

JS Consult Ltd

JS Care Agency

Inspection report

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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

This inspection took place on 3 January 2019. The inspection was announced. We gave the provider 48 hours' notice of our inspection to ensure we could meet with the registered manager. This is the service's first inspection since their registration.

JS Care Agency is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to people living with dementia, with a mental health condition, physical disability and sensory impairment, older people, and younger adults.

Not everyone using JS Care Agency receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, only one person was in receipt of personal care and support.

The person had been receiving personal care for less than a year. This meant that although we were able to carry out an inspection we did not find enough information and evidence about parts of the key questions we ask about services, or the experiences of people using the service, to provide a rating for each of the five questions and an overall rating for the service. We were therefore not able to rate the service against the characteristics for inadequate, requires improvement, good and outstanding ratings at this inspection.

The service had a registered manager. 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.

The provider had systems in place to help ensure people were safeguarded against harm and abuse. The registered manager demonstrated a good understanding of their responsibility in ensuring people's safety by minimising risks associated with their care and support needs, and reporting any safeguarding concerns to the local safeguarding authority and to CQC. There were suitable and sufficient staff in place to meet the person's needs safely. Staff were knowledgeable about safe infection control practices.

There were systems in place to assess people's needs before they started using the service to ensure they could be met effectively. The provider involved the person and their relatives in the care planning process.

The provider had processes in place to assess people's capacity. There were systems in place to support people to have maximum choice and control of their lives, and staff were trained in the Mental Capacity Act 2005 to ensure they supported people in the least restrictive way possible.

Staff were provided with regular training and they told us they found the training useful. Staff were provided with regular supervision that enabled them to provide effective care.

The person's care plan was comprehensive. Staff were given sufficient information on the person's needs and preferences which enabled them to provide personalised care.

Staff were trained in equality and diversity, and dignity and privacy. The provider encouraged lesbian, gay, bisexual and transgender people to use the service. Staff were knowledgeable about how to provide care without discrimination, and told us they treated people like individuals and met their individualised needs.

The provider had a complaint policy and encouraged the person and their relatives to raise any concerns or complaints.

The provider had quality assurance systems in place to assess, monitor and evaluate the care delivery.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We did not have sufficient information to rate the service's safety.

The provider had policies and procedures in place to ensure people's safety. Staff knew how to safeguard people from harm and abuse, and provide safe care. Risks to people's needs were identified, assessed and mitigated.

Suitable and sufficient staff were in place to meet people's needs safely.

Staff followed safe infection control procedures to prevent the spread of infection. There were processes in place to learn lesson when things went wrong.

Inspected but not rated

Is the service effective?

We did not have sufficient information to rate the service's effectiveness.

People's needs were assessed before they started to use the service. Staff received regular training and supervision to provide effective care. There were systems in place to ensure staff received an annual appraisal.

There were processes in place to assess people's capacity and ensure they were given maximum choice over their care.

Inspected but not rated

Is the service caring?

We did not have sufficient information to rate whether the service was caring.

The provider had systems in place that involved people and their relatives in the care planning process. Staff were trained in privacy and dignity, and spoke about people in a caring way.

The provider had processes to ensure the continuity of care. People's confidential information was securely stored and was only accessed by authorised staff.

Inspected but not rated

Is the service responsive?

Inspected but not rated

We did not have sufficient information to rate the responsiveness of the service.

The person's care plan was detailed and gave staff information on their needs, abilities, likes and dislikes. Staff were trained in equality and diversity. Lesbian, gay, bisexual and transgender people were encouraged to use the service.

The provider had an appropriate complaints policy in place.

There were systems in place to support people with end of life care needs.

Is the service well-led?

We did not have sufficient information to rate whether the service was well-led.

Staff told us the management was approachable and that they felt supported.

The registered manager understood their responsibilities to notify us of important events within the service. There were relevant policies and procedures in place to help ensure effective management of the care delivery.

The provider had quality assurance systems in place to ensure the safety and quality of the service.

Inspected but not rated

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 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 comprehensive inspection took place on 3 January 2019 and was announced. We gave the provider 48 hours' notice of our visit to ensure the registered manager was available to talk with us when we visited. The inspection was undertaken by one inspector.

Prior to our inspection visit, we reviewed the information we held about the service including any statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We had not received any statutory notifications because no events had occurred that the provider needed to tell us about. The provider had completed a Provider Information Return (PIR). This is information that we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We checked the accuracy of the PIR during our inspection visit. This inspection was informed by the feedback from the local authority.

