

Jessamy Staffing Solutions Limited

Jessamy Platinum Homecare

Inspection report

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05 December 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

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 were people using the service who have a learning disability and who are autistic.

About the service

Jessamy Platinum Homecare is a domiciliary care agency providing personal care to younger adults and older people within their own homes and specialised settings. At the time of our inspection there were two people receiving support from the service. However, before the end of our inspection one of these people ended their care due to reasons not related to Jessamy Platinum Homecare.

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.

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

Right Support: The provider had implemented a new care planning system since our last inspection and information recorded was more detailed and specific to individual's needs. People's communication needs were recorded in their care plans and guidance was provided to staff on their preferred way of communicating. The provider had ensured staff were recruited safely and in line with the values of the service by carrying out appropriate checks. Staff had a good understanding of how to respect people's choices, empower people and support them safely.

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 supported this practice.

Right Care: Relatives praised staff for their caring and compassionate support of people. Staff demonstrated a good understanding of how to respect people's privacy and dignity and promote their independence. The provider had robust systems in place to manage risks associated with people's care. Relatives felt care was provided to people safely. The provider wasn't supporting anybody with medication at the time of our inspection; however, all staff had been trained to administer medication.

Right Culture: The provider had robust quality assurance systems in place. Audits and competency checks to ensure a high quality level of support were regularly completed. Systems to identify areas for improvement were utilised effectively. The provider worked in partnership with external bodies, professionals and relatives to promote a person-centred culture. The provider had recently started to support people with a learning

disability and autistic people. They submitted a request for this to be added to their registration, but at the time of our inspection this had not yet been confirmed. The provider had declined to accept new packages of care until they had appropriate staffing levels who demonstrated the necessary skills.

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 'inspected but not rated' (published 09 May 2022)

At our last inspection we recommended the service improve their risk assessments, safe recruitment checks and incorporate person centred information into people's care plans. At this inspection we found improvements had been made.

Why we inspected

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

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Jessamy Platinum 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

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.

Service and service type

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

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 16 November 2022 and ended on 05 December 2022. We visited the location's office on 16 November 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We spoke with relatives to understand people's experience of care. We spoke with 6 staff including the nominated individual, the registered manager, the compliance officer and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including care plans and daily records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were also reviewed.

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 inspected but did not rate this question. At this inspection this key question has been rated as good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommend the provider reviewed risk assessments associated with recruitment checks and processes. At this inspection the provider had improved these processes and risk assessments were in place.

- Staff had been recruited safely and appropriate checks were carried out to ensure the suitability of staff. These included reference and DBS checks. 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.
- Where needed the provider had completed risk assessments to further ensure the safe recruitment of staff.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider developed risk assessments in relation to the provision of people's care. At this inspection improvements had been made and risks associated with people's care were clearly recorded.

- The provider had robust systems in place to assess and manage risk associated with the provision of people's care. Risk assessments were incorporated into relevant support plans and provided staff with clear guidance on how people should be supported.
- The provider had implemented checks since our last inspection which included ensuring the safe practice of staff while supporting people.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt staff provide care safely. Staff had a good understanding of when and how a safeguarding concern should be raised.
- One staff said, "I would raise (a safeguarding concern) with my manager."

Using medicines safely

- The provider was not supporting anyone with medication at the time of our inspection. However, staff had received medication training and demonstrated a good understanding of how medication administration should be managed.

Preventing and controlling infection

- We were assured the provider had trained staff in how to manage the risk of infection. People and their relatives reported staff wore PPE at the appropriate times and promoted good hygiene.

Learning lessons when things go wrong

- The provider had systems in place to assess accidents and incidents and learn lessons when things went wrong. However, these had not been utilised at the time of our inspection due to the small number of people receiving a regulated activity from the provider.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and protected characteristics such as age, religion and race were considered. The provider worked in collaboration with external professionals, relatives and staff prior to taking on a person's care to ensure they could meet their needs.
- Assessment of people's needs continued following people's care starting. Staff understood any changes in people's needs were to be reported to the manager for review.

