

JaMax Partnership

JaMax Homecare

Inspection report



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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

The inspection took place on 25 February 2016 and was announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

The service provided personal care to adults with a variety of needs living in their own homes. This included people living with dementia, sensory impairments, physical disabilities, older people, people with learning disabilities, and younger adults. At the time of the inspection there were 106 people using the service. The service also provided non regulated care to people, for example cleaning and shopping. JaMax Homecare provided care to 40 people who received care that was a regulated activity.

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 told us that they felt safe when staff supported them.

Risk assessments were in place which set out how to support people. The service had safeguarding and whistleblowing procedures in place. Staff were aware of their responsibilities in these areas.

People told us that staff arrived on time for appointments to support them and did not miss any calls.

The provider did not have robust recruitment procedures in place. Pre-employment checks had not always been completed before new care workers started supporting people using the service. Information about staff's previous employment and gaps in employment had not been recorded.

People were supported to take their medicines by care workers. Staff were in the process of completing training to enable them to support people with medicines.

When people started to use the service a care plan was developed that included information about their support needs, likes, dislikes and preferences. This meant that staff had the relevant information to meet people's needs.

People were prompted to maintain a balanced diet where they were supported with eating and drinking. People were supported to access healthcare services and staff monitored people for changes in their health and well-being.

Care workers had completed some training however they had only completed limited training. Staff had not had regular supervision meetings. Staff worked with more experienced staff members when they started

work but did not complete an induction process.

We recommend that the service considers using the Care Certificate. The Care Certificate is a nationally recognised set of standards that can be used to prepare care workers for their role.

Staff told us that they sought people's consent prior to providing their care.

Staff developed caring relationships with people and understood people's needs and preferences.

People were involved in decisions about their support. They told us that staff treated them with respect.

People were involved in the assessment of their needs.

There was a complaints procedure in place and people felt confident to raise their concerns.

We found that quality assurance systems were not in place and audits had not been completed. The provider had not identified the shortfalls in quality that we found during this inspection. This meant that the provider was not able to ensure that people were receiving safe or effective services that met their needs.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report..

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 consistently safe.

Staff understood their responsibilities for protecting people from abuse.

Recruitment procedures were not being followed. There were not enough staff deployed to meet the needs of the people who used the service.

People were supported to take their medicine safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff had not completed an induction. They had completed limited training. Staff supervisions had not taken place regularly.

Staff sought people's consent prior to providing their support. The manager had an understanding of the Mental Capacity Act 2005.

Where staff supported people with eating and drinking, people were prompted to maintain a balanced diet. People were supported to access healthcare services.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff were caring. People told us that staff respected their privacy and dignity.

Staff we spoke with had a good understanding of the needs of people they supported.

Good ●

Is the service responsive?

The service was responsive.

People received care which had been discussed and planned

Good ●

with them and was responsive to their needs.

There was a complaints procedure in place. People felt confident to raise their concerns.

Is the service well-led?

The service was not consistently well led.

There were no systems in place to monitor the safety of the service. Issues found during this inspection had not been identified by the provider.

People had not been asked for their opinion on the service that they had received.

Staff felt able to raise suggestions and were confident that these were acted upon.

Requires Improvement 

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.

This inspection took place on 25 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

The inspection was carried out by one 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. The expert had experience of caring for someone who used this type of service.

Before our inspection, we reviewed the information we held about the service and information we had received about the service from people who had contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service.

We reviewed a range of records about people's care and how the service was managed. This included six people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people who used the service and policies and procedures that the provider had in place. We spoke with the registered manager, and three care workers.

We contacted 19 people who used the service by telephone. We spoke with ten people who used the service and four relatives of other people who used the service. This was to gather their views of the service being provided. The other nine people we contacted said they did not want to speak with us.

Is the service safe?

Our findings

People could not be confident that the provider had followed safe practices in recruiting staff to support them. We looked at the recruitment records of four people employed to provide personal care to people. These showed that staff had not always been safely recruited as the provider had not carried out the necessary checks to ensure staff were suitable to work with the people who used the service.

