

RJM Care Services Ltd

# Joycecare

## Inspection report

10 Glengall Road  
Bexleyheath  
DA7 4AL

Tel: 07949021574  
Website: [www.joycecare.co.uk](http://www.joycecare.co.uk)

Date of inspection visit:  
09 June 2022  
13 June 2022

Date of publication:  
07 July 2022

## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Joycecare is a domiciliary care agency located within the Borough of Bexley. It provides personal care and support to people living within their own homes. Not everyone using Joycecare may receive a regulated activity. CQC only inspects the service being received by people provided with personal care; that is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, there was one person using the service.

### People's experience of using this service

A relative spoke positively about the registered manager and the service they received. There were safeguarding policies and procedures in place. There were enough staff to meet people's needs. Risks to people were assessed and managed to ensure their needs were safely met. Procedures were in place to reduce the risk of infections and there was enough personal protective equipment.

Assessments of people's needs and wishes were completed before they used the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported by staff who were kind and respectful. Staff understood people's diverse needs and supported them appropriately. People's communication needs were assessed and met. People knew how to make a complaint if they were unhappy with the service.

There were systems in place to monitor the quality of the service and the care that people received. The registered manager took people's views into account and used feedback to help drive service improvements.

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

### Rating at last inspection

This service was registered with CQC 25 February 2019 and this was the first inspection. At the time of our inspection the registered manager was the only member of staff working at the service. Although there were policies, procedures and systems in place to support the management of a larger service we were unable to make a judgement on their effectiveness as they were not operational and therefore unable to rate the service at this time.

### 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 intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?**

At this inspection we did not rate the service.  
This was because there was insufficient evidence to make a judgement and award a rating.

**Inspected but not rated**

### **Is the service effective?**

At this inspection we did not rate the service.  
This was because there was insufficient evidence to make a judgement and award a rating.

**Inspected but not rated**

### **Is the service caring?**

At this inspection we did not rate the service.  
This was because there was insufficient evidence to make a judgement and award a rating.

**Inspected but not rated**

### **Is the service responsive?**

At this inspection we did not rate the service.  
This was because there was insufficient evidence to make a judgement and award a rating.

**Inspected but not rated**

### **Is the service well-led?**

At this inspection we did not rate the service.  
This was because there was insufficient evidence to make a judgement and award a rating.

**Inspected but not rated**

# Joycecare

## 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 homes.

#### 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.

Inspection activity started on 9 June 2022 and ended on 13 June 2022. We visited the location's office on 9 June 2022.

#### What we did before the inspection

We reviewed the information we held about 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.

#### During the inspection

We visited the office and spoke with the registered manager. We reviewed records, including one person's care plan and risk assessment, policies and procedures relating to staff recruitment and training and a variety of records relating to the management of the service, including quality monitoring systems and audits. Following our site visit we spoke with one relative to gain their feedback on the service they receive.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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. At this inspection we have not been able to rate this key question. This was because there was insufficient evidence for us to make a judgement and award a rating.

### Assessing risk, safety monitoring and management

- People were kept safe from the risk of avoidable harm.
- Risks to people were identified, assessed and documented to ensure their safety and well-being. The care plan we looked at included assessments of risk to the person's physical, mental and emotional health and well-being. Risk assessments provided staff with information and guidance on how risks should be managed; for example, when supporting the person to mobilise safely with the use of equipment such as a walking frame.
- Risks were reviewed to ensure individual changes in needs were safely managed and met. The registered manager knew the person they supported well and understood their needs and risks.

### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse or harm.
- One relative spoke positively about the care provided saying, "[Registered manager] is very caring and well trained, I feel [loved one] is safe."
- Policies and procedures to help keep people safe were in place and up to date. The registered manager had received training in safeguarding and was aware of their responsibilities to report and respond to concerns. They knew how to report allegations of abuse to the local authority and the CQC where required.
- There had been no safeguarding concerns raised since the provider registered with the CQC. However, we saw there were systems in place to respond to and record concerns should the need arise and safeguarding information was available for reference.

### Learning lessons when things go wrong

- The registered manager knew how to report incidents or accidents appropriately so concerns or issues could be addressed.
- The registered manager told us there had been no incidents or accidents since the service registered with the CQC. However, we saw there were systems in place to appropriately manage any incidents or accidents including reviewing information to check for trends and to learn from any accident and incidents.

### Using medicines safely

- At the time of our inspection there was no one using the service that required support with administering their medicines. We saw there were systems in place that would ensure people's medicines would be managed safely by the registered manager if required. However as no one was receiving medicines we could not judge their effectiveness.

- The registered manager had completed up to date medicines training and was experienced and knowledgeable in managing medicines safely.

#### Staffing and recruitment

- At the time of our inspection, there was only the registered manager working for the service. We saw there were systems in place that would ensure staff would be safely recruited. However, as no staff had been recruited we could not judge if these systems were safe and effective.

#### Preventing and controlling infection

- People were protected from the risk of infection.
- Personal protective equipment (PPE) such as facemasks, aprons and gloves were available. The registered manager had completed training on infection control and COVID-19.

# 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 of this newly registered service. At this inspection we have not been able to rate this key question. This was because there was insufficient evidence for us to make a judgement and award a rating.

