

JC99 Ltd

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Inspection report

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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

About the service

JC99 Ltd is a domiciliary care agency providing personal care to people living in their own homes. The service provides support to older adults and younger adults who may also suffer from a physical disability, sensory impairment, or dementia. At the time of our inspection 6 people were receiving personal care from the service.

Not everyone using the service received personal care. CQC only inspects where people receive personal care, which 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

The service had effective systems in place to ensure people's safety. People and their relatives told us they felt safe using the service. People received comprehensive assessments of their needs prior to commencement of care with the service. Care plans and risk assessments developed from these assessments provided staff with the necessary information and guidance to meet people's individual needs. Recruitment processes ensured suitability of staff for their roles and the service had enough staff to meet people's needs.

All staff received induction training, and regular supervisions and spot checks were carried out by the registered manager.

People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice.

People and their relatives said they felt listened to and knew how to raise a complaint. People's communication needs were assessed, and care plans included detailed descriptions of their communication requirements.

All feedback about the registered manager was positive. The registered manager had good oversight of the service and was well supported by the nominated individual. The provider had systems in place to oversee the service and to ensure compliance with the fundamental standards. The registered manager had a good relationship with people, staff and relatives, and worked closely with external health and social care professionals to advocate for people who used the service.

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

Rating at last inspection and update.

This service was registered with us on 30 March 2022 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection as a newly registered service. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

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?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

JC99 Ltd

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, which 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

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.

What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. 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 checked information held by Companies House and we looked at online reviews and

relevant social media posts. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who use the service and 4 relatives about their experience of the care provided. We spoke with 7 members of staff, including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. These included 4 people's care records, 4 staff files and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found and sought feedback from health and social care professionals involved with the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. When asked if they felt safe using the service, people told us, "absolutely" and, "yes, very much so."
- Policies and systems were in place to protect people from the risk of abuse and keep them safe.
- There were no safeguarding concerns raised since the service was registered with the CQC.
- The registered manager demonstrated a good understanding of their responsibilities in protecting people from the risk of abuse. They knew to notify us and report to the local safeguarding team when abuse was suspected.
- Staff received training in safeguarding and understood their responsibilities to identify and report concerns.

Assessing risk, safety monitoring and management

- Risks to people were managed in a way that protected them from avoidable harm.
- People's care plans contained detailed and comprehensive risk assessments with clear and consistent guidance for staff to follow to mitigate risks.
- One person was at risk of falls. In their risk assessment staff had written, "[person] has arthritis in his hand and legs. His mobility is reduced and uses a gutter frame to mobilise around the house for short distances, anything further he uses a wheelchair.... He is prone to falling so care givers to be vigilant when [person] uses his gutter frame."
- Risk assessments were regularly reviewed to ensure people were safely supported. The registered manager reviewed initial risk assessments for people new to the service after 4 weeks, and then every 2 months thereafter or in response to any changes reported.
 - People were supported by staff who were familiar to them, who understood their needs and could respond quickly when people's risks and needs changed.
 - People's risk assessments and care plans considered all aspects of their lives. The registered manager told us, "It's about finding out about them at the initial assessment stage. Training staff to treat people with dignity and respect, and finding out how clients want things done."

Staffing and recruitment

- Feedback from people and their relatives about the staff and the service was unanimously positive, and nobody we spoke with reported a missed visit. Comments included, "the staff are excellent" and, "they're all very good."
- Safe and effective recruitment practices were followed to ensure all staff were suitable and of good character.

- The registered manager and nominated individual had completed new Disclosure and Barring Service (DBS) checks for all staff to ensure they were still safe to provide care to people. The nominated individual is responsible for supervising the management of the service on behalf of the provider. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff employed to meet people's care and support needs and support visits were monitored electronically. One staff member told us they were, "always able to do task and give company."
- The registered manager and nominated individual had considered how they will grow the staff group steadily as more people required personal care, based on assessment of needs.

Using medicines safely

- The service had systems and procedures in place to ensure people received their medicines safely and as prescribed.
- Staff received training in the safe administration of medication and their competency was assessed annually by the registered manager to ensure they maintained good practice.
- Where people were safe to continue to manage their own medicines, this was supported and staff were vigilant in monitoring this and reporting concerns to the registered manager.
- Staff had to sign electronically when the medicines were administered, and this was monitored by the management team in real time.

