

JaMax Partnership

JaMax Homecare

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 24 May 2018 and was announced. At our last inspection there was breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014; Good governance. At the last inspection in April 2017 we asked the provider to take action to make improvements and this action was mostly completed.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, people with mental health needs, sensory impairments, and physical disabilities.

Not everyone using JaMax Homecare received a regulated activity; 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. At the time of this inspection, 40 people received personal care support.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were complimentary about the care provided by staff. They told us staff were kind, and caring, and undertook the agreed care and support tasks without rushing them.

People told us most of their care calls were at the time expected, and staff always stayed the agreed length of time. If care workers were delayed they were informed of this.

The risks related to people's care were identified and acted on. People's needs were appropriately assessed and reviewed at pre-arranged intervals or sooner if required.

Medicines were mostly managed safely, however some medicine records did not clearly inform of the medicines administered. When necessary, healthcare services were contacted to ensure people had the healthcare they required.

Where previously agreed, staff supported people to prepare or heat their meals. Some people enjoyed eating takeaway fish and chips, which staff brought to their homes on a pre-arranged basis.

Staff felt supported by management. They were given enough time to undertake their work safely and to meet people's needs. Management had improved their record keeping and checks of the quality of work provided by staff.

People and staff both felt staff had the skills and knowledge to undertake their work. Staff had received training to support them in their role.

People felt able to complain to the management team if they had concerns. All people who completed the recent quality assurance questionnaire had been positive about the care and support provided by JaMax Homecare.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service remained mostly safe.

Medicines were mostly managed safely, but some medicine records did not provide enough detail about the medicines administered to people. Risks related to people's care were accurately recorded, identified and acted on.

People told us they felt safe with the staff who supported them. They received care from people they knew, and at the time they expected, and for the agreed length of time.

Recruitment procedures reduced the risk of the provider recruiting unsuitable staff.

Staff knew to use glove and aprons when providing personal care to reduce the risk of the spread of infection.

Is the service effective?

Good ●

The service was effective.

Staff had received training to meet people's specific needs. They felt well supported by management.

Staff understood the importance of receiving people's consent before undertaking any care tasks.

Staff supported people to prepare food, or heated meals for people to use.

Staff knew the importance of contacting healthcare professionals when necessary to attend to people's needs.

Is the service caring?

Good ●

The service was caring.

People thought staff were caring and kind.

Staff understood how to provide care and support and maintain people's privacy, dignity and independence.

People's confidentiality was maintained through staff practice, and secure records.

Is the service responsive?

Good ●

The service was responsive.

People felt staff knew them well, and met their individual needs.

People and relatives were involved in care reviews and could contact management when changes were necessary.

People felt able to complain to the provider, although only one complaint about the service had been made.

Is the service well-led?

Good ●

The service was well-led.

The provider is a partnership. The two partners were committed to providing a service which met people's needs and provided good care.

Improvements had been made in checks to the quality of records and checks on staff performance.

Staff felt the management team provided them with good support. They thought the registered manager and partners were open, and interested in their views and opinions.

People felt able to contact the management team to discuss their care needs.

JaMax Homecare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 24 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit to ensure the registered manager was available to speak with us.

On 16 May 2018, an expert-by-experience contacted three people who used the service; and six relatives by phone to find out what their views were on the service provided. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our visit we looked at information sent to us by the public via our 'share your experience' website. We received information about two people's experiences. One was extremely positive about the service and the other person was negative. We also looked at the NHS choices review page.

We used information the provider sent us in March 2018 in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with the provider, (a partnership of two people); the registered manager; and a senior care worker. We looked at three people's care records, two recruitment records, medicine administration records and information systems which helped staff keep track of changes in people's needs.

The day after our inspection visit, we spoke with three staff by telephone.

Is the service safe?

Our findings

At our last inspection in March and April 2017, we rated this key question as 'requires improvement'. This was because the provider had not completed all pre-employment checks before staff worked with people; there was limited detail about the risks related to people's health and welfare; and medicine records did not always give accurate information about the medicines administered.

People and their relatives told us they felt they or their relation were safe. One relative said, "I am very happy with the care that my mother-in-law gets I am sure she is safe with all of the carers who come. They are all so caring and well trained." Another said, "We have used JaMax for nearly two years now and they have never missed a call even when the weather was very bad a couple of weeks ago the carers trudged through the snow to get here."

People were protected by the provider's recruitment practices. Previously staff had started work before the pre-employment checks had been completed. At this inspection, the registered manager told us they had changed their recruitment practice. New staff now undertook their induction training whilst waiting for their checks such as references and disclosure and barring (DBS) checks to be returned. Previously, not all references were from a member of staff's previous employer, now the provider ensured references were requested from previous employers. The recruitment record of a new member of staff confirmed this, and the staff member told us as soon as they were recruited they went, "Straight in for training."

