

J.C.Michael Groups Ltd

J.C.Michael Groups Ltd Croydon

Inspection report

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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:

J.C.Michaels Croydon is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the present time it provides a service for 139 mostly older people. Not everyone using the service receives personal care. Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

At the last inspection the service did not have a registered manager in post and had been without a registered manager since October 2016. For this reason, we rated the service as requires improvement. Since the last inspection a manager became registered with the CQC on 15 August 2018.

The service was well led by the registered manager who was keen to employ innovative ways of working to develop the service. There were effective systems in place to monitor the quality of the service provided to people which ensured good governance.

People and their relatives told us they felt safe with the care and support they received from staff.

Comprehensive risk assessments and risk management strategies were in place as part of the assessment and support planning process. This meant risks to people and to staff were minimised.

People were protected from the risk of abuse. The service had safeguarding procedures in place that staff were well aware of.

Staff received training on safeguarding people.

People received their medicines safely and as prescribed.

There were robust recruitment practices in place and sufficient staff levels to meet people's needs.

Accidents, incidents and risks were appropriately recorded and included strategies to reduce the likelihood of events re-occurring in the future.

People's nutritional needs were met and where people required support with nutrition, care plans provided staff with guidance on people's support needs.

Services were delivered in line with the Mental Capacity Act 2005 and staff sought consent prior to providing care and offered people choices to encourage people to make their own decisions.

People were supported to have healthier lives. Staff assisted them to access health professionals when needed to ensure their health and well-being was monitored.

People told us they benefitted from caring relationships with the staff.

People were treated as individuals by staff committed to respecting people's individual preferences.

The provider had systems in place to ensure concerns and complaints were responded to in an appropriate way.

The service had systems in place to notify the appropriate authorities where concerns were identified. The culture of the service was positive, open and person centred.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was good overall with a rating of requires improvement for the well-led domain (published 15 June 2017). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected:

This was a planned inspection in line with our inspection schedule. We found the service met the characteristics of a "Good" rating in all areas.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

J.C.Michael Groups Ltd Croydon

Detailed findings

Background to this inspection

The 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 to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 13 November and ended on 22 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We obtained the views of professionals who may have visited the service, such as service

commissioners. We used all of this information to plan our inspection.

During the inspection

We visited the agency's office on 13 November 2019. We spoke with the registered manager, the operations manager, a field supervisor, a care coordinator and two support workers. We reviewed a range of records. This included six people's care records and medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with eleven people who used the service and four relatives by telephone about their experience of the care provided to people.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from harm and potential abuse. People said they felt safe in the care of the staff. One person said, "I feel really safe when they come, they are very nice." Another person said, "I feel very at home with the carers."
- The provider had safeguarding systems in place that staff knew about and were able to describe the types of abuse they may encounter. They were clear about their responsibilities in relation to responding to and reporting any safeguarding concerns. This has helped reduce the risk of abuse to people.
- We reviewed the provider's log for safeguarding concerns and we noted they were dealt with in line with the provider's policy and procedures. All were reported to the local authority and to the CQC as required.
- Staff confirmed they received training about safeguarding people from abuse.

Assessing risk, safety monitoring and management

- Potential risks related to people's care were assessed. Support plans for people included guidance for staff to follow to help reduce the risks.
- People's risk assessments were regularly monitored, reviewed and updated to keep pace with people's changing needs.
- Staff knew people well and spoke confidently about how they helped people manage potential risks.

Using medicines safely

- People received their medicines safely and as prescribed.
- The registered manager told us that only staff who had completed training in the safe administration of medicines were allowed to assist people with their medicines. Staff told us they had been trained in the safe administration of medicines which they had found useful. Training records supported this.
- The registered manager told us all staff received an annual competency check to help ensure they knew how to provide people with their medicines safely. We saw completed checks for staff with satisfactory outcomes.
- Medicines administration records [MARs] were completed as required. There were no unexplained gaps in the records.

Staffing and recruitment

- Safe and robust recruitment procedures were in place. This helped to ensure people received care from staff who were of good character and suitable to work in care.
- Some people said staff were not always on time but all of the people told us they were informed when staff were going to be late either by the office or by staff themselves. All of the people we spoke with said

they would not want to change the staff who supported them. One person's comments seemed to sum up the consensus views, "The carer's timing may not be precise but they are flexible and I know they'll stay longer whenever the need arises so that they can finish their work properly."

