

Jay's Homecare Limited

# Jays Homecare Limited

## Inspection report

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Date of inspection visit: 14 & 15 May 2015  
Date of publication: 16/07/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This inspection took place on 14 & 15 May 2015 and was announced, which meant we told the provider 48 hours in advance that we would be coming.

During our previous inspection on 5 February 2014 the provider met all the regulations we inspected.

Jays Homecare is a domiciliary care agency providing personal care for a range of people living in their own homes. These included people living with dementia, older people, people with a physical disability and people with mental health needs. At the time of our inspection, the service was supporting up to 100 people

and employed 40 members of staff. The agency provides care to people in the London Borough of Brent and Ealing. At the time of our inspection 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.

# Summary of findings

People, relatives and staff spoke highly of the service. One person told us, “They are part of the family now.” Another person told us, “I have nothing but good words.” A relative told us, “I would recommend them to anyone.”

Staff knew how to support people and help maintain their safety. They understood their responsibility to protect people from harm and abuse and they felt able to report any concerns appropriately.

Risk assessments had not been fully completed in relation to people’s individual needs and contained limited information for staff to follow to help ensure they provided safe care to people who used the service. The service had recruited a sufficient number of suitably qualified staff to meet people’s needs. Recruitment practices were not always followed and we found that not all care workers had provided sufficient references. People received the support they required with their medicines.

Staff had not always received all of the training they needed to ensure they were able to deliver effective care. However people who used the service and relatives told us care workers had the skills, knowledge and experience required to support people with their care and support needs. Staff commented they felt valued and enjoyed working for Jays Homecare. The provider recognised staff’s on-going commitment and hard work. People who used the service told us they could make choices about the support they received. The registered manager had a good understanding of the principles of the Mental Capacity Act (MCA) 2005.

The service was responsive to people’s individual needs. Staff were able to accommodate last minute changes to care calls or requests for urgent care calls. Staff regularly fed-back concerns to the registered manager and office staff. Where people’s health needs had deteriorated, the provider was able to increase people’s packages of care in a timely manner.

People confirmed staff respected their privacy and dignity. Staff had a firm understanding of respecting people within their own home and providing them with choice and control. The service had identified people’s needs and preferences in order to plan and deliver their care. People said the service met their needs and encouraged them to be as independent as possible. People were asked for their views of the service and said they knew how to make a complaint about the service if they needed to.

All the people we spoke with told us the care provided by the service was responsive to their needs. The registered manager and office staff were in regular contact with all the people who used the service and were able to quickly respond to any comments or suggestions from people about the care they received.

There were systems in place to record any complaints about the service and all the people we spoke with told us they would be confident to approach the registered manager with any concerns.

Staff told us they were happy working in the service. They told us the registered manager and office staff were approachable and always available to provide any support or advice they required.

There were systems in place to complete regular ‘spot checks’ regarding the quality of care staff were providing. Regular annual quality assurance surveys ensured to obtain feedback from people who used the service about the quality of care provided.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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. Risks associated with people who used the service were not always assessed appropriately and risk management plans did not provide sufficient detail to ensure people were adequately protected.

Recruitment processes did not always protect people who used the service from the risk of unsuitable staff.

People who used the service told us they felt safe when they received care and support and that there were sufficient staff to meet their needs.

People were adequately protected from the risks associated with the unsafe handling of medicines.

**Requires improvement**



### Is the service effective?

The service was not always effective. Although people who used the service were confident in the skills and abilities of staff, we found improvements needed to be made to the system to ensure staff received the training they required.

The registered manager and staff did have an understanding of the principles and requirements of the Mental Capacity Act (MCA) 2005. This meant people's rights to make their own decisions were promoted.

People were supported to eat and drink according to their plan of care.

**Requires improvement**



### Is the service caring?

The service was caring. Staff demonstrated a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained.

People told us staff respected their opinion and delivered care in an inclusive, caring manner.

People and their relatives were consulted about their assessments and involved in developing their care plans.

People were pleased with the care and support they received. They felt their individual needs were met and understood by staff. They told us they felt they were listened to and they mattered.

**Good**



### Is the service responsive?

The service was responsive. People received the amount of support that they had been assessed as needing, and were confident that if their needs changed the service would respond. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide personalised care.

