

JSS Homecare Ltd

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## Inspection report

Yeovil Innovation Centre, Copse Road  
Lufton Trading Estate, Lufton  
Yeovil  
Somerset  
BA22 8RN

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15 November 2022  
28 November 2022

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

JSS Homecare Ltd is a domiciliary care agency providing personal care and support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection three people were receiving personal care from the service.

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

Systems were in place to promote people's safety and minimise any identified risks. However, not all risks had been assessed as detailed within the providers policies and procedures. We did not find these shortfalls had impacted on people's care.

People had care plans in place. However, some of the information within these was limited and lacked person-centred detail and guidance for staff.

Care staff had access to training, however this did not cover all the areas required to ensure they had the right skills and knowledge to support people who used the service. There were no records to demonstrate that staff competency had been assessed.

Quality assurance systems were not fully effective and did not highlight all the concerns we found during this inspection.

The provider responded to our inspection feedback and was open to making improvements to the service. The provider began actioning feedback during the inspection.

People had an initial assessment prior to them receiving a service. This captured their needs, abilities and preferences.

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.

There were enough staff to support the number of people they visited. The nominated individual was keen to ensure new packages of care were only taken on if there were enough staff to support this. Staff were recruited in a safe way because checks were carried out before employment was offered.

Staff received safeguarding training and knew how to protect people from the risk of abuse, harm and neglect. People received safe support when taking their medicines.

People had access to healthcare professionals such as GP's and community nurses.

Infection control procedures and measures were in place to protect people from infection control risks associated with COVID-19.

People, staff and relatives spoke positively about the service. One person told us, "I have perfect confidence in their hands." A relative told us "Nothing is too much trouble."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

This service was registered with us on 13 September 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Enforcement and Recommendations

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

We have made recommendations in relation to risk management, quality assurance and staff training and support.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was 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 responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# JSS Homecare 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 team consisted of one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The nominated individual is currently managing the service until a new registered manager is appointed.

#### Notice of inspection

We gave the service 24 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 14 November 2022 and ended on 2 December 2022. We visited the location's office on 15 and 28 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in

the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke/communicated with one person and two family members about their experience of the care provided. We spoke/communicated with the nominated individual, care-coordinator and two care staff.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including quality monitoring and staff training.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The service had a risk management policy in place which stated that risk assessments will be carried out in each area of JSS Homecare Ltd. Not all risks had been assessed. General environmental risks in people's homes were not completed in relation to risks such as food hygiene and fire safety. We discussed this with the nominated individual, and during the inspection they started to visit people and complete these.
- The service had policies and procedures in place to manage and reduce the spread of infection. This included an infection control policy and personal protective equipment (PPE) policy and procedure. The PPE policy stated 'JSS will assess the risks to all those affected by its activities and implement effective risk control measures'. The nominated individual told us there was not an infection control, COVID-19 or PPE risk assessment in place. Assurances were provided that these would be completed.
- Lone working risk assessments were in place and identified the risk to both people using the service and staff.
- People had falls risk assessments in place. These guided staff to ensure potential hazards are removed. The service also had a number of other specific risk assessment templates in place should they be required. For example, for the use of bedrails.
- Staff received training in infection control and COVID 19. PPE such as gloves, masks and aprons were provided for them.

We recommend the provider ensures comprehensive risk management plans are in place and these are regularly reviewed.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding adults' policy in place.
- Staff received training about how to safeguard adults from abuse and their responsibility to report concerns immediately. One member of staff told us they would report any concerns straight to the office. Another stated, "I would report anything slightly suspicious, it's better to be cautious and report even if it is nothing."
- People, relatives and staff spoken with raised no concerns in relation to safety. One person told us, "I have perfect confidence in their hands."

Staffing and recruitment

- The provider carried out recruitment checks to ensure staff were suitable to work at the service. For example, references from previous employers and Disclosure and Barring Service (DBS) checks.

