

Jemis Care Ltd

# Jemis Care

## Inspection report

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

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24 April 2023

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service responsive?

**Good** ●

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, one person was receiving a regulated activity.

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

During the inspection we found the management of risks was not always effective as risks were not always identified and risk management plans were not always developed to provide staff with guidance about how to mitigate identified risks to people.

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

The relative we spoke with told us they felt the service was safe, caring and met the person's needs. The provider followed safe recruitment practices to help ensure suitable people were employed. Staff received appropriate training to meet people's care needs. Appropriate infection prevention and control practices were followed.

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.

The care plan provided information about the person's care needs and how they would like their care to be provided. They were supported by the same staff who understood their needs and preferences.

The registered manager was approachable and involved in the day-to-day care and running of the service, including providing hands-on care.

The provider had procedures for managing incidents, accidents, safeguarding alerts and complaints.

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

The last rating for this service was requires improvement (published 24 May 2022). 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 the provider remained in breach of regulations.

### Why we inspected

We carried out an announced comprehensive inspection of this service on 31 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

For the key question not inspected, we used the rating awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jemis Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to safe care and good governance at this inspection.

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?

**Requires Improvement** ●

The service was not always 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 responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# 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 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 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 19 April 2023 and ended on 1 June 2023. We visited the location's office on 24 April 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback

from the local authority. We used the information the provider sent us in the provider information return (PIR). A PIR is information providers send us to give some key information about the service, what the service does 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 one person who was using the service on the day 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 relative of the person using the service and with one care worker.



# 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 we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- Risks to the person's safety and wellbeing were assessed and monitored. However, we found catheter care had not been identified as a risk and therefore lacked an assessment about the risks associated with catheter use and guidance for staff to ensure the person received care safely.
- We also found that the provider had completed a risk assessment for pressure sores and identified the person was at high risk, but they had not completed a risk mitigation plan to provide staff with guidance about how to provide care to minimise the risk of pressure sores. However, the impact on the person was reduced because although not part of a risk mitigation plan, we saw there was a daily repositioning and skin inspection chart in place to monitor skin integrity.

This was a repeated breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found other examples of where both risk assessments and mitigation plans were in place. For example, for medicines and moving and handling.
- The person's risk assessments and the plans to help keep people safe were regularly reviewed and updated to reflect any changes in their circumstances.
- The person's relative told us they thought the care provided was safe and said, "I can trust them totally with [my relative] and get on with what I need to do".

### Staffing and recruitment

At our last inspection we found the provider did not always follow safe recruitment procedures to help ensure new care workers were suitable for the work they were undertaking. This was a breach of regulation 19(1) 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.

- The provider had enough staff to help ensure the person's care and support needs were met.
- The person using the service received support from the same staff which provided consistency of care.
- The provider followed safe recruitment procedures to help ensure new staff were suitable for the work they were undertaking. Staff recruitment records included completed application forms, references, identity checks and confirmation that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

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

- The provider had systems and processes to help protect people from abuse.
- Staff had completed safeguarding training to help ensure they had the ability to recognise when people were at risk of abuse and knew how to respond to help ensure people remained safe.
- The relative of the person using the service told us they felt their relative was safe with the agency.
- The provider had not had any incidents, accidents or safeguarding alerts raised since the last inspection. However, there were systems in place to manage these appropriately if needed. The registered manager understood their role around safeguarding and knew how to raise a safeguarding alert.

#### Using medicines safely

- Staff did not administer medicines at the time of the inspection, but were available to administer medicines if required.
- The provider had a medicines policy and procedure in place and staff had completed medicines training to help ensure they were able to administer medicines correctly.

#### Preventing and controlling infection

- The provider had effective infection prevention and control measures in place to help keep people safe.
- Staff had completed infection control training and used appropriate personal protective equipment (PPE) such as gloves and masks appropriately.

#### 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. However, the provider had not yet had any to respond to.



# 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 we rated this key question 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.

### 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.

At our last inspection we recommended the provider consider current guidance around the Mental Capacity Act 2005 and take action to update their practice accordingly. We checked whether the service was working within the principles of the MCA at this inspection and found they were.

- The provider had an MCA policy and procedures in place including a process for identifying and supporting people who lacked the mental capacity to consent to their care.
- The person using the service had appropriately consented to the care they received.
- Staff received training on the principles of the MCA.

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

- The provider assessed people's needs prior to starting the service to confirm these could be met. These assessments formed the basis of people's care plans.
- Assessed needs included medical information, dietary requirements and communication.
- The care plan was reviewed and updated when there was a change in need.