**Good**



# Summary of findings

People told us that they knew how to make a complaint if they were unhappy with the service. Where complaints or concerns had arisen, the registered manager had completed a detailed investigation, and action had been taken to reduce the risk of the issue happening again.

## Is the service well-led?

The service was well-led. People, staff and relatives spoke highly of management. Systems were in place to obtain the views of people and continually improve the quality of care.

Care calls were seen as a time to provide people with companionship, and staff consistently made time to sit and talk with people at each care call.

**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 14 & 15 May 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to make sure they would be available for our inspection.

One inspector carried out this inspection. An expert-by-experience carried out telephone interviews of people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses domiciliary care service.

We viewed nine care records, eight staff records and other documents relating to the care provided by the agency. We looked at other records held at the office including staff meeting minutes as well as health and safety documents and quality audits and surveys.

We spoke with 13 people who used the service, six relatives, and one friend of a person using the service, one neighbour of a person who used the service. We also spoke to three care workers, one field supervisor and the registered manager. We also received feedback from one commissioner who places people with the agency.

# Is the service safe?

## Our findings

People repeatedly told us that they felt safe with the care provided by Jays Homecare. The main factor which added to this feeling was the consistency of care provided by having regular care workers wherever possible. Everyone we spoke with told us of the relationship they had forged with their care workers, explaining that this meant their health issues; preferences and personality were understood and taken into account. One person told us, “My carers encourage me to do what I can do, they don't take over and I really appreciate that.” The person added, “Wherever possible, they give me choices, but they also understand my limitations and abilities.” Another person told us that the care began following discharge from hospital. The person told us they were introduced to their carer when the person returned home, and was given the opportunity to explain the care needs and wishes. The person said, “Now [the carer] knows exactly what to do and [the carer] gets on with it. I don't need to ask for anything, but if I had a problem [the carer] listens.”

Care records we looked at contained limited information about the risks people might experience. While all nine care records viewed had been reviewed recently the information in the risk assessments lacked detail. For example, we saw in one care plan that the person had mobility problems, but found that the manual handling risk assessment had not been fully completed and provided insufficient information in how to support the person's mobility safely. In another care plan we saw that the person required specific mobility equipment for transfers, however the manual handling risk assessment provided no clear information in how to use this equipment safely when transferring the person. This meant there was a risk and people might receive unsafe care.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although people told us they had no concerns about their safety, we found recruitment processes for the service did not always protect people from the risks of unsuitable staff. We reviewed the files held for eight staff employed in the service. We found that pre-employment checks had not been fully completed for two out of the eight staff records we viewed. For example, one staff member did not have any references on file and there was only one reference on

file for a second staff member. The lack of checking care workers previous employment and not obtaining two valid references put people who used the service at risk of staff providing support to vulnerable people.

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

Staff files we reviewed contained evidence that an interview had taken place with prospective staff where they had been asked about any gaps in their employment history or their skills and experience relevant to the post they had applied for. A full employment history was obtained and the reason they left former employment was detailed. A Disclosure and Barring Service (DBS) check was received. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with people. There was proof the identity of new staff had been checked.

Staff were able to tell us how they would put their training on safeguarding adults into action, and raise any concerns with the registered manager or the local authority. They also understood that they were protected by the provider's whistle blowing policy. One staff member told us, “I would

not hesitate in raising a safeguarding alert if I felt someone was at risk.” Safeguarding policies and procedures were in place and were up to date and appropriate for this type of service. For example, the safeguarding policy corresponded with the Local Authority and national guidance.

Information was readily available to remind staff of their duty and responsibilities under adult safeguarding and the mechanisms to keep people safe within their own homes.

People who used the service told us there were always sufficient numbers of staff available to meet their needs. They told us staff always arrived promptly and stayed for the correct amount of time. One person commented, “Staff don't rush me; they stay over the time sometimes.” People told us that the agency was flexible in meeting their needs and requests. Two people told us they had requested not to have male carers, and were grateful that only female carers had visited them. One relative however, did speak about a male carer who occasionally visited her relative. When we asked if this had concerned the relative, she told us, “[The person] has dementia, but I would imagine [the person] does mind as [the person] was always a very

## Is the service safe?

private person.” The person decided, whilst speaking to us, that they would ask the agency if this could be amended. The person expressed confidence that the person would be listened to, and appropriate action would be taken.