Risk assessments provided staff with information about people's health and social care needs, and any identified risks they needed to be aware of when carrying out personal care. For example, the risks a person might have if they are unsteady on their feet or can't walk. Previously we did not see sufficient detail in the risk assessments to give staff enough information about why people were at risk and how staff could support them. This time, there was sufficient information contained in people's care records for staff to understand the risks to the person, and any risk related to the environment they lived in. The registered manager informed us staff had been on further training to help them understand how to undertake more effective risk assessments.

Since our last inspection, the provider had paid for an external training company to provide in-house training for them and their staff on medication management. The provider's medicine policy had changed so they only assisted people by prompting them to take their medicines from a 'blister pack', and by administering medicines such as eye and ear drops and topical creams. People and their relatives told us they were supported to take their own medicines by staff, and this was done when required.

Staff recorded when they prompted people to take their medicines, or when they administered eye drops. But similar to the last inspection, records did not always inform of what the medication was. At this inspection we saw one person was administered different eye drops. By looking at the record we could not determine what eye drops were administered each time; and why some days there were more eye drops administered than others. This was because the prescription had not been written on the medication record. After our visit the registered manager emailed us to confirm the person had been prescribed three

different eye drops per day, but one was on an 'as required' basis. They also contacted the person's GP to confirm staff were administering the medicines correctly.

The same person also had a pain relieving gel applied to their body. The daily care record gave a good account of where the gel was applied, but the record did not explain why the gel had been prescribed and where it should be applied, to ensure staff applied it to the correct parts of the person's body.

Staff understood how to safeguard people from abuse. They had received training to alert them to different types of abuse, and knew what to do if they were concerned a person was at risk. One member of staff told us they recently reported a concern to the office and now the local safeguarding team were following this up. Another member of staff, when given a safeguarding scenario said, "How can you turn a blind eye to that – it's not fair on the person." They went on to tell us they would contact the office, and expected the registered manager to report their concerns to the safeguarding authorities.

There were enough staff on duty to support people's needs in a timely way. People and their relatives told us staff were mostly on time and always stayed the expected amount of time with them. The registered manager told us people received care from staff they were familiar with, although if they had four calls a day, they might not have the same person undertaking each call. They said the only time people might see staff they didn't know was if staff were on annual leave or were absent due to sickness. They told us if staff were going to be late, people were contacted and informed about this. On the day of our visit we heard a care worker contact the office because a person required a paramedic and they were staying with the person until the emergency was addressed. We saw office staff contact other people on the staff member's 'round' to inform them that the staff member might be late, and to see if other staff could support the calls instead. Staff confirmed they mostly saw the same people each time and there was enough time for them to get to the different care calls.

Staff understood the importance of wearing gloves and aprons when undertaking personal care to reduce the risk of infection potentially spreading from one person to another. People told us staff always wore their uniform and there was always plenty of gloves and aprons for them to wear. Daily care records also indicated staff undertook appropriate hygiene measures. For example, one member of staff documented they had used gloves and washed their hands after providing personal care.

Is the service effective?

Our findings

At our previous inspection, this key question was rated as 'good'. It continues to be good.

People's health and social care needs were assessed by the registered manager or senior staff prior to the organisation agreeing to support their care. This was to ensure the organisation could support their needs well. One person said to us, "I have had the carers since I came out of hospital, and [registered manager] came and went through my care plan with my daughter and I. She made sure that the carers knew what I needed. It's been reviewed once since they have been coming."

People told us they thought staff had the skills and knowledge to support them with their care. One person told us, "Everyone who comes does the job well." Staff told us they had received training to support them in their work. Staff training records confirmed staff had received training considered essential to support people's health and safety.

The registered manager told us there were now more people who used the service who lived with dementia and to support staff with this, they had a home learning, computer on-line dementia course for staff. A member of staff told us they supported people living with dementia and after doing the course "It clicked" how they could support people more effectively. This member of staff told us the courses had been "brilliant." Another told us the staff had, "Received training until it was coming out of our ears", and went on to say they were looking forward to training about mental health awareness which had been scheduled for the near future. The provider had also arranged for staff to receive training on 'end of life' care which was due to commence in June 2018.

A trainer who was also a registered nurse, recently delivered training for the staff team and posted a review on a review site which said, 'Their (the staff's) willingness to learn and contribute their own knowledge to the training is excellent.'

Staff new to the organisation undertook their training prior to working with people. Once their recruitment checks had been returned, they 'shadowed' more experience staff for approximately one week or more if needed. We were told staff were, "Not left to their own devices, as this is not fair. They need to get used to the clients."

