

J & S Health Care Services Ltd

3 Broadway Chambers

Inspection report

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09 July 2018






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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? | Good  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

The Inspection took place on 25 June 2018 and 9 July 2018 and it was announced at short notice to ensure the registered manager was available.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people, some of whom may be living with dementia.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

Improvements were needed to the recruitment process. The registered manager had obtained some of the appropriate checks for the current care workers but we found they had started work prior to receiving them all. Care worker's references could not be verified as they were not on headed paper or stamped by the company providing the reference. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe, and except for the shortfalls identified in the recruitment process, were protected from the risk of harm by the systems, processes and practices in the service. Care workers were trained and felt well supported, and knew how to safeguard people.

The registered manager, who is also the provider, and the office manager were supporting with the direct delivery of care whilst they continued to recruit more staff but this has meant a reduced capacity to ensure that all aspects of the management and monitoring of the service was being handled as robustly as needed. This had led to a breach of regulation in relation to recruitment of staff and further concerns regarding the robustness of risk assessments in all instances.

There were systems in place for managing people's medicines should the service need to do so in the future. Care workers had access to personal protective equipment and were trained in infection control.

People told us that their care workers were very caring, kind, compassionate and genuine. They said the service was very reliable and responsive to their needs. People's needs had been assessed and catered for and were regularly reviewed and updated.

The service provided people with the support they needed with their meals and drinks. Monitoring charts were in place, where required to ensure that people had sufficient nutrition to meet their needs. People were supported with their healthcare needs when required.

The service worked in line with other legislation such as the Mental Capacity Act 2005 (MCA) to ensure that

people had as much choice and control over their lives as possible.

People were treated with dignity and respect, and care workers were supportive, whilst encouraging people to regain skills and maintain their independence. People were fully involved in any decisions about their care and support. The registered manager had access to advocacy services should people need them. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People received personalised care that was responsive to their needs. They were confident any concerns and complaints would be listened to, acted upon and resolved to their satisfaction. The registered manager said they would learn from complaints and make changes to ensure that people received an improved service.

People's confidential information was stored safely in line with data security standards.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Care workers were not always safely recruited. The appropriate checks had not always been completed before the person started work.

Risks were not always adequately assessed to ensure people were supported to stay safe.

We were unable to assess medicines management fully, however there were systems and processes in place to help ensure people received their medication as prescribed.

People were protected from the risk of infection due to the service's infection control practices.

The registered manager shared investigation and audit information with care workers and ensured that improvements were made and lessons were learnt.

Is the service effective?

Good 

The service was effective.

People's needs were assessed on an on-going basis and their changing needs catered for.

People were cared for by care workers who were trained and supported.

People were supported to eat and drink enough to maintain a balanced diet.

The service worked well with others to deliver effective care and support. Where required, people experienced positive outcomes regarding their healthcare needs.

The service involved people in decisions about their care and support.

The registered manager and care workers had an understanding

of the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion. Care workers respected people's independence and supported them when required.

People and their families were involved in people's care and support and in decision making. Care workers were respectful at all times and had a kind, friendly approach.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives contributed to the assessment and care planning process. The registered manager was working on improving the care and support plans to include more detailed information for care workers.

There was an effective complaints system and people and their families were confident the service would listen to their concerns and deal with them appropriately.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The registered manager/provider were delivering care which unfortunately led to concerns and a breach of regulation in regard to the safe recruitment of staff. There were also further weaknesses in other records such as risk assessments.

People had confidence in how the service was run. They knew the registered manager well and told us they would recommend the service to others.

Care workers were supported and worked together with the registered manager to provide people with good care.

The service worked well with other professionals to ensure people received appropriate support.

The service had developed a quality assurance system and had

made continuous improvements to their systems and processes.

The registered manager learnt from mistakes and took the required steps to prevent re-occurrence.

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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 25 June 2018 and 9 July 2018 and was announced at short notice to ensure the registered manager was available. It was carried out by one inspector.

Before the inspection, the provider completed 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 also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with four people, two relatives, the registered manager, operations manager and two care workers. We reviewed four people's care files and five care workers recruitment and support records. We also looked at the service's medication, quality assurance and complaints systems and at care worker's training records.

