

Jeremys Carebuddies Limited

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Inspection report

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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

Jeremys Carebuddies Limited provides a domiciliary care service for older people living in their own homes in the community. They also provide a live-in care service. At the time of our inspection, there were 21 people receiving personal care.

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 were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Although all the people who used the service had the capacity to make decisions, these were not always respected. None of the care plans were signed by people and there were no consent forms in place to evidence people had been consulted.

Where specific risks were identified, support plans were not always personalised and there were no guidelines from healthcare professionals to help staff meet people's individual needs. Risk assessments were in place but were not always rated according to the level of risk.

People's needs were assessed before they started using the service and care plans were developed from initial assessments. However, instructions on people's care plans were confusing and there was a risk staff would not know how to meet people's individual needs.

Although improvements had been made in relation to the management of medicines and staff recruitment, the provider's systems for monitoring the quality of the service had failed to identify the shortfalls we found during our inspection.

People who used the service and their relatives were happy with the service they received. People said that the staff were kind, caring and respectful and they had developed good relationships with them.

The provider worked with other professionals to make sure people had access to health care services. People received their medicines safely and as prescribed. People's nutritional needs were assessed and met.

Staff were happy and felt well supported. They enjoyed their work and spoke positively about the people they cared for. They received the training, support and information they needed to provide effective care. The provider had robust procedures for recruiting and inducting staff to help ensure only suitable staff were employed.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 25 July 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

The last rating for this service was requires improvement (published 25 July 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jeremys Carebuddies Limited on our website at www.cqc.org.uk.

We have identified breaches in relation to consent, person-centred care and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Please see the action we have told the provider to take at the end of this report.

We have made a recommendation about risk assessment.

Follow up

We will request an action plan for 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 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always 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 ●

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 was carried out by one inspector and an Expert by Experience undertook telephone interviews with people and relatives. 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 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 it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 9 July and ended on 20 August 2019. We visited the office location on 9 and 16 July 2019, but we were denied access because the registered manager was unavailable and had not made arrangements for someone to assist us with the inspection. We wrote to them on 23 July 2019 voicing our

concerns. We returned and completed our inspection on 20 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with four people who used the service and five relatives of other people about their experience of the care provided. We spoke with the provider who is also the registered manager, deputy manager and administrator. We emailed three care workers because they were unable to visit the office to seek their views of the service and received feedback from one.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also received feedback from a social care professional involved with the service.

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 remained the same.

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

- The provider undertook risk assessments, so they could take action when risks were identified. These included detailed risk assessments of people's home environments and individual risks. However, these were not always accurate or personalised.
- One person's moving and handling/mobility risk assessment stated they were independent in all aspects of transferring, getting up, dressing and undressing, however, the risk was recorded as both medium and low, and there were no explanation about what the risk may be. We discussed this with the registered manager who said they thought the person sometimes may need assistance. However, they admitted the person was indeed independent and the risk was low.

We recommend the provider seeks relevant guidance in relation to risk assessment.

Staffing and recruitment

At our last inspection the provider had not always operated recruitment procedures effectively to ensure the required information was obtained for each person employed at the service. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- The provider had recently employed new staff. We looked at a range of recruitment files including these and saw the provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. Following successful recruitment, the staff underwent training and were assessed as part of an induction, before they were able to work independently.
- There were enough staff deployed to meet people's needs. The registered manager told us, "We now have enough staff so I can step back and manage the service more effectively. However, in the event of sudden sickness, me or [Deputy manager] are always available to step in."

Using medicines safely

At our last inspection the provider had not always ensured the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Some people were supported with their medicines. Most had their medicines dispensed by the pharmacist in dosset boxes or blister packs. People's records contained a list of people's medicines, including a description of each tablet, so staff would be able to identify if one or more tablets were dropped or refused.
- Staff signed medicines administration record (MAR) charts each time they supported people to take their medicines. We saw these were confusing and difficult to check. The provider acknowledged this and told us they had recently introduced new, more concise and simple MAR charts, so staff would understand them better and therefore make the process simpler. We saw evidence of these.
- We looked at a sample of MAR charts between May and July 2019, and saw these were completed appropriately, showing no gaps. We saw evidence the management team undertook regular audits of medicines, and where concerns were identified, these were recorded, and appropriate action taken.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were happy with the care they received. Their comments included, "I feel happy and safe", "The carers make me feel safe and well cared for" and "I think the care I receive is very good." A relative agreed and said, "I feel my relative is in safe hands. I am pleased with the carers, they are all pleasant and efficient."
- The provider had a safeguarding policy and procedure, and staff were aware of these. The provider referred concerns to the local authority as needed and worked with them to investigate safeguarding concerns.

