

Jay's Homecare Limited

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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

This inspection took place on 10 & 11 March 2016 and was announced, which meant we told the provider 48 hours in advance that we would be coming.

During our focused inspection on 11 September 2015 we found one breach of regulations. The registered provider did not assess the risks to the health and safety of people who used the service and did not ensure to mitigate any such risks.

After the focused inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We found during our comprehensive inspection on 10 & 11 March 2016 that the provider had followed their plan and that they now met legal requirements.

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 59 people and employed 28 care workers and three office care workers. 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.

People were kept safe and free from harm. There were appropriate numbers of care workers employed to meet people's needs and provide a flexible service. One care worker told us, "We are a small personalised agency and we know people well."

Care workers were able to have some flexibility in making changes requested by people in accommodating appointments and activities. This was confirmed by talking with people who used the service.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents which enabled the provider to take necessary action as required. Care workers had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices.

We found that robust recruitment procedures were in place. The field supervisor told us that recently a number of care worker had left and the agency had started to actively recruit new care workers.

Care workers knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about

their care. Risk assessments were completed to ensure people were kept safe.

Medicines processes were in place should the agency be required to administer medicines. Care workers had received formal medicines administration training and their competence had been assessed as part of this training.

Care workers received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People were supported to eat and drink where needed.

We found a number of audits were in place to monitor quality assurance. The registered manager and provider had systems in place to obtain the views of people who used the service and their relatives/friends.

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. People told us they felt safe. Safeguarding procedures were in place and care workers understood how to safeguard people they supported.

Assessments were undertaken of risks to people who used the service and care workers. Written plans were in place to manage these risks.

Care workers levels were sufficient to meet the needs of people who received a service from the agency. Robust recruitment procedures ensured that care workers were vetted to work with vulnerable adults.

Medicines administration procedures were in place and care workers had received appropriate training for the administration of medicines.

Is the service effective?

Good ●

The service was effective. People were supported by care workers that were sufficiently trained, skilled and experienced to support them to have a good quality of life.

The registered manager and senior care workers were aware of the requirements of the Mental Capacity Act 2005.

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

Is the service caring?

Good ●

The service was caring. People who used the service told us they were treated with kindness and compassion in their day to day care.

Care and support had been provided in accordance with people's wishes.

Care workers were respectful of people's rights and privacy.

Is the service responsive?

Good ●

The service was responsive. Care plans were in place outlining people's care and support needs. Care workers were knowledgeable about people's support needs, their interests and preferences.

The service worked well with other agencies and services to make sure people received care in a responsive way.

People knew their comments and complaints would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led. Systems and procedures were in place to monitor and assess the quality of service people were receiving.

The agency consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector. An expert by experience contacted people who used the service and relatives on the 11 March 2016 over the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

The registered manager was not available for this inspection; however we spoke to one of the directors, a senior care coordinator, one field supervisor, three care workers, four people who used the service and one relative.

We looked at the care records of ten people who used the service, training and recruitment records of care workers and records relating to the management of the service. This helped us to gain an overview of what people experienced accessing the service.

Is the service safe?

Our findings

We spoke with people about the support they received and whether they felt safe in the care of care workers who visited them. Comments were all positive including from people who received a service, "I feel very safe with my carers. I have had the same carer for the past five years and she knows me well" and, "I feel safe in the knowledge someone nice is coming to help me." One relative told us "The carers are usually on time; this puts my mind at rest. I know my relative is safe and well looked after."

The agency had procedures in place to minimise the potential risk of abuse or unsafe care. Care workers we spoke with confirmed they had received safeguarding adults training. They understood what types of abuse and examples of poor care people might experience. Comments from care workers included, "I have done my training and know how to spot signs of abuse, what to do and who to report to."

The service had a whistleblowing procedure so care workers were aware of the process. Care workers spoken with told us they were aware of the procedure. They told us they would speak to the appropriate person or agency should they need to.

The director and care workers told us Jays Homecare Limited was a small agency and they work together to ensure sufficient care workers were available to meet the needs of people they supported. However they acknowledged that recently a number of care workers had left and they had started to actively recruit new care workers to fill the vacancies. The field supervisor told us, "We sometimes have difficulties with covering sickness and we have started to place adverts in local newspapers to recruit new care workers."

People who received a service told us they had not experienced care workers being late or not turning up. One person said, "They are always here and never seem rushed. If they are late they give us a call" Other comments included, "Very good I rely on them turning up and they have never let me down yet."

Care plans we looked at had risk assessments completed to identify the potential risk of accidents and harm to care workers and the people in their care. The risk assessments we saw provided instructions for care workers when delivering their support to ensure people were kept safe.

