

Joelma Limited

# Joelma Limited

## Inspection report

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Date of inspection visit:  
13 July 2023  
14 July 2023

Date of publication:  
16 August 2023

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Joelma Limited is a domiciliary care agency providing personal care to adults 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 our inspection 7 people were receiving support with personal care.

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

#### Right Support

Known risks to people's care were not always assessed fully and staff did not always have enough information to guide them in how to provide safe care to people. Recording of medicines processes was not always accurate. When people took medicines 'as needed' there was no guidance for staff to follow to support safe practice. Information about people's DNCAPR (Do not attempt cardiopulmonary resuscitation) decisions were not included in their care records so staff may not have access to accurate information in the event of a medical emergency. Recruitment processes required strengthening to ensure safe employment decisions could be made. Staff wore aprons and gloves when they supported people's personal care to reduce the risk of cross infection.

#### Right Care

Staff were reliable, usually arrived on time and stayed the length of time they were supposed to. The registered manager intended for people to receive support from a small, consistent team of staff and were working towards this. People and relatives told us they/their family member received safe care from staff. Processes were in place to record and follow up accidents and incidents.

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 did not always support this practice. We have made a recommendation for mental capacity assessments to be undertaken when a person may have fluctuating capacity, to support best practice in people making decisions about their care.

#### Right Culture

Improvements were needed to quality assurance systems and processes. Audits did not always identify issues or record what actions were needed and subsequently taken to improve the service. The registered

manager and staff team were keen to ensure people received good quality care in their homes. Positive feedback was received about the approach of the registered manager and the support they offered. Staff were supported through team meetings and one to one supervision sessions. Feedback was sought from people informally and via questionnaires. The registered manager and staff team worked with health and social care professionals involved in people's care and treatment.

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

The last rating for this service was good (published 25 May 2019.)

#### Why we inspected

This inspection was prompted in part due to information received which suggested concern about aspects of the provider's recruitment practices. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We did not find evidence of those particular concerns, but we did find other concerns in relation to recruitment.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Joelma Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified a breach in relation to some aspects of people's safe care and treatment at this inspection. We have made a recommendation for the provider to introduce mental capacity assessments when required.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Joelma Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 July 2023 and ended on 14 July 2023. We visited the location's office on 13 July 2023. We made phone calls to people and their relatives on 14 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 with 1 person and 2 relatives of people who received support for feedback on their experience of the care provided. We spoke with the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a project manager and care staff. We also received email feedback from 5 care staff. We reviewed a range of records. This included 3 people's care and medicine records. We looked at 4 files in relation to staff recruitment and support. We looked at a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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; Using medicines safely; Staffing and recruitment

- Risk assessments did not always include enough information for staff about people's known areas of risk. For example, 1 person had a history of recurring falls and mobility aids were required. There was no further information about what the risks were or how staff should provide safe care which reduced the risks as far as possible. The provider added information during the inspection when this was brought to their attention.
- Recording of medicines processes was not always accurate, which raised the risk of errors. Medicine administration records (MAR) contained gaps which were not picked up during audits. When people did not take their prescribed medicines, there was no recording on the MAR to explain why they had not taken them or what action was taken.
- There was no guidance for staff to follow when people had medicines to be taken 'as required.' For example the purpose of the medicine, the circumstances it should be given in or maximum dose in a time period. This raised the risk of people being given medicines they may not need or too much medicine, which may cause side effects.
- When people made a decision about DNACPR (Do not attempt cardiopulmonary resuscitation) in the event their heart stopped, this information was not stated in their care plan. This meant in a medical emergency if staff were present, they may not have access to accurate information to share with emergency responders, which could place people at risk of harm. The provider updated records during the inspection.
- Not all aspects of recruitment were robust. The staff files we looked at contained gaps in staff employment histories and the reasons were not explored during the recruitment process. Professional references were often written on Joelma Ltd forms, without verification of where they had come from. This meant the provider may not have full information about a potential member of staff to support safe decision making when recruiting them.

We did not find any harm was caused to people. However, risk assessments did not contain sufficient information, medicines processes were not always safe and recruitment decisions were made without all information being available. This placed people at potential risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider took prompt action following the inspection to address the issues found. They were keen to ensure ongoing improvements were made and embedded for the benefit of people using the service.
- A risk assessment was completed to consider any risks or issues associated with people's homes. For example, access, smoke detectors and whether there were any concerns about staff lone working. This helped keep people and staff safe.

