

John Stanley's Care Agency Limited

John Stanley Hornchurch

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

This service is a domiciliary care agency and is based in the London Borough of Havering. The service provides personal care to adults in their own homes. Not everyone who used the service received personal care. 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.

At the time of our inspection, the service provided personal care to 144 people.

People's experience of using this service

The service was safe. People had trust in staff and the service had procedures in place to protect people from abuse. Each person had a risk assessment and staff knew how to manage any identified risks.

Medicines were safely managed. Staff had training in medicines administration and there was a medicines auditing system in place. Accidents and incidents were recorded and the registered manager drew lessons to avoid a repeat of incidents. Staff followed infection control procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service supported staff and provided them with ongoing training.

People received appropriate support with their meals. Staff knew about people's nutritional needs including their preferences due to cultural, religious or health needs. Staff had a good knowledge about equality and diversity. Staff also supported people to have access to healthcare.

Staff were polite and caring towards people. They respected people's privacy and dignity. They encouraged people to live as independently as possible in their own homes. People were supported to maintain relationships with their relatives.

Care plans detailed people's needs and how they wanted staff to support them. This showed people received person-centred care. People's preferred ways of communication, their hobbies and interests were detailed in their assessments and care plans. Staff knew people's support needs and provided them with appropriate care. The registered manager welcomed complaints and used them as a tool for making improvements to the service.

A quality assurance system was part of the service. This meant people, relatives and staff were able to share their views and influence the quality of the service.

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

Rating at last inspection

The last rating for this service was good (report published 15 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will return to visit as per our re-inspection programme. If any concerning information is received 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.

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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 provided a rating for the service under the Care Act 2014.

Inspection team

The 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 homes.

The service had a registered manager. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary service and we needed to be sure that the registered manager would be in the office to support with the inspection.

Inspection activity started on 27 November and ended on 6 December. We visited the office location on 27 November 2019.

What we did before the inspection

We reviewed relevant information that we had about the service. This included the last inspection report and notifications the provider had sent us. A notification is information about important events, which the provider is required to tell us about by law. We sought and received feedback from healthcare and local authority professionals. 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.

During the inspection

During the site visit we spoke with the registered manager and responsible individual. We reviewed documents and records that related to people's care and the management of the service. We reviewed five care plans, which included risk assessments and five staff files, which included pre-employment checks. We looked at other documents such as training and quality assurance records.

After the inspection

After the site visit we spoke by telephone with seven people who used the service, two relatives and five care staff. We continued to seek clarification from the provider to validate evidence we found such as looking at daily notes and training programmes.

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, relatives and professionals felt people were safe. Comments by people included, "Staff are trustworthy. They tell me to be steady when I get in and out of the shower." A relative told us, "I am quite sure my relative is safe with the carers." A professional wrote, "[I feel people are] safe and we have no issues with the service."
- There was a policy on adult safeguarding. Staff told us they had read the policy and knew what to do if they became aware of an incident of abuse. A member of staff said, "I will report [any incident of abuse] to my manager."

Assessing risk, safety monitoring and management

- Risk assessments were completed for each person to ensure possible risks were identified and managed to keep people safe. The risk assessments included risks associated to people's personal care needs and the environment.
- Team leaders monitored and reviewed risks to people. The registered manager told us they were reviewing the risk assessment format to make it simpler and clearer for staff to use.

Staffing and recruitment

- Staff recruitment systems were robust. New staff underwent checks to ensure they had appropriate knowledge and skills to care for people. Staff recruitment systems at the service included obtaining written references and checking criminal records to ensure staff were safe to work with people.
- The service had enough staff. The registered manager stated they had no problems with staffing levels and they continued recruiting new staff.
- People's views about staff punctuality were mixed. One person said, "[Staff] are sometimes a bit late but not usually so much that I am worried." However, most people told us staff arrived and left on time.
- The registered manager had a system they used staff attendance at people's home. They told us they were reviewing the system to replace it with a new one, which they believed to be more effective.

Using medicines safely

- People received their medicines as prescribed by their doctors. One person said, "Yes, I take loads of medicines and [staff] administer my medicines on time."
- Staff completed training in medicine administration and had competency tests. Staff told us and records confirmed these.
- The service audited medicines. Team leaders checked medicines and the records at people's homes. The records of medicines were also audited at the office to ensure any discrepancies were identified and action taken.