During our visit to the office we spoke with the registered manager and the administration officer. We reviewed one person's care plan, risk assessment, and daily records so we could see how their care and support was planned and delivered. We also reviewed five staff files including their recruitment, training and supervision records, and records related to the management of the regulated activity.

Following our inspection visit, we contacted one relative, and spoke with three staff. We reviewed documents provided to us after the inspection. Some of these included policies and procedures, and staff records.

Is the service safe?

Our findings

We did not have sufficient evidence to rate the safety of the service. The provider had measures in place to ensure people's safety, but as only one person used the service, there was not sufficient evidence to demonstrate the effectiveness of these measures.

Staff were trained in safeguarding procedures and knew their responsibilities in identifying and reporting any concerns, abuse and neglect. One staff member said, "It is about protecting vulnerable people against abuse such as verbal, financial, physical, sexual. Signs I would look for are bruises, change in behaviour, they could be isolating themselves, can be agitated. I will report that [concerns] to my manager. My manager would act on it, investigate allegations." A second staff member told us, "Safeguarding is how to make vulnerable people safe from harm and abuse." Staff were also knowledgeable about the role of external agencies in keeping people safe. A staff member commented, "If I notice any signs of abuse, I have to call my manager. They would investigate and report it to the CQC and the local safeguarding team."

Staff knew the provider's whistleblowing policy and told us that they would blow the whistle if the management did not take appropriate actions to keep people safe. One staff member said, "I would be happy to go above her [registered manager] if she did not take appropriate actions. But I know she would take actions promptly as she has always acted on our concerns." There had been no safeguarding incidents in relation to the person, but the registered manager understood their obligation to report any concerns to the local safeguarding authority, the police where appropriate, and to the CQC.

Risks associated to the person's health, care and mobility needs were identified, assessed and measures were put in place to mitigate those risks. We reviewed one person's risk assessments, they were comprehensive and gave staff sufficient information on how to meet the person's needs safely. Risk assessments were for areas such as moving and handling, skin integrity, nutrition, personal hygiene and infection control. The provider also gave staff information on risks in relation to people's health conditions such as diabetes, epilepsy, stroke and swallowing difficulties, and instructions on how to support them safely.

The provider's recruitment policy and the registered manager demonstrated that they followed appropriate practices to check the suitability of staff to work with people who were vulnerable. This included criminal, identity and reference checks, and evidencing staff had the right to work in this country. Recruitment files we looked at had the relevant paperwork in place to ensure they were safe to work with people.

The provider had systems in place to recruit and allocate staff as per the person's geographical location. The registered manager told us this enabled staff to maintain good punctuality. The provider had a missed and late care visit policy that stated how to handle staff's lateness and missed care visits. The registered manager told us they would maintain late and missed visit logs where staff were late or missed care visits which would enable them to monitor and act on issues related to staff timekeeping.

The registered manager told us as there was only one person receiving care they did not maintain staff

rotas. They further said that they had an electronic monitoring system in place that they would use for staff rotas if they had more people to support. Staff we spoke with could tell us the care visit times. They told us they were provided with sufficient travel time and that they did not feel rushed.

The provider had procedures in place for safe medicines management. At the time of our visit, the provider was not supporting the person with their medicines. The person's relatives were supporting them with the medicines management. The person's care file had information on their medicines management plan so that staff knew not to administer, assist or prompt with their medicines. Staff were trained in safe medicines administration. The registered manager understood any training to support people with their medicines would need to be updated regularly. The provider had systems in place to assess staff competency to give medicines safely before they could administer medicines. However, the registered manager told us they did not maintain records of the assessment. They reassured us that moving forward they would keep competency assessment records.

Staff were trained in infection control and were knowledgeable about the safe infection control practices. One staff member said, "We have got gloves and aprons, and yes, we are given enough of them."

The provider had an accident and incident policy, and procedure in place to report, record, and investigate accidents and incidents. There were processes in place to ensure appropriate actions were taken when things went wrong and lessons were learnt to minimise future occurrence. Staff told us they would complete an accident and incident form, complete a body chart where required and contact the provider for advice and next action. The provider told us lessons learnt would be shared with staff via team meetings and one to one supervision to minimise the recurrence. There had been no accidents or incidents since the provider had been registered so we could not assess the effectiveness of these systems.