Learning lessons when things go wrong

- Systems were in place to record and investigate incidents and accidents.
- Incidents and accidents were appropriately monitored by the management team to ensure suitable action was taken to prevent reoccurrences.
- The registered manager demonstrated how incidents and accidents were investigated, the lessons learned, and how learning was shared with staff to prevent reoccurrences.

Preventing and controlling infection

- The provider had infection control policies which were in line with current practice.
- Not all staff's infection prevention and control training were up to date. However, when this was raised with the registered manager, they took immediate action to rectify.
- Staff infection prevention and control practice was closely monitored during observational checks by the registered manager.
- The nominated individual and registered manager ensured staff received adequate supplies of personal protective equipment (PPE) as required to minimise risk of spreading infections.

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 as 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

- Prior to people using the service, the registered manager and nominated individual conducted joint visits to assess people's needs, to determine if they could meet their individual care needs and choices in line with current guidance and best practice.
- The initial assessment visit was comprehensive and included people's preferences relating to their communication needs.
- Information in relation to people's protected characteristics under the Equality Act 2010 was considered throughout the process, including religion, culture and background.
- Feedback from people and relatives was positive. One person told us, "Every single one of the carers is very nice and very helpful." People's care plans were person-centred and regularly reviewed, with the involvement of people and their relatives.

Staff support: induction, training, skills and experience

- People and relatives we spoke with told us staff were well trained. One relative told us, "The staff are excellent. My[relative] uses a hoist ... [they] use it safely."
- We found staff were completing the Care Certificate as part of their training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received annual appraisals and supervisions every 3 months. Supervisions included observation of practice which included medicine administration practice, moving and handling and communication.

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

- People were supported to maintain a healthy diet. At the time of the inspection people using the service needed support with meal preparation only.
- People's care plans contained detailed information about their dietary needs and preferences, and how to support them with eating and drinking.
- One person's care plan noted a person's breakfast requirement as, 'scrambled 2 eggs, little milk and butter, and 2 slices of toast with butter on the side.'

Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives told us the registered manager and care staff were proactive in getting appropriate medical care. Comments included, "Yes, the GP is called if there are any health concerns" and, "Yes, [the registered manager] has called the GP about swollen legs."

- The registered manager worked closely with health and social care professionals in response to concerns reported to them.
- Staff enabled consistent care to be delivered by writing daily records of their visits via the providers online system, which could be viewed in real time. This enabled the registered manager to remain informed of any developments to people's circumstances.

Supporting people to live healthier lives, access healthcare services and support

- Care plans specified the support people needed to live healthier lives, which included goals and outcomes.
- Staff knew people well, enabling them to identify and respond to people's changing needs quickly by contacting healthcare professionals such as GP's or district nurses.

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.

- We found the service worked within the principles of the MCA. The registered manager worked in line with the MCA and understood their responsibilities in supporting the rights of people using the service.
- People's care plans identified if people had capacity to consent to receiving care and if they required support to make decisions.
- People and their relatives confirmed that staff obtained consent for people's care and support.
- Care staff completed training in the MCA.

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 as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke to were positive about the care they received. Comments included, "Every single one of the carers is very nice and very helpful" and, "They come in and wash me perfectly, they get my meals, they wash up. I might ask them to do things like an errand and they do it."
- Care plans contained information relating to people's cultures, religions and backgrounds, including any support they required in relation to this.
- There were systems in place to ensure people were treated well, and their equality and diversity characteristics were respected. This included staff training in equality and diversity and working in a person-centred way.
- The registered manager ensured this was monitored through observational visits of staff and regular communication with people and their relatives.
- The registered manager told us she sought guidance from a relative prior to sending a Christmas present to the person, to ensure they were being respectful of the person's religious background.

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

- Care plans were created with people and, where appropriate, their relatives. People and their relatives confirmed this. When asked if they were involved in the assessment and care planning process one person told us, "My son and I did."
- Relatives told us people's choices were respected. One relative told us, "They respect that [relative] wishes to sleep in her chair, and not the hospital bed."
- Care plans contained details of people's care needs and how they would like to receive care.
- The registered manager met with people and their relatives regularly during support visits and sought their feedback. One staff member told us, "My line manager will do her best to keep staff and clients happy, safe and well cared for."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with respect and dignity., One person told us, "They are all friendly and professional."
- Staff told us they supported people to maintain their independence. One staff member told us, "We encourage independence as much as possible."
- Care plans included detailed and personalised information that was important to them. One care plan noted, "[Person] likes to wear lipstick and powder when she goes out."
- The provider followed data protection law. Information about people was kept securely to maintain

confidentiality.

