

Jeremys Carebuddies Limited

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Inspection report

Vista Office Centre
50 Salisbury Road
Hounslow
Middlesex
TW4 6JQ

Tel: 02085380127

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

Jeremys Carebuddies Limited is a domiciliary care agency providing personal care and support to people living in their own homes. They are registered to provide care to all adults including those who may be living with dementia and have disabilities. The provider is also registered to provide the regulated activity of treatment of disease, disorder or injury. We did not inspect this regulated activity on this occasion.

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 our inspection they were offering personal care to 13 people.

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

Risks to people had been assessed by the provider and reviewed. Care workers had received medicines training and refresher training, and medicines administration was undertaken in an appropriate manner.

We found one of the three electronic records we looked at did not always contain information which was kept in paper files in people's homes. There was a danger therefore office staff might not be fully aware of the guidance staff were following. This indicated electronic records had not always been robustly audited.

People and relatives spoke positively about their care workers and the care they received. Some relatives mentioned care workers sometimes ran a little late, but none felt this was a problem. People and relatives told us they thought the service was provided in a safe manner and found the registered manager was accessible and responsive to any concerns they raised.

Care workers had received infection control training and were provided with personal protective equipment (PPE) to protect themselves and the people they offered a service to from the risk of cross infection.

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. People gave their written consent for their care and treatment and if someone acted on their behalf the provider checked they had a legal right to do so.

The registered manager assessed people prior to offering a service to determine their support needs and their preferences. The care plans were person centred and contained guidance for staff about how people wanted their care provided.

The registered manager had recruited a new care co-ordinator to support with the management of the agency. They had improved communication systems with people and staff.

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

Rating at last inspection (and update)

We carried out an announced comprehensive inspection of this service (published 25 September 2019) and breaches of legal requirements were found. There were breaches of regulation 9 (Person centred care), regulation 11 (Need for consent) and regulation 17 (Good governance). 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 they were no longer in breach of the regulations 9, 11 and 17. We found whilst the provider was no longer in breach of the regulations they were still rated as requires improvement in the well- led key question. This was because the provider did not work in partnership with the CQC and did not always facilitate inspection visits. In addition, although much improved since the last inspection they had not identified through checks and audits an electronic care plan was not updated in line with the person's current moving and handling requirements in a timely manner.

Why we inspected

This was a planned inspection to check the provider had completed actions to address the breaches identified at our previous inspection of July and August 2019.

Enforcement

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.

The last rating for this service was requires improvement and we found improvement had been made and they were no longer in breach of the regulations and the service has improved to a rating of good overall.

Follow up

We will return to visit as per our re-inspection programme. 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 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

Jeremys Carebuddies Limited

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.

Inspection team

The inspection team consisted of one 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 and treatment of disease disorder and injury to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure the registered manager would be available to give us access to the records. Inspection activity started on 24 May 2021 and ended on the 14 June 2021.

What we did before the 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 of this information to plan our inspection.

During the inspection

During our site visit on 24 May 2021 we met with the registered manager and care co-ordinator. We reviewed three people's care records and their associated documents including their daily notes. We looked at three staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

On the 28 May 2021, we telephoned and attempted to speak with 11 people and/or their relatives. We were successful at speaking with one person and five relatives about their experience of the care provided. On the 14 June 2021 we wrote to eight staff and received two replies.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were identified, and measures put in place to mitigate the risk of harm to people.
- The registered manager assessed and identified possible risks to people. Risk assessments and associated care plans were comprehensive.
- Risk assessments and care plans detailed the support people required to keep them safe from harm. This included, moving and handling guidance for care workers. For example, guidance detailed what equipment was used to support people to transfer from their bed to an armchair and what mobility support was required.
- Further risks to people that had been identified and assessed included risks about physical health, mental health, medicines, eating and drinking and pressure ulcer care. Guidance for staff was clear in the associated support plan.

Using medicines safely

- Medicines were administered in a safe manner, but we did identify an area where an improvement could be made to ensure staff information was up to date.
- We saw service user care plans listed people's medicines. The list contained both previous and current medicines. It was not clear from the list which medicines were currently in use and which were not. Therefore there was a concern staff may not have an up to date reference should they need to check a query about medicines.
- Staff received medicines administration training. Care workers comments included, "I go for training every year when due," and "Yes yearly and sometimes we get reviewed in the office." Records demonstrated care workers were observed as competent prior to administering medicines.
- The registered manager audited MARs on a regular basis. Records we reviewed demonstrated the registered manager audited and addressed poor recording with the individual staff member.