Is the service safe?

Our findings

The service was relatively new and was in the process of recruiting care workers who were ready for work when more care packages were commissioned. Unfortunately, due to the service not expanding as rapidly as at first thought, a number of care workers had since found work elsewhere. As the service took on more care packages they did have some difficulty covering all the calls. The registered manager and the office manager often delivered care to people. This meant that the management of the service had not been as effective as it should have been. The registered manager told us they were continuously recruiting but were happy to deliver care until the right calibre of staff were recruited.

We requested the current care workers staff files to enable us to establish if the service was recruiting people safely. We were given a number of care workers files belonging to care workers that had not yet worked. We asked the office manager for current care workers files and were given an envelope containing one of the current care worker's application form. There were no references and no evidence of their fitness to work as required in Schedule 3 of the Health and Social Care Act 2008. The office manager told us that the two current care worker's files were in progress. They explained they had asked the care worker to obtain written references from their former employer. A discussion took place about the importance of robust recruitment processes. The office manager later sent us copies of both care workers' references, however they could not be verified as there was no company stamp, no headed paper and no compliment slip to authenticate the references.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although there were risk assessments and management plans in place for environmental risks, improvements were needed as there was a lack of personal risk assessments during our first visit to the service. For example, for people's mobility, skin integrity, nutrition and falls. However, there were monitoring charts in place for people's dietary intake and for re-positioning people where necessary. A discussion took place with the registered manager who assured us that risks to people were managed. They said they would ensure that all the people using the service had clear risk assessments, together with management plans, in place within the following two weeks. One care worker told us, "I have a lot of experience in risk management and am working together with the registered manager to ensure that everyone has the correct risk management plans in place." On our second visit there were clear risk assessments and management plans in place for people's individual personal risks.

There were systems and processes in place to safeguard people from abuse. People told us they felt safe when their care workers were in their homes. One person said, "I always feel safe when they [care workers] are here." Another person told us, "I really do feel safe as they are lovely people." A relative said, "They ensure my relative is safe when providing them with care. They are very good."

The registered manager and the two current care workers had received training in safeguarding people and demonstrated a knowledge of the services procedures on how to keep people safe and protect them from

the risk of harm. They knew to inform the local authority and/or CQC. The office manager told us that there had been a recent safeguarding incident. They said, "We were due to start a service on a particular day as the person was due to be discharged from hospital. However, the person remained in hospital and we were not notified of their discharge. This meant that the very first calls did not take place." The office manager told us they had learnt from this, and would now double check the start date with the commissioner of the service to ensure people received the care they needed.

The service did not manage people's medicines, so we were unable to assess this area fully. People confirmed that they managed their own medicine and that they were confident that the registered manager would know how to support them if needed. The registered manager was a registered general nurse who had extensive experience of medicine management, and one of the two care workers employed had received medicine training. The registered manager told us that all care workers would be trained in medicine administration to prepare them for administering in the future. There was a policy and procedure in place and a system had been set up to manage medicines. The registered manager and care workers had access to medication guidance.

The service provided care workers with appropriate protective equipment to enable them to minimise the risk of infection. One care worker told us, "We have plenty of gloves and aprons and shoe protectors if we need them. I have had training in infection control and am very careful when visiting different people." There were policies and procedures in place that clearly informed care workers of the best way to minimise the risk of infection by frequent hand washing. People said that their care workers were very particular about washing their hands and that they used fresh protective clothing when providing them with care.

The registered manager understood their responsibility to record safety incidents and near misses. They told us they monitored accidents and incidents and would analyse the information and share it with care workers at team meetings.

Is the service effective?

Our findings

The people currently using the service had not been doing so for long. They all told us that they had received a full assessment of their needs prior to the service starting. The care and support files viewed, showed that people had a local authority or hospital assessment, and that the registered manager had carried out their own assessment to ensure that the service could meet their needs. Care and support plans were developed from the original assessment and included environmental risk assessments. However, we found that the service had, at times, been using the local authority assessment instead of developing their own. The registered manager explained that this was because they had taken on the care package in an emergency. As stated earlier, in the safe section of this report, the registered manager and office manager often delivered care due to lack of care workers. This had an impact on their ability to complete the necessary paperwork, such as assessments, care and support plans, and risk assessments. Improvements are needed to ensure that people's assessment and care and support planning documents are fully completed to enable all care workers to deliver care effectively.

