

Jay's Homecare Limited

# Jays Homecare Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This was an announced inspection carried out on the 13 January 2016. This was the first inspection of the service since they became a newly registered service, due to a change of address in August 2015.

Jays Homecare Limited is based in the Crossgates area of Leeds and provides services in Leeds and Wakefield. The service is registered to provide the regulated activity Personal Care. The service provides assistance and support to people to help them maintain and improve their independence. At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found people were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines and audit the records of administration.

Overall, people we spoke with told us they were happy with the care they received from the service and they usually received support from consistent carers who knew their needs well and arrived on time. We found there were systems in place to protect people from the risk of harm and appropriate recruitment procedures were in place.

Staff were trained to meet people's needs and received regular supervision of their work to ensure their practice was assessed.

People got the support they needed with their meals and healthcare.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and staff showed they understood how to ensure their practice was in line with the MCA.

The provider's quality assurance systems were overall effective to ensure identified actions were addressed to improve the service. People had the opportunity to comment on the service and knew who to talk to if they wanted to discuss their care or raise a concern.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this report.

## 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.

Medication practice was not always safe and improvements were needed. There was a risk that people would not receive their prescribed medications as directed.

There were enough staff to meet people's needs and a robust recruitment process was followed before staff were employed by the agency.

Overall, staff knew what to do to make sure people were safeguarded from abuse and any risks were identified and managed to ensure people's safety.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff training, supervision and support equipped staff with the knowledge and skills to support people safely.

People consented to their care and support. The management team and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

The service provided support with meals and healthcare when required.

**Good** ●

### Is the service caring?

The service was caring.

People were, in the main, complementary about the staff and told us their overall experience was positive.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

**Good** ●

### Is the service responsive?

**Good** ●

The service was responsive.

People's care and support needs were assessed and plans identified how care should be delivered.

People knew who to contact in the care agency if they needed to raise any concerns.

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

The service was well-led.

The provider's quality assurance system was overall effective and led to improvements in the service.

People who used the service told us that overall, they found the management team friendly and responsive to any queries they raised about the service.

Most staff said they felt well supported by the management team.

**Good** ●

# Jays Homecare Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 January 2016 and was announced. The provider was given 48 hour notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. Two adult social care inspectors carried out the inspection.

At the time of this inspection there were 48 people receiving personal care from the service. We spoke on the telephone, with three people who used the service, four relatives and five staff. We visited the provider's office where we spoke with the branch manager, the field supervisor, the registered manager and the director of the service. We also spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at four people's care and support plans and five people's medication records.

Before our inspection, we reviewed all the information we held about the service, including previous archived inspection reports and statutory notifications. Before the inspection providers are asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the service to provide us with a PIR prior to this inspection. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

## Is the service safe?

### Our findings

People who used the service told us they received the support they needed with their medication. One person said, "I have two tablets on a morning and one on an evening. The tablets are kept in a box and written information is on a chart." Another person said they received support to put prescribed cream on their legs and this was signed for on the medicine administration record. (MAR). A relative told us their family member received their medication when needed and the staff checked and re-checked the MAR to make sure it was correct. However, another relative told us staff were not making sure their family member was taking their medication. They described an occasion when tablets had been left out for their family member but they had fallen asleep without taking them. They said they had not reported this to the service.

We looked at the systems in place for managing medicines and found that appropriate arrangements were not always in place to assist or support people to take their medicines safely. We looked at the MARs for four people who used the service and five people's medication care plan records. We found for two people who were prescribed an inhaler and pain relieving gel or creams there were no clear instructions to guide staff on the administration of this medication. For another person, prescribed creams were not listed on the MAR so it was unclear if they had received these medications. We also saw this person was prescribed a fluid thickening powder. The care records stated this person required two or three scoops of the powder to be added to drinks. It was unclear as to how it was decided between the two or three scoops. There was no further guidance for staff. The MAR sheet did not specify how many scoops were required either. This inconsistency could lead to the incorrect dose of this prescribed medication being administered. We also found that a handwritten entry had been made on one person's MAR stating that a prescribed capsule was to be 'inhaled daily'. Staff we spoke with said this capsule was to be put in an inhaler first. This guidance was not on the MAR and the branch manager agreed there was a risk this medication could have been administered wrongly.