A few people told us that their carers were responsible for giving them medicines, telling us this was done efficiently, and professionally. We were told that care records were always completed with regard to medicines, and that this gave them peace of mind. One relative told us, “They give both my relatives their medications, and we've never had a problem with it - it works very well indeed.” The majority of people told us that they took care of their own medicines, or that family members were responsible for this. However a number of these confirmed that their carers remind them, or will check that they have taken their medicines, especially if they are not feeling well on a particular day.

People had an individual medicine assessment which considered the level of support required from staff. Information was readily available on the medicines prescribed, dosage, what the medicine was for and where medicines were stored within the home. Further information was also recorded on the risk associated if the person did not receive support with medicine administration. Staff demonstrated competence in administering medicines and training schedules confirmed all staff had received medicine administration training. The registered manager and office staff regularly carried out medicine spot checks in the field to ensure people continued to receive their medicine in a safe manner.

# Is the service effective?

## Our findings

People told us that their care workers were well-trained and competent in all aspects of delivering care. This of course added to their feeling of “being in safe hands.” One person with a chronic illness told us, “I have complete confidence in the carers. They'd notice if I was not good, and in fact they sometimes notice before I do that it's not a good day health-wise.” The person felt that staff would be able to deal with any emergency, adding, “I'm extremely grateful to know someone is around to help me, and it gives me peace of mind about the future.”

However, we found that there were some gaps in people's training received. The provider did not ensure that a care worker responsible for undertaking risk assessments did not receive appropriate training. We found that the care worker had not received training in risk assessing, care planning or the Mental Capacity Act (MCA) 2005. This was reflected in the standard of risk assessment we viewed during our inspection. The care worker was responsible for the assessment of new people who used the service and undertook regular reviews of care plans and risk assessments.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We viewed training records of care workers and saw that staff had received training in Health and Safety, safeguarding adults, equality and diversity, medicines management and communication. Training was provided annually to ensure that care workers were able to refresh and update their training and kept up to date with changes. One care worker told us, “Training is easy to access and the office contacts me when I am due a refresher course.” New care workers had undergone a five day induction which was classroom based and field based to observe their care practices. Supervisions and appraisals were provided and staff were supported to develop their skills and training by obtaining qualifications in care.

Training schedules confirmed that most care workers had received training on the Mental Capacity Act 2005 (MCA). The MCA 2005 sets out how to act to support people who do not have capacity to make specific decisions. Policies and procedures were also available to staff on the MCA

2005. Staff confirmed they had received training on MCA 2005, and were able to provide us practice examples of how to work with individuals who may lack capacity to make independent decisions. Staff told us that it was important to gain consent from people before providing care, whilst also respecting people's right to refuse consent

People also confirmed staff always obtained their consent. Care workers told us “We are going into their home, therefore it's paramount.” Another care worker said “People do get a choice, and are able to ask if they fancy something specific.”

Care plans provided information about people's food and nutrition. Information was readily available on what the person could do independently and what support was required from staff. One person told us “People who come in are the same ethnicity as I am – I am Jamaican - and this is very helpful when it comes to preparing my food. She [carer] gives me food that I like, and have been used to all my life.” Staff confirmed they were informed by the office of any specific dietary requirement. Training schedules showed staff had received training in food hygiene.

People received support which effectively managed their healthcare needs. Care plans included information on the persons healthcare needs and how best to provide support. One person told us, “They look after me well, if they think I don't look too good, they always call the Doctor for me.” Information was readily available on the healthcare professionals involved with the person, along with their relevant contact details. Staff told us how they would notify the office if people's needs changed, and we noted examples of how additional support from healthcare professionals helped people maintain good health.

Staff provided care and support to people at heightened risk of skin breakdown (pressure ulcers) due to poor mobility, remaining in bed and health needs. Staff had a good understanding of the basic principles to prevent the development of pressure ulcers. One staff member told us, “We apply creams, ensure they are turned at every care call and encourage them to drink.” Another staff member told us, “Any concerns, we always record and report to the office.” The registered manager told us, “The carers are very good at reporting any concerns which enables us to take immediate action.”