We looked at five recruitment records of care workers. Required checks had been completed prior to any care workers commencing work at the service. This was confirmed from discussions with care workers. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded. Other checks included two references, proof of identification and proof of the right to work in the United Kingdom.

We spoke with a care worker about induction training and the recruitment process. They told us training was thorough and they 'shadowed' care workers on visits to people's homes. This was to ensure they knew the person they were supporting and what was required of them. This meant they accompanied experienced care workers to observe how care and support should be delivered on an individual basis. One care worker said, "It was very good the care coordinator went through everything and the visits to people's homes were

very useful."

We looked at the procedures the service had in place for assisting people with their medicines. The care coordinator and field supervisor told us care workers prompted people to take their medicines and were only administering medicines for a few people who used the service. We saw in peoples care plans that a medicines risk assessment had been carried out, which described clearly what support people required to take their medicines safely. When care workers administered medicines a medicines administration record was completed, which documented what medicines and when the persons had their medicines administered. Care workers had received formal training and their competency had been assessed as part of this training. This ensured care workers had the skill and knowledge to support people safely around the administration of medicines.

Is the service effective?

Our findings

People who received a service and their carers told us care workers were competent when they provided support and care for them. For example one person said, "I have complete trust in the way they care for [relative]. They seemed well trained and confident in what they do."

People who received a service and carers told us care workers did extra than what they had been asked to do on many occasions. For example, a care worker told us one person took their time getting up and was not often ready when they visit their home. They told us they regularly went over their time but that was not an issue as long as the person was cared for effectively. One care worker said, "At times I do more than I should but that is not a problem the clients come first." This meant care was effective because care workers ensured people who received a service did so in their own time. They told us they were prepared to ensure all support had been provided before they left the person.

We spoke with care workers, looked at individual training records and the services training schedule that had been developed recently. Care workers told us the training they received was provided by the registered manager who was a qualified nurse. For example we spoke with one care worker who told us that the agency supported them to undertake a 'Health and Social Care' course. The care worker said, "I wanted to develop further and [registered manager] has encouraged and supported me to attend college." This demonstrated the agency supported care workers to develop their professional skills.

Care workers received support to understand their roles and responsibilities through supervision sessions with the registered manager and field supervisor. Supervision consisted of individual one to one sessions, unannounced spot checks and group care workers meetings. The one to one meetings discussed individual development and any issues care workers wanted to discuss. Care workers we spoke with confirmed these meetings took place on a regular basis.

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; decisions 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.

The care coordinator, field supervisor and care workers demonstrated an understanding of the legislation as laid down by the MCA. Discussions during this inspection informed us they were aware of the process to assess capacity although had not been applicable to their service at the time of the inspection visit.

At the time of our inspection, few people required support with meal provision. Care workers who prepared food had completed 'Food and Hygiene' training. We spoke with care workers who confirmed this. Care plans seen confirmed people's dietary needs had been documented.

People's care records included the contact details of their General Practitioner (GP) so care workers could contact them if they had concerns about a person's health. This meant information was available to care workers should they need to contact a health professional in an emergency. People we spoke with said their general health care needs were co-ordinated by themselves or their relatives.

Is the service caring?

Our findings

We spoke with people being supported by the agency in their own homes. We asked about the attitude of care workers and how they felt they were cared for. Comments were all positive, they included, "Very kind respectful people." Also a relative we spoke with said, "They are all kind and respectful [relative] always tells me that after they have visited."

Completed surveys we reviewed that had been undertaken by the provider asked the question 'are care workers caring and respectful'. All responses were positive and ticked the box that said they 'strongly agree'. Comments from people and their carers about care workers included, "A very caring, kind agency" and "All the care workers are caring people and I would not contemplate being without them. They are kind and so patient."

Care plans were available in the homes of people so care workers were able to look at them to ensure the right care and support was delivered. People's preferences about their care were recorded. This demonstrated people were encouraged to express their views about how their care and support was delivered. Care workers we spoke with told us they had to be patient and understand the person's wishes and how they wanted to be supported. Daily events that were important to people had been recorded so care workers could provide care to meet their needs.

Information was also documented daily of how the person was in terms of social and health needs. This supported care workers to be aware of any issues when they visited the person. A care worker said, "We help people to go to social events and support with their daily tasks whatever they wish for."

Care plans contained information about people's current needs as well as their preferences. We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis and when their needs changed.

We asked care workers how they ensured people's privacy and dignity. They told us that they would always knock on the door and let the person know who they were. One person who received a service said, "They always knock and introduce themselves every time they come here."

Care workers told us they received guidance during their induction training and shadowed other care workers to get a better understanding of people's needs and how to ensure people's dignity and respect was maintained in relation to dignity and respect. Their practice was then monitored when they were observed by the agency in people's own homes. This ensured care workers had guidance and knowledge on how to treat people in their own home. One care worker said, "It is their home and I am always respectful of that fact."