Is the service effective?

Our findings

We did not have sufficient evidence to rate the effectiveness of the service. The provider had systems in place to assess and meet people's individualised needs. Staff were provided with sufficient training and supervision to provide effective care. The provider had processes in place to ensure people's capacity was assessed and were given maximum choice over their care. However, there was not enough evidence to demonstrate the effectiveness of these measures.

The provider had systems in place to assess people's needs before they started using the service to ensure they could meet people's needs and to identify staffing and training needs. The registered manager told us following the receipt of the referral they visited the person at their place and met with them, their relative and any other professionals involved in the person's care. At the assessment meeting, they discussed the person's physical, medical and care needs, abilities, daily routines and how they wanted to be supported. Records confirmed this.

Staff told us they had received training in all the required areas that enabled them to provide effective care. One staff member commented, "Yes, I think so [I] have had enough training. I did two months training such as how to use a hoist, health and safety. I shadowed for three weeks. I feel confident in my job." A second staff member said, "They gave us training before I started working." A third staff member told us, "Yes, the training is good. We update our training every three months."

The provider was also a registered training centre and this meant they had qualified trainers that delivered all the relevant training to their staff before they started delivering care. Records showed staff were provided with detailed induction training and there was a refresher training programme in place to ensure staff were appropriately trained to meet people's individual needs effectively. The training was in areas such as health and safety, first aid, medicines, moving and handling, nutrition, catheter care and diabetes. Records confirmed staff were also enrolled on the Care Certificate training once they had finished their induction training. The Care Certificate is a set of standards that social care and health workers use in their daily working life. This meant staff were provided with all the relevant training required to meet people's individual needs.

The provider had procedures in place to provide staff with one to one supervision. We looked at staff supervision records that showed staff were provided with quarterly supervision. Staff told us they found supervision useful. A staff member said, "I do receive regular supervision. We discuss about the person I am supporting, how I am getting on with the job and training needs." The provider had an appraisal system in place that they would use when staff had completed one year with them.

The service was not supporting the person with meal preparation or eating and drinking at the time of our inspection. The provider had trained staff trained in nutrition and hydration, and food hygiene, to ensure where requested people's needs could be met effectively.

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.

The person who used the service had capacity to make day to day decisions so we were therefore unable to assess whether the provider's systems to support people who lacked capacity were effective.

The registered manager and staff we spoke with understood their responsibilities around consent, giving people choices, and encouraged people to make decisions regarding their care and treatment. A staff member said, "It is about people who cannot make decisions, encouraging and assisting them to make decisions and where necessary use best interest process. Of course, give [person who used the service] choices."

The provider had systems in place to assist people to access healthcare services where this was requested. The person's care plan included the relevant healthcare professionals' contact details. However, the person who used the service had not requested that support.

Is the service caring?

Our findings

The provider had systems in place that enabled staff to build trusting relationships with people. Staff were trained in dignity and privacy. However, we were unable to rate this key question as the service had only been supporting one person.

The registered manager told us the continuity of care was important and had processes in place to ensure that. The person was supported by the same team of staff, which enabled them to establish trust and positive working relationships. Staff we spoke with told us they had been supporting the person since they had been working with the provider. The person's daily care logs confirmed they were being supported by the same team of staff.

The provider involved the person and their relatives where necessary in the care planning process and the person's care documents confirmed that. The provider asked the person their cultural, spiritual and gender preference care needs, these were recorded in their care plan, and staff we spoke with knew those needs.

The management and staff spoke about people in a caring way. Staff we spoke with gave examples of how they ensured the person's dignity and privacy. One staff member told us, "I tell [person who used the service] before helping him. Explain how we are going to help him. I speak to him politely and slowly so he understands." A second staff member commented, "Sometimes there are visitors at [person who used the service] place, so I make sure I close the door when supporting him and cover him appropriately when providing care." A third staff member told us, "When I am supporting [person who used the service] I make sure I knock on his bedroom door whether he can hear me or not. I respect his privacy, make sure the door is closed. I speak to him, explain [to] him how we are going to support him. I give him choice. I don't rush him."

Staff told us they supported the person to remain as independent as possible. One staff member said they encouraged the person to do as much as they could when supporting them with their personal hygiene tasks.

The provider stored people's confidential, sensitive and personal information safely and securely. This information was only accessed by the authorised staff.

