

Jayrima Care Limited

Jayrima Care Limited

Inspection report

5 Haigh Wood Road
Leeds
West Yorkshire
LS16 6PD

Date of inspection visit:
20 May 2019

Date of publication:
11 June 2019

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: Jayrima Care Limited is registered as a domiciliary care agency providing the regulated activity 'personal care' to the people who live in their own homes. At the time of our inspection, the service was providing personal care to six people.

People's experience of using this service:

Whilst we found no evidence to suggest medicines were not administered safely, issues were noted with some records related to medicines management. For example, hand written medicine entries on the administration records had not always been transcribed accurately. Risks to people were assessed but some risk assessments were either not required or did not contain sufficient information.

There was no staff training programme or support to enable them to perform their roles effectively. There was a recruitment processes in place but some of the information relating to safe recruitment had not been documented.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff gained people's consent before providing support. Although, mental capacity assessment or best interest decisions had not been completed for one person.

There was a system in place to respond to any complaints, however, not all information was documented. There was no effective system in place to monitor the quality of service and identify areas for improvement.

There were enough staff to meet people's needs. An induction was completed by all staff.

People told us they felt safe and staff knew how to respond to possible harm. Staff followed infection prevention and control practices when supporting people in their own homes.

Staff involved healthcare professionals to ensure people's health care needs were met. People received support with eating and drinking, when required.

People and relatives said staff were reliable, kind and caring. Staff understood how individual people preferred their care and support delivered and the importance of treating people with dignity and respect. People's care plans were personalised, with enough detail for staff to provide effective care and support.

People and relatives had the opportunity to provide feedback on the service received. Information was provided so people knew who to speak with if they had concerns.

Rating at last inspection: The service was registered in June 2018, and this was the services first inspection.

Why we inspected: This was a planned inspection based on when the service was registered with the Care Quality Commission.

Enforcement: We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around staffing and good governance. Please see the 'action we have told the provider to take' section towards the end of the report. We also recommended the provider considers guidance and best practice on the Mental Capacity Act 2005, in relation to people who lack capacity, and act to update their knowledge and documentation appropriately.

Follow up: We will continue to monitor the service through information we receive. Further inspections will be planned for future dates as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Jayrima Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Jayrima Care Limited is a domiciliary care agency and provides personal care to people living in their own homes. Not everyone who used the service received the regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission (CQC) who was also the provider of the service. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was announced. We gave the service 48 hours' notice of the inspection visit. We needed to be sure the registered manager would be available to facilitate this inspection.

Inspection site visit activity started on 20 May 2019 and ended on 20 May 2019. We visited the site to see the registered manager and staff; and to review care records, policies and procedures. On 20 May 2019, we spoke with people who used the service and relatives.

What we did: Before the inspection, we reviewed the information we held about the service, including statutory notifications. Notifications are used to inform CQC about certain changes, events or incidents that occur. We requested feedback from stakeholders. These included the local authority safeguarding and commissioning team and Healthwatch England. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider had not completed a Provider Information Return (PIR). The PIR is a form providers are required to send us which contains 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 our inspection: We spoke with the registered manager and three staff members. We spoke with three people who used the service and two relatives. We reviewed documents and records that related to the management of the service including a range of policies, procedures and guidance used by staff in their role, records of safeguarding, accidents, incidents and complaints, audits and quality assurance reports. We reviewed four staff members files and we looked at four people's care plans and records associated with the management and administration of people's medicines.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Using medicines safely

- The registered manager told us most people's medicines were dispensed from a dosage system, from the pharmacist which minimised the risks of errors being made.
- Whilst we found no evidence to suggest medicines were not administered safely, issues were noted with some records related to medicines management. For example, hand written medicine entries on the medicine administration records had not always been transcribed accurately. The registered manager agreed and was going to review the records to make them more robust.
- Staff completed training in medication awareness. During the inspection we were told staff had their competency assessed before they were able to administer medicines but this was not documented.
- The registered manager told us their medication refresher training was out of date, but they had registered to complete this through e-learning.
- People told us they were happy with the support they received to take their medicines.