We found that one person did not have a Disclosure and Barring Service (DBS) Certificate. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. The registered manager told us that this check had been completed recently but that they had not seen a copy of the certificate. The member of staff had worked at the service for over a year. Another member of staff had a DBS certificate that had been completed in November 2014 by another provider. The member of staff had started working at the service in October 2015. The provider had not carried out checks to ensure that the member of staff had not undertaken any activities that would have been recorded on a DBS certificate in the time between the certificate being printed and the time of employment. The registered manager told us that they had not completed a risk assessment around recruiting the member of staff without completing a new DBS check. This meant that the provider had not ensured that this staff member had not been convicted of any offences that would make them unsuitable for this type of work and had not considered the potential risks to people who used the service. The other two staff had DBS checks completed after they had started working for the service. One person had a check completed two months after their start date. The other member of staff had a check completed four years after they had started to work at the service. The registered manager told us this was because staff had been employed in a role where a DBS check had not been required and had moved into providing care to people. There were no records to show that staff had been employed in one role and moved to another role where a DBS check would then be needed. The registered manager told us that they would make sure that this information was recorded in people's files.

When people are employed the provider should request two references with one being from the most recent employer. Two people had no references in place and one person had only one reference in place. There were no records to show that references had been requested for staff. References provide evidence of staff conduct in their previous employment. There were no application forms or records of interviews in place for any member of staff. This meant that the provider had not recorded people's previous work history or why they were considered as being suitable to work for the service. It is important that the provider only employs people who are 'fit and proper'. Recruitment and selection procedures including application forms, interview notes, references and DBS checks give the provider information about a person, their work history and their suitability for the role.

We found the provider had not obtained satisfactory evidence of staff conduct in previous employment. They had not checked that staff had not been convicted of any offences that may have made them unsuitable for this type of work.

These matters constituted a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014 Fit and proper persons employed.

People we spoke with told us that they felt safe when receiving support from the care staff. One person told us, "I really value the fact that I have somebody I know and trust coming into my home every week." Relatives we spoke with told us that they felt their relatives were safe when they were receiving care. One relative told us, "We have a carer coming three times a day to ensure that [Person's name] takes her medicine safely."

Staff had not received training around safeguarding adults. The registered manager told us that safeguarding was discussed with staff in response to any situations that had happened. However staff members we spoke with had a good understanding of types of abuse and what action they would take if they had concerns. All of the staff that we spoke with told us that they would report any suspected abuse immediately to the office. Policies and procedures in relation to the safeguarding of adults were in place and the actions staff described were in line with the policy.. All of the staff we spoke with told us that they understood whistleblowing and that they could raise concerns with external professional bodies such as the local authority. The registered manager had an understanding of their responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission.

People's care plans included risk assessments and control measures to reduce the risk. The information was very basic and did not identify all potential risks. For example, one person had limited mobility and used aids to help them move around. The risk assessment had not identified that this person may be at risk of falling and ways to reduce this. Risk assessments were reviewed annually unless a change had occurred in a person's circumstances. This was important to make sure that the information included in the assessment was based on the current needs of the person. We found that there were no records of any accidents or incidents. The registered manager told us that there had not been any accidents or incidents involving the people who used the service. People, relatives and staff that we spoke with did not tell us that any accidents had happened.

We saw that the person's home environment was assessed to make sure it was safe for the person and for staff. This included checking that the property was accessible and that there were no trip or slip hazards.

Staff told us that they felt there were enough staff to meet people's needs. The rota showed that staff had regular calls and that these were in a similar geographic area to make it easier to travel between calls. People told us that staff did not miss any calls. One person told us, "I have never had any missed calls." Another person told us, "I don't think I've ever not had anybody come at all." Staff told us that they had enough time between calls to get to people on time. This meant that staff were effectively deployed to make sure that they got to the calls on time.

We saw in people's care plans that staff prompted people to take their medicine. The service had a policy in place which covered the administration and recording of medicines. Staff told us that they felt confident with the tasks related to medicines that they were being asked to complete. We found that staff had not had any training in medicines. The registered manager told us that all staff were attending training on the day of the inspection. Staff confirmed that this training had taken place. The registered manager told us that they did not complete competency checks with staff to make sure that they were supporting people with their medicines safely. The registered manager advised that she would look to implement this competency check. We saw that where people were prompted to take their medicine this was recorded in their care plans. Records showed that staff recorded that they had observed people taking their medicine in daily records. This meant that there was not a specific record to show that people had been prompted and seen to take their medicine correctly and safely.

Is the service effective?