- Staff files we checked contained all the other required checks under legislation to help ensure potential staff were suitable for their roles. This included records confirming staff could work legally in the UK.
- Staff were reliable, usually arrived on time and stayed for the full length of the scheduled visit. The service employed a driver who supported staff attend their care visits.
- People received support from a small team of staff. There had been some recent changes to staffing so some people and staff were still getting to know each other. The registered manager intended for each person to receive support from a small and consistent team and were working toward this.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- The registered manager told us everyone receiving support had capacity to make decisions about their care and preferences. Feedback confirmed some people may have fluctuating capacity, for example due to living with dementia. MCA assessments were not carried out to document people's decision making abilities or any support they needed in this area.

We recommend the provider introduces mental capacity assessments and, where needed, best interest decision processes in line with best practice under the Mental Capacity Act (2005).

- Staff received training about the MCA and knew how to support people make choices.

#### Preventing and controlling infection

- People and relatives told us staff used personal protective equipment (PPE) including gloves and aprons when they supported people with personal care. This reduced the risk of infection spread.

#### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people felt safe with the care and support provided. One person said, "I always feel safe, totally. I'm very pleased. Staff know what they're doing."
- The provider knew how to follow local safeguarding protocols when required.
- Staff received training in how to recognise abuse and protect people from the risk of abuse.

#### Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents. Appropriate action was taken when an incident occurred.



# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- Systems were in place to monitor the quality and standards of the service but required strengthening to be fully effective. Medicine audits were carried out but were not always effective, for example, with improving staff practice in medicines recording. Audits of care records did not pick up the concerns we found about the lack of information and guidance for staff on how to reduce areas of known risk or the lack of mental capacity assessments for people whose capacity may fluctuate.
- The registered manager completed quality checks on the daily notes written by staff to ensure these were detailed and of good quality.
- The registered manager was aware of their regulatory responsibilities including sending referrals to the local authority when needed and notifications to CQC for certain events.

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

- The registered manager was committed to ensuring people received good quality care in their homes. The majority of feedback we received from people, relatives and staff was positive about the approach of the registered manager and the support they offered. One relative told us, "[Registered manager] contacts me ad hoc to touch base on how it's going. [Family member] never has any complaints when I ask them. They say all the staff are really nice."
- Most staff told us they enjoyed their roles and were supported and enabled to provide good care. Staff put people at the centre of the service and focused on meeting their needs in the way they preferred. One staff member told us, "[Registered manager] is knowledgeable, friendly and extremely caring. Great company to work for, I have learned a lot. Staff and colleagues are kind and understanding."

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

- The registered manager was aware of their responsibility to be open and honest with people and their relatives when something went wrong with their care, in line with the duty of candour.

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

- Feedback was sought from people and their relatives both informally and through surveys. We saw recent questionnaires which gave positive feedback. The registered manager agreed it would be useful to complete

an analysis of this feedback which could help drive improvements to service provision.

- Staff were supported through regular team meetings which gave the opportunity to receive information and discuss relevant issues. One staff member told us, "Zoom meetings are held once a month which everyone must attend and would be given the opportunity to discuss challenges, give their opinions and contribute to matters arising. No matter who you are, we work as a team."
- Staff also received one to one supervision sessions which were scheduled 6 monthly. The registered manager agreed more regularly was likely to be beneficial to staff learning and development.

Continuous learning and improving care

- The registered manager was supportive of the inspection process and keen to take on board suggestions and feedback offered. They wanted to drive further improvements of the service in order to achieve consistently good outcomes for people.
- The registered manager kept a log of concerns and areas which required action or follow up. This assisted them maintain oversight of issues as they emerged.
- At the time of inspection records relating to people's care and the oversight of the service were recorded on paper. The registered manager planned to move to an electronic system in future, and was looking carefully into the options to ensure they selected the right system for their service.

Working in partnership with others

- The registered manager and staff team worked with health and social care professionals and responded to people's changing needs. For example, GPs, district nurses and social workers.

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 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Risk assessments did not contain sufficient information, medicines processes were not always safe and recruitment decisions were made without all information being available. This placed people at potential risk of harm. |