- Staff told us the staffing arrangements for allocating work was organised well. They said they worked in small teams and this helped provide the care and continuity people needed.
- People confirmed they usually received care from the same group of staff. This helped to build positive relationships and provided consistency of support.

Preventing and controlling infection

- Staff received training in the prevention and control of infection and personal protective equipment (PPE) such as gloves and aprons were provided for them.
- People we spoke with confirmed staff wore gloves and aprons, when needed.

Learning lessons when things go wrong

- There were appropriate forms and processes in place for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong.
- Staff members were aware to call the office to report any issues if there was an accident or incident.

Is the service effective?

Our findings

Effective - this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question remained the same. 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's needs were assessed and reviewed. Assessments were outcome based. Outcomes were agreed with people and were supported by clear action plans and guidance for staff to follow in their care and support plans. Staff told us they found people's care plans easy to follow and they said it covered people's needs effectively.
- Equality and diversity were considered in the assessment of needs. For example, people's religious, cultural needs and lifestyle choices had been discussed and included in people's care plans. This ensured staff were aware of people's needs and were able to protect them from discrimination.

Staff support: induction, training, skills and experience

- Staff received appropriate training to enable them to meet people's needs. People and relatives felt staff were well trained. One person told us, "I love the carers, they are very knowledgeable." Another person said, "It's excellent care, I think they are well trained, my carers certainly know what they are doing and understand my needs."
- Staff we spoke with were competent, knowledgeable and skilled. They described a range of training, which they had completed before they began to support people. Staff told us the training they received helped them improve the quality of the care they provided.
- Staff talked about the induction they received before being able to work independently. A member of staff told us, "Yes, I did have a good induction and part of that included shadowing more experienced staff." Training records confirmed staff had completed the service's induction programme.
- Training records also showed staff completed a wide range of training, including training in specific health conditions where required.
- Staff told us they felt supported by the registered manager, received supervision and feedback about their performance. Records confirmed this.

Supporting people to eat and drink enough with choice in a balanced diet

- Where required, staff supported people with meals and drinks. Care plans contained information about people's preferences and support arrangements for their meals.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to the healthcare services they required and staff supported people when there were changes in their health and well-being. A relative told us, "Carers help us to make and attend healthcare appointments or to call a doctor if necessary." A person also told us, "I'm confident carers would notice if I had a chest infection and get me treated straight away."

- The registered manager liaised with health and social care professionals in ensuring people had access to the healthcare they needed, and in providing advice to relatives. This helped to support people to maintain their health and well-being.

Supporting people to live healthier lives, access healthcare services and support:

- People's health needs and contact details of health services such as GPs were recorded in their files. Staff knew who to contact if they were concerned about people's health.

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 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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff had knowledge of what to do if they were concerned someone they supported may lack capacity to decide about an issue. They knew that decisions that needed to be made in people's best interest should be undertaken with the involvement people's relatives, and healthcare and social care professionals.
- Staff told us that they always asked people for consent and gave them choices when supporting them with personal care. People confirmed that they were involved in decisions about their care.

Is the service caring?

Our findings

Caring - this means that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question remained the same. 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; equality and diversity

- People were well treated and appropriately supported by staff to meet their varying needs. They provided positive feedback about staff and the service. For example, a person commented, "Yes they are kind and considerate. They couldn't be nicer." A relative said, "My husband had an important job and the carers treat him with particular respect and kindness."
- Staff spoke about people with kindness and compassion. Staff knew people's needs and were able to describe how they provided appropriate care to make them comfortable.
- Care plans included details of people's wishes, preferences and guidance for staff on how to meet people's needs. Staff were knowledgeable of these and were able to provide personalised care.
- The registered manager had a good awareness and understanding of equality and diversity, which helped to reduce the risk of discrimination. They explained to us they ensured staff had the appropriate guidance through training and discussion at staff team meetings. Staff told us they did not discriminate people because of differences such as disability, age or religion.

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

- People were involved in the planning of their care. People and relatives told us they were encouraged to be as independent as possible with their care. One relative said, "My [family member] can't do much for himself but he can feed himself and drink. Staff let him do that and provide help where it is needed. It's good for his self-esteem."
- People told us they participated in planning their care and said staff asked them for their wishes and preferences with regards to it. One person told us, "They listen and do what I ask them to do."
- The registered manager knew that, where needed, advocates or representatives could be used to support people and ensure their views were listened to. We noted one person had a representative who provided independent support when and as needed.
- Staff communicated well with people. Relatives told us there was good communication between staff and family members.

