives confirmed people's needs were assessed. One person told us, "They follow the care plan and I have had risk assessments done."

Staff support: induction, training, skills and experience

- People were cared for by staff who had the skills and knowledge to provide safe care to people. The team

was very small, comprising of the registered manager and two care workers. This meant the registered manager was able to provide ongoing direct support, supervision and training to the care workers.

- Staff undertook training courses that were relevant to the care they provided. This included safeguarding adults and infection control. Both care workers were undertaking 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. It is made up of the 15 minimum standards that should form part of a robust induction programme. One person told us, "[Care workers] have been trained."

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

- People were supported to have enough to eat and drink.
- People's nutrition and hydration needs were assessed and recorded in care plans so staff had appropriate information to care for them.

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

- People's health needs and wellbeing were monitored appropriately. All people using the service lived with relatives who supported them with their medical needs including health appointments.
- The provider worked in partnership with people's families to help ensure people were cared for in a way that met their health needs.
- The registered manager told us if people did not have family to support them, then the agency would ensure people received the support they needed to live healthy lives.

# 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

- People were well treated and supported. Comments included, "They're great. Very efficient, personable. It shows if you like the job and with [the registered manager and care worker] they are very affectionate, caring and friendly. All that makes a difference."
- Care plans recorded people's cultural and religious needs, as well as their interests and background to give staff context when supporting them. People's preferences for how they liked personal care, including the gender of the care worker, was also recorded and respected.
- The staff team were from different backgrounds that reflected the people they cared for. The registered manager told us this meant, for example, they could cook traditional meals for one person.

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

- People and their relatives confirmed they were involved in planning and making decisions around the care they received. One person said, "They listen to what I ask them to do."
- Records included information around people's wishes and preferences about how they wanted to be supported in areas such as personal care and nutrition.

Respecting and promoting people's privacy, dignity and independence

- People and relatives felt care workers tried to ensure people's privacy, dignity and independence were respected when providing care. One person said, "I am treated with dignity and respectfully" and a relative commented, "They always talk [person] through what they are going to do."
- The registered manager explained to us how they promoted people's dignity and treated people respectfully particularly when providing personal 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 requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider had care plans in place around people's health care and support needs, but these did not always contain enough detailed information for staff around people's support needs. This meant care plans were not always personalised. For example, one person was diabetic and required support with foot care but there was no guidance in the care plan around this. The registered manager said they would update the care plan and risk assessment to more fully reflect the person's needs.
- The registered manager told us they supported a person to go shopping but there was a lack of information about this in the care plan.

We recommend the provider follow national guidance around providing and recording person centred care.

- Notwithstanding the above, records contained information about how people liked support in areas such as personal care and recorded people's preferences. People and relatives confirmed the care plan was followed and they were supported in a way that met their needs and preferences.
- Care records indicated the registered manager and one care worker provided day to day care but there was a second care worker when required. This meant people were supported by the same care workers who knew their needs and provided consistency.

End of life care and support

- The registered manager told us no one using the service was receiving end of life care or support at the time of our inspection. End of life care was not an integral part of the care planning process. This meant the provider could not demonstrate people using the service were asked about their wishes and preferences regarding end of life or had their wishes identified and recorded so the information was known to the provider should they require it. The registered manager told us they would develop end of life records.

We recommend the provider follow national guidance around recording people's preferences, including end of life care.

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. The care plan identified any communication needs, for example a hearing or vision impairment, what support was required and the person's preferred language.
- The care worker was able to speak the first language of the two people currently using the service.
- The registered manager told us, if required, they could produce information in different formats including other languages.

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

- All people using the service lived with their family which helped to reduce social isolation.
- Care plans identified family and friends who were important to the person and included information about people's social history, culture, religion and interests which helped the staff to understand about the people they were caring for.
- When one person wanted to go out shopping, this was supported.

Improving care quality in response to complaints or concerns

- The provider had systems in place for responding to complaints, however, there had been no formal complaints received by the provider. This was reflected in the feedback from people and their relatives.
- As the registered manager was one of the two main carers, they had regular contact with people and their relatives and therefore could act on any concerns before they escalated.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider did not have robust audits and quality assurance processes to enable them to assess and identify required actions.
- The provider did not always carry out adequate checks to ensure care plans were up to date and provided personalised information about people's health conditions, care preferences or end of life care discussions.
- During the inspection we saw identified needs assessments were not always carried out and risk management plans did not always have enough detail to mitigate potential risks. This meant care workers may not have had the most up to date information to provide appropriate and safe care.
- Safe recruitment procedures were not always followed.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This 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

- The provider created a person-centred and open culture. The registered manager knew the people being cared for and staff well.
- People and their relatives were involved in planning their care and staff knew how to meet people's needs. The person we spoke with and relative confirmed they were happy with the care they received.

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 had policies and procedures in place to respond to incidents, safeguarding alerts and complaints and knew who to notify if things went wrong.
- The registered manager was aware of their duty of candour responsibilities. They told us they had to be transparent and report everything including near misses.

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

- The registered manager and staff team understood their roles and had a clear management structure.

- The service was appropriately managed. The registered manager had a background in social care and training and was suitably qualified.
- People and their relatives had regular contact with the registered manager.

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

- People and their relatives felt involved in their care and felt listened to. For example, one relative told us if they needed to change the visit times, the provider accommodated this.
- The provider identified people's equality characteristics. For example, the main care worker spoke the same language as people using the service which promoted good communication with people.
- The registered manager held regular team meetings to share information and give staff the opportunity to raise any issues.

Working in partnership with others

- The provider received email information from social carer organisations such as the local authority, Skills for Care and CQC to keep them up to date with current guidelines and practice.
- As all the people using the service lived with their relatives who supported them to liaise with other agencies, the provider had not made many community links, but would be able to support people and make appropriate referrals should it be needed.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not always assessed or done all that was reasonably practicable to mitigate the risks to the safety of service users.</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always have effective systems to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not make sure that recruitment procedures were operated effectively to ensure the suitability of each person employed to care for service users.</p> <p>Regulation 19 (1)</p>