

Jennifer M Whittall Ltd

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Inspection report

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15 November 2022

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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

About the service

Jennifer M Whittall Ltd is a specialist provider which provides bespoke case management support and advice to both adults and children with life changing injuries, including spinal cord injuries and acquired brain injury. The provider also works with adults and children who have sustained life changing disabilities as a result of clinical negligence. Case managers work with people to set up and coordinate their rehabilitation, care and support needs. This is mainly funded by legal compensation claims. Jennifer M Whittall Ltd oversee the recruitment process, training and performance of staff employed directly by the people using the service. At the time of our inspection there were 5 people receiving support with personal care needs.

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.

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

People felt safe with the staff who supported them. The provider's recruitment procedures helped to protect people from receiving care from unsuitable staff. Staff had been trained and knew how and when to report any concerns about people's well-being to keep them safe. Risks to people were assessed and plans in place to mitigate those risks. People received their medicines when they needed them from staff who were trained and competent. The provider followed best practice in relation to infection control and prevention and management of risks relating to COVID-19.

People were assessed before they started using the service to ensure their needs and aspirations could be met. People were provided with food and drink which met their needs and preferences. People saw healthcare professionals when needed. People were supported by staff who were trained and competent to carry out their roles. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the provider's policies and procedures supported this practice.

People were supported by kind and caring staff whom they had personally chosen to support them. Staff respected people's wishes and treated them with respect. People lived their lives as they chose and were supported to be as independent as they could be. People and their relatives were regularly consulted about the care and support they received.

Staff knew people well and what was important to them. People were supported to continue with their hobbies and interests despite their life changing injuries. People's communication needs were assessed and understood by staff. People's relatives did not raise any concerns about the care their loved one received but felt confident action would be taken to address any concerns they may have.

Staff received the supervision and support they needed to carry out their roles effectively. The views of people, their relatives and staff were sought and valued. There were effective systems to monitor and improve the quality and safety of the service provided. The provider worked in partnership with other professionals and people's court appointed deputies to ensure good outcomes for people. The provider was aware of legal requirements and of their responsibility to be open and honest when things go wrong.

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

Why we inspected

This service was registered with us on 14 October 2020 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 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.

Jennifer M Whittall Ltd

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 carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care and nursing 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 two registered managers were in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 22 September 2022 and ended on 15 November 2022. We visited the location's office on 26 September and 15 November 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. 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 information gathered as part of monitoring activity that took place on 9 August 2022 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 6 members of staff which included both registered managers, a case manager, the training manager and 2 care staff. We spoke with 2 relatives. We looked at 2 care plans and medication administration records. We looked at staff training records, 2 staff recruitment files and records relating to health and safety and the management of the home.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were identified and regularly assessed and plans were in place to help mitigate risks associated with their daily living. These included risks associated with mobility, personal care, nutrition and maintaining a safe environment. The provider's focus was on enabling people to continue to do what they wanted after their life changing event.
- Where people experienced episodes of distress, care plans provided information for staff how to safely support the person and mitigate any risks or further distress.
- Staff demonstrated a good understanding of how to manage risks and keep people safe. Staff told us people's care plans and risk assessments were clear and easy to follow.

Using medicines safely

- People received their medicines when they needed them. A relative told us, "The carer's make sure [name of person] gets their tablets at the right time. No issues there."
- People's care plans included personalised information about how they preferred to take their medicines and what level of support they needed.
- Staff received training on the safe management and administration of people's medicines and checks were made to ensure staff remained competent in the task.
- People's medicine administration charts were audited monthly to ensure their medicines had been administered as prescribed.

Staffing and recruitment

- Staff were employed directly by people through their court appointed deputies, however the agency supported people with the recruitment process such as advertising, interviewing where requested and obtaining references and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were protected from the risk of harm because the provider followed safe recruitment procedures. References and a DBS check were obtained before staff started working with people.
- People had the final say about the staff they wanted to support them. A relative told us, "The office sent us the application forms and we decided who we wanted to interview."
- A designated case manager and team leader oversaw people's staff teams and ensured staff were allocated sufficiently to support their needs.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. A person's relative said, "[Name of person] trusts the staff and feels comfortable with them."
- Staff knew how to recognise and report any signs of abuse and they were confident action would be taken to keep people safe. A member of staff said, "I wouldn't hesitate in reporting any concerns."
- The registered managers understood when and how to inform us and the local authority of reportable incidents that occurred and they worked in partnership with other professionals to help keep people safe.

Preventing and controlling infection

- There were procedures in place to prevent and control the spread of infection. Staff received training and had access to up to date infection prevention and control policies and procedures.
- Staff had access to personal protective equipment, including gloves, masks and disposable aprons and these were used appropriately.

Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and were regularly reviewed. This helped to identify any trends.
- Where things went wrong, the registered managers explored the reasons and took steps to reduce the risk of it happening again. For example, risk assessments were reviewed following concerns about a person who was self-medicating.
- There was a culture of learning from accidents and incidents which was shared with staff.

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.

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

- People's dietary and support needs were assessed and were used to develop a plan of care which provided staff with the information needed to safely support people.
- Some people had specialist dietary requirements and staff followed the recommendations of other professionals such as speech and language therapists to meet those requirements. A relative told us, "The staff are very good. They make sure all [name of person's] food is liquidised as they can't swallow properly."