### Staff support: induction, training, skills and experience

- Staff were supported to provide effective care through induction, training and supervision. The person's relative felt staff had the required level of skill and told us, "They absolutely have appropriate skills and training to care for [my relative]. Everything that needs to be done is very high quality. They know how to move [my relative] and what they can and can't do. I can't fault them".
- Training records confirmed staff received training and support relevant to people's needs, for example catheter care.
- Staff received one to one supervisions and unannounced spot checks to help ensure good practice when

supporting the person they cared for.

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

- The person using the service was supported to have enough to eat and drink.
- Nutrition and hydration needs were assessed and recorded in the care plan so staff had appropriate information to care for the person.

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

- Health needs and wellbeing were monitored appropriately. The person using the service lived with relatives who supported them with their medical needs including health appointments.
- 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 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. At this inspection the rating 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

- At the last inspection we recommended the provider follow national guidance around providing and recording person centred care. At this inspection we found the person using the service received personalised care which met their needs and reflected their preferences.
- The care plan contained information for staff to support the person's health care and support needs. There was detailed information regarding how the person liked personal care, what they could do independently and where they required assistance.
- The person's relative told us the person's needs were met and said staff were "all up to speed on what needs to be done".
- The same staff provided support to the person which provided consistency and helped the staff get to know the person and their preferences. The relative said, "The same carers come. It is a small team. [Person] is familiar with all of their team and happy to see them all".
- The care records showed when a change in circumstance occurred, the care plan had been reviewed and updated to reflect the changes.

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.

- The care plan included information about the person's communication needs. The person could communicate in several languages and received support from staff who could speak these languages. This helped to ensure the person's needs and preferences were being understood.
- The registered manager told us, if required, they could produce information in different formats including other languages and easy read.

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

- The person using the service lived with their family which helped to reduce their social isolation.
- The person was supported by the same staff so there was an opportunity to build meaningful relationships with the staff providing care to them.
- The care plan identified family and friends who were important to the person and included information about the person's social history, culture, religion and interests which helped the staff to understand about

the person they were caring for.

Improving care quality in response to complaints or concerns

- The provider had suitable systems for addressing complaints but had not had any complaints since they had become operational.
- The relative we spoke with knew how to make a complaint if they needed to.
- Due to the small number of people being supported by the service, the registered manager had regular contact with people and their relatives and was able to address issues before they escalated.

End of life care and support

- At the time of the inspection, no one required end of life care.
- The registered manager told us the person currently using the service did not wish to plan their end of life care at this time. However, staff were available to plan end of life care if people wished to do so.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection we found the provider did not have robust audits and quality assurance processes to enable them to assess and identify required actions. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

- The provider had processes in place to monitor service delivery. However, the quality assurance systems were not being operated effectively as demonstrated by shortfalls identified during the inspection.
- During the inspection we identified a risk assessment was not carried out and a risk management plan was not in place to mitigate potential risks. As these issues were not identified by the oversight systems, they were not resolved promptly which meant people could be at risk because the quality assurance systems required improvement.

We found no evidence that the person had been harmed, however, systems were not always 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. People and their relatives were involved in decisions regarding people's care and their views were listened to.
- The relative of the person said they felt supported by the care provided. They told us, "The carers are excellent. We feel privileged and very lucky to have found them. Sometimes they go over and beyond. They are very efficient".
- Staff were happy working for the agency and told us the registered manager was approachable. One staff member said, "I have full support from my manager. [The registered manager] is a very nice manager. Definitely I can speak to her when I need to, no question".

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.

- They understood their responsibility around the duty of candour and the requirement to notify appropriate agencies including CQC if things went wrong.

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

- The registered manager and staff understood their roles and responsibilities. The registered manager was also the owner of the service. They were suitably qualified with a background in social care and training.
- The registered manager worked closely with staff in the day to day running of the service. This included providing direct care, which helped to ensure staff had the required support to deliver a good quality of care and that there was ongoing monitoring to inform future practice.

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

- The provider engaged with the person using the service and their relative. The relative said, "Communication is very good. They are always in touch if the carers are running late. They manage expectations. I can rely on them whenever I need them. They are always on hand".
- The provider was keen to listen to what people had to say and told us, "As we are still a small care agency, I ensure that I am part of the hands-on staff and in this way, usually I seek feedback on how the care is. This way I get feedback that I act on. [For example,] we get requests to adjust our start times and we are fairly flexible".
- The views of staff were also sought through regular supervision.
- People's diverse needs such as culture, religion and language spoken were considered as part of the assessment process.

Working in partnership with others

- The registered manager told us that the person using their service lived with relatives, and it was mainly them who provided support with appointments. However, if required, they would be able to support people and make appropriate referrals as needed.
- The provider received email information from social care organisations such as the local authority, Skills for Care and CQC to keep them up to date with current guidelines and practice.

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>