We also looked at the care plan for a person who was prompted to take their medication. There was no guidance for staff on how they would do this or how much support the person required. We saw that support with medicines was discussed as part of the assessment process for people who used the service. People's medicines were listed in the care records, however, the reason people took the medication was not. There was also an inconsistent approach to the risk assessment of what support people needed with their medicines which could lead to needs being missed or overlooked. Some people had clear risk assessments in place which described the support they needed with administration or prompting of their medicines, where it was kept in the person's house and how staff could access it.

The branch manager, registered manager and director confirmed that MARs came back to the office to be checked each month. However, there was no formal audit system in place to show how or what had been checked. None of the issues we had identified had been picked up or acted upon.

We concluded that all of the above evidence meant there was a risk that people would not receive all their medicines as prescribed. This was a breach of Regulation 12 (2) (g) (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that staff were trained in medication administration and this was mandatory training completed at induction and refreshed annually. Records showed that all staff were up to date with medication training and competency checks. Staff we spoke with all said they had received medication competency training and spoke highly of the content of the training.

The majority of people who used the service or relatives we spoke with were satisfied with the service they or their family member received from the agency. People said that overall carers appeared to arrive mainly on time, stay for the agreed time and if there were problems with time-keeping someone from the agency would usually call them to explain what was happening. Some people raised concerns at the amount of travelling staff had to do between calls; saying it was difficult when carers were travelling on public transport or walking. A relative told us that their family member had a recent visit that was two hours late.

Staffing levels were determined by the number of people who used the service and their needs. The branch manager said they were always trying to recruit staff to ensure they had enough staff to meet the needs of the people who used the service and provide consistent staff support for people. Most people we spoke with told us they, or their family member, received care services from familiar or regular care workers. However, one person said, "No. It's a surprise who'll turn up." Staff said that if two staff members were required to meet people's needs, two were always available and they had enough time to meet people's needs fully.

Staff told us that rotas were arranged as much as possible, in geographical areas to make it easier and more efficient for staff to get to people's calls. One staff member said, "They organise it well from the office." Another said, "Rotas are done in advance, we get them every week so we know what we are doing." Staff told us they usually supported the same people and visits were well planned. Staff said they knew the needs of the people who used the service so they received consistent care. However, one staff member said route planning and travel time were not realistic to enable them to get to calls in a timely manner.

Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the branch manager. Staff said they were confident the branch manager would respond appropriately. Staff told us they had received training in safeguarding vulnerable adults. Records we looked at confirmed this. One staff member told us they did not know how to report concerns outside of the agency. They said they thought the numbers were available in the office but that they would feel uncomfortable going in to the office to obtain this number. All other staff were aware of the provider's whistle blowing policy and knew how to report concerns and said they would have no hesitation in doing so.

Overall, the service had systems in place to keep people safe through risk assessment and management. The field supervisor/team leader carried out an assessment before people received a service, which involved visiting the person in their home. We looked at three people's assessments which identified needs such as; mobility, continence, dressing and pressure ulcer prevention.

We looked at environmental risk assessments which showed the provider had considered the internal and external environment and pets. We noted for one person the risk management plan for the prevention of pressure ulcers did not give clear guidance on how their pressure areas were to be monitored. The field supervisor/team leader agreed to update this at the time of our visit. Staff we spoke with could explain the risks to people who used the service and described what they did to keep people safe.

Staff said they felt confident and trained to deal with emergencies. They said they would have no hesitation in calling a GP or an ambulance if they thought this was needed. One staff member described how they had responded to emergencies such as finding someone collapsed.

