

JaMax Partnership

JaMax Homecare

Inspection report

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Date of inspection visit:
09 January 2023
10 January 2023

Date of publication:
20 March 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

JaMax Homecare 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 32 people were receiving personal care from the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there was a person using the service who had a learning disability and or who was autistic.

Not all risks in relation to people receiving personal care were assessed. People had care plans in place. However, these did not include clear information to guide staff to provide safe care and support. Some of the information, including the monitoring and impact of people's health conditions, was limited. This did not ensure staff had the required information to support people in the best possible way.

The provider had not established or operated effective systems and processes to assess, monitor and improve the quality and safety of the service. The provider's audits were not always effective in providing oversight and identifying where improvements were required. Audits and checks had not identified the issues we found at this inspection.

People felt safe with staff supporting them and staff understood their role in safeguarding people. The provider's safeguarding policy and procedure required reviewing and updating. People were supported by consistent staff who knew them well, which helped to mitigate some of the risks we found.

Systems were in place to ensure good infection prevention and control practice. However, the provider's infection prevention and control policy and procedure required reviewing and updating to reflect measures to reduce the risk of current infections, including those of COVID-19.

Staff supported people to make decisions about their care and, where possible, people had signed to consent to their care and support. Decision making processes were not always included in care plans where people had limited or fluctuating capacity. 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 clearly support this practice.

People's care needs were assessed before their care package started. People and relatives were involved in developing and reviewing their care which supported staff to provide personalised care. Staff knew people well and worked positively with people's relatives and other agencies to support people to achieve good outcomes from their care.

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

Rating at last inspection

The last rating for this service was good (published 13 July 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to the assessment and management of risks and the governance of the service at this inspection.

We made a recommendation that the provider researches best practice guidance to ensure they are following the principles of the Mental Capacity Act.

Please see the action we have told the provider to take at the end of this report.

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 effective?

The service was not always effective.
Details are in our effective 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 ●

JaMax 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

This inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 January 2023 and ended on 10 January 2023. We visited the location's office on 9 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used information gathered as part of monitoring activity that took place on 27 October 2022 to help plan the inspection and inform our judgements. 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. The provider shared this information as part of this inspection.

During the inspection

We spoke with 5 people and 6 people's relatives by telephone to gather their views about the care provided. We also spoke with 8 staff including the registered manager, 2 directors and 5 care staff.

We reviewed care plans and records for 4 people including medicine records. We also reviewed 3 staff recruitment files, staff training records and various records and documents relating to the day to day running of the service, including key policies and procedures.

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 requires improvement. At this inspection, the rating has remained 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

- Not all risks people faced had been fully assessed or mitigated, which did not promote safety.
- Risk management guidance was not always available, and some risks had not been assessed. For example, one person's home had been identified as a fire risk, but there were no further details around actions staff needed to take to help reduce these risks. A second person was described as having fragile skin and at high risk of developing pressure sores. They did not have a risk assessment or monitoring plan in place to support early identification of skin changes. This meant they were at increased risk of their skin integrity deteriorating.
- Care plans did not include sufficient information to support safe care. For example, one person had been assessed as requiring a hoist to transfer. Their care plan lacked details of what type of hoist, size and type of sling was to be used, and what support the person needed during this transfer to keep them safe. A second person was described as requiring re-positioning. Their care plan did not detail how this should be done safely and staff were not consistently recording re-positioning support, other than 'moved up the bed.' This presented a risk that staff did not have guidance available to ensure people were supported safely.
- Some people required support to manage their catheter care. There was no information or guidance in their care plans around catheter care to minimise risks for them. For example, staff were not consistently recording units of output which is essential monitoring to ensure safe catheter care.

Although we found no evidence people had been harmed as a result of poor risk management records, systems were not in place to identify, assess and mitigate risks to people's safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives felt the service was safe. One relative told us, "Staff move [Name] from the bed to the chair using a hoist. They know what they are doing and [Name] feels safe while they move them."
- Staff felt they had a good understanding of people's individual risks. One staff member told us, "For all new packages, [Registered manager] does a home visit assessment, finds out the person's needs and routines including any aids or risks such as trip hazards. This is communicated to us via the care plan and client folder and supporting information via our (social media) communication."