- We reviewed three staff files. We found two of these files had valid DBS checks completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The third file contained a recent DBS from a previous employer, as well as a risk assessment to mitigate the risks of this person starting their employment prior to a new DBS being in place. This included the staff member not supporting people alone.
- One staff member had not provided a full employment history on their application form; other staff records we looked at had complete histories. This was raised with the nominated individual during our visit who gave assurances this would be explored and added to this staff member's record.
- People were supported by enough staff and staff confirmed this. This included use of consistent agency staff that regularly work for the service. The nominated individual was keen to ensure new packages of care were only taken on if there were enough staff to support this.
- The recruitment and induction process for agency staff promoted safety. The service completed agency staff checklists. This included details regarding employment checks and training undertaken to assure themselves the staff member could meet people's needs.

#### Using medicines safely

- The service had a medicines policy and procedure in place.
- People's needs around medicines were considered as part of the assessment process and risk assessments for people, including people who were self-medicating, were in place.
- During the inspection the service started to support one person with medicines. This person was being prompted and encouraged to maintain independence in managing their own medicines. They told us they had no concerns regarding the administration of their medicines, "They have been very diligent in making sure I get the appropriate tablets."
- Staff that administered medication had received training in the safe administration of medicines, and staff competency assessments were completed.

#### Learning lessons when things go wrong

- Systems were in place to record and investigate accidents and incidents. Staff spoken with understood the process to do this.
- We reviewed a complaint the service had received. This included a lessons learnt process to reduce the risk of reoccurrence in the future.



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

Staff support: induction, training, skills and experience

- New staff received an induction when starting in their role. This included completing mandatory training, and shadowing more experienced staff until they felt confident lone working. One staff member told us they worked with another staff member for four days and did not work alone until they felt confident.
- The provider told us staff competencies had been assessed during the induction, and on an ongoing basis to ensure they had the skills to support people safely. However, this had not been documented.
- Staff that were new to care had not completed the Care Certificate, or training of a similar level. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. We were initially told by the nominated individual that a staff member had completed training that aligned to the Care Certificate although on investigation this was incorrect. We discussed this with the nominated individual who immediately booked staff onto the Care Certificate.
- Staff did not receive training specific to people's individual needs. For example, dementia and catheter care. The nominated individual acknowledged the concerns and immediately booked training in these areas.
- Staff received supervision and appraisals. A staff member told us that they had received a recent supervision, and that they were also contacted daily by a member of the office team to check all was ok and there were no changes.
- One person told us, "[Staff] come across professional, competent and capable."

We recommend the provider reviews their training and induction to ensure it aligns with best practice guidance and meets people's assessed needs.

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

- People's care and support needs were assessed by the provider prior to them receiving care.
- People and their relatives were involved throughout the assessment process and the provider used the information gathered to develop people's care plans.
- Care plans were reviewed and updated with the person.

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

- Staff supported some people with nutritional needs. One person told us that staff helped them with this.
- Care plans contained a nutrition and hydration section and detailed each person's likes, dislikes and

dietary needs.

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

- People received personal care from the provider and their health needs were met by other professional agencies. The provider worked with healthcare professionals to make sure people received care which met their needs.
- People's care plans contained important information relating to people's medical conditions and details of healthcare professionals involved in their care.

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.

- Each person supported with a regulated activity of personal care had capacity to make their own decisions.
- People's consent to care and treatment was obtained and recorded in care records.
- People's care records continued to identify their capacity to make decisions. Staff received training in the principles of the MCA.
- Care plans included information regarding whether a person wanted resuscitating. The nominated individual told us they were reviewing this to ensure the correct documentation was in place and that it reflected people's views.

# 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; Respecting and promoting people's privacy, dignity and independence

- The service had an equality and human rights policy in place and staff received diversity, equality and inclusion training.
- The service identified people's faiths or religious beliefs and included this within their care plans.
- People were supported by staff who were caring, promoted their independence, and treated people with dignity and privacy. One person told us when they were in pain they called the staff member who was very caring. One member of staff told us, "When I support [service user] with a wash I make sure [service user] is comfortable. Sometimes [service user] likes to do it in the living room so I make sure I close the curtains."