The provider told us staff were encouraged to undertake further training, such as diplomas in health and social care. The Provider Information Return informed us 10 staff had undertaken level 2 diplomas in health and social care. The registered manager also informed us two more staff were due to complete their diplomas.

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. We checked whether the service worked within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. There were no people who had their liberty restricted.

People were asked if they agreed to a care task being undertaken before staff undertook the task. For example, one relative said, "I can hear the carers asking before they do things for my husband to make sure everything is ok. " Staff confirmed they always checked that people were happy with them undertaking a care task before they went ahead with it. One staff member told us that sometimes people might not want a wash. They knew they could not force a person to do something against their will, but said they would try to encourage the person to do so.

Staff knew the importance of working in partnership with other healthcare professionals to ensure people's health needs were met. One member of staff told us they had recently contacted a district nurse because they had concerns after seeing blood around the catheter area used by the person. Staff understood the importance of checking for red areas of skin when supporting people with personal care to ensure pressure sores were not developing. They knew to contact the GP if this was the case to arrange for a district nurse to see the person.

None of the people we spoke with had needed staff to support them in getting hospital or GP appointments, but all told us they were confident staff would do this for them if required.

Where agreed, staff supported people to prepare or heat up meals, and provide drinks when required. People, who received meals prepared for by the care staff, told us they were always given a choice of what they want to eat. The provider also asked people if they would like any meals from local take-aways' so they could still enjoy having meals such as 'fish and chips'. On Saturday, care workers went to the local fish and chip shop and collected take away meals for people who had requested this service, prior to attending their call. The registered manager told us they had previously offered this to a person who liked the occasional meal from a well-known fast food burger restaurant.

Is the service caring?

Our findings

At our last inspection this key question was rated as 'good'. It continues to be good.

All the people we spoke with were extremely positive about the care provided by JaMax staff. People told us staff were caring. One person told us they were happy with all the staff who provided care but, "Some of the girls are so caring they have become good friends." A relative told us, "Mum isn't always very cooperative when the girls come but they are so kind and patient with her and they can usually talk her around to do anything."

In January 2018, a person who used the service contacted the CQC to 'share their experience'. They told us, "I have received excellent care from [staff name] at JaMax, she has always done what has been asked of her. She is an asset to JaMax and long may she continue in the job she obviously loves."

We saw examples of staff's caring approach. All staff had smart phones and used an app on their phone to communicate to each other and to the registered manager about any issues which had arisen. A member of staff had communicated they had noticed a person's milk had gone passed its 'use by' date. The staff member went to the shop and got the person some fresh milk so they could continue to have the drinks they wanted. Another member of staff cheered a person up so much that the person phoned the office to say thank you to them for cheering them up.

A relative told us they lived too far away to see their relation on a daily basis. They explained to us their relation was not able to communicate to them how their week had been; and so they had a notebook within which, staff would leave messages. They told us if there was anything that needed communicating more quickly, the office staff would contact them.

People's dignity and privacy was respected. One person told us, "My dignity is maintained at all times I am kept covered when I am needed to be, so I am not exposed." A relative said, "When the carers are in the bedroom getting my husband ready they draw the curtains to make sure that his privacy is maintained and his dignity maintained at all times." A member of staff said, if a person needed to use the toilet, they would support them on to the toilet, and then wait outside until the person was ready for their support again. Another told us, "Respect doesn't cost – we should always be polite and courteous."

People were encouraged to maintain as much independence as possible. A member of staff told us when they supported people with personal care they worked with the person so they tried to do as much as they could for themselves.

The provider ensured information about people was confidential. They had contacted the 'app' office to check the security of the app, and to ensure it complied with data protection rules. The information about people was stored safely and securely in the office. Staff also knew the importance of confidentiality. We asked one member of staff what they would do if a person they supported had seen them go into another person's house, and had asked why the other person needed care. The staff member knew it was a breach of

confidentiality to inform the person of another's needs.

Is the service responsive?

Our findings

At our last inspection this key question was rated as 'good'. It continues to be good.

People received care which was responsive to their needs. People and/or their relatives were involved in the initial assessment and following on from that were involved in a yearly review of their care, or earlier if their needs changed. People we spoke with said regular staff knew their needs well.

The care plans were written as if the individual was instructing staff what they would like staff to do and how to do it. For example, when the staff arrived at a person's place in the morning, the care plan said, "I would like you to make me a drink." Or, "I would like you to prompt me to take my medicines." All care plans had enough information for staff to support and respond to people's care needs, although some care plans did not have as much detail as others, such as adding to the information what drink the person would usually want. The registered manager said they would add the detail to those care plans which would benefit from it.