People told us they felt that all their care workers were well trained. One person was quick to tell us how well their care worker responded to their needs. They said, "They [care workers] are efficient, faithful and very reliable. They know what I need help with." Another person told us, "My care workers get on with the job and know what they have to do and they take the time they need to do the job." The care workers spoken with told us that they were already trained before joining the service. One care worker said, "I am scheduled to have updates to my training in August. The registered manager is a qualified nurse and provides me with clinical knowledge." The training records showed that one of the two care workers who had been working had not received training in first aid, food hygiene or the Mental Capacity Act. The office manager told us, and the records confirmed that this was scheduled to take place in August 2018. We saw that this care worker was working towards a qualification in care. The registered manager told us that the induction process included shadowing them for the first few visits until the care worker was competent to work alone. In addition, care workers with no experience in care would undertake the Care Certificate, and we saw that one care worker had just completed this.

Although there was a supervision policy in place where care workers would be supervised/spot checked at regular quarterly intervals, no care workers had yet been employed for this length of time. The registered manager worked with both current care workers daily, and they observed their practice and checked their knowledge during this time.

Where people were supported with meals it was generally by heating microwave meals and making drinks and snacks for them. One person told us, "My care worker makes sure I have something to eat and drink before they leave." There was provision in people's care and support plans to monitor and record people's dietary intake where necessary. The registered manager said, "I would set up food and fluid charts if required to ensure that people have enough to eat and drink."

The registered manager worked well with other organisations to ensure they delivered effective care and support. For example, they liaised with district nurses and GP's to ensure that people's health care needs

were met.

People told us that their care workers supported them to access appropriate health and social care professionals when needed. One person said, "They [care workers] provided me with such good care and alerted me to ill health. This really helped me to get the help I needed." Although the care workers had not known the people they cared for long, they had sufficient knowledge of how they liked to be cared for. This gave people confidence in their care workers' ability to recognise any health care needs.

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. We checked whether the service was working within the principles of the MCA. We saw there were mental health assessments on people's care and support files. However, it was not clear from the records if a person lacked capacity or not. The registered manager told us that mental capacity assessments were generally carried out by the funding authority. One of the two care workers had received training and demonstrated a good knowledge of the MCA. People told us that their care workers respected their decisions and always sought consent before carrying out any care and support.

Is the service caring?

Our findings

People told us their care workers were kind, caring and respectful and they were happy with the care they received. One person said, "They [care workers] are all very caring, genuine people who really want to do their best for you." Another person told us, "This service is a vast improvement on the previous one. The care workers are very reliable, all kind, caring and have a happy disposition." A relative told us about their loved one's love of singing. They said that the registered manager was their care worker and that they encouraged and supported their loved one with their singing and sang along with them. They said, "My relative loves to sing the old songs like 'it's a long way to Tipperary' and [care worker's name] will sing along with them. This makes them very happy."

Care workers told us they enjoyed their work and they spoke enthusiastically about their role. One care worker said, "I have been doing this work for some time now and I really enjoy it. Although I have only been with this company for a short while, I am very impressed with how caring the management are."

People and their relatives said that care workers treated them with dignity and respect. One person told us, "The care workers help me with my personal care and they have a kind, caring and respectful way about them. Their attitude is good and they don't take liberties. For example, they ask if they want to use my toilet. They don't just assume it is okay." Another person said, "They [care workers] take their time, don't rush me, and spend as much time as they need to do what I need them to do. If they go over their time a little bit, they don't mind."

Some people only required care and support until they recovered from ill health. They told us that their care workers were very good at supporting them in their recovery. One person's relative said, "The care workers are very good at supporting my relative to regain the skills they had before. They are helping them to do regular exercises to strengthen their body, improve their mobility and independence." People were kept actively involved in decisions about their care and support. The registered manager had advocacy contact details available for people who needed support to share their views and opinions.