The branch manager told us they operated an on call system. They said there was always an experienced member of staff available at all times, who was aware of each person's care and support needs. However, one staff member we spoke with described dealing with an emergency where they had rung an ambulance for a person who used the service and had not been able to report this to the office as there was no answer. All other staff we spoke with said they felt well supported by the on-call system. Comments we received included: "There's always someone available for advice or reporting things" and "never had a problem getting hold of the office staff, always someone to answer your call."

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Written references had been obtained prior to staff commencing work and these were obtained from the staff member's last employer to show evidence of previous good conduct.

## Is the service effective?

### Our findings

Most people we spoke with were satisfied with the general standard of training and skills their carers had. One person who used the service when asked if staff were well trained said, "Overall yes. Odd one or two not as good as others. Depends who you get." Relatives we spoke with said they found staff were well trained. However, one relative said, "I don't think so. I don't think they're training them up."

Staff said they received training that equipped them to carry out their work effectively. Staff's comments included; "It's very good training, covers a lot", "They make sure we know what we are doing when we do the training" and "Really enjoyed my training, good courses." They said they received a good induction which had prepared them well for their role. However, one staff member we spoke with said they did not think the training was adequate and in their opinion, staff were not trained to an adequate standard. Records showed this staff member had received all the required training from the provider. We were told that induction training was a five day course based on the skills for care common induction standards and more recently the care certificate. The 'Care Certificate' is an identified set of standards that health and social care workers adhere to in their daily working life. Records showed all staff employed had completed a five day induction. Staff told us they had 'shadowed' experienced staff as part of their induction training.

There was a rolling programme of training and refresher training available to staff which included; manual handling, safeguarding, medication, health and safety and food hygiene. Records we looked at showed staff were up to date with their required training. We saw any specialist training needed was provided. This included; dementia care, pressure sore prevention, eye drop installation and palliative care.

Staff we spoke with told us they were well supported by the management team. They said they received regular one to one supervision, spot checks and an annual appraisal. Staff said they found this useful and a good opportunity to discuss their training needs. However, one staff member did not feel they had received regular supervision but confirmed they had spot checks on their performance. Records we looked at showed staff received regular supervision and spot checks while working with people who used the service. We also saw staff had an annual appraisal where they received feedback on their performance and any needs such as further training were identified.

Staff we spoke with understood their obligations with respect to people's choices and the need to ask for consent prior to carrying out any care tasks. Staff showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. One staff member said, "I'd talk to them first, encourage them and make them feel comfortable. No force; I wouldn't want to cause distress."

The staff we spoke with told us they had completed MCA training as part of their training on dementia. Care files included evidence of consent from people who used the service. Records were signed to show people were in agreement with them.

Staff described the support they gave to people with food and drink. They said they encouraged people to eat and drink to maintain their health and well-being. One staff member said they tried to encourage people to have variety with their meals by offering different choices. Another staff member described the support they gave to a person who needed assistance to eat. They said it was important to go at the person's own pace and be aware of the person's swallowing difficulties.

Staff told us they always made sure people who used the service had access to food and drink before they left the call.

We found people who used the service or their relatives dealt with people's healthcare appointments. However, staff told us they would contact health professionals for advice if they had any concerns about people who used the service. Staff spoke of the occasions when contact they had made with GP's and district nurses. This included when they had found people to be unwell or collapsed.

## Is the service caring?

### Our findings

Overall people we spoke with were complimentary about the staff. Comments we received included; "They're friendly. If they've got a few minutes they'll sit and chat with me", "They always say don't rush" and "Quite pleased with them." However, one person told us it depended which staff they got and staff were 'variable'. They said some staff were "absolutely brilliant" but others had to be told what to do. A relative spoke highly of the staff who cared for their family member. They said, "Very happy. Carers are good. Brilliant. I can't fault them." People we spoke with said staff were kind and treated them well. People told us their, or their family member's, privacy and dignity were respected. One relative said, "No issues with carers in regards to respecting privacy and dignity."

People who used the service said they had regular carers who had got to know them well. They said they were always introduced to them before they provided a service to them. They said new staff usually shadowed (worked alongside) experienced staff while they got to know them. However, one person said, "I wish I could have the same carers. Some are leaving soon. It will be chaotic." And a relative said, "They're chopping and changing with the carers." They told us there had been an occasion when a male carer attended to their relative and was unable to carry out personal care.

