

Jessamy Staffing Solutions Limited

Jessamy Platinum

Homecare

Inspection report

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23 February 2022
01 March 2022
17 March 2022

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Jessamy Platinum Homecare is a domiciliary care agency providing personal care to younger adults and older people within their own homes and supported settings. At the time of our inspection there was one person using the service.

Not everyone who may use this service would receive personal care. Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also would consider any wider social care provided.

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

Due to this inspection being carried out in a relatively short period of time since the service became active, there were several areas the provider was aware needed further development. One person receiving support from the provider was unable to discuss their care with us. However, external professionals closely involved in the person's care were able to advocate on their behalf and told us care was provided safely. Care had been provided by agency staff as the provider had not yet recruited care staff. We found risk assessments and support plans associated with the provision of people's care needed further development and did not contain sufficient detail. Recruitment risk assessments had not been implemented where needed. We discussed this with the registered manager who completed up to date risk assessments; however, these needed further development to sufficiently mitigate risks identified. Policies associated with safe support and care were robust and provided clear guidance. We have recommended the provider develops risk assessments associated with the provision of care and recruitment checks.

There were robust systems in place for oversight and auditing, however, there had been no opportunity for these to be used. Policies associated with governance clearly stated the roles and responsibilities of management and staff. An electronic recording system was being implemented and developed at the time of inspection, so we were unable to make any judgements on the quality or effectiveness of this. The provider was open and transparent throughout the inspection, specifically about concerns relating to staffing which prompted this inspection. Administrative staff in the office were not aware of which health and social care professionals could potentially visit or contact the service and they were not clear on what information could be shared. We discussed this with the nominated individual, who explained they were being monitored closely and would be retrained. Care plans required further development and we have recommended the provider ensures these contain detailed person-centred information.

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

This service was registered with us on 14 September 2021 and this is the first inspection.

Why we inspected

We received concerns in relation to staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We usually inspect all five domains for a service's first inspection; however, the service only started actively providing support on 15 February 2022 and for this reason we decided to only inspect the areas of safe and well-led.

We have found evidence the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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 staffing and care records at this inspection.

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?

We have not reviewed the rating at this inspection.

Inspected but not rated

Is the service well-led?

We have not reviewed the rating at this inspection.

Inspected but not rated

Jessamy Platinum Homecare

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 to people living in their own houses and flats and specialist housing.

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

This inspection was unannounced.

Inspection activity started on 23 February and ended on 17 March 2022. We visited the location's office on 23 February 2022.

What we did before the inspection

We reviewed information we held about the service and sought feedback from the local authority and professionals who work with the service. 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 this information to plan our inspection.

During the inspection

We spoke with people who worked closely with a person using the service about their experience of the care provided. We spoke with three members of staff including the registered manager, director and nominated individual. There were no care staff employed for the location at the time of inspection and the provider was using agency staff identified from their 'Jessamy Staffing Solutions' agency, to cover the person's support. We reviewed a range of records. This included care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, additional risk assessments and rotas and call logs.

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 inspected but not rated.

Staffing and recruitment

- Recruitment checks had been carried out for the leadership team. However, the provider had failed to implement risk assessments relating to risks identified through the recruitment process.
- We discussed this with the registered manager who said, "We will do very robust risk assessments with our independent consultant. We'll make sure it's appropriate and safe for all our staff to work with people."
- Following our inspection, the provider was proactive in sharing recruitment risk assessments they had completed. However, these needed further development to evidence specifically how the provider would mitigate identified risks.

We recommend the provider reviews risk assessments associated with recruitment checks and processes.

- Care staff had not yet been recruited by the provider. However, the provider had a plan in place to recruit staff and provide a thorough induction process.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems to assess risks associated with provision of care were in place. Individual risk assessments needed further development to include increased detail and provide staff with clear guidance.
- We discussed this with the nominated individual who said, "Yes absolutely, we need to develop these we were going to do it along with getting the new system but agree that we need to improve our timelines."

We recommend the provider continues to develop their risk assessments in relation to the provision of people's care.

- The provider had good systems in place to learn from accidents and incidents when things went wrong. Accident and Incident records included the facility to reflect on practice, errors and identify improvements.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were being developed at the time of the inspection. However, the provider demonstrated a good understanding of what constitutes a safeguarding concern and incident.
- No safeguarding incidents had occurred since the location was registered. Professionals involved in working with the service, told us care was provided safely.

Using medicines safely

- The provider's medication policy was detailed and provided guidance to staff on how to administer and

manage people's medicines.

- The nominated individual had completed a course enabling them to provide medication awareness training to staff.

Preventing and controlling infection

- The provider had implemented infection prevention and control policies which incorporated up to date COVID-19 guidance. Clear guidance was available for staff on how to mitigate the risks of contracting and transmitting COVID-19 and other diseases.
- Professionals involved with working with the service explained staff wore PPE appropriately. They said, "The staff always wear their masks, aprons and gloves."

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 of this newly registered service. This key question has been inspected but not rated.

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; Working in partnership with others

- The provider worked holistically with other professionals to ensure a person-centred approach to care was provided. The registered manager explained how they would ensure good practice in this area would be continued for new people who received support from the provider.
- Professionals working with the service explained one person valued the person-centred approach to their care. They said, "(The provider) involved the people who worked with (person) to know what support they needed, the manager always pops in as well to check everything's running ok and make sure nothing has changed."
- Care records did not evidence this person-centred approach and further detail was needed to reflect the individuals like, dislikes, preferences and how they wished for their care to be provided.

We recommend the provider develops care records to incorporate a person-centred approach.

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

- This inspection was prompted in part due to concerns we received about staffing. The nominated individual and registered manager were open and transparent about these concerns and explained how they would mitigate risks associated. We asked for risk assessments to evidence this. Please see the safe section of this report for further information.

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

- Auditing and oversight systems were in place but had not yet been used. However, systems were robust and included records which would enable the provider to incorporate learning. Feedback from our conversations with the nominated individual and registered manager demonstrated a strong understanding of maintaining good auditing and oversight systems.
- A new electronic recording system was being developed by the provider. This meant the provider would be able to use live data and information to identify where improvements needed to be made and issues addressed in a timely manner.