Is the service responsive?

Our findings

People told us that the care and support they received was personalised to meet their individual needs. They said the service was adapted when their needs changed. For example, if they needed more time to undertake personal care or to help them to regain independence. The registered manager told us that the care and support plans were devised from the original funding authorities' assessment and care plan. The care and support plans viewed contained the information needed to care for people appropriately. The service had identified people's ethnicity, faith, age and gender to ensure these needs were met. However, they were basic in the information provided and needed to be more detailed to ensure that every area of need was catered for.

Most of the people we spoke with could explain their needs in detail. Some lived with relatives, who knew how the person preferred their care. Others, who may be living with dementia or have limited communication may not be able to fully describe their needs. Since our first visit the care and support plans had been developed and contained much more information describing how people wanted to be cared for. This ensured that all people received appropriate person-centred care that met their needs.

People told us they had no complaints about the service. All the people we spoke with were confident that if they did have any concerns the registered manager would deal with them effectively. Although no complaints had been received there was a good process in place. It included a clear complaints procedure with timescales for response and it advised people of their right to bring any concerns to CQC's attention. The registered manager told us they would analyse any concerns and complaints and ensure that lessons were learnt and improvements were made because of them.

The registered manager said that although nobody using the service was nearing the end of their life they were in the process of developing plans should they be needed.

Is the service well-led?

Our findings

The registered manager/provider were working alongside care staff to complete visits to people they were caring for. This had unfortunately led to concerns and a breach of regulation in regard to the safe recruitment of staff. Further weaknesses had also been noted in other records such as risk assessments. Although it was clear that the service and staff were delivering good quality care, this would be very difficult to maintain with their current way of working. People would be at risk should the service expand further and robust systems were not implemented to ensure safe practices and time to comply with regulation.

There was a registered manager in post and people and their relatives told us that they knew them well. One relative said, "[Registered manager's name] gets on well with my relative. They provide really good care and my relative always feels better for seeing them." Another relative told us, "All of our care workers are very good, the manager is well known and is a genuine, caring person who is very good at communicating with us." Care workers told us they felt well supported, and they said the registered manager was kind, caring and very empathetic towards their needs. One care worker told us, "The registered manager is a nurse and has lots of experience in caring for people and they obviously care about their workers too."

People told us they felt safe in care workers presence and there were clear whistle blowing, safeguarding and complaints procedures in place and care workers were confident about implementing them. The registered manager explained how they kept people safe and care workers knew how to protect people from the risk of harm. One care worker told us, "I am confident that any issues of concern would be dealt with quickly by the registered manager." People had confidence in the registered manager's ability to deal with any issues or concerns.

Although the service has been operational since June 2017 it is still very small, therefore the audits that had taken place were minimal. The registered manager had audited the care and support plans and daily logs and as a result had made improvements to the format. This had made them much clearer and easier for care workers to deliver people's care more effectively. The registered manager told us that as the service grew they intended to carry out annual surveys. They said they would be seeking the views of all interested parties to help them to make continuous improvements to the service. They told us they would prepare an action plan of any findings, and make the necessary changes to ensure that people received the best possible service. People told us they were happy with the service and felt it was good quality. One person said, "It is a huge improvement on my last service and I would definitely recommend them." Another person told us, "The service is very good at communicating and really do their best to provide a quality service."

The registered manager worked in partnership with other organisations to ensure people received the care and support they needed. They had worked together with other professionals such as physiotherapists, occupational therapists, GP's and district nurses. This ensured that people received the right support to enable them to have a better quality of life.

People's personal records were stored in the own homes and were easily accessible to staff. The registered manager told us that they did not have a hard copy of the paper care and support files in the office as all

documentation was stored on the service's password protected computer system. There were policies and procedures in place for dealing with confidential data and care workers were trained, and knew who they could, and could not share confidential information with. This ensured that people's confidential information was protected in line with data security standards.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Care workers started work before all of the appropriate checks had been received. References had not been authenticated. |