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

- The registered manager had systems in place to identify and report abuse. They were able to demonstrate to us what steps they would take should they have concerns of a safeguarding nature.
- People and relatives told us they felt they and their relatives were supported in a safe manner. Their comments included, "I am safe and don't have any worries," and "My relative is most definitely safe."
- Staff had received safeguarding adults training, and their comments about the actions they would take included, "Report to the office so further investigation can take place and log in the book," and "Let the registered manager know and take action."
- The registered manager had oversight of accidents and incidents and described how they shared learning

with staff. Staff were kept informed of changes to procedures and reminded at staff meetings of actions they must take to keep people safe.

Staffing and recruitment

- The provider followed a safe recruitment process. Prospective staff completed an application and attended an interview to assess their aptitude for a caring role. The provider undertook checks of identity and criminal records, right to work in the UK and obtained references from former employers.
- People and relatives spoke positively about the staff and the care they received. Whilst a couple of relatives mentioned care workers sometimes ran a little late none felt this was a problem and stated their care workers always stayed for the full time allotted, so they remained satisfied with the service they received.
- Their comments included, "I have been using Jeremys [Carebuddies] for three years now and I am very happy with them, [Care workers]...I more or less know who is coming as we have a routine. They are always on time but sometimes they get stuck in traffic. They stay for the full half an hour but if they do need to rush off, they make up the time at the next visit," and "My relative has been using Jeremys [Carebuddies] since February 2020 and is getting on brilliantly. My relative and the carers have adapted well to each other. The [Registered manager's] ability to select staff is really good."

Preventing and controlling infection

- The provider had systems and processes in place to ensure safe infection control. Care workers received training in infection control and food hygiene. They had been provided with information about how to use personal protective equipment (PPE) in a safe manner. Care workers remained in small teams supporting the same person on each occasion to avoid cross infection.
- Care workers told us, "We are given all safety equipment in the pandemic which has helped me feel safer," and "I have been okay during the COVID-19 because we are given all PPE equipment to keep safe at [people's] homes. I wear a mask at all times and given the same rota and bubble to work in."
- During spot checks and observations the management team monitored to ensure care workers used PPE in an effective way. Relatives and people confirmed PPE was worn by care workers when they visited. One relative commented, "My relative is absolutely safe and the carers wear gloves, masks and aprons."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good

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

At our last inspection in August 2019 we found a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because relatives who did not have the legal right to sign documents on people's behalf did so and people did not sign to demonstrate they consented to their care and treatment. At this inspection we found they were no longer in breach of this regulation.

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 checked whether the service was working within the principles of the MCA.

- The registered manager had a MCA policy and procedure for guidance to determine when there was a need to assess a person's capacity to consent to their care and treatment.
- They appropriately assumed people had the capacity to make decisions unless there was an indication they may not. If there was an indication people may no longer have the capacity to make their own decisions, a mental capacity assessment and best interest decision was undertaken.
- When relatives stated they had Lasting Power of Attorney (LPA), the registered manager asked for and received evidence of LPA authorisation. LPA is the legal right to make a decision of someone's behalf. Care records prompted care workers to give people choice and respect their decision.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to eat and drink enough and encouraged healthy living and access to health services.

- When people required support to eat this was stated in their care plan and there were clear descriptions about how they wanted their food to be served. We noted in one care plan a thickener was stated for drinks. The amount of thickener and speech and therapist guidance was not in the care records. We were informed this was in the person's care plan in their house. The registered manager sent this to us following the inspection.

- Relatives told us their family members were well supported. One relative commented, "The staff are well trained and well informed because they are contributing to [family member's] good health. One carer cut my relatives hair, shaves them, brings them treats and engages with them as a person. They continued to describe how the care workers met their family member's dietary requirements and stated, "They give my relative protein drinks and ice cream...when I am old, I want Jeremys Carebuddies."

- Staff encouraged physical exercise when it was appropriate for the person. One person was encouraged and supported to ride their exercise bike as a way of keeping fit and strengthening their legs.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked with hospital staff including social workers to facilitate peoples' safe return to their home after a hospital admission. They had attended reviews organised by social care professionals which included people's relatives, social worker and the occupational therapist. The registered manager kept relatives informed of concerns. A relative told us, "They would notice if my [family member] was unwell and call me about any concerns."