Preventing and controlling infection

- There were systems in place to prevent the spread of infection and cross contamination. All staff receive training in infection control and had access to personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- Incidents and accidents were recorded and included actions taken at the time. However, they did not record a reflection and action taken to prevent reoccurrence. We discussed this with the registered manager who told us they discussed concerns as a team but would record this going forward.
- Lessons were learned when things went wrong. The registered manager explained, "Everything we do is a learning curve. When there is a mistake we learn from it, to make sure it does not happen again. For example, where a person was at risk of getting lost when out, we bought [them] a GPS watch so we and the family know where [they are], so we can make sure [they are] safe." They added the person was happy to wear this and understood its function.

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 remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- The registered manager told us all the people who used the service had capacity to make decisions and these were respected. However, at times, family members made decisions on behalf of people even though they did not have the legal power to do so. For example, one person was prevented from undertaking an activity of their choice because relatives had instructed the staff not to take them.
- None of the care plans were signed by people who used the service. We raised this with the registered manager who told us people did not want to sign, and said they were happy with everything. However, they had not noted this on the care plans and we could not be sure people had agreed with the documents.
- Although the registered manager told us people's consent was obtained in all areas of their care and support, there were no signed consent forms in place to evidence this.

This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Most people had already prepared meals which staff were required to warm up. They also prepared snacks and drinks for them according to their preferences. However, the care plans did not record people's

likes and dislikes in terms of food and drinks. The registered manager acknowledged this needed improvement and said they would address this.

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

- The registered manager assessed people before they started to use the service, to help ensure they could meet their needs. Assessments we viewed were detailed and included all aspects of people's care and support. These were used to form people's care plans.

Staff support: induction, training, skills and experience

- People thought the staff were well trained. Their comments included, "I think the carers are well trained as they always seem to know what to do", "Some have been trained, some recently trained and new to the job, some shadowing others" and "The carers are trained. They come out and shadow someone and I think that's very good."
- Staff received training in a range of subjects such as fire safety, first aid, food hygiene, infection control, medicines, MCA, moving and handling and safeguarding. We viewed the training matrix which indicated all staff were up to date with their training.
- All new staff received a three-day induction. This included the provider's policies and procedures, basic training and shadowing more experienced colleagues. The registered manager told us shadowing continued until they were confident the member of staff was fully able to meet people's needs.
- New staff were supported to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.

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

- People's healthcare needs were recorded and met. The senior staff communicated well with other healthcare professionals, such as the GP, district nurses and other relevant healthcare professionals.
- When people were unwell, staff knew how to report this and seek appropriate medical support for them. A relative told us, "They have shown the ability to look out for my relative being comfortable or showing signs of being unwell." Where necessary, staff supported people to attend healthcare appointments.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 told us they were treated with kindness and respect. One person stated, "I am treated with respect as the care is personal and always done well." Relatives agreed and said, "They have all treated my [family member] with dignity and respect", "The carers are extremely gentle and always caring and kind" and "My [family member] feels the carer is kind and I can see they have bonded well which is important."
- People's needs were met in a caring and respectful way. The registered manager told us how, during the recent bicycle race, staff had walked several miles to ensure they delivered care to the most vulnerable people, as there was no other way to reach them due to road closures. They said, "I was very proud of them and could not believe they were doing that."
- At the time of our inspection, all the people who used the service spoke English and staff were able to communicate with them effectively. The registered manager said they would take appropriate steps if someone had specific communication needs, such as providing staff who could speak their language or provide documents in an easy-read format.

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

- People told us they were consulted and involved in decisions about their care. They were encouraged to express their views via quality questionnaires and regular telephone monitoring. The registered manager told us, "We ring people to see how the care is going. We ask them how they feel, if they want to speak privately, if they want to open up about anything. We do that every month."

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us they ensured all staff treated people with dignity and respected their privacy. They said, "We have to seek their permission, ask their choices, likes and dislikes. They have a choice." The deputy manager added, "We do spot checks. They don't know we are coming" and "We make sure staff have regular training about the values of care. It's really important."

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 remained the same.

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

At our last inspection 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 not enough improvement had been made and the provider was still in breach of regulation 9.

- Instructions on people's care plans were confusing and there was a risk staff would not know how to meet people's individual needs.
- Two people had been assessed at risk of urinary tract infections (UTIs). Care plans included the symptoms of UTIs, and guidelines to follow if the person was showing symptoms, for example, testing the urine, and encouraging the person to drink more fluids to prevent dehydration. However, we noted that the care plans were identical for both people and had not been personalised to include their individual symptoms, and what their preferred drinks were. This meant we could not be sure people's individual needs were met.
- The care plans stated for staff to 'encourage client to drink at least 1000mls of water a day so long as they are not under fluid restriction'. We asked the registered manager who had recommended this, and they said they had. There was no evidence of healthcare professionals' involvement.
- We asked the registered manager what they meant by 'fluid restriction'. They said that some people may be on medication such as Frusemide (a water retention tablet) which meant their fluid intake should be different. However, they said these people were not on this.