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 as 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

- All people and relatives we spoke with were happy with the care and support received. One relative told us, "They are all friendly, and professional."
- Care plans were person centred and contained comprehensive background information which included people's occupation, family, favourite holidays and likes and dislikes to enable care staff to gain a contextual understanding of people's lives.
- Care files contained information specific to people's daily routines and how they wanted support to be provided.
- Care plans were reviewed by the registered manager in consultation with people, relatives and where necessary, professionals involved in their care, regularly and when people's circumstances changed.

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 that people should get the support they need in relation to communication.

- People's communication needs had been assessed and recorded. One care plan stated, "[Person] does not wear any hearing aids. However, she has expressed that her hearing isn't great. She is able to hear conversation when there is no additional background noise."
- Staff received communication training and were provided with guidance on how to promote effective communication.
- The registered manager understood the importance of information being as accessible as possible to people and demonstrated ways in which they ensured people were supported with this.

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 told us they were supported with activities they enjoyed. One person told us, "I'm helped to sit in the garden."
- Care plans contained people's preferred hobbies such as, television, radio, books, their favourite type of environments, and information about their social networks to inform staff of interests they might enjoy.
- The registered manager was proactive in ensuring people were aware of activities available to them outside of the home through, keeping up to date of local events and sharing them with people.

Improving care quality in response to complaints or concerns

- At the time of the inspection, the service had not received any complaints. There was a complaints policy and procedure in place and the registered manager explained how complaints would be investigated.
- People and their relatives were aware of how to raise a complaint. One person told us, "I would speak to [registered manager], but there have been no concerns."

End of life care and support

- At the time of the inspection no one was receiving end of life or palliative care. The registered manager was able to explain actions they would take to support people in this way.
- Care plans included an assessment of people's needs and preferences in relation to end of life care and their resuscitation status.
- Feedback from health and social care professionals was positive. One professional told us, "They are empathic in their caring roles and have supported one of my clients recently who was end of life right up until the end."

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.

This is the first inspection for this newly registered service. 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

- People and their relatives told us the service was well-led. One person told us, "It's an excellent standard of service."
- Staff felt supported in their roles. One staff member told us they were, "Always noticed for [our] efforts", "They have an open door for staff to come in anytime."
- The registered manager and nominated individual spoke passionately about staff and described the recruitment of the existing staff members as the service's biggest achievement.
- The nominated individual told us, "We can only be as good as the carers. They are the values of the company, to try to be the best by delivering the best services."
- The registered manager's person-centred approach and management of systems enabled the service to operate smoothly and effectively in the delivery of care.

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 CQC sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager was aware of their responsibilities in relation to this standard.
- The provider had a policy in place that set out the actions staff should take in situations where the duty of candour would apply, and evidence reviewed on the day of inspection confirmed this was adhered to.
- The registered manager was aware of when to report events to the CQC and the local authority.

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

- The registered manager demonstrated a good oversight of all aspects of the service.
- There were effective systems in place to monitor and evaluate the service. These systems were used to enhance oversight, identify risk, and learn from concerns, incidents and accidents.
- The registered manager submitted notifications to us when required. Notifications are events that the registered person is required by law to inform us of.
- Feedback from health and social care professionals was positive. One professional told us, "I find them to be incredibly professional right from the top manager to the carers working directly with the clients."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager had an open-door policy, where people, their relatives and staff were encouraged express their opinions in their preferred way.
- The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people while respecting their rights.
- The provider ensured staff well-being was supported, and staff felt valued in multiple ways. Examples included, carer of the month and year awards, paid leave on their birthdays, a financial contribution towards a car service, and a complementary car valet service every 6 months. The registered manager won the 'Registered manager of the year 2022' award for their region within the franchise.

Working in partnership with others

- The service had effective working relationships with external agencies, such as the local authority, district nursing teams and GP practices.
- The registered manager worked closely with health professionals to advocate for people receiving care from their service.
- Feedback from all health and social care professionals was positive. One professional told us, "I have worked in ASC for several years and find Visiting Angels to be one of the best agencies I have had the pleasure of working with."