

JMC Care Solutions Limited

# JMC Care Solutions Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

JMC Care Solutions Limited is a service providing care and support to people in their own homes. At the time of the inspection the service was supporting 16 people with 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 not always satisfied with the call timings. People told us they did not always know when staff would be arriving, and this was inconvenient to them. Systems were not in place to ensure people were given an accurate time for staff arrival to provide their care.

Medicine administration records were not always kept up to date and accurate.  
Care planning and risk assessment documents did not always reflect the most up to date information on people's needs. There was not an organised system in place to ensure care planning documents were promptly accessible and easy to find. We have made a recommendation to review the systems in place around care planning.

Staff were recruited safely within the service, suitably trained and understood safeguarding procedures.

People told us that staff were caring and respectful when they were providing care, and they got on well with staff. People's information was securely stored.

Care plans reflected people's preferences and likes and dislikes, and staff understood how people preferred to receive their care.

A complaints system was in place and people knew how to use it.

Staff were well supported in their roles and felt they could contact management for help as and when they needed. Staff told us communication was good, and they received equipment they required to do their jobs 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 17 October 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance.

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

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was 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 not always responsive.  
Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# JMC Care Solutions 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 Health and Social Care Act 2008.

#### Inspection team

This 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

plan our inspection.

During the inspection

We spoke with three people who used the service, and five relatives of people who used the service. We also spoke with the registered manager, and three care staff members. We looked at care records for four people. We looked at a range of records, including recruitment files for three staff, staff training records and provider's policies.

# 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 requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment; Using medicines safely

- People and relatives we spoke with told us that staff timing was inconsistent. One person said, "The times are erratic, we never know who or when they [staff] are coming." Another person said, "They used to arrive on time but now I don't know. I never know what time they will arrive." Call log records we looked at showed inconsistencies between planned care times and actual times that staff arrived at people's homes.
- The registered manager said the majority of the people using the service were in a rural setting, in a different county to where the office and staff were based, which caused logistical problems. They also gave people a two hour window of time where a care call could take place. We discussed with the registered manager that this conflicted with what people told us, who were not content with the unpredictable times of care visits from staff.
- Safe recruitment practices were carried out by the provider. This included ID checks, employment references, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Up to date information was not always held about people's medicines, and any support they required with this. For example, one person's care plan said they needed staff support with applying cream. Medicine Administration Records were not being used for this person. The registered manager said this was because the cream being used was not prescribed. However, we found the person had started to use prescribed cream recently, but staff had not alerted management of this, and therefore MAR were not being used.
- Other MAR records we looked at had been filled out accurately by staff. People we spoke with said they happy with the support they received in this area.

Assessing risk, safety monitoring and management

- Care plans and risk assessments were not always readily available, accessible, or up to date. The registered manager had good knowledge of the needs and backgrounds of people using the service, but this was not always reflected in care plans and risk assessments. For example, one person's care planning stated they had epilepsy, however, this was not the case. Another person's care plan and risk assessments were not clear on current skin care risks and routines. The registered manager was able to tell us the current support they required, but care plans did not reflect this.
- There was no system in place to easily find and navigate people's information, care planning, and risk assessments. The registered manager told us they were in the process of moving information on to a new system, which is why information was not always easy to locate.

We recommend the provider review people's care plans and risk assessments to ensure that all knowledge

held by the staff and registered manager, is reflected in the documents so they remain up to date. We also recommend the provider implement a system to enable easy and prompt access to care plans and risk assessments.

- Other assessments we looked at were completed accurately and contained a detailed account of the risks present in people's lives. People we spoke with felt that staff supported them in a safe manner.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff, knew how to report concerns and make referrals to the local authority when necessary.
- Staff told us the training they received was good quality and they knew how to report concerns. One staff member said, "I would follow safeguarding procedures if I needed to. Report to management who would then report to the council."

Preventing and controlling infection

- We were assured the provider was using personal protective equipment effectively and safely. Staff told us there was enough supply of aprons, gloves and masks available for use.
- We were assured that the provider was accessing regular testing for COVID-19 for staff.

Learning lessons when things go wrong

- Accident and incident records were in place that showed how incidents were recorded in detail, with actions created to ensure lessons were learnt.

# 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 fully assessed before they received a service. The registered manager said that someone would go out and meet with people, to discuss their needs and formulate the basis of a care plan. People and relatives we spoke with confirmed this.
- Staff were knowledgeable about people's likes and dislikes and could tell us how they ensured they supported people in line with their preferences.

Staff support: induction, training, skills and experience

- All staff undertook an induction training package before starting work. One staff member said, "I had to complete all the mandatory training like safeguarding, health and safety and others. I took about two weeks. It was good and prepared me for the job."
- Training records showed that Staff had been trained in areas such as first aid, infection control, and moving and handling. Staff felt confident in their roles and confirmed they were not asked to undertake any tasks they had not been trained for.