Systems and processes to safeguard people from the risk of abuse

- The provider's safeguarding policy and procedure required review and update to reflect current guidance and local safeguarding protocols. For example, there was no reference to local safeguarding protocols or contacts or the role and contacts of external agencies in investigating safeguarding concerns.
- Staff told us they had completed training in safeguarding, but training records did not clearly evidence

when all staff had received training and when this was refreshed

- Staff were able to tell us about types of abuse and said they would report any concerns to the registered manager or office staff. They were confident any concerns would be taken seriously and addressed. One staff member told us, "We know people really well so we can quickly tell if something is not right, such as they are not very talkative or acting differently or an unexplained bruise. We inform the office and/or registered manager and record it in care notes, so incoming staff are aware of this."
- People's preferred choices of carer, in terms of gender, was respected. This enabled people to feel comfortable with those supporting them. One person told us, "I feel safe with the carers; it's just the way they carry out their work, they make me feel comfortable, they are not intrusive, but they are there for me."

Preventing and controlling infection

- Staff were supported by managers to follow safe working practices to ensure the prevention and control of infection. However, further work was required to ensure working practices were supported by robust information, training and guidance.
- The provider had an infection control policy in place but this had not been updated for some time and did not make any reference to current infections, including COVID-19.
- We were assured the provider had sufficient stocks of Personal Protective Equipment (PPE) available, such as face masks, hand sanitisers and gloves. People and relatives confirmed staff wore PPE and staff recorded this in care handover records.

Staffing and recruitment

- People were supported by enough staff to meet their needs and who were able to provide consistent care. One person told us, "Staff come once a day for half an hour and help me. I see the same staff and I am very happy with them; they do everything that they are supposed to do. They also do extra little things to help me such as emptying the bin." A relative told us, "The staff always arrive on time. We have the same staff member during the week and a different one at weekends, so [Name] always sees the same people. This is good because [Name] has got to know staff and likes them."
- People, relatives and staff confirmed where people required 2-1 staff for a visit, there were always 2 staff that attended the call and all staff stayed the full duration of the call.
- The provider had completed pre-employment and Disclosure and Barring Service (DBS) checks on staff before they started to work for the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The provider had a policy which stated they did not administer medicines for people but would support people to take their medicines through a verbal prompt. This information was shared with people before they started to use the service.
- In some cases, staff applied topical medicines, creams, for people where they were unable to do this themselves. Information to support this administration was included in people's care plans and staff completed records to confirm creams had been applied.
- Staff had completed basic training in the safe administration of medicines.

Learning lessons when things go wrong

- The registered manager confirmed there had been no incidents or accidents since the service started operating. A system was in place to report, record and monitor incidents and accidents to help ensure people were supported safely.
- Some lessons were learnt when things had gone wrong. The provider had completed a lessons learnt

exercise following a safeguarding concern that had been raised. They had shared learning with staff to improve working practices and responses.

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.

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

- Staff had received training in areas considered by the provider as mandatory. These included first aid, infection control, moving and handling and safeguarding. Staff had not completed training in other areas to enable them to meet people's individual needs safely, for example catheter care.
- The provider needed to improve the monitoring and recording of staff training. The provider kept basic records of training staff had undertaken, but these were not always up to date or reflective of all the training staff had completed.
- The registered manager told us staff had received one to one supervision meetings. However, these had not been documented.
- Relatives and people told us they were confident with staff skills and knowledge. When asked if they felt staff were trained a person told us, "The staff all know what they are doing. I see the same staff and they have got to know me well." A relative told us, "I have seen the staff when they are looking after [Name], and they all know how to look after [Name]. The staff have been motivating and encouraging independence and [Name] can do a lot more for themselves now."
- Staff felt they had completed sufficient training in their roles. One staff member told us, "The training is pretty good, it keeps us on the ball. If we need any additional support, we can just call the office and ask. We do have occasional spot checks to make sure we are doing things right."

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

- People's health and support needs were sometimes at risk of not being met. Gaps in risk management plans and guidance for care workers meant there was a risk of staff missing changes in people's health, for example identifying urinary tract infections from the use of catheters.
- People's care plans did not always include sufficient information about their specific health conditions. For example, one person was described as 'having limited movement'. Their care plan did not describe the nature of limitations, how this affected their abilities and how staff should adapt the support they provided.
- Staff worked alongside other healthcare professionals on a regular basis to support people to maintain their health and well-being. A person told us, "The staff visited me one day and found me very poorly, I cannot remember what happened, but they called for an ambulance and got me into hospital."

