

JS Consult Ltd

# JS Care Agency

## Inspection report

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19 October 2022

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

JS Care Agency is a domiciliary care agency providing personal care to adults living in their own homes. The service supports older people, younger adults, people living with dementia, physical disability or a sensory impairment. At the time of our inspection one person was using the service.

### People's experience of using this service and what we found

People using the service told us they were kept safe by staff. Risks were assessed by the service and people were protected from the risk of harm as the service put systems in place to reduce known risks.

There were enough staff to provide safe care to people and we were told staff arrived on time. Staff were recruited safely to the service and had the skills and experience to perform their role.

Staff were aware of their safeguarding responsibilities and knew how to whistleblow if they observed poor care practices.

People told us they were cared for by staff who received regular training relevant to their job role. Staff were supported with regular supervision meetings with the registered manager to discuss how people were and whether any additional training needs were required.

People and their relatives told us an assessment of need took place with the registered manager to ensure their personal needs could be met.

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.

People's consent to care was asked at each stage of their care and people were involved in decisions about their care.

People's nutrition and wider health needs were monitored by the service to maintain their health. The service contacted health professionals to seek advice and share information to ensure people had good health outcomes.

People were cared for by staff who enjoyed their work and treated them with kindness and respect. People and their relatives told us staff were friendly and spent time getting to know people.

People's privacy and dignity was respected by staff and their independence encouraged.

Care was personalised and staff worked with people and their relatives to find out how people liked care to be provided.

People's communication needs were considered and met. The service was able to provide information in an accessible way to include everyone using the service.

People told us the registered manager was considerate and understood their individual needs. Staff enjoyed working at the service and found the management approachable and empowered them to progress within care. Quality assurance systems were in place to monitor the service and identify areas to improve.

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 us on 11 January 2018 and this is their first rated inspection.

#### 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 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# JS Care Agency

## Detailed findings

### Background to this 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

The inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 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 13 October 2022 and ended on 25 October 2022. We visited the location's office on 13 October 2022.

#### What we did before the inspection

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. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager. We viewed their monitoring systems and policies and procedures. We contacted two members of staff, spoke to one person who used the service and a relative. We viewed one care plan, associated risk assessments and two staff recruitment files including training documentation. We also reviewed quality assurance documents in relation to the management of the service.

# 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe and the risk of harm to them was reduced by the service.
- People using the service told us staff kept them safe. One person said, "Oh yes, they keep me safe." Relatives told us their family members were kept safe.
- Staff knew how to raise safeguarding concerns and the different types of abuse people could face.
- Staff were confident in speaking out against abuse and told us the process they would follow from reporting a concern to the registered manager and whistleblowing if they felt abuse was not being prevented.

Assessing risk, safety monitoring and management

- Assessments were in place to reduce the potential risk of harm people may face.
- Risk assessments were clear and covered environmental, falls prevention and pressure sore prevention.
- Staff told us they read risk assessments in people's homes so they knew how to keep them safe and continually monitored risks while providing care.
- Staff kept people safe by understanding the different risks they faced and reported concerns to the registered manager.

Staffing and recruitment

- Staff were recruited to the service safely and there were enough staff to support people.
- People told us staff arrived on time and they had good continuity of care.
- Records confirmed the service had followed their recruitment process when employing staff.
- Staff had completed an application form, detailed their previous experience where applicable, provided references and attended an interview. Before starting to work with people, a Disclosure and Barring Service (DBS) check was completed. A DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines in a safe way and staff knew the procedure to follow should a medicine error occur.
- The service had a medicines management policy and procedure for the safe management of medicines.
- Records confirmed staff had completed medicines training and had their competency checked.

Preventing and controlling infection

- Infection control practices were in place to reduce the risk of the spread of infection.
- Staff were provided with personal protective equipment to protect them and people while delivering care and support.
- Staff completed infection control training and during spot checks the registered manager observed staff to ensure they followed good hygiene practices.

#### Learning lessons when things go wrong

- Systems were in place to learn when things went wrong.
- The registered manager told us they were open to learning and explained they would document and share what had happened with staff to learn and prevent similar incidents from occurring in the future.
- No accidents or incidents had taken place at the service, records confirmed this.



# 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 received an assessment of needs taking into account their health history and desired outcomes for care.
- Records confirmed people were involved in their needs assessment and people told us the registered manager asked them what they wanted to receive from their care package.
- The registered manager told us they asked people at the initial assessment what care they needed when they visited people and also suggested suitable adaptations to their living space. For example the registered manager said, "I suggested [person] move down stairs and the family have now made some adaptations to the downstairs living space."

Staff support: induction, training, skills and experience

- Staff received a full induction and ongoing training to support them in their role.
- People and their relatives told us staff were very good at their jobs and showed they had the skills and understanding to perform these roles appropriately.
- Staff told us they received regular support with the benefit of training being completed at the office by the registered manager and other external training providers.
- Records confirmed staff completed mandatory training and staff had completed 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.