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

- People's needs were assessed before they started using the service. Assessments were completed to ensure people's needs could be safely met. Assessments covered areas such as, physical and emotional well-being, mobility, communication and medication management.
- Care plans showed that people and their relatives where appropriate, contributed to the assessment process ensuring all needs, wishes and aspirations were considered and planned for.
- Reviews of people's care were planned to ensure the care they received met their needs and desired outcomes.

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

- There were systems in place to ensure people's nutrition and hydration needs and preferences were assessed and met where this was part of their plan of care.
- Care plans where required, documented individuals nutritional needs, support required with meal preparation, known allergies or specialised dietary requirements.

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

- People received support to access services where required to maintain good health and well-being.
- At the time of our inspection, no one using the service required support to access services. The registered manager told us if required they would work in partnership with health and social care professionals to ensure people's physical and mental well-being was supported and maintained. However, as they had not yet done this we are unable to form a judgement about this element of the service.

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.

- People were consulted and supported to make choices and decisions for themselves. The service promoted people's rights and worked within the principles of the MCA to ensure these were upheld. The registered manager had received training on the MCA and understood the principles and application of these in practice.
- There were systems in place to ensure that where required, care plans documented people's choices and decisions made about their care.

Staff support: induction, training, skills and experience

- The registered manager had received training relevant to people's needs. A relative told us, "The manager is very experienced, they are very skilled and caring."
- There were policies and procedures in place to ensure that if staff were employed by the service they would receive an induction into the service in line with the Care Certificate. 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. However, as there were no additional staff employed at the time of our inspection we were unable to form a judgement on this element of the service.

# 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 of this newly registered service. At this inspection we have not been able to rate this key question. This was because there was insufficient evidence for us to make a judgement and award a rating.

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

- People received kind and compassionate care. A relative told us, "[Registered manager] is very caring. She speaks with my [loved one] all the time even though they don't understand."
- The registered manager had built good relationships with people and understood the importance of respecting diversity and working within the principles of the Equality Act. This meant the service was committed to supporting people to meet their needs with regard to their disability, race, religion, sexual orientation and gender.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way that promoted their independence and which treated them with dignity.
- The registered manager knew how people wished to be supported and how best to ensure and maintain their privacy and dignity. The registered manager was aware of the importance of maintaining confidentiality and people's care records were kept securely.

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

- People and their relatives where appropriate, were involved in making decisions and choices about their care and support. A relative told us they were provided with information about the service and decisions made were supported and respected by the registered manager.
- People's choices and wishes about their care were sought and documented within their plan of care. These were reviewed on a regular basis to ensure individuals needs and wishes were met and respected.

# 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 of this newly registered service. At this inspection we have not been able to rate this key question. This was because there was insufficient evidence for us to make a judgement and award a rating.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; end of life care and support

- People's care and support was planned and delivered to meet their needs and wishes.
- Care plans allowed for people's physical, emotional, mental health needs and the things that are important to them to be documented. People's social, cultural and religious preferences were documented and the registered manager was knowledgeable about people's diverse needs, views and beliefs. Care records were reviewed and maintained on a regular basis to ensure people received responsive care and support as planned.
- At the time of our inspection, no one required end of life care and support. However, care plans allowed for the documentation of individuals end of life care wishes if they so choose. The registered manager told us that if required, they would work in partnership with people and health and social care professionals to ensure individuals end of life care needs and wishes were met.

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 were assessed and documented within their plan of care.
- The registered manager told us that if required information in accessible formats could be produced to meet people's needs, for example, in large print or in a different language.

Improving care quality in response to complaints or concerns.

- There were systems in place to manage and respond to complaints appropriately.
- There were complaints policies and procedures in place and information on how to make a complaint was provided to people within their care plans. Systems were in place to monitor and investigate formal complaints if required to ensure the service responded to them appropriately and timely. We were unable to form a judgement on if these systems worked as they had not been used.

# 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 of this newly registered service. At this inspection we have not been able to rate this key question. This was because there was insufficient evidence for us to make a judgement and award a rating.

Planning and promoting person-centred, high-quality care and support with openness; how the provider understands and acts on the duty of candour responsibility

- People received personalised care from the registered manager who was knowledgeable and experienced to carry out their role. They were aware of their responsibilities under the Duty of Candour and acted with openness and transparency throughout our inspection. The Duty of Candour is a regulation that all providers must adhere to.
- A relative spoke positively about the registered manager and told us communication with them was good.

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

- Although the service was small, there were systems in place to seek the views of people. These included reviews of the care provided and telephone communication and monitoring. The registered manager told us that they would implement a service user survey to seek feedback from people once the service had grown.
- As the registered manager was the only member of staff we were not able to form a judgement regarding how they engaged and involved staff.

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

- The service had a registered manager in post. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating. The registered manager understood the importance of quality monitoring and continuous learning and improvement within the service.
- There were systems in place to ensure the quality and safety of the service was routinely monitored. Checks and audits monitored areas such as, care plans and records, safeguarding, medicines management and training. However, we could not be assured of their effectiveness as these were not fully operational at the time of our inspection.
- As the only staff member was the registered manager we could not assess whether staff were clear about their roles.

Working in partnership with others

- The registered manager told us they would work effectively with health and social care professionals where required to ensure people received good standards of care. They had not yet done so, so we were unable to form a judgement on this element of the service.