Staff support: induction, training, skills and experience

- Staff received a robust induction which included opportunities for shadowing established staff and key mandatory training courses including safeguarding, management of medication and learning disability and autism awareness.
- The provider had only accepted packages of care when staffing levels with the right experience and skills were in place to support people effectively. For example, as a small provider the service had declined to take on new people until 2023 to allow them time to recruit staff and put them through the induction programme.
- Staff received robust competency checks including checks on their practice, knowledge and understanding in key areas; these included, working respectfully, being professional, understanding of risk management and knowledge of administering medication.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had robust diet plans in place which reflected their choices and preferences.
- The provider worked in partnership with external professionals to ensure people's needs were fulfilled. This included activities, working in partnership with other providers of care and seeking advice from external professionals when needed.
- The provider supported people in accordance with assessments from local authority colleagues such as social workers and commissioners.

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.

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

- The provider, registered manager and staff had a good understanding of supporting people in accordance with the principles of the mental capacity act. People who were required to have mental capacity assessments had been assessed by social workers involved in their care and best interest decisions had been completed with external professionals and relatives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The provider had developed a culture which promoted person centred care. People's views were reflected in their care records and relatives felt people were supported in line with how they would choose to be supported.
- Relatives feedback also highlighted staffs support was kind, caring and compassionate. One relative said, "The staff who look after my loved one are caring and treat him with real compassion."

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People's privacy and dignity was respected and staff understood how to promote people's independence. One staff said, "(I promote independence) by giving people their options and talking to them and respecting the choices people make."
- Staff were confident in their abilities to support a diverse range of people and praised the provider for the support they offered them. One staff said, "Oh it's the best I've seen, [the provider] create an environment for you to be able to do your job and they train their workers with any new development in care."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person centred and contained information specific to them. People's likes, dislikes and preferences were reflected in support plans. Where people hadn't been able to share this information, the provider had been proactive in seeking these details from other sources.
- Care plans contained information on how people wished to be supported in specific areas and how this might differ from one activity to another. Staff were given clear guidance to help them be responsive and enable them to support people in line with their preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says people should get the support they need in relation to communication.

- Communication needs were highlighted in communication plans. There was clear guidance for staff to follow and relatives reported staff supported people to communicate wherever possible. Any aids identified as being important to support communication were also identified in people's plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's choices of activities were identified in support plans. At the time of or inspection the provider was not supporting anyone with a regulated activity to access the community.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints at the time of our inspection. However, systems were in place to monitor, record and analyse complaints to highlight areas for improvement.

End of life care and support

- The provider was not supporting anyone with end of life care at the time of our inspection.

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 inspected but did not rate this question. At this inspection this key question has been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we recommended the provider developed care records to incorporate a person-centred approach. At this inspection improvements had been made.

- The provider had implemented a new care planning system since our last inspection and acted on feedback to incorporate detail specific to people's individual preferences, choices, likes and dislikes.
- Relatives felt the provider worked proactively to understand people's needs and praised the management team's role in this. One relative said, "I am happy with the service we are getting. The [management team] have been very helpful if I need anything changing."

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

- Staff and relatives praised the provider for their engagement. However, some staff were not always clear on who the registered manager was in the management team. We discussed this with the management team after our inspection and the nominated individual for the service stated this was due to a potential lack of understanding from staff of who we were asking about.

We recommend the provider ensures all staff clearly understand who the registered manager is within the wider management team.

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 provider understood their responsibilities in relation to duty of candour. The registered manager said, "We understand we need to inform relatives, the local authority and CQC when things go wrong."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had recruited a dedicated member of staff following our last inspection to ensure compliance with regulations. The member of staff had implemented new governance system which had improved oversight and audits were regularly scheduled and completed.
- Other quality checks had been implemented which included carrying out spot checks on staffs practice

and inspections of paperwork.

Continuous learning and improving care

- Since our last inspection the provider had demonstrated a commitment to improving the service. During this inspection the member of staff recruited to improve compliance, the registered manager and the nominated individual all evidenced they were committed to continuing improvement and ensuring a level of quality before growing the service further.

Working in partnership with others

- While the provider was only supporting a small number of people they had worked in partnership with professionals involved in their care.