# Is the service caring?

## Our findings

We were told by almost everybody we spoke with that their regular carers were extremely caring, understanding, and will “go the extra mile” for those in their care. One person told us, “They [care workers] are all very good to me - I've never once had to complain about any of them.” One relative told us “My relative loves his carers - he loves chatting to them. His only complaint is that he likes them all so much, he wishes they could stay for longer - that says it all in my opinion!” A friend of a person told us, “The relationship between [person's name] and her carer is more like a mother and daughter. She's been coming for years now to wash and dress her. They laugh and chat together and share their joys and sorrows together.”

Another relative told us “Our regular carer has become like a member of our family. I have no idea what I'd do without him - I wouldn't be able to cope.” Another person told us “Nothing is ever too much trouble for my ‘girls’ - they are terribly willing. They will even go over the road to get some shopping for me if I need it, even though that's not part of my contract with them.”

People and relatives confirmed staff always made time to sit and chat. One person told us, “They never rush me; everything is always done at my pace.” Staff recognised that people had to be supported at a pace that suited them and confirmed they would often stay later if they needed to.

One staff member told us, “People may experience bad days or off days, therefore, we may not be able to get everything done in the time, but we never rush the person.”

People told us their care and support was provided in the way they wanted it to be. One person told us, “The girls know how I want things done.” Another person told us, “They always ask me what I want and I have no problem telling them.” Everyone we spoke with felt care workers listened to them and explained things in a way they could understand. One person told us, “The carers do everything I ask and they keep me cheerful – a cup of tea waits as I come down in my stair lift.”

Staff demonstrated kindness and empathy towards the people they supported. The registered manager told us, “I know that all our staff members would go the extra mile for

people.” People commented that staff felt like part of family and always treated them in a kind and caring manner. One person told us, “My carer has a lovely sympathetic personality.”

People said they could express their views and were involved in making decisions about their care and treatment. They told us they had been involved in developing their care plans and said staff worked to the plans we saw. One person told us, “They came to see me and asked me what I wanted, the girls write in my book every day when they go.” A relative told us, “We were involved in the care plan from the onset.” Care plans included a summary of what a typical day looked like for the person and what support was required at each care call. Care plans viewed were signed by people who used the service or their representative and comments were included in the care plans demonstrating that people and relatives were involved in the care planning process.

The principles of privacy and dignity were understood by staff. One staff member told us, “Privacy and dignity is paramount.” Another staff member told us, “It's about closing curtains, covering people and always explaining what's happening.” A third staff member told us, “I also imagine how I would want to be treated?” People confirmed their privacy and dignity was always upheld by staff. One person told us, “They always close the curtains and cover me up.” Another person told us, “They always give me choice and explain everything.” We could see privacy and dignity was discussed during spot checks and reviews with people.

People confirmed they felt staff enabled them to have choice and control whilst promoting their independence. One person told us, “I'm still able to make my own choices and the girls help me.” Staff recognised that promoting people's independence was an integral part of their role. One staff member told us, “I encourage people to do as much for themselves as possible. It's important for them to retain their independence and for us not to just go in and do everything.” Another staff member told us, “I always encourage people to do things with me; such as using their face cloths by themselves and wash their face or private parts.”

## Is the service caring?

Staff understood not to talk about people outside of their own home. Information on confidentiality was covered during staff induction, and the service had a confidentiality policy which was made available to staff and was also included in the staff employee handbook.

# Is the service responsive?

## Our findings

People told us the care and support provided by Jays Homecare was flexible and responsive to their needs. One person told us, "They [staff] always do what you want. They help me a lot." Another person commented, "They [staff] do anything and everything I want them to." Another person told us, "My carer just changes her rota round, and comes to me at a different time - it always works well." Another person confirmed this, saying, "I have hospital appointments every two months, so on those days my carer will come early - she's extremely obliging, and doesn't make a fuss about it at all." One person told us he really looks forward to his carer coming because they have such a good chat, and often a laugh together, saying, "It does me the world of good - it makes me feel part of the outside world."