- One person who used the service spoke highly of support they received when they were unwell. They told us, "The [Registered manager] is very good...I wasn't very well and was very sick. The [Registered manager] brought me smoothies and fruit, they went up and beyond to help me. They offered me more visits...when I was poorly, they [Care workers] did what I asked them to do and they kept a check on me."

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

- The registered manager assessed people prior to offering a service these were undertaken in a thorough and appropriate manner. This was to check their support needs, medical history and determine their preferences. The registered manager told us, "[When a] new client comes from hospital, we go to assess to get their medical history and [determine] if we need go to their home and assess," They described how sometimes they started to support people who were being discharged from hospital and helped relatives with getting the person's house ready for their return, fill the fridge and leave a vase of flowers to welcome them home.

- Care plans reviewed were detailed about people's preferences and daily schedules. This indicated information was gathered prior to assessment about their preferences. People and relatives told us, "I got the care plan from the hospital where I met the [Registered manager] they took me through it," and "The care plan was done at the hospital."

Staff support: induction, training, skills and experience

- The registered manager ensured staff received support and training to undertake their role. Staff were provided with relevant training and three-monthly supervision. Care workers told us they found supervision and support from the registered manager and care co-ordinator helpful. Their comments included, "[Registered manager] is kind and patient and listens to me" and "We have video meetings and supervision in the field."

- The registered manager had training to be able to train their staff in medicines administration and moving and handling. Care workers undertook refresher training and the registered manager carried out observations to ensure care workers were competent. Other training completed by the care workers included, safeguarding adults training, MCA, equality and diversity, personal care, pressure ulcer care and end of life care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good

This meant people's needs were met through good organisation and delivery.

At our last inspection in July and August 2019 the provider had not always carried out an assessment of needs and preferences for the care and treatment of the service user. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of this regulation.

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

- Care plans were person centred and clearly reflected how people wanted their care to be provided. Care plans and daily notes were written in a respectful manner, contained people's preferences and confirmed care was being provided as people had requested.
- Care plans contained a description of people's background, home life, their family and friends. This helped staff understand them in the context of their lives. There were clear descriptions of how people preferred staff to act around them. For instance, being chatty, or being quiet or prompting a careful approach as the person startled easily at a sudden noise.
- Staff guidance when providing personal care was clear, included continence care as well as oral care and grooming support. Specific instructions included, how people liked to be dressed for dinner and when and how they wished to be supported to retire for the evening.

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.

- People were supported to have accessible information. People's care plans contained guidance for staff about how they understood what was being said to them and how they communicated. The care plans were written in a sensitive respectful manner. For example, one plan described how best to communicate with a person who had a hearing impairment and sometimes became confused, "[Person] likes people who are slow, who explain things, who are polite and who do not shout. ...please talk with [person] not at [person] ...be patient and calm, respect [person's] intellect ...pay attention and ask questions."
- The registered manager described how people they were currently supporting could understand English well including the written word. Most people also had support from their relatives to manage documents and communications. They confirmed they would, if needed, print out documents in a large font or use picture/symbols to aid understanding or talk through what the document was about.

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 to maintain relationships and access activities meaningful to them. Some care workers provided, 'Live in,' 24-hour care or extended visits to keep people company. They understood people's likes and dislikes and supported people to go out for walks or read and watch television. The registered manager told us prior to the COVID -19 pandemic people were supported out on a more frequent basis and individuals went for walks with their care worker's support.
- The registered manager told us, one person liked to have their evening meal watching a particular television programme, so they moved the late afternoon call forward or back slightly to accommodate the programme time changes. This meant the person was supported to enjoy their meal and watch their favourite programme.

Improving care quality in response to complaints or concerns

- People and their relatives had been supported to complain and the registered manager had protocols in place to respond to complaints in a timely manner. There was a complaints policy and procedure in place. People were provided with, 'Service user guides,' which contained information about how to raise a complaint.
- People and relatives confirmed they felt they could raise a complaint or concern to the registered manager, and they would address the issue. Their comments included, "The [Registered manager] is responsive and helpful. They really believe in this stuff. I think [Registered manager] does this because they care and not for profit. I have no complaints about the care", "I have not made a complaint and I rely on [Registered manager] if there is a problem and it is always resolved" and "I haven't made a formal complaint but have discussed issues with [Registered manager]. [Registered manager] runs the service well because they are responsive and when things aren't going right, they will react to the situation."

End of life care and support

- At the time of our inspection the agency was not providing end of life support to any of the people they cared for. Care workers had received training in end of life care. The registered manager told us in the event of a person requiring end of life care they would work closely with the GP and palliative care team.