Our findings

People told us that the staff knew what support they needed and helped them. One person told us, "They help with all the things I need help with." Another person told us, "If things need to be done, she will do them for me."

There was no induction programme in place to introduce staff to the organisation and to care. Staff told us that they had shadowed more experienced staff. One staff member told us, "I shadowed more experienced staff. I was happy with this. You could do it until you felt comfortable." They described how they had been introduced to the people they supported. Records we saw confirmed that staff had shadowed more experienced staff. The registered manager told us that they spent time with new staff discussing the role and how to complete the required paperwork. They told us that this was not recorded. The registered manager told us that they were going to implement a way to record that staff had completed an induction and to develop a more robust induction to the organisation.

We recommend that the service considers using the Care Certificate. The Care Certificate is a nationally recognised set of standards that can be used to prepare care workers for their role.

Staff we spoke with told us that they had completed training. One staff member told us, "I have done some training. It was good quality." Another staff member told us, "I have not done training with this organisation but have done it with others. I have not been asked to do anything I do not feel trained for." We saw that most staff had completed training in moving and handling and food hygiene. We found that some staff were working towards their NVQ in care. We saw that staff had certificates in their files that showed the training that they had completed. On the day of the inspection the registered manager told us that staff were completing training on medicines management. Staff confirmed that this training had taken place. The registered manager told us that they had identified the training that staff needed and provided this however this did not cover areas such as safeguarding or the Mental Capacity Act. Staff were supporting people who had complex needs such as diabetes and had not received training in this area. However we saw that staff were seeking support from health professionals and following guidance that was in place in response to the needs of the people who used the service who had more complex needs. The registered manager said that they would continue to source training that was needed for the staff and identify if there were more courses available for the staff to complete.

Some staff we spoke with told us that they had supervision meetings with their manager. One staff member told us, "I have had supervision. If I have any queries I will go the manager and sort it out." Another staff member told us, "I have not had supervision. If I was to ask they would hold one." One staff member told us, "I have not had supervision or a spot check." A spot check is where a senior member of staff observes staff while they are working to monitor the staff member's practice. The registered manager told us that they had carried out supervision meetings with staff, and that they had observed staff in practice, however they told us that this had not been recorded. Staff we spoke with told us that they could approach the manager at any time and that they felt supported. One staff member told us, "I feel supported. I was new to care. They spoke to me and explained what to expect. They will talk me through things. They listen to me." Another staff member told us, "I feel supported. I can ask anything. When I first started I was given positive feedback."

Another staff member told us, "I feel supported. If I had a problem they will help me to sort it out." The registered manager told us that team meetings were not held as it was difficult to get all of the staff together. They told us that they were trying to find different ways to communicate with the staff that were more effective.

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 was working within the principles of the MCA. We saw that each person had a care plan that included information about any problems the person may have with understanding or decision making. The registered manager told us that they were in the process of developing contracts that each person would sign to confirm that they agreed with the care package in place. The registered manager told us they had an understanding of the MCA and could describe steps they would need to take if they thought someone did not have capacity to make a specific decision.

Staff told us how they would usually seek consent prior to assisting people with their support, and that people had the right to refuse care. Comments included, "It's up to the person if they want a wash. If they don't I can't force them," "I ask people for their consent. Can't make people do anything they don't want to," and "I don't always ask the people I see regularly as you can tell if they don't want something to happen. I will encourage if people say no and I would report it to the office."

We saw from the records that where people did receive support with food, details of what had been made were recorded in the daily notes. We saw that as part of the initial assessment it had been considered what support people would need with eating and drinking. Care plans indicated that people were able to choose what they ate and drank and included information about the assistance that was needed.

Staff were aware of their responsibility for dealing with illness or injury telling us they would call an ambulance or GP if required and report any concerns to the office. Staff told us that they would support someone to contact a health professional if they felt it was needed. The registered manager told us that they would make referrals if they felt that someone needed additional support or required assessments as their needs had changed. We saw that care plans contained contact details of people's relatives, GP's or other involved health professionals so that staff were able to contact them in the event of an emergency.

Is the service caring?

Our findings

People who used the service spoke highly of the staff who provided support to them. One person told us, "I have had the same carer for two years now and I have to say she is very good." Another person told us, "I'm really fortunate that I have had [staff members name] with me for some years now and she is like a member of the family." Another person told us, "My regular carer is lovely. She always makes time to make sure that she has time to make me a cup of teas before she goes."