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

- Most people were referred to the service through their legal deputy trustees as part of compensation claims following their life changing events.
- Detailed assessments of people's needs were completed by the provider which helped the service to identify how they could meet the person's needs effectively and resource appropriate equipment and staff.
- People's care plans showed diverse needs such as religion were discussed with them prior to using the service.
- People's care and support was planned and delivered in accordance with best practice and current guidance. For example, the registered managers liaised closely with and followed the guidance of healthcare professionals involved in people's care.

Staff support: induction, training, skills and experience

- Relatives felt staff had the right skills and knowledge to support their loved ones effectively. A relative told us, "They [staff] are very good. They must be well trained."
- Staff received mandatory and bespoke training to meet the needs of the person they were supporting. A member of staff told us they had been trained in the management of a person's percutaneous endoscopic gastrostomy (PEG). This is where nutrition and fluids are given through a tube in the stomach.
- Staff received a period of induction which provided them with the skills and training they needed to carry out their role. This also included shadowing more experienced staff. Staff were not expected to work alone until they felt confident and assessed as competent to do so.

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

- People's care plans detailed their healthcare needs and how these should be met by the staff supporting them. Care plans also detailed other professionals involved in people's care such as physiotherapists, occupational therapists and district nurses.
- The registered managers and staff worked closely with other health and social care professionals and

other organisations to ensure people received a coordinated service which met their needs.

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 registered manager told us there was nobody who was being deprived of their liberty so applications to the Court of Protection had not been required.
- The registered managers understood the principles of the MCA knew the process to follow if anyone required this level of protection to keep them safe.
- Staff had been trained in the principles of the MCA and understood the importance of ensuring people's rights were respected.

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's relatives spoke positively about the staff who supported their loved ones. One relative said, "[Name of staff] is wonderful. They are so caring and know what [name of person] likes."
- Staff spoke with kindness and compassion when they told us of the people they supported and it was evident they knew them well.
- Staff had received training in equality and diversity and were aware of the importance of treating people fairly and with respect.

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

- People were consulted about the care they received. A relative said, "[Name of person] makes their own decisions and the staff know and respect that."
- People were involved in planning and reviewing the care and support they received. A relative told us, "[Name of case manager] has regular meetings with us to go through the care plan."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they could be. A relative told us, "They [staff] help [name of person] to choose and cook their meals and drinks. They have also taught them how to choose their clothes."
- Care plans detailed how to support people to be as independent as possible such as choosing their clothes and being involved in meeting their personal care needs.
- The provider liaised with other professionals to ensure people were provided with the mobility aids and equipment they needed to maintain a level of independence.
- Relative's told us staff treated their loved ones with respect. One relative said, "The carers are all very respectful."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans reflected their needs and preferences. This meant staff had the information needed to support people in accordance with their wishes. A relative told us, "[Name of person's] care plan is very person centred. Their day starts in the afternoon and this is written in the care plan."
- People's cultural and religious preferences were recorded in their plan of care.
- People and where appropriate their relatives were able to voice their opinions about the care they received. A relative told us, "[Name of person] reviews their care plan with their [relative] and they have meetings with [name of case manager]."

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.

- Communication support care plans detailed the support people needed to access or understand written or verbal information.
- One of the registered managers told us information could be provided in accessible formats, such as large print, for people where required.

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 received support to continue with their hobbies and interests which enhanced their quality of life. A member of staff told us how they supported a person to play basketball, go shopping and go for drives. A relative told us, "The staff take [name of person] out every morning for a coffee and a bit of shopping."
- Care plans contained information for staff about who was important to people and information about their hobbies and interests. Staff demonstrated a good understanding about the people they supported.

Improving care quality in response to complaints or concerns

- Nobody we spoke with raised any concerns about the care and support their relative received and all knew how to make a complaint if needed. A relative said, "The office staff are good at keeping us informed about things and I can contact them anytime if I had any concerns."
- The service had not received any complaints however there was a complaints procedure in place.

End of life care and support

- At the time of our inspection the service did not support anyone who was at the end stage of their life. The registered manager told us end of life care and support in line with people's wishes could be planned and provided if it was needed.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The provider had established effective systems to monitor the quality and safety of the service. The management team carried out audits and monitored the standards and safety of the service. These included observations of staff practice, regular reviews of people's care and support, contact with people receiving care and regular checks on care records and outcomes for people.
- The registered manager told us how the service strived to ensure they continually developed and improve in the field of case management. They had received positive feedback from Court appointed deputies.
- The registered managers met weekly with the case managers and team leaders to share information and learning, and this was then cascaded down to the teams.

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

- There was a clear staffing structure in place and staff understood their role and responsibilities.
- Staff training, skills and competence were regularly monitored through supervisions, appraisals and regular refresher training.
- Regular meetings for staff took place to seek their views and provide updates and information about the people they supported, current guidance, best practice and health and safety matters.
- Staff were aware of the provider's whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the registered managers had informed us about significant events which occurred at the service within required timescales.

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

- People's views were sought on a daily basis and through regular reviews of the care they received. People, their relatives and staff completed an annual survey where they could comment on the quality of care provided. Results of a recent survey were very positive. A relative commented, 'I have found [name of provider] to be a truly dedicated and passionate case manager; knowledgeable, intelligent and compassionate.'
- The registered managers and staff team had established positive relationships with people and their relatives and worked in partnership with them to ensure people felt empowered and received person-centred care and support.

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 managers had informed professionals when concerns about people had been identified. They had also communicated with people's relatives and court appointed deputies where there had been concerns about people's care or well-being. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The registered managers worked with a vast array of different health professionals and external agencies to share knowledge and to keep up with the latest research and information. This was reflected in the care people received.