

LJM Homecare Ltd

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Inspection report

Unit 3 Shaw House
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West Midlands
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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

LJM Homecare Ltd is a domiciliary service which provides personal care to adults with a range of support needs in their own houses and flats. At the time of this inspection the service was supporting 133 people with personal care. The majority of people received long term care packages. Other people received support to prevent them having to be admitted to hospital, or support enabling them to have an earlier discharge from hospital.

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

People were protected from abuse, they and their relatives told us safe care was provided. Most people received support from a regular staff team. Staff were trained in administering medicines safely. Competency checks had been completed to ensure staff were following safe medicine practices.

Staff had received training in infection control and demonstrated an understanding of what Personal Protective Equipment [PPE] should be used when supporting people. Relatives confirmed that staff wore PPE when entering their family member's home.

People's needs were assessed, and staff supported people to meet their needs. Staff supported some people with their meals and drinks and to access healthcare support where this was needed.

People and their relatives were able to give feedback about their care in a variety of ways. Examples included, during care reviews, the spot checks of staff performance, telephone and video calls.

There was a positive and caring culture amongst staff at the service. Staff had good knowledge about the people they supported. Staff told us they enjoyed working at the service and found it rewarding. People's independence was promoted and respected.

Staff enabled people 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.

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 March 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

LJM Homecare Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 November 2021 and ended on 22 November 2021. We visited the office location on 18 November 2021.

What we did before inspection

We reviewed information we had received about the service since our previous inspection. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with the local authority to get their view of the service provided. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 11 members of staff including the registered manager, the nominated individual, a director senior care staff and care staff. We spoke with six people who used the service and eight relatives on the telephone about their experience of the care provided. We reviewed a range of records. This included four people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection we found this key question remained 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. A person said, "The staff help me to go from my lounge to the bathroom, so I don't fall". A relative told us, "I know the staff keep them [person] safe".
- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A person said, "I have never experienced any bad treatment". Another person told us, "The staff are very kind no-one has been unkind at all". All staff spoken with confirmed they would report any concerns to the registered manager.

Assessing risk, safety monitoring and management

- Care plans and risk assessments identified people's individual support needs and ways to help people stay safe. Staff had a good understanding of people's needs and risks. A relative confirmed, "The staff know their [person's] risks and how to use the handling equipment safely".
- The registered manager and staff monitored people to identify any changes to their needs and risks. If needed, health professionals were contacted on people's behalf if they were unwell. Care plans and risk assessments were updated following any change of need and where possible people and their relatives were involved in this process.
- The registered manager and senior team carried out thorough assessment of need and support planning including environmental hazards and concerns. This ensured the person's property was safe for staff to deliver support.
- Systems were in place for all accidents and incidents to be reviewed by the registered manager.

Staffing and recruitment

- The registered manager told us some staff had left but they were recruiting new staff. The registered manager told us, "There are enough staff for us to provide care safely and we are recruiting on-going". Staff we spoke with confirmed there were enough staff. Staff also confirmed they were given enough time to carry out their care calls without having to rush. A person told us, "The staff come to me at the right time and stay the full time agreed".
- Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS) and work history checks and references.

Using medicines safely

- Staff understood their responsibilities in relation to medicine management. Staff told us, and records confirmed, they had received medicines training. Staff had their competency assessed to ensure they followed safe medicine practice.

- Where people were supported with their prescribed medicine, they [people] told us staff always ensured this task was completed. One person said, "The staff never forget to help me with my tablets".
- Medication record audit documents highlighted action taken if an issue was identified.

Preventing and controlling infection

- The provider had an infection and control policy in place and staff were aware of this.
- Staff had received training in infection control. Staff told us Personal Protective Equipment [PPE] was available to them and we saw this was available in the office.
- The registered manager told us, "At the very start of the pandemic disposable aprons were difficult to obtain from even our usual suppliers. I was told all stock needed to go to the NHS. As the staff needed the aprons to keep them and people safe, I approached a local vet who provided us with some disposable aprons. After this the ordering got easier". One staff member said, "We [staff] wash our hands, use the hand gel, wear face coverings, aprons and gloves. A person said, "The staff all wear the masks, gloves and aprons. That keeps us all safe".

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns. They told us the management team would listen to them and felt any concerns would be acted on and dealt with appropriately.

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 the last inspection this key question was rated as good. At this inspection we found this key question remained 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 regularly reviewed. People and relatives where possible were involved in developing their care plans. A person confirmed they had access to their care plans. They said, "A manager from the office comes and looks at my records and asks if there is anything I need." One relative told us, "I am involved in reviews".
- People's preferences likes and dislikes, past life histories and background information were recorded in their care documentation. This included for example, their medical situations, where they used to live and where they worked. This gave staff a snapshot of each person's life.

Staff support: induction, training, skills and experience

- Staff we spoke with told us the training was good as it provided them with the knowledge to undertake their role.
- An induction was in place to support new staff. This included on-line training, some face to face training and shadowing more experienced staff. One staff member told us, "My induction training was very good. I worked with other staff first who showed me the ropes and introduced me to people."
- New staff were required to complete the Care Certificate and documents were available to confirm they had achieved this. The Care Certificate comprises of nationally recognised standards that care staff must work with to provide appropriate safe support.
- People informed us they felt staff had the right skills and knowledge to support people. One person said, "The staff know how to look after me."