Is the service responsive?

Our findings

The provider had systems in place to help ensure people received personalised care, and to be a responsive service, but we did not have enough evidence to provide a rating.

The provider used people's assessment of needs information to develop their care plans. We reviewed one person's care plan and found it contained sufficient information and instructions for staff on the person's needs, abilities, likes, dislikes and how they would like to be supported. The information included the person's history, significant people in their life, likes, dislikes, physical, medical, emotional and care needs and abilities, and religious and cultural needs. The person's care plan also had their one-page profile that gave information on things important to them, their likes and dislikes, emergency contact details and daily living tasks they needed support with. This showed staff were provided with sufficient information about the person's preferences and needs to enable them to provide personalised care. Daily records confirmed care was being provided as per the agreed care plan.

Staff told us the person's care plan was detailed and found it useful. One staff member said, "Care plan and risk assessments are kept at [person who used the service] place. All the care we provide is as per the care plan. I had to read the care plan before I started supporting the [person who used the service]." The registered manager told us they reviewed people's care plans once a year, and as and when their needs changed. Records confirmed this. This meant the provider had processes in place to ensure staff were kept updated on people's changing needs so that they could provide personalised care.

Staff were trained in equality and diversity. The registered manager told us they encouraged lesbian, gay, bisexual and transgender (LGBT) people to access their service. Staff we spoke with told us they treated people without discrimination and did their best to meet people's individual needs. One staff member said, "I have had training in equality and diversity. If the person needs help despite of their race, religion and gender, I would support them." A second staff member said, "I have worked with LGBT people and I have no problems supporting them. I would do my best to meet their needs." A third staff member told us, "For me, I have to respect whoever you are. I will treat you like an individual, doesn't matter what gender, religion, race, I forget my beliefs when I am at work. It is about putting the person in the centre and meeting his needs, that is the main thing."

The provider had a complaints policy that clearly stated procedures for staff to follow to ensure complaints were dealt with appropriately and in a timely manner. The person and their relatives were provided with information on how to raise concerns and make a complaint. The registered manager and staff we spoke with told us they encouraged the person and their relatives to raise concerns. However, as no complaints had been received, we were not able to judge the effectiveness of the provider's processes.

The provider had an end of life care policy in place to support people with end of life care needs. However, currently no one was being supported with end of life care needs. We were therefore unable to assess whether the provider's systems to support people on end of life and palliative care were effective.

Is the service well-led?

Our findings

A relative and staff spoke positively about the management. However, as only one person was receiving care at the time of our inspection, we were unable to provide the service with a rating in this area.

The person's relative told us they were happy with the service and that the staff were professional and treated their relative well. They said the management was approachable and that the registered manager was always available.

Staff we spoke with told us they felt supported and found the management approachable. One staff member commented, "[Registered manager] gave me an opportunity to do level 3 training in Health and Social Care. They are a good company. Yes, actually [registered manager] is very helpful and I feel a lot supported. It feels like a family." A second staff member told us, "[Registered manager] is very helpful, very approachable and easy to talk to. She always listens to you." A third staff member said, "[Registered manager] is great. She does listen to me. She is approachable and I do feel supported. I am happy working with JS Care [Agency]." The registered manager held team meetings every two months to keep staff informed on updates and changes, and seek their views and opinions on improvement plans. Records confirmed this. Staff told us they found team meetings helpful.

At the time of this inspection, the provider had a registered manager in place. The registered manager was aware of their registration requirements with CQC and the statutory notifications they needed to submit to us by law. The provider had policies and procedures in place relevant to the service. However, at the time of our inspection we were unable to assess fully the effectiveness of these policies and procedures due to the limited service being provided.

The provider had carried out quarterly unannounced spot checks to ensure the person and their relatives were satisfied with the quality of care, staff's timekeeping, and caring approach. Records confirmed this. The provider had processes in place to carry out regular checks and audits in relation to people's care, staff training and supervision.

The provider had quality assurance systems and procedures in place to ensure the safety and quality of the service. The registered manager told us they would carry out an annual survey in the next few months to formally seek people and staff's feedback on the quality and safety of care, and the management of the service. However, as the service had been operating for less than a year and the provider had not implemented all the quality assurance processes, we could not assess the effectiveness of these systems.

The registered manager told us they worked with the local authorities to ensure people received good care.