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 this key question was rated as requires improvement. At this inspection this key question has remained the same.

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.

At our last inspection in July and August 2019, we found systems were either not in place or robust enough to identify the shortfalls found at that inspection. This was a breach of regulation 17 (Good guidance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvement had been made and the provider was no longer in breach of regulation 17.

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

- The registered manager undertook audits and checks to have oversight of the service provision and we found improvements since our last inspection. However, those audits had not identified that the electronic care records of one person out of three people whose records we looked at did not include all the necessary guidance to provide safe care to them. The manager said they had updated the person's electronic care records and this had not saved, but the records in the person's home had been amended. They added that they will update the person's electronic care records.
- The CQC inspectors had found it difficult on occasions to gain access to the location to inspect the service. We had told the provider we were intending to inspect on a number of occasions but each time the registered manager was not able to accommodate our visits. During the introduction of our inspection we spoke with the registered manager about the barriers we experienced to gain access to the registered manager and the location. Our difficulty in accessing the registered manager and location, demonstrated the provider was not always working in partnership with the CQC and did not fully understand the regulatory requirements of the CQC. However, during the inspection the registered manager provided access and information in an open and transparent manner.
- Provider oversight of MCA, medicines administration records, daily records, staff recruitment, training and supervision was in place. The registered manager and office staff undertook regular documented spot checks of staff visiting people in their homes. A care worker confirmed, "Yes, they have done spot checks." In addition, they made telephone calls to both people and their relatives to check the quality of care provided.
- The registered manager was, 'hands on' in their approach to working with people and their families in the field. To ensure administration and office tasks were completed the registered manager had recruited a care co-ordinator to support them with aspects of office management such as monitoring, supervision of care workers and the administration of the service.
- Relatives spoke positively about the recruitment of a care co-ordinator. Their comments included, "The staff in the office are helpful and [Registered manager] is charming, full of care and knows her onions. The

new care coordinator is filling a void and is really helpful," and "The [Registered manager] is a good manager and is always available. There is a new coordinator who phoned me up to introduce themselves and seemed very chatty and very approachable. I would recommend, [Jeremys Carebuddies Limited] to others, and rate them as 9/10, [but in] in my experience it's 10 out of 10."

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 engaged well with people and their relatives. People who used the service and relatives spoke positively about engagement from the registered manager and office staff. Their comments included, "Jeremys is well run. I phone the office or [Registered manager] direct. We have 24-hour daily cover and the staff are very pleasant. [Family member] says to me, 'They [care workers] are nice to me. I have the care plan with me, and I would rate Jeremys as 8 out of 10," and "I don't know about the office staff as I don't phone them. It's all on the [Registered managers] shoulders. [Named care worker] is a superstar."
- There were good lines of communication between the management team and care workers. Staff told us they felt well supported by the registered manager and office staff. They described how the registered manager kept in contact with them in a number of ways. Their comments included, "We have regular [Telephone App] messages and [Video] calls. [Registered manager] texts us regularly about any update or we inform [Registered manager] and the office," and "The office is helpful, and communication is good with carers. They listen and attend to our needs...[Registered manager] texts us regularly."
- The registered manager told us, they paid established senior care workers more as an incentive to stay with the company. They also had a staff rewards scheme which recognised good practice such as punctuality and going above and beyond their role. The provider described they had company cars some care workers could use and also, they paid care workers for petrol use. Two care workers travelled to all their calls together in one car this supported the care workers to avoid public transport delays and reduced the risk of exposure to COVID-19 when using public transport.
- The provider recorded people and staffs' protected characteristics and described how they took these into account. For example, they discussed with people how they could best support them through the COVID-19 pandemic and risk assessed accordingly.

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 open and transparent with people and their relatives. The registered manager described to us how they believed in being honest and open with people and their families stating they would share and try to address any errors or mistakes. They told us, "Be open and transparent, I tell staff when you tell the truth, if you make a mistake be honest, don't cover your tracks. [Staff] know if you tell me, I will give them training and tell the family. The other team [Staff bubble working with other people] knows and we all learn. If you lie there is no trust and we will not work with you again."

Continuous learning and improving care; Working in partnership with others

- The registered manager kept their training updated. The registered manager told us they were a registered nurse and kept their knowledge updated through the Nursing and Midwifery Council website, and they reviewed NICE guidance (The National Institute for Health and Care Excellence) for best practice and changes in approach and treatment.
- The registered manager told us they had worked in partnership with other domiciliary care agencies and they knew other registered managers with whom they could check best practice and share ideas.