The service conducted regular service satisfaction reviews with people who used the service. We saw the comments recorded in these documents referred to the caring nature of the staff. Comments included; 'Happy with carers', 'Very happy, I am pleased' and 'Very reliable, always here to help me.' No negative comments had been received.

Staff spoke of the importance of maintaining independence for people who used the service. They described the way they did this through gentle encouragement. Staff said they felt it was important for people to have as much independence as they could to increase their confidence and self-esteem. One staff member said, "It's always better to do as much as they can for themselves, it's more dignified and all round just nicer for people." Another staff member said, "I put myself in their position and think how much better it would feel to be able to do things for myself for as long as I could."

Staff we spoke with demonstrated they knew people's individual likes, dislikes and care preferences. It was clear they had developed good relationships with people. They spoke warmly about the people they supported. One staff member said, "I love my job. I get on well with clients." Another staff member said, "I wouldn't change my job for the world, I love doing what I do, the clients just make it."

Staff said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. One staff member said, "Respect things told in confidence, except if a danger to themselves I would report this to office." They spoke of the individual ways people wished to be cared for and supported and how they did this with dignity and respect. Staff spoke of the importance of respecting people's privacy and being mindful they were in someone's home. They said it was important to respect people's property and tidy up after themselves. Staff spoke of wearing shoe covers if they had muddy feet. One staff member said, "I am always aware that I am in someone's home and so treat it with the respect I would expect in my

home."

Staff said they had received training to help them understand how to provide good care. They confirmed they had time to get to know people before providing care through shadowing more experienced staff. One staff member said, "We are always introduced to people before we go in." Another staff member said if they had to cover calls in an emergency they would try to make time to be introduced to the person. They said they were willing to do this in their own time if needs be. They said, "There can be nothing worse than a complete stranger turning up to see to you."

There was evidence people who used the service and/or their relatives had been involved in planning their care and support needs. Records showed people or their relatives had signed the care plans to show they were in agreement with them. People and their relatives said they were involved in the care planning process. One person said, "They do what I ask." They also said they could choose to be flexible with their care and support needs and said they had changed their mind about what day they wanted a shower.

## Is the service responsive?

### Our findings

Records showed people had their needs assessed before they began to use the service. This ensured the service was able to meet the needs of people they were planning to support. The assessment came as a referral and the branch manager said this was reviewed prior to completing their own initial assessment.

Following initial assessment, the branch manager said care plans were developed detailing the care and support people needed. A copy of the person's care plan was kept in the person's home and a paper copy was available in the office. This was so all the staff had access to information about the care and support provided for people who used the service.

During our inspection we looked at four people's care plans and risk management plans. We wanted to see if the care and support plans gave clear instructions for staff to follow to make sure people had their needs met. Some care plans were very detailed and gave good, person centred guidance on how care needs were to be met. They showed details of people's personal preferences and how they wished their care to be delivered. For example, where a person liked to have a wash, what toiletries and wash cloths they preferred and how they liked the radio to be on.

We saw the notes made at the point of care delivery, and they showed care was given as requested and needed. Call times were also recorded which showed staff were staying for the required duration of calls. We saw one person's care plan had inconsistent information regarding their mobility needs. The field supervisor/team leader said this had been an error and rectified this at the time of the visit.

Staff said they found the care plans useful and they gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. Staff also said they had time to read the care plans and were kept well informed if care needs changed. They described the systems in place for reporting changes in people's needs. One staff member said they had reported a person needed more time than was allocated for their morning call. They said the office staff had arranged for this to be reviewed with the person's social worker and call times had subsequently been increased.

Staff showed a good knowledge and understanding of people's care, support needs and routines and could describe care needs provided for people as individuals. Staff told us care and support plans were kept up to date and contained all the information they needed to provide the right care and support for people.