People told us that they felt involved in making decisions about their care and that they felt listened to. One person told us, "I remember being given a leaflet about the agency and what they did. I arranged for somebody to come and see me so we could make arrangements for this to start." Another person told us, "I'm quite particular how I like things to be done. I can tell my carer how I like things to be done and she will try and do it that way." One person told us, "The office staff seem nice and friendly, I think they would listen to me."

People told us that they liked to have the same staff when they could. One person told us, "I really don't need a rota because I always have the same carer every week." Another person told us, "I really look forward to seeing her come each week. We can have a chat and a laugh and it makes it all worthwhile." One person told us, "I like the fact that I have the same carer every week. For me that is the most important thing. I really value the fact that I have somebody I know and trust coming into my home every week." Staff told us that they generally worked with the same people who used the service regularly and this made it easier to get to know each person. One staff member told us, "I go to see the same people most of the time. I really enjoy visiting them." Another staff member told us, "I make the time to get to know the people who I visit." One staff member told us, "I have people who I see regularly. You get used to people and can tell if something is wrong. When you get a good repertoire it is easier for people to tell you things." Records we saw confirmed that people had the same staff team on a regular basis.

Staff told us that they encouraged people to be independent and to choose what they wanted. One staff member told us "I ask people what they can do for themselves and encourage them." Another staff member told us, "I always offer people choice." This meant that staff were encouraging people to maintain the skills that they had instead of doing things for people that they could still do for themselves.

People told us that staff provided care in a dignified way and respected their privacy. One person told us, "I'm very happy being called by my first name but when I do get a different carer coming to cover they will usually ask me how I prefer to be called which is nice of them." Another person told us, "I have never heard my carer talk about any other client while she's been with me. We usually talked about all sorts of things, but never anybody else she looks after." Staff told us that they respected people's privacy and dignity. This was through keeping doors and curtains shut, knocking, asking people before assisting them, prompting people to do as much for themselves as they could and making sure people were covered as much as possible during personal care. One staff member told us, "People like to do things differently. It is important to ask people what they want."

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. One person told us, "When I need to phone up and ask for something to be changed they have been very good and done it straight away." Another person told us, "My carer has been coming to me for so long that we just make arrangements ourselves and she sorts it with the office. That works really well for me." A relative told us, "I have found them to be very good at managing emergency situations. I had to phone and ask if they could take [person's name] to an appointment. They were able to organise this really quickly."

People told us that they felt that they had contributed to planning their care. One person told us, "I met someone and my main concern was having someone every week. This has worked out really well." Another person told us, "I remember sitting down with someone from the agency before we started and I talked through what it was I needed doing. It is all written up in the file which the carer then signs to say they have done." The registered manager told us that after they received an initial referral to the service that they meet with the person and their family if the person wanted to involve them, and carry out an assessment. This was to determine if the service was able to meet their needs. They said that care plans and risk assessments were developed based on information provided by the person, their relatives and information that had been provided by the funding authority. This involved discussions and input from the person and their family. This meant that people contributed to planning their care.

People told us that their preferences were met. One person told us, "I have had a carer from this agency for quite some years now. It's always been on the day and time that I wanted it." The registered manager told us that they would only begin a new package of care if they could guarantee the calls at the time the person requested them or that had been agreed. They told us that they listened to people's request for staff members and tried to match staff with people based on what the person wanted. We saw that people's care plans included some information about what was important to the person and their preferences. For example, the care plan for one person highlighted that they liked sugar in their cup of tea. Staff had a good understanding of the care needs of the people they worked with and could tell us about these. One staff member told us, "The care plans tell us what people like and dislike. People tell us what they like and dislike as well."

People told us that they were contacted when their rota had changed. One person told us, "If there are any changes because of holidays or my carer is suddenly off ill, the office will ring and let me know. Another person told us, "The office are good and usually let me know if there are any changes planned." The registered manager told us that if the rota was changed that the staff in the office would call the person and let them know. People told us that staff stayed for the planned time of the call. One person told us, "My carer always stays for the right amount of time and I never feel that she is rushing through. If things need to be done, she will do them for me." Another person told us, "It can sometimes take a bit longer than the allocated time but she always makes sure that she gets everything I need and finds time to finish the job before she leaves." Staff told us that they had plenty of time to get to each call and this meant that they could make sure they were not rushing during each call.