Respecting and promoting people's privacy, dignity and independence

- Staff were committed to protecting people's privacy. People and relatives told us staff protected people's right to receive care and support in a dignified manner.
- A member of staff explained how they ensured people's privacy by closing a door or drawing a curtain when, for example, supporting people with personal care.
- People were supported to do as much as possible for themselves. Care plans included details of areas

where people needed and did not need support with. Staff told us they encouraged people to do as much as possible by themselves.

Is the service responsive?

Our findings

Responsive - this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Although people and their relatives were happy with the care they received and said they would not want to change the provision of their care, some were unsure as to whether they had helped to write the original care plan. This may be because most people's services were commissioned by the local authority which supplied the provider with a statement of people's needs together with a plan of how people's care should be delivered. Once the initial care package was provided as commissioned and the agency assessed people's needs, we were told by people they became more involved with their care.
- Care plans included details of people's social, physical, emotional, medical needs and included people's preferences and contact details of their relatives. This ensured that staff had the right information to be able to provide personalised care.
- Staff responded to changes in people's needs. The registered manager told us that when people's needs changed, for example, if they needed longer staff time than originally planned or when two staff were required to support them, they reviewed people's needs with people and their representatives. This helped to ensure people received the right amount of care and support they needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good understanding of the AIS and people's communication needs were assessed and documented within their care plans. Staff were knowledgeable on how different people expressed themselves. Staff told us they took time to listen and engage with people.
- People's communication needs were regularly reviewed and information on individual's communication preferences and useful communication strategies for staff were documented.

Improving care quality in response to complaints or concerns

- The provider had an appropriate policy and procedure in place that set out the steps someone would need to take if they had a complaint. This included an appropriate timescale within which they might expect a response to their concerns.
- Staff were aware of how to assist people if they had a concern or a complaint to make. Any feedback received was used to develop and improve the services.
- People and their relatives told us they would talk with staff or the registered manager if they had any complaints.

End of life care and support

- People were supported to make decisions about their preferences for end of life care if they so choose and these were retained in individual care plans for reference.
- The registered manager told us that they liaised with health and social care professionals and specialised services including local hospices to provide people with appropriate care and support when it was required.
- The registered manager told us that they were organising end of life care training for all staff within the next two months.

Is the service well-led?

Our findings

Well-Led - this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

At the last inspection the service did not have a registered manager in post and had been without a registered manager for 22 months. For this reason, we rated the service as requires improvement. Since the last inspection a manager became registered with the CQC on 15 August 2018.

Managers and staff being clear about their roles, and understand quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff regularly spoke with people to ensure they were happy with the service they received.
- The management structure was understood by all staff and they were clear when speaking with us about their roles and responsibilities within the agency.
- Good quality assurance systems helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided.
- Staff were well supported with good training and one to one supervision. Regular spot checks of staff practices in people's homes were undertaken by the field supervisors and/or care co-ordinators. These checks covered staff competency, punctuality, infection control and health and safety. In this way the registered manager was able to ensure improvements were made where necessary.
- The provider implemented a wide variety of auditing tools including: regular telephone monitoring calls to people; unannounced spot checks and feedback surveys to gain the views of people, their relatives and staff. There were systems in place to review incidents and accidents which helped to ensure action was taken to prevent a recurrence.
- The registered manager was aware of their responsibility to submit notifications to CQC of notifiable events.

Continuous learning and improving care

- Staff team meetings evidenced staff were provided opportunities to build a team approach and to discuss their work. The minutes showed that best practice areas were discussed as well as issues relating to health and safety and working with other agencies. Staff were able to discuss work they did with people at these meetings, share any worries they had about individuals and seek advice. They told us they felt they were listened to.
- Quality assurance systems helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided. Staff regularly spoke with people to ensure they were happy with the service they received. The office managers worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service

provided.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and staff ensured people's care and support was individualised to meet their specific needs, wishes and preferences.
- People and relatives made positive comments about the management. One person said, "I rarely speak with the manager but when I have needed to, they are always polite, helpful and sort things out for me." A relative told us, "The service is well managed."
- There was an open and transparent culture within the service. Staff told us they wouldn't hesitate to approach the registered manager if they had a concern or query.
- The registered manager understood their duty of candour responsibility to notify CQC appropriately of significant incidents including allegations of abuse and serious injuries.

Working in partnership with others

- The provider worked closely with health and social care professionals in providing care and support to people and this was confirmed in care records we reviewed.
- The provider attended meetings and liaised with social workers to identify areas for further improvement of the service.