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

- Most people did not require assistance with their eating and drinking needs. Where support was needed this was detailed in the person's care plan.
- Staff assisted some people with the preparation of food and drink or food. A person told us, "The staff do me a sandwich at lunch time. They always ask me what sandwich filling I would like." Another person said, "I buy in prepared meals. The staff ask me which meal I would like then put one in the microwave for me."
- People were supported by staff who were aware of their healthcare needs. One person told us, "My carer [care staff member] is very good. They thought I may have a urine infection and rang the doctor to report this. I was given antibiotics. I know the signs and symptoms to look out for myself now."
- Staff worked closely with health and social care professionals to ensure people's changing needs were

addressed, and people received the support they needed.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- People's capacity had been considered when their needs had been assessed. People and relatives confirmed staff involved them in decision making when required.
- People and their relatives had been involved, consulted with and had agreed with the level of care and support provided.
- Some relatives had power of attorney or lasting power of attorney to enable them to make decisions on their family member's behalf. Staff had viewed certificates to confirm this and evidence if the authorisations for these were financial or care or both.
- Staff told us how they sought peoples consent and offered choices to people during their care. A person said, "The staff always ask me if they can help me before they do anything".

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.

At the last inspection this key question was rated as good. At this inspection we found this key question remained 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 told us the staff who supported them were friendly and kind and relatives concurred with this. A person said, "My carer [staff member] is lovely, so kind". A relative said, "The staff who come in are very good to them [family member]. They are kind and polite and always have time for a pleasant chat".
- Staff told us they had a good supportive relationship with the people they cared for. One staff member said, "They [people] are like a family member. We [staff] see them every day and always do our very best to look after them".
- The service was committed to meeting the cultural and religious needs of people with specific protected characteristics.
- Staff demonstrated an understanding of people's care needs and the importance of respecting diversity.

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

- Care plans were developed with input from people and their family members.
- Staff demonstrated a good understanding of people's needs and how they encouraged people to make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's independence wherever possible. A person told us, "My joints are bad, but I like to do what I can for myself. If I have a shower the staff just help me to do what I can't do myself".
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw people's confidential private information was kept secure in the office.

Is the service responsive?

Our findings

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

At the last inspection of this key question was rated as good. At this inspection we found this key question remained 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 received care that was person centred. A person said, "The staff do what I want them to. They know I like to have a cup of tea when they arrive, and I like to get my own clothes ready".
- People's records highlighted their individual preferences and wishes to ensure support was provided in the way the person wanted.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information on people's individual methods of communication was included in their care plan.
- The registered manager confirmed information could be provided in different formats such as large print and a number of different languages if required.

Improving care quality in response to complaints or concerns

- Information was available to people on how to raise concerns or make a complaint if they had a need to. The registered manager told us, "I don't hide anything. Some complaints had been received". The registered manager showed us the folder the complaints had been documented in. These documents highlighted the action that had been taken and the response to the complainant.
- People and relatives told us they felt able to raise any concerns. One relative told us, "I have rung the office and raised an issue occasionally. The issue has always been sorted out." A person said, "I've no complaints. I am very happy".

End of life care and support

- At the time of the inspection, no one supported by the service was receiving end of life care.
- The registered manager told us they would work closely with relatives and healthcare professionals, including GPs to support people at the end of their life.
- Staff told us about a person they had recently supported to the end of their life. They confirmed the person and family were informed and end of life plans were produced for staff to follow.

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 the last inspection this key question was rated as good. At this inspection we found this key question remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality systems including audits and spot checks were used to determine any short falls in service delivery.
- The provider told us they were investing in an IT system to enhance the systems currently used. This was to be implemented by April 2022. The system would monitor staff arrival and departure times on care calls and alert the management to any potential late or missed care call.
- The registered manager highlighted an organisational risk. Several staff had left employment when the government Furlough scheme ended. The registered manager told us they were recruiting new staff to replace the staff who left.

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

- The provider used feedback forms and discussions with people, their relatives and staff to determine views on the service provided. A person said, "Staff from the office ring me to make sure everything is going well". A relative told us they were included in care reviews and had completed a recent provider survey form to give their views.
- The registered manager had analysed all feedback forms. Overall, there was a high satisfaction rate with people and staff. The registered manager had noted comments made and actions were being taken where needed. These included the implementation of key workers in clustered areas to collect paperwork more often and be another link for people to report any feedback, concerns or compliments. Also, the implementation of medical and medication fact sheets to give staff more information regarding common types of medical conditions and medication groups. We saw these were available on the day.
- Staff were encouraged to raise any concerns or worries they may have about the care provided, including whistleblowing. Staff confirmed they would use this process if they needed to and was confident any issues would be investigated.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff knew providing people with a personalised service was important.
- People we spoke with confirmed the service provided was tailored to their individual needs and wishes. This was evident throughout our inspection and from the positive feedback we received.

- Through our discussions with the registered manager we determined they were aware of and acted in line with the duty of candour requirements.
- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.

Working in partnership with others; Continuous learning and improving care

- We saw the service acted quickly when there was a concern for people's health, for example getting in contact with health professionals.
- The registered manager told us they were updating the Medicine Administration Record [MAR] template as they felt it needed improvement. They planned to implement to new MAR template so when medicines were detailed these were to be countersigned by a second staff member to increase safety.