This was a repeated breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us there was nobody with specific communication needs currently using the

service. They added should they assess a person with specific communication needs, they would ensure they would seek aids to be able to meet these.

- Where people had a sensory impairment, they were supported to attend relevant appointments.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedures in place and people knew what to do if they had concerns. Their comments included, "I haven't complained. I haven't had to, but I would if I had to", "I would complain if I had to as it's the only way things improve" and "I have never complained officially. I have had a few moans about things and they got sorted."
- We saw evidence that complaints were taken seriously, recorded and responded to appropriately and in line with the complaints policy.
- The provider received kept a log of compliments they received. Comments included, "Very happy with the care provision", "I have a great [care worker] that lives with us. Very happy" and "I like my carer. It's nice to chat to someone and have my meals prepared."

End of life care and support

- The provider had an 'end of life' template which they intended to use to gather information about people's end of life choices. However, they told us they had stopped trying to use it as people refused to talk about end of life and felt offended about being asked. At the time of the inspection, nobody was receiving end of life care.
- The registered manager told us one person was on end of life care when they started using the service. However, since receiving regular care from the agency, they had started to improve and were no longer at end of life stage.

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 the registered person had not always assessed and monitored the quality of the service provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 17.

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

- Although improvement had been made since the last inspection, such as the management of medicines and the safe recruitment of staff, we found a new breach of Regulations in relation to consent and a repeated breach in relation to person-centred care. We also made a recommendation in relation to risk assessment.
- The provider's systems for monitoring the quality of the service had failed to identify the shortfalls we found during our inspection.

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

- The provider issued quality questionnaires to people who used the service. They were asked questions in relation to the service and all areas of care and rated these from poor to excellent. We viewed a number of surveys carried out in March 2019 and whilst most people were happy with the service, a few people had expressed some dissatisfaction in some areas.
- The questionnaires were analysed by the managers. However, there were no action plans in place, and no evidence that people's concerns had been addressed. Another survey carried out in June 2019 also did not include what was done when people had expressed some concerns. For example, one person was not sure their complaints would be addressed to their satisfaction and had found the care staff did not always stay the full time allocated to them.
- We discussed this with the registered manager who assured us action had been taken. However, they were unable to evidence this, so we could not be sure people's concerns were always addressed appropriately.

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 placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and deputy manager undertook regular audits, such as medicines and people's care records audits. We saw evidence that when discrepancies were identified, these were addressed appropriately, such as when a care worker forgot to record a person's daily care notes, and another had used a blue pen.

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

- People and relatives spoke positively about staff and management. One person told us, "The senior staff seem to come around a lot" and "The manager made it clear [they are] available if needs be." A healthcare professional stated, "Jeremys Carebuddies is run very professionally, and we have never received negative feedback" and "[Registered manager] is always on hand to provide support and advice to any of our patients that we refer to [them]. The staff are friendly, reliable and professional."
- People were provided with a pictorial service user guide. This contained information about the service and their policies, staffing, how they maintained their standards, statement of purpose and any other relevant information about the service.

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 transparent and told us they understood how important it is to be honest and open when mistakes are made, or incidents happen. They told us they ensured they shared this information as necessary and apologised where required.

Working in partnership with others; Continuous learning and improving care

- The registered manager told us they sometimes attended provider forums organised by the local authority. They were a qualified nurse and ensured they undertook relevant training to keep on the register. They added they kept abreast of developments within the social care sector by accessing relevant websites and reading care magazines.
- There were regular staff meetings which included subjects such as health and safety, equality and diversity, people who used the service, staffing and training. Relevant information was shared with staff to help ensure they were informed about developments and felt valued.
- The senior staff undertook regular telephone monitoring where they asked people how they felt about the service and the care and support they received. We viewed these and saw people appeared happy with the service. They also carried out observations and spot checks of all care workers to ensure they were meeting people's needs to a high standard.
- The registered manager and deputy manager were qualified to deliver training to staff. The deputy manager told us, "I have been training continually for 15 years. I have assessor status, so I ensure all staff are highly trained and refreshed." We saw evidence of their qualifications.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not always carry out an assessment of needs and preferences for the care and treatment of the service user. Regulation 9 (1) (3) (a)
Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users was not always provided with the consent of the relevant person. Regulation 11 (1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person did not have effective arrangements to assess, monitor and improve the quality of the service provided.
	Regulation 17 (1)

The enforcement action we took:

warning notice