A care coordinator told us, that due to the fact that referrals were often made to the service for people ready to be discharged from hospital on a 'reablement package', there was often not enough time for them to complete an initial assessment before the service started. However, the care coordinator advised us that they would always meet with the person using the service as soon as they were discharged home to ensure the service was able to meet their needs. They told us they always worked closely with the hospital discharge team to try and ensure people were provided with any equipment they needed. We saw in all care plans viewed that assessments of need were carried out together with the person or a relative. Regular reviews

of care plans were undertaken on an annual basis, however if people's needs changed we saw that reviews were carried out earlier to ensure that people's changing needs were met.

The registered manager told us they visited people who used the service regularly to check that they were happy with the care they received. We did see evidence on the care files we reviewed that people who used the service or their relatives had been involved in formal review meetings. People told us they felt able to contact the office if they wished to make any changes to their care arrangements. One person told us, "If I have any problems, queries or suggestions they [the care coordinator] listens to me. There is nothing I would change."

We noted that people were also asked to complete feedback forms regarding their experience of using the service and all the responses we reviewed were very positive.

We saw that people were provided with information about how to make a complaint. All the people we spoke with told us they would have no hesitation in speaking with the office staff or registered manager if they had a complaint or any concerns. A relative told us, "If there was anything wrong I would just say." The complaints procedure for the service did include details regarding the response times people should expect for any complaint to be investigated. The provider showed us the records relating to the complaints which had been received by the service. We saw appropriate action had been taken by the service to investigate the complaint.

# Is the service well-led?

## Our findings

People and staff spoke highly of the registered manager. One staff member told us, “The management is very good; they listen to what we have to say and help if there are any difficult issues to deal with.” People and relatives made the following comments, “A good one”, “Much better than some of the others around here”, “It’s a service I often recommend to people when they ask me.”

The provider had a clear commitment to providing care to people that promoted their psychological and emotional well-being. Staff clearly understood that their role included socialisation, spending time with people and not just delivering care. One staff member told us, “No matter what, I make time to have a chat with the person, get to know them and find out about them.”

Staff felt valued as employee’s and commented they felt able to approach the registered manager and office staff with any queries, questions or concerns. One staff member told us, “They always make time to listen to me and act on my concerns.” Another staff member told us, “I’ve worked with Jays’ for over 10 years; this is the best care company I have worked for. The manager always listens, no matter what.” Staff meetings were held throughout the year and often led by the registered manager. The last staff meeting was held in December 2014. The ethos of the organisation was discussed along with key matters raised by staff. Staff commented they found staff meetings a useful opportunity to discuss concerns; talk about practice or key issues.

Staff’s commitment and dedication was noticed by the provider and people. People and staff had voted for the ‘Carer of the months’. Staff commented that the awards were extremely thoughtful and demonstrated that the provider recognised their hard work.

The provider had systems and mechanisms in place to drive continual improvement. Regular unannounced spot checks were carried out by the field supervisor to assess care workers competency and get feedback from people who used the service about the care and support provided. Telephone interviews were carried out randomly on a monthly basis to seek feedback from people who used the service about their care workers and the care received.

People’s voice, thoughts and opinions were valued and respected by staff and the provider. People were regularly given the opportunity to feedback regarding the service. During the most recent quality monitoring survey in September 2014 feedback was generally very positive. Comments included “All care workers are good,” “Everything is fine,” “My care worker is very good, they know what to do and follow the care plan” and “punctuality is very good”. The only issues which were raised by people who used the service was in regards to weekend care workers and care workers covering for annual leave. We discussed this with one of the care coordinators and were advised that this had been discussed during office meetings and the agency started to try to allocate more regular care workers to cover weekend shifts and annual leave.

There was a positive culture in the service, the management team provided strong leadership and led by example. Office staff regularly went out and provided hands on care. All staff confirmed they enjoyed working for Jays Homecare and felt the organisation was open, honest and transparent. One staff member told us, “We work as a team and always help one another out.” Staff demonstrated enthusiasm and spoke with compassion for the people they supported.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered provider did not undertake appropriate assessments of risk to ensure care provided was safe. Regulation 9 (3) (a).

### Regulated activity

Personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered provider did not ensure that fit and proper persons were employed by following safe recruitment practices and obtain appropriate references for people employed. Regulation 19 (3) (a).

### Regulated activity

Personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person did not ensure that persons employed did receive appropriate training to carry out the duties they were employed to perform. Regulation 18 (2) (a).