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

- People were encouraged to have enough to eat and drink.
- People told us staff prepared meals they enjoyed and cultural meals of their choosing. One person said, "They [staff] make me anything I ask, they are good."
- Staff told us people enjoyed it when they prepared cultural foods and they also encouraged people to eat a healthy diet and to stay hydrated.

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

- People's health needs were clearly documented within their care plans.
- Records confirmed the service worked with people's GP and an occupational therapist and the registered manager directed people and their relatives to appropriate health professionals if people needed additional

health support.

- The registered manager worked with relatives to ensure people stayed healthy and received prompt care from health professionals. The registered manager said, "I noticed [person] arm was shaking, I told the family to contact the GP."
- Staff told us they were alert to any changes in people's health needs and the registered manager confirmed they told staff they needed to alert them if people's health needs changed.

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.

- Records showed consent to care was obtained before any care was provided.
- People using the service told us staff always asked for permission before providing care.
- Relatives confirmed staff would speak to people and ask them if they could start to provide care.
- A member of staff told us, "I speak to the person to ask them if it is ok to come in or to give a shower or bath, if they say yes, I will then go ahead to do my duties."

# 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. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received care and support from caring staff who treated them well.
- People using the service told us staff were very kind and compassionate towards them. One person said, "They [staff] are just wonderful, they make me laugh so much." A relative said, "They are so good with [person]."
- Staff were respectful of the people they provided support to. A member of staff told us they treated people how they would want their loved one to be cared for.
- Staff had completed equality and diversity training, staff respected people as individuals and told us they did not discriminate against people who used the service.

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

- Staff involved people and their relatives in all areas of their care and supported them to have their views heard.
- Records confirmed as part of the assessment process, people wanted to be included in all decisions regarding their care. For example, a care plan stated, "I want to be fully involved in all decisions about me and my care."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and confidentiality was respected, and people were encouraged to maintain their independence.
- A staff member said, "To protect the privacy and dignity of people, myself and my colleagues always close the door when the person is in the toilet or bathroom, and we always knock on the door and only enter if we are allowed."
- Staff told us they how they supported people to continue doing tasks they were able to. A member of staff said, "Myself and my colleagues always encourage the people we support to do some things for themselves so that they do not lose their independence and dignity. For example, we can bring tea to them and ask them to pour the milk or add sugar by themselves."

# 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 good. This meant people's needs were met through good organisation and delivery.

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

- Care people received was planned in a way that met their individual needs.
- Records confirmed people's preferences were respected and observed.
- One person told us staff respected their preferred name and records confirmed their preferred name had been documented. This meant the service was listening and respecting people's needs.
- The registered manager said, "It is their care, it is good to involve [person]. They are at the centre of everything we do."

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 recorded within their care plan. Details included whether people wore glasses, used a hearing aid, used sign language or verbal communication.
- The registered manager told us they could provide information for people in different formats to ensure people were involved and understood information presented to them. This included information in different languages, picture format and an interpreter if necessary.

Improving care quality in response to complaints or concerns

- People were supported to make a complaint if they wanted.
- There was a complaint policy and procedure in place setting out the process the service should follow if someone was not happy with the service,
- People told us they were happy with the service and did not want to make any complaints but they knew how to do so if they needed to.

End of life care and support

- An end of life policy and procedure was in place to provide guidance and support to the service.
- At the time of the inspection no one using the service required end of life care.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, their relatives and staff told us the service was well-led.
- People using the service told us the registered manager was very good at managing the service. Relatives also had positive feedback on the management of the service and how their loved ones were looked after.
- Staff spoke well of the registered manager and told us they felt well supported by them. A member of staff said, "The manager is very supportive and encouraging."
- Staff told us the registered manager was approachable and had time for them. Staff gave examples of training the registered manager arranged to ensure they had specialist skills to support people with, for example, continence care, which meant people received good outcomes from their care.

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 understood their responsibility under the duty of candour. The registered manager said, "It's being transparent about everything, knowing that I can be trusted."
- The registered manager knew their legal requirements to report certain matters to the Care Quality Commission.

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

- Staff and the registered manager were clear about their roles within the service.
- Staff told us during supervision and team meetings the registered manager would discuss what was expected from them.
- The registered manager monitored the service and requested regular feedback from people who used the service, their relatives and from staff, records confirmed this.
- Audits of the service were performed, these included care plan audit, spot checks and telephone monitoring.

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

- People, their relatives and staff were actively encouraged to provide feedback on the quality of care.
- People using the service told us they were asked if they were satisfied with the care and if any area of care

needed to be changed or improved.

- Staff told us the registered manager would ask them during supervision if anything needed to be improved for people's care or within their job role.
- Records confirmed people and their relatives provided feedback on the quality of the service. Comments included, "Excellent service, [relative] cared for by kind staff" and "Really good care, I love their great diverse team and committed management."

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff were committed to learning new skills to provide the best care for people.
- The registered manager attended the registered managers network. This provided them with support from other registered managers and providers and an opportunity to share best practice.
- The registered manager was a registered trainer and sought additional support when needed. They said, "We are all learning, I have to be up to date, and I learn things I don't know."