Preventing and controlling infection

- Where required, staff supported people with cleaning. One person told us their home was cleaned regularly and they were happy with the arrangement they had.
- The service had systems in place to ensure the risk of infections was managed. There was an infection policy, which provided staff with guidance and information on how to prevent infections.
- Staff were provided with personal protective equipment such as gloves, shoe covers, and aprons to minimise the risk of spreads of infection.

Learning lessons when things go wrong

- Lessons were learnt from accidents and incidents. The registered manager recorded, investigated and took action to ensure lessons were learnt and similar accidents or incidents did not take place in future.
- During the inspection we noted the provider had developed a new learning log, which would assist them to record and report accidents and incidents in a simpler way. This would ensure the service was more efficient in responding to incidents.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has 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 had been assessed before they started using the service. The assessed needs were detailed and included mobility, nutrition, communication, eyesight, hearing, oral and continence. This ensured that the service accepted people only if it was confident that the assessed needs of the person were met.
- Staff reviewed care plans to ensure any changes to people's needs were identified and met.

Staff support: induction, training, skills and experience

- People and relatives told us staff were skilled and knowledgeable. One person said, "Staff are excellent. They understand how I feel and how to support me." A relative told us, "I think all the staff are well trained and know what they are doing."
- Staff received formal supervision and a yearly appraisal to discuss their work and personal development. Records confirmed this.
- Staff received induction and training that enabled them to provide effective care. Records and the provider's training programme (also called the training matrix) confirmed staff were up to date with their training.
- Where new staff had no previous experience of working in a care setting, they were required to complete the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new care workers. A member of staff told us, "Yes, I completed an induction and shadowed experienced staff when I started work."
- Staff received refresher training so that they had up to date knowledge of providing effective care. A member of staff said, "I had a lot of training. They are helpful in my work."
- Staff received support, supervision and annual appraisals. One member of staff told us, "I had supervision. My supervision included observation at work and discussing my practice and training needs with my manager."

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

- Where support with food and drink was provided, people's dietary needs were met by the service. People's meal preferences were recorded in their care plans. One person's care plan stated, "I would like the carer to assist me to prepare my breakfast and a hot drink of choice if required."
- People were satisfied with their meal arrangements. One person said, "[Staff] get my breakfast ready and they ask what I fancy. They also come to do my lunch. I am happy." This meant that staff knew people's preferences of meals.

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

- Staff worked as a team to provide the care people needed and wanted. A member of staff told us that occupational therapists and district nurses visited people.
- The registered manager told us and records confirmed that the service worked with local authorities and healthcare professionals in assessing and developing people's care plans.

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

- Staff monitored people's health needs and supported them to attend GP's and hospitals when needed.
- Care plans contained contact details of healthcare professionals such as GPs, dentists and opticians. This enabled staff to know who to contact to support people have access to health care when needed.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People and relatives told us staff asked permission before providing care. One person told us, "[Staff] are brilliant. They ask me if it is all right for them to do [something] before leaving." A relative said "[Staff] never do anything without asking if it's alright." This showed staff sought people's consent.
- Staff had knowledge of the principles of the MCA. They told us they always asked people before providing personal care. A member of staff said, "I know the MCA, I always ask [people's] consent before providing care. I also give [people] a choice and wait for them to decide."
- Records showed the registered manager had completed capacity assessments and best interest assessments where people lacked capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated by staff. People and professionals told us they were happy with the service and that staff treated them well. One person said, "I am happy with the service." A professional wrote, "I have no issues with the way people were treated."
- Staff knew people's likes and dislikes. People told us they had the same staff most of the time which meant that staff were familiar with their preferences of care.
- People were not discriminated against. One member of staff gave us a good explanation of their understanding of equality and diversity. They said, "I do not discriminate because of [people's] differences in their culture, religion, sexuality, disability or gender."