The daily care records provided good information about how staff responded to people's needs each visit. For example, one care worker had written how they had 'gently' undertaken a care task because the person 'was sleepy'.

The registered manager told us they were moving towards reducing the care review time span from one a year, to every six months. This was because people were now presenting to the service with more complex needs. To help with reviews and to ensure all records were up to date and provided accurate information, the provider had recruited a new supervisor and a senior care worker to the management team.

People and relatives told us staff had enough time to undertake the care tasks required of them. They did not feel staff rushed them. One person said, "The carers have plenty of time to do what they have to, and we always have time for a chat before they go." Staff rotas were arranged a week in advance so staff knew where they were going and when. The registered manager told us staff usually informed people when they saw them, when they would next be in.

The provider was responsive to people's needs during the evening and week-ends. A relative told us, "I can always get hold of some-one in the office if I need to, no matter what time of day it is." People had been provided with the telephone numbers of the management team they could contact if a staff member had not arrived to undertake their call. This was to ensure their care was delivered as agreed and to check why the staff member had not arrived. Since our last inspection visit, the provider had introduced a night safeguarding policy. This meant all staff had to inform the provider they had completed their shift via their phone text message. If they had not, the provider would contact them to ensure all was well with them or the people they were supporting.

People and their relatives felt able to raise concerns or complaints with the provider, but all those we spoke with told us they had not needed to do so. Typical comments were, "We have never had reason to complain

but if I needed to I assure you I would," and, "All the information I need to complain is in my folder but I can't ever imagine needing to as my care is great."

The provider had received one complaint since our last visit. This was in relation to medicines. We had also received information from this relative about their concerns regarding the way the provider had managed this issue. During our visit we looked at the information and based on what we saw, we were satisfied the provider had dealt with the concerns appropriately.

Is the service well-led?

Our findings

At our last inspection this key question was rated as 'requires improvement'. This was because the provider did not have audits in place that monitored the quality of the service, such as support plans, assessments and the recruitment process.

The provider of JaMax is a partnership consisting of two partners who work 'hands-on' as part of the office team. They employed a manager registered with the CQC to support them in their work. For six years, the organisation had offered home support such as cleaning and shopping to people; however three years ago they extended their brief and registered to provide the regulated activity of personal care to people. This was their third inspection.

Staff and people told us the service provided care to people in the way they wanted it, and at their own pace. The partners and the registered manager were committed to providing good quality care to people and to improving their service. A person said, "Sometimes [registered manager] calls from the office to see if I am happy with my care and I tell her the truth, I am very happy."

A member of staff told us management team were, "Constantly trying to change things for the better - we all really do care about the people we look after." Another member of staff told us the provider supported staff with good wages and a fuel allowance. The provider told us they paid over the minimum wage, and paid staff extra for working weekends and evenings.

There was good communication between the management team and staff. On a day to day basis this was mostly through the phone app. For example, when we queried the eye drops a person received; the registered manager put a message on the phone app to the member of staff who was visiting the person that morning. The information about the medication was sent back within a short space of time. We saw this was used by staff during the day to update colleagues and the management team of any issues or events they needed to be aware of.

The management team saw staff regularly when they came to the office to pick up or drop off paperwork, and when they collected gloves and aprons. During these periods of time they had informal discussions about how their work was going.

Since our last inspection, the provider had recruited a senior care worker and a supervisor. This was to give more formal appraisal of staff's work. The supervisor undertook unannounced checks on staff (spot checks) to ensure staff supported people in the right way. Some people we spoke with confirmed management went to their homes unannounced. The provider information return sent to us in March 2018 told us there had been at that stage, 36 unannounced visits during the year, and staff had received feedback from those visits. The senior care worker and registered manager also checked care records to ensure they were up to date.

Since our last visit the provider had changed their recruitment process and now ensured all staff received their clearance checks before they started to visit people in their homes. All staff had also been provided

with updated medication training and the provider's policy had changed to reduce the risks of medication not being administered correctly. During this inspection, we continued to see some issues with medication records; however people received their medicines as prescribed. Our concerns were addressed quickly by the registered manager.

The management team now sent quality monitoring surveys out to people. Eighteen had been completed since our last inspection. All were very positive about the care they or their relation had received. A staff survey had also recently been undertaken. Again, there were positive responses from staff about the support they received from the management team.

The management team had reward initiatives for staff who worked well. If a member of staff had gone the extra mile, they were given an achievement award. This was a small prize, and their name was put forward for a bigger prize in a prize draw at Christmas time.

The registered manager was aware of their responsibilities to notify us of any events which had impacted on the person using the service, or the service itself.