People told us they knew how to make a complaint. One person told us, "I know how to make a complaint, but I've never had to as I'm very happy with the service." I hope if I did have an issue they would sort this out for me." Another person told us, "If I had a problem I would contact somebody at the agency to sort it out for me." One person told us, "I have never made a complaint but I think they would want to sort the problem out." The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us that all people were provided with a copy of the complaints procedure and we saw that this was also included within the service user guide. The registered manager told us that they had not received any complaints.

Is the service well-led?

Our findings

Providers must have systems and processes in place such as regular audits of the service and must assess, monitor and improve the quality and safety of the service.

People told us that they had not been asked for feedback or had reviews of the care they had received. One person told us, "I've never had a review meeting to discuss how I find the service." Another person told us, "I've never been asked for any feedback on the service either in a meeting, over the telephone or by questionnaire. One person told us, "It would be quite nice to see somebody to make sure everything was as it should be. I am paying for a service. It would be good to have some way of giving feedback." The registered manager told us that they did speak with people over the telephone and asked them if they were happy with the service that was provided but that this had not been recorded. We saw a questionnaire that asked for feedback from people but this had not been used. The registered manager told us that they would carry out a survey within the next three months with all people who used the service to seek their feedback. They told us that they reviewed people's care with the staff team and where changes were required these were made. The registered manager told us that they would hold more formal reviews so that people had the opportunity to be involved in reviewing their care.

The registered manager told us that they did not carry out any audits and were not aware of their responsibility to carry out audits, for example monitoring care plans, training, assessments, recruitment, risk assessments and health and safety. This meant that systems and processes were not in place to assess, monitor and improve the quality and safety of the service. There was no process in place to enable the provider to identify where quality and safety were being compromised and respond appropriately without delay.

There was no system in place that monitored that recruitment checks had been completed prior to staff starting work. This meant that staff were not being recruited safely and all required checks had not been completed.

There were no systems in place to record staff training and supervision. This meant that there was no record of training that staff had completed, that staff had completed an induction, or information about what they needed to complete to enable them to fulfil their role. We found that there were no records of supervision meetings that had taken place for the staff. This meant that the registered manager was not able to show that staff had been appropriately supported.

The registered manager told us that they did not carry out any audits and were not aware of their responsibility to develop systems and processes that monitored the quality of the service that was being provided, for example monitoring care plans, training, assessments, recruitment, risk assessments and health and safety. This meant that systems and processes were not in place to assess, monitor and improve the quality and safety of the service. There was no process in place to enable the provider to identify where quality and safety were being compromised and respond appropriately without delay.

These matters constituted a breach of Regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

Despite what people told us about not being asked for their views by the provider, they told us that they were satisfied with the service provided. One person told us, "I can't really think of anything they could improve." Another person told us, "I'm very happy with the service." A relative told us, "I am very impressed with them, and grateful when they have moved things around. They have always been very good."

All staff we spoke with told us that they felt valued by the organisation and that the registered manager was very approachable. One staff member told us, "I feel valued. I wouldn't have been here for as long as I have if I didn't." Another staff member told us, "I feel very valued." One staff member told us, "I can ask anything of [Person's name] and she will always respond. She is very approachable." Staff told us they knew how to raise suggestions and felt comfortable to do so.

The service had developed from providing support with shopping and cleaning to providing personal care. The registered manager told us that this in response to requests from the people who used the service as their needs had changed and they needed additional support. This meant that the service had been developed based on the needs of the people who used the service.

The registered manager told us that they had attended external meetings to improve their practice. For example they had attended the providers' forum which is run by the local authority.

The registered manager understood most of their responsibilities under the terms of their registration with CQC. They understood their responsibilities to report incidents, accidents and other occurrences to CQC. They knew which events they were required to report.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not established and did not operate effectively. The provider did not assess, monitor and improve the quality and safety of the services provided, including the quality of the experience of people who used the service.</p> <p>Regulation 17 (1) (2) (a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures had not been established or operated effectively. The provider could not be sure that persons employed were of good character, had the qualifications, competence, skills and experience which were necessary for the work to be performed.</p> <p>Regulation 19 (1) (a) (b) (2)</p>