All the care workers we spoke with knew the people they cared for well and were able to describe the needs of people they cared for. For example they were able to describe their care needs and how they preferred their support to be delivered. This demonstrated care workers were kind, attentive and caring. One care worker said, "It is a small agency that's what I like. You get to know people well and build relationships." and

"We know people well because I visited them for a number of years and know what they want."

Is the service responsive?

Our findings

We spoke with people about how responsive the agency was to their needs. Comments from people who used the service included, "If anything needs changing the agency and care workers always accommodate me." A relative of a person said, "A great service willing to change to the needs of my [relative] if required."

People's care and support was planned in partnership with them. People who used the service and their carers told us when their care was being planned at the start of the service, the care coordinator or field supervisor spent time with them. This was to find out about their preferences, what care they felt was required and how they wanted this care to be delivered. This was confirmed by what people told us in returned surveys sent to them by the agency. For example, one question asked, 'were you involved in care planning.' The response was 'Yes I discussed what we were looking for and the agency was able to provide all our requests. A care plan was provided.'

We looked at care records of ten people, care records were informative and enabled us to identify how care workers supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed to respond to any changes in care. Care plans were updated when changes occurred to reflect their current needs. Daily notes had been completed by visiting care workers and they were up to date. A care worker said, "It is important to put information down daily. Not just what task we had done but how the person was. This gives other care workers as much information as possible."

People we spoke with told us they found the service was flexible and responsive in changing the times of their visits when required. For example one person who received a service said, "I have only changed once but there was no problem. The [manager] never lets me down." A care worker said, "Sometimes we have to respond at a moment's notice but we have never not been able to cover visits."

Information on how to make a complaint was available in people's homes. People were encouraged to give their views and raise any complaints or issues with the office. The agency made contact with every person who received a service on a regular basis either in person or by telephone in order to obtain their views and to give people the opportunity to raise any issues they may have.

The director and field supervisor told us constant engaging with people who used the agency developed relationships and encourage people to discuss any complaints they had. People told us they were aware of the formal complaint procedure and that they were confident the agency would address concerns if they had any. We spoke with people about how responsive the agency was to their needs who received a service said, "No I have never complained but would do if I needed to." A relative of a person we spoke with said, "We do have documentation on how to raise a complaint but we have never done so."

Is the service well-led?

Our findings

We found the agency understood their responsibilities and was supported by the registered manager to deliver what was required by the agency. People who received a service and relatives who cared for them told us they felt support provided met people's individual needs. They told us the service was organised and managed well. For example one relative of a person who received a service said, "Very good management [field supervisor] is always popping round to see us."

Comments from everybody we spoke with told us the agency was well led. People said the registered manager provided care as well as running the agency. A person who used the agency said, "I thought that was [person's name] coming in then because he often pops round to see if I am alright."

Care workers told us the registered manager was always helping out and was very supportive. Comments included, "A very good agency to work for. The manager and office staff work with us and with it being a small agency it is like one small family."

We found the service had clear lines of responsibility and accountability with a structured management team in place. Although this was a small service the registered manager and senior staff were experienced, knowledgeable and familiar with the needs of the people they supported. One of the directors was a registered nurse and care workers told us she was always there to provide advice and guidance when required. One care worker said, "She [directors name] has a wealth of experience and is good to talk with."

People who received a service from Jays Homecare and their care workers told us they were encouraged to be actively involved in the continuous development of the service. For example we looked at completed surveys which were sent to people to get their views on how they felt the service was performing. We looked at a selection of the surveys from December 2015. Responses were all positive about the care and support provided by the agency. For example one question asked, 'was the service caring and managed well'. The responses of the 27 people and relatives who responded were 96% 'very caring and overall satisfied with the care provided.'

People who received a service were regularly asked their opinions whether the support they received was sufficient and reliable. The agency monitored the quality of the service by speaking with every person who received a service and their carers on a regular basis. This was to ensure they were happy with the service they received. People we spoke with confirmed this.

The agency undertook a combination of announced and unannounced spot checks and telephone calls to make sure the service provided was efficient and reliable. For example, arriving at times when care workers members were there to observe the standard of care provided. This demonstrated the service was continually monitored and committed to improve the service they were providing. A care worker said, "It is a good thing they always checks to see everything is working properly and the service is good."

Regular care workers meetings were also being held and records confirmed these were well attended. Care

workers we spoke with told us they thought care workers meetings were a good way of getting together and discussing any issues or further training needs.

There were some audits and systems in place. These were put in place to monitor the quality of service provided. Audits were undertaken and covered areas such as training for care workers, spot checks on care workers performance and reviews of care plans. This was to ensure people received the care and support they required and the service continually developed to provide a better service.