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

- The staff provided some people with support to prepare meals and drinks. Most people we spoke with had the support of family members in this area, but when staff did support people, they felt confident in doing so.

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

- Staff worked with other agencies and health and social care professionals to promote better outcomes for people. This included liaising with family and other care agencies to support people's changing needs. For example, liaising with an occupational therapist to ensure that appropriate equipment was in use at a person's home to meet their needs safely.

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 and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of our inspection there was no one having their liberty deprived. People's capacity to make decisions was assessed when planning care and support. People's relatives were involved in decision making where this was appropriate.

# 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.

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

- People and relatives we spoke with told us that although staff timings were a problem, staff were kind, caring, and respectful. One person said, "They are very good at what they do, very respectful." Another person said, "Lovely people. No complaints about the care at all when it's here."
- The staff, registered manager, all had a good knowledge of the people being supported, and were enthusiastic about providing good quality care to them, that met their needs.
- Care plans documented people's preferences and wishes about how they wanted their care to be carried out. Staff we spoke with understood people's needs.

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

- People told us they were able to express their views and were involved in making decisions about their care and support.
- A relative of a person said, "The staff and managers are very nice, personable. The registered manager checks in regularly and we are involved in everything."
- People who used the service and their relatives were supported to express their views and be involved in the service development via questionnaires.

Respecting and promoting people's privacy, dignity and independence

- People and relatives we spoke with all confirmed that staff were respectful of privacy and dignity when undertaking care tasks within their homes.
- People's personal information was not shared inappropriately. People's personal information was stored securely at the office location, and within a secure electronic care system. Staff were aware of keeping information safe and data protection.

# 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 requires improvement. This meant people's needs were not always met.

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

- People and relatives we spoke with told us that staff were friendly and understood their likes and dislikes, but due to problems with the call timings, they did not feel the service was responsive and fully met their needs. One person said, "I can't get on with what I need to do, because I don't know when they will show up." Another person said, "I feel like I am wasting my whole day because I am waiting around for them."
- The registered manager told us they would immediately review the system being used for scheduling calls, and ensure that people had a reasonable window of time in which to expect the care calls to commence. This would enable people's needs to be met in a way that was suited to them.
- Some care plans we looked at were not always updated to reflect people's current needs.
- Other care plans we looked at did contain information about people's backgrounds, life history, likes and dislikes. For example, one person's care plan contained information about their goals and aims to be more mobile and independent, and go outside more. Staff we spoke with understood people's preferences and worked towards meeting them.

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.

- The registered manager was aware of the requirement to provide information to people in an accessible format if and when requested.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. People and relatives we spoke with were aware of how to raise any concerns should this be needed.
- The registered manager told us about how a particular complaint was being dealt with. We saw how this process was followed, and included communications with other health and social care professionals as required to support a person's needs.

End of life care and support

- The registered manager was aware of end of life care and support needs, and how to provide this support to people who may require it. This included appropriate documentation around people's preferences and care needs at the end of their life.

# 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 Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Effective systems and processes were not in place to ensure that people received care at a time that was convenient for them. People we spoke with were not satisfied with the organisation of their service.
- Systems were not in place to ensure that care planning and risk assessments were organised, and up to date to reflect people's needs.
- Systems were not in place to ensure that MAR were always being used when required.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate oversight was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their role, the needs of their staff team, and were open and receptive to the feedback we gave on inspection.
- Staff were clear about their roles. All the staff we spoke with understood their responsibilities, and who to go to for help should they need it.

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

- People and relatives told us that staff were positive in their approach. One relative told us, "[Staff name] is excellent. They always talk to [name] in a respectful way, and they can chat and have a laugh. That means a lot to them and keeps them upbeat."
- Staff told us they were happy working at the service and felt supported by the registered manager and provider. One staff member said, "The support has always been very good from the registered manager. They are very approachable and helpful."

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 the provider understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law.

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

- People and relatives told us they had been given the opportunity to feedback on the service both formally and informally. They had been given questionnaires to complete, and all knew who to contact for any other feedback. The registered manager told us they would be contacting people again for further feedback to review any problems within their service, and make changes as required.
- Staff all felt able to feedback to management. Staff told us this could be done through their supervision sessions, team meetings, or at any time by contacting management.

Working in partnership with others

- The registered manager told us they had good relationships with other health and social care professionals. We saw positive written feedback from one professional which said, "Your [registered manager] non discriminative approach and knowledge of mental health, has really helped to keep our patients well."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not in place or robust enough to ensure that care calls were carried out on time, care plans were up to date, or that MAR were being used accurately.