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

- Risks had been assessed for each person's health, safety and welfare, along with environmental risks. However, some risks had been identified that were not necessary. For example, one person had a completed manual handling risk assessment for the use of a hoist which they did not need.
- Some risk assessments were not detailed. For example, the registered manager told us people's fire risk assessment was for the risk of a fire within their property, but this was not stated on the risk assessment.
- The registered manager and staff understood where people required support to reduce the risk of avoidable harm.
- Lessons had been learnt. For example, as a result of a complaint staff were reminded they were in someone else's environment and they should maintain a clean and safe home.

Systems and processes to safeguard people from the risk of abuse

- The service had appropriate systems and procedures in place, which sought to protect people who used the service from any abuse. Although, not all staff had received safeguarding training, staff were aware of the different types of abuse and followed safeguarding procedures to report any concerns.
- People and relatives told us they or their family member felt safe with staff. One person said, "I feel safe when staff are here."
- The registered manager reported safeguarding matters appropriately to the local authority safeguarding team and the Care Quality Commission.

Staffing and recruitment

- The provider had recruitment procedures in place which ensured appropriate checks were completed prior to new staff starting work. However, not all information relating to a new recruit was recorded. For example, one staff members gaps in employment had not been recorded but we were told during the inspection these had been discussed.
- There were sufficient numbers of staff to meet people's care and support needs.
- People and relatives told us they received care in a timely way and had a consistent staff team. One person said, "[Name of staff member] comes on time."
- There was an out of hours service available should people need support out of office hours.

Preventing and controlling infection

- Staff had not completed infection control and food hygiene training. However, staff followed infection prevention and control practices to help prevent the spread infections.
- People told us staff took care in relation to food preparation and personal care. One person said, "Staff wear gloves when they are helping me."

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff did not have ongoing training. Although, people and relatives told us staff were knew what they were doing.
- A new staff member had completed the Care Certificate at a previous employer. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in health and social care. However, the registered manager did not have an identified plan of training requirements for staff to follow.
- Staff completed an induction to their role, which included 'shadow shifts' but did not ensure staff received approach training.
- The provider's training, development and qualification policy stated, 'a training matrix will be available, up to date and complete.' We found this was not the case.
- The registered manager told us staff were not given opportunities to review their individual work and development needs. As such, staff's knowledge was not checked by the registered manager.
- The registered manager had a staff 'spot check' form, which had not been completed for any staff member.

Staff did not receive appropriate training and supervision as is necessary to enable them to deliver effective care and support. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

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

- Discussions with the registered manager showed they did not fully understand the requirements of the MCA. Neither staff or the registered manager had completed MCA training except for one new staff member who had completed this at a previous employer.
- Care plans showed people had consented to their support. The mental capacity assessment and best interest decisions for one person required strengthening.

The recording of people's mental capacity and where they had Power of Attorneys in place needed to be clearly documented in people's care plans. We recommend the provider considers guidance and best practice on MCA, in relation to people who lack capacity, and take action to update their knowledge and documentation appropriately.

- People said care processes were consensual and they were provided with appropriate choices. One person said, "They [staff] ask me what I would like to wear."

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

- People received care and support according to their assessed needs.
- The registered manager was aware of the 'The Care Act' to improve the care and support people received.

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

- Staff assisted people to eat and drink when required.
- People told us they were happy with the support they received with meals. One person said, "They [staff] offer me choice of what I would like to eat."
- Where appropriate, care plans ensured staff had the information relating to a person's eating and drinking needs.

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

- Both the registered manager and staff said they worked well as a team and communication and sharing of information was good. This ensured people received continuity of care.
- People, where needed, were supported to access and receive healthcare services.
- People said they were confident staff would support them to access healthcare professionals if required. One person said, "If I was unwell, they [staff] would call the doctor."
- Staff liaised with healthcare professionals, where appropriate.