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.

- People had signed to confirm consent to their care and support in their care plans, where they were able to do this.
- People's care plans included decisions they had made about their care and any legal powers in place for relatives or representatives to make decisions on their behalf.
- People confirmed staff sought consent before providing care and support. One person told us, "The staff know my likes and dislikes, but they always ask me what I would like or need before helping me."
- Where people's mental capacity fluctuated, care plans did not include an assessment of their mental capacity to support effective decision making and ensure best interest processes were followed.

We recommend the provider researches current best practice guidance to ensure they are following the principles of the MCA and updates their practice accordingly.

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. A relative told us, "A person from the company came to see us and we had a long chat. I felt it was really good as they asked all about the things [Name] needed and also what they wanted. It is all written down in a folder we keep with all the information required about all of [Name's] requirements. It is very much a working document."
- People and their relatives were involved throughout the assessment process and the provider used the information gathered to develop people's care plans.

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

- Staff supported people with nutritional needs where this was required.
- Care plans included information about people's nutritional and dietary needs, including specific likes and dislikes.

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

- Governance systems to review and improve care delivery were not effective and in some instances were not in place.
- The registered manager told us they audited and reviewed care records when they were archived at the registered office each month. However, there was no record of this process. Audits and checks did not identify the issues we found during the inspection including insufficient information in people's risk assessments and care plans and out of date policies and procedures.
- Requested documentation was not always available at the time of the site visit. This included key policies and procedures, audits and checks and spot checks. Some documents were requested and received electronically afterwards. We did not receive all these documents.
- The management team monitored and supported staff through regular meetings, supervisions and observations of working practices. The lack of records of these processes did not demonstrate effective support and oversight of staff. The absence of audits and checks did not evidence that the provider assessed and monitored the service in order to drive improvement.

Systems were not in place to effectively assess, monitor and improve the quality and safety of the service and there was a lack of management oversight in relation to care plans and care records. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a positive culture within the service. The registered manager and care staff spoke positively and passionately about their work and the people they supported.
- People and relatives spoke positively about the management team and staff. Comments included, "Staff make the job of having care easy. I cannot praise them enough; they are absolutely super in everything they do," "It is a very good agency and certainly has a family feel to it" and "We are very happy with the service provided, all of the staff are very kind, and nothing is too much trouble."
- People and relatives had been asked for feedback about their care. One person told us, "We had a questionnaire just before Christmas, I was only able to write good things on it."
- Many relatives were able to give examples of staff going above and beyond for people. This included going to the shops for people when they had run out of items, providing assistance outside of care visits when a

person was in desperate need and spending extra time with people when they were anxious or distressed.

- Staff described positive and effective communication with the management team. They felt able to share their views and were confident they would be listened to. One staff member told us, "I can make suggestions and sometimes things change if it's appropriate. This makes me feel listened to. Managers tell me how I am doing and give me any feedback from people and relatives about the care and support I have provided."

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; Continuous learning and improving care

- The provider understood their responsibilities regarding the duty of candour.
- People and their relatives told us they were confident the provider would act on anything that had gone wrong. A relative told us, "The managers are very good, although we do not have to call them very often. Sometimes they will contact me if something is not working as it should. They are very good with communication; they will either ring me or email me."
- The provider's complaints policy and procedure required review and updating to ensure people had the information they needed if they wished to escalate any concerns or complaints, or raise these with external agencies.
- The registered manager kept up to date with changes and developments in social care and health. They were aware of current constraints and challenges and had adapted the service provision to ensure continued viability.

Working in partnership with others

- People and relatives described effective partnership working with staff. A relative commented "I ring the office if I need staff to be aware of something or do something for [Name]. Staff contact me if they feel I need to be aware of anything or follow anything up. I find them really helpful in making sure [Name] remains well."
- There was evidence of partnership working with other professionals such as GPs and the district nursing team to ensure people's healthcare needs could be met.

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 effectively assess, monitor and improve the quality and safety of the service and there was a lack of management oversight in relation to care plans and care records

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not in place to identify, assess and mitigate risks to people's safety

The enforcement action we took:

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