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

- The nominated individual explained as part of the initial assessment people were asked how they wanted to be supported. During the assessment people were asked the times that they would like to receive support. Rotas demonstrated that people received support in line with their time preferences.
- People were supported to make decisions about their care. Records viewed evidenced that the provider regularly asked the views of people they supported.
- People were supported by a small team of staff who knew them well and had developed good relationships.
- People were involved in the day to day decision making process. Staff always asked people's views before providing support. One person told us, "[Staff member] produces a selection of foods and presents to me to make a choice." One member of staff told us, "They make their own decisions, I always ask, I don't ever make decisions for them, they choose everything, I ask what they want."

# 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

- Care plans reflected people's health and social care needs, as well as their choices and preferences.
- People's care plan gave staff information around their day to day needs; however some additional information was needed to ensure they were more person centred. For example, one person's care plan stated, "I require support with personal care and dressing." There was no detail about how staff should support this person, such as if they liked to use a flannel or a sponge, or if they could wash some areas themselves. We discussed this with the nominated individual who told us they had identified this in a recent audit and provided assurances they would be reviewed. We saw a timescale that showed this would be completed within 3 weeks. We reviewed a care plan for a person that started to use the service during the inspection. This provided staff with all the information they required.
- Staff had access to people's up to date care and support plans on an electronic care planning system.
- People were involved in planning and reviewing their care and support. Records demonstrated they had been consulted and relatives confirmed their involvement.
- Staff, including agency staff, had good knowledge of the people they supported and were able to tell us about people's individual needs and risks.
- A relative spoken with told us they cover everything their relative needs and are happy with the flexibility the service provides. One person told us, "They are capable of fully satisfying my needs, I am a very satisfied customer and client."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and detailed in their care plans. This included their preferred method of communication, any impairments that could affect their communication, and guided staff on the best ways to communicate with them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. The provider told us the service had received one complaint since being registered.
- We checked the complaints record and saw action had been taken to resolve and reduce the risk of

reoccurrence in the future.

- People and relatives spoken with told us they had no complaints about the care provided.

#### End of life care and support

- End of life care was not routinely provided. The provider told us no one using the service was receiving end of life care and support at the time of our inspection.
- Care plans did not consider people's end of life wishes, although the assessment documentation included a section for end of life preferences. We fed this back to the nominated individual who assured us end of life wishes will be discussed and incorporated into people's care plans for those who wished to disclose them.
- Staff had not received end of life training. The nominated individual assured us this was a training course they were currently obtaining for staff.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had systems in place to monitor the safety and quality of the service. These were not always effective in identifying the issues found, for example gaps in risk assessments and training to meet people's needs.
- Regular audits in key areas of people's support were also completed. These included audits of accidents and incidents, infection control, safeguarding, PPE and care planning. A recent care planning audit had identified that some care plans need further updates and personalisation.
- Staff felt able to raise issues with the management of the service and they were happy in their job. One member of staff told us, "[Nominated individual] is lovely. If I had a concern I would go straight to [nominated individual]."
- The provider was keen to grow and develop the service and welcomed all feedback to support this process.

We recommend that the provider strengthen their quality assurance systems in the areas of risk management and staff training.

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

- The provider had promoted a positive culture within the staff team. Relatives were positive about the care and support they received. Comments included, "They are fantastic" and "We couldn't be more grateful for the support received."
- A relative recently recorded on a review site that from their very first contact 'I have been impressed with their efficiency and professionalism. The level of care my [relative] receives is excellent. Her carer is gentle, kind and patient. My [relative] was initially reluctant to have care, but her experiences have completely changed her mind. She looks forward to her carer's daily visits and says she would not manage without her.'
- Staff praised the nominated individual and felt supported in their roles. A staff member told us, "[Nominated individual] is really approachable, I feel I would be listened to."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

- The nominated individual understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

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

- People were involved in the running of the service. The provider regularly asked for feedback on the service they provide from people. Comments from satisfaction surveys conducted in June 2022 were positive.
- People, staff and relatives felt able to raise concerns with the management of the service if needed.
- One relative told us they were involved in the assessment and development of the care plan for their relative and since the provider started supporting their relative they have received regular communication and updates.

Working in partnership with others

- The provider worked in partnership with other key stakeholders. This included the local authority who currently commission a small number of packages of care with the provider. Feedback from the local authority was that these appear to be delivered well.