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

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 and relatives said they were well supported and provided positive feedback about staff and the service. One person said, "I am happy with the care and support." Another person said, "It is excellent care." A relative said, "I am happy with the care and they have gone over and above what was expected."
- Each person had a life history in their care plan and this was used by staff to get to know people and to build positive relationships.
- Staff knew people's preferences and used this knowledge to support them in the way they wanted.
- People's religious needs were recorded in care plans and people were supported to access religious services of their choice, when needed.

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

- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives.
- People and relatives told us they were involved with the planning of their care and with day to day decisions. One person said, "I am happy with the content of my care plan."
- Where required people had access to an advocate. An advocate is a person who can support others to raise their views, if required. The registered manager told us that should anyone wish to have an advocate they would support them to find a local service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "My dignity is always respected when washing and dressing."
- Staff understood the importance of respecting people's privacy and dignity.
- People said staff supported them to stay independent. One person said, "They [staff] help me the way I want them to and explain everything to me."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were cared for by staff who knew their likes, dislikes and preferences.
- Care plans were person centred and staff were knowledgeable about people's care and support needs. For example, one person's care plan stated, '[name of person] likes to get undressed in their bedroom'.
- There was no-one who required any diverse needs detailing, but the registered manager said this would be recorded in their care plans and met in practice when required.
- The registered manager was not aware of their responsibility to comply with the Accessible Information Standard. Although, care plans contained information about people's communication needs and any sensory support or adaptations they required.
- The registered manager said information could be produced in any format or language, if required.

Improving care quality in response to complaints or concerns

- Information was provided to support people to raise any concerns and complaints.
- People told us they would feel comfortable in making a complaint if they needed to. One person said, "I have not had any concerns but the [name of registered manager] would address these."
- The provider had a policy and procedure to guide staff in how to manage complaints.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who was at the end of their life.
- The registered manager told us if anyone required end of life support they would ensure all staff had the appropriate training and a care plan would be developed.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The provider did not have robust systems and processes in place to ensure the service was assessed or monitored for quality and safety in relation to the fundamental standards.
- The quality of record keeping was poor as a number of recording issues were raised during this inspection. The registered manager was aware of these but stated they had not had time to devote to improve this.
- Some risk assessments were not person centred, some did not contain the necessary information and actions identified in the risk assessment had not been completed.
- Information relating to the recruitment process were not recorded.
- The recording and documentation of medicines, the auditing of these records and monitoring of staff practice all required improvement.
- The providers training, development and qualifications policy referred to a different care provider.
- A concern identified by the registered manager and actions taken had not been documented.

The registered provider did not have effective systems in place to assess, monitor and improve the quality of service provided. Complete, accurate and contemporaneous records were not kept. This is a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager continued to notify the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff enjoyed working at the service and spoke positively about the registered manager.
- People and relatives told us they were happy with the care and support received. Everyone said they would recommend the service. One person said, "They are very thoughtful, and I would definitely recommend them."
- There was a policy which covered equality and diversity, which staff understood and adhered to.
- The provider had clear values of providing high quality care that was person centred and these were included in the 'service user handbook'.

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

characteristics; Working in partnership with others

- The provider had sought feedback to help maintain and improve standards at the service.
- People said they had appropriate opportunities to provide feedback to the registered manager.
- A service users and family review survey had been conducted in 2018 and the majority of responses were positive.
- Staff felt supported by the registered manager.
- The registered manager and staff team worked in partnership with other healthcare professionals such as district nurses and GPs to promote and maintain people's quality of life and well-being.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place to demonstrate safety and quality were effectively managed. Complete, accurate and contemporaneous records were not kept.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate training and supervision as is necessary to enable them to deliver effective care and support.