The care records we looked at showed regular reviews of the service were carried out for people. The reviews asked people if they were satisfied with the current service and level of service. However, the reviews did not directly ask people if their needs had changed and in what way. The field supervisor said any changes in need identified through this system of review were then written in to the person's care plan and staff informed of the changes. Staff we spoke with confirmed this.

We received mixed views from people who used the service when we asked them about reviews of care needs. Most people who used the service and their relatives did not think there had been a review of their

needs for some time. Comments we received included; "No one has come out yet", "If they have, it's a long time ago. May be last January" and "Been with Jays for two years. Not had a review." However, two people told us they had had a review in which they were involved.

People who used the service said they knew what to do if they were dissatisfied about anything and knew who to raise any concerns with. They said they had been given information on how to complain and felt confident to do so. Relatives of people who used the service were also aware of the complaints procedures. One relative said, "A long time ago I raised an issue. I had to ring the office as carer was late to see if they were coming. I requested they contact me if running late. They do this." Another relative told us they had not raised complaints but comments to the branch manager and they had found him to be polite and responsive to the comments made.

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the branch manager. Staff were familiar with the complaints procedures and understood people's right to complain.

We saw the service had systems in place to deal with concerns and complaints. We looked at records of recently made complaints and it was clear people had their comments listened to and acted upon and apologies were made for any shortfalls in the service. The branch manager said any learning from complaints would be discussed with the staff team in order to try and prevent any future re-occurrence. We looked at the records of staff meetings and saw feedback on quality and concerns raised had been discussed. Staff we spoke with said they were kept well informed on issues that affected the service such as time-keeping and rota changes.

## Is the service well-led?

### Our findings

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). The registered manager was supported in their management role by a branch manager who worked from the office location and a field supervisor/team leader. The branch manager and the field supervisor/team leader had a good knowledge of the people who used the service and their needs. Throughout our inspection we heard them on the telephone with people who used the service or relatives; answering queries and responding to requests for information. They were polite and friendly. The branch manager was new in post and spoke of the good support they had received from the registered manager and director during their induction. This included regular telephone contact and weekly visits.

Most people who used the service and their relatives said they were asked for their feedback on the service. We saw the provider conducted an annual survey to gain feedback on the service. We looked at the results of the most recent survey undertaken in 2014 and saw there was a high degree of satisfaction with the service and no concerns were raised. The registered manager told us a more recent survey had been conducted to reflect the service in 2015. The results had not yet been analysed but we looked at the returned questionnaires and saw these again showed a high degree of satisfaction with the service. There were no negative comments or concerns raised.

We also saw there was a system in place to gain people's feedback through monthly telephone monitoring. A random sample of people were contacted on a monthly basis to check if they were happy with the service. We looked at the results from August 2015 and saw these were very positive; no actions were identified and no suggestions for improvement had been made.

Most staff spoke positively about the management team and said they found them approachable. Comments included; "All the office staff are very good", "I can talk to [name of supervisor] about any concerns I have, always listens and tries to do something" and "Always someone there for a word or any advice you need." However, one staff member said they did not feel supported and expressed dissatisfaction about pay and conditions. However, most staff spoke of how much they enjoyed their job. All the staff we spoke with said they found their job rewarding. Many of the staff said, "I love it."

There were systems in place to record information on accidents/incidents and safeguarding matters. The branch manager said there was a file set up to collate and analyse this information should they receive any. There had not been any accidents/incidents or safeguarding matters. The branch manager and registered manager were aware of the need to have systems in place to identify if any patterns or trends emerged and to act upon them.

There was a system of a continuous audit in place, which included; care records, medication records, staff spot checks, telephone quality monitoring and face-to-face quality monitoring visits. We saw care records were signed to show they had been checked. The branch manager was aware of the need to ensure medication record checks were also documented. We saw when actions were identified through the audits these were followed up on to ensure improvement in the service. For example, when it had been reported

that a staff member was late, we saw this was then discussed in supervision with the staff member.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Care and treatment was not provided in a safe way for service users because the provider did not ensure the proper and safe management of medicines.