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

- Staff understood people's communication needs. One person told us, "Staff listen to me. We chat."
- People and their representatives were involved in planning people's care. Care plans were written from people's point of view explaining their decisions about their care and how they wanted staff to support them. For example, one person's care plan stated, "I need my carer to prepare my breakfast, I will decide what I want to eat."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity. One person told us, "[Staff] are respectful."
- Staff understood how to ensure people's privacy and treat them with respect and dignity. One person said, "[Staff] always knock on the door, then call out to me so they don't make me jump." A second person said, "[Staff] understand confidentiality." A member of staff told us, "I close the door and ensure people's private parts are covered when giving personal care."
- People were encouraged to live as independently as possible. A relative told us, "[Person] likes to feel independent, and I think they [staff] encourage [the person] to be independent." Care plans contained what people could do independently. One person's care plan stated, "I would like the carer to ensure that I complete my personal care. I do it myself."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were met through good organisation and delivery.

At the last inspection this key question was rated as good. At this inspection this key question has 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

- Care plans included people's preferences and interests and reviewed at regular intervals or when people's needs changed. They provided staff with information about people's needs and how they liked staff to support them.

- Care was flexible, which meant that they were reviewed to meet people's preferences and needs. For example, records showed that the length of visiting times were increased or decreased depending on people's needs and choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People lived in their own homes. Some people were visited by staff daily at agreed times whilst some others had live-in staff. People's daily routines were detailed in their care plans. A member of staff told us they supported one person to access the community and attend an activity centre.

- People were happy having staff chatting with them. One person said, "[A member of staff] makes time to chat to me. I'm on my own a lot and when [staff] comes in, it's like having a good friend visiting."

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's communication needs through their assessments and developed appropriate care plans. For example, one person's care plan stated, "I can communicate verbally. I might need some extra time to process information or extra explanation."

- The registered manager told us they would provide information in different languages or formats when required by people.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint. One person said, "Yes, I know who to talk to when I am not happy." A relative told us, "I have seen the complaints information."

- The service had a complaints procedure, which explained the complaints process. This meant people knew how the procedure worked.

- The registered manager kept records of complaints. The records showed details of the complaints

received and the process followed to resolve them.

End of life care and support

- The service had an end of life policy which provided guidance for staff on how to care for people who required palliative or end of life care. At the time of the visit no one required support with end of life care.
- Staff had knowledge about end of life care. The service's staff induction programme included end of life care training. Records showed most of the staff had completed it.

Is the service well-led?

Our findings

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

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

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

- Staff and managers were clear about their roles. The service's structure chart detailed the roles and responsibilities of the regional manager, registered manager, care coordinators, live-in service managers, live-in team leaders, a medicines ranch and an administrator. A care professional wrote, "The management of the service is robust and the manager is knowledgeable and experienced."
- Regular quality reviews of the service were undertaken and improvements made where needed.
- The service had a range of policies and procedures in place which were reviewed yearly and kept up-to-date with current care practices and legal requirements.

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

- People received person-centred care. One person commented, "I am very happy with the care. I always have the same carers which I like and they always arrive on time."
- People's needs were regularly reviewed and their care was adjusted. One person told us that the service they were receiving was adjusted as a result of the review they had with staff. This meant people received a flexible service that met their needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager understood their responsibility to be open and honest with people and relatives. The registered manager said, "If we do something wrong, we hold up our hands and admit it, learn from it and give an honest response." Relatives told us staff contacted and updated them about people's wellbeing.
- The registered manager sent the CQC notifications of incidents and reported safeguarding incidents to the local authority.

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

- People and relatives told us they had completed quality surveys. The last quality survey undertaken by the head office showed people were satisfied with the service.

The registered manager used various methods to seek feedback about the quality of the service. This included telephone calls, visits and survey questionnaires. The feedback received about the quality of the service was positive. One person commented, "I have had a number of agencies recently and by far this is

the best one."

- Staff attended meetings. The minutes of the staff meeting undertaken on 26 September showed staff discussed various topics including training, the Christmas fair, healthcare conferences and staff recruitment. This meant that staff had opportunities to discuss important aspects of the service.

Working in partnership with others

- The registered manager and staff worked well with health and social care professionals. A healthcare professional we contacted wrote, "The registered manager and senior staff are also always very helpful and they regularly attend our provider meetings."

- The registered manager developed and established links with the local community and voluntary groups. For example, staff from the service provided free regular support to a local dementia group.