John Stanley's Care Agency Limited

John Stanley Thurrock

Inspection report

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26 September 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on the 13, 14 and 26 September 2016.

John Stanley Thurrock is a domiciliary care agency registered to provide personal care for adults living in their own homes. At the time of our inspection care was being provided to 248 people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service did not always have sufficient numbers of staff who were effectively deployed to meet people's needs and not all people using the service received support from a consistent staff team. Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow however the service had not submitted notifications relating to allegations of abuse to CQC in line with Regulations.

There were effective recruitment procedures in place to protect people from the risk of avoidable harm. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Accidents and incidents were recorded and monitored to identify any trends and to mitigate reoccurrence. There were systems in place for the management of medicines.

Staff had 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. Assessments of people's capacity were carried out in line with the Mental Capacity Act 2005 (MCA).

There was a strong emphasis on person centred care. Care plans were person centred, included information on people's life histories, individual preferences and needs, and contained clear guidance for staff to follow. Care plans were regularly reviewed and people and, where appropriate, their relatives were involved in the planning of their care.

Staff were kind and caring, treated people with respect and dignity and encouraged them to maintain their independence. The service worked with other professionals to ensure that people's health needs were met and, where appropriate, support and guidance was sought from health and social care professionals.

There were effective systems in place to regularly assess and monitor the quality of the service to ensure the service was operating safely and was continually improving to meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were not always enough staff effectively deployed to meet people's needs.

Staff were knowledgeable about protecting people from harm and abuse.

There were robust recruitment procedures in place to ensure people received their support from staff who had been recruited safely.

Is the service effective?

Good

The service was effective.

Staff received an induction when they came to work at the service and ongoing training to support them to deliver care and fulfil their role.

People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

Staff treated people with dignity and respect and promoted people's independence.

Is the service responsive?

Good

The service was responsive.

People's care plans included information relating to their specific care needs and how they were to be supported by staff.

There was a complaints policy and procedure in place.

Is the service well-led?

Good

The service was well led.

The registered manager and staff were committed to providing good quality care and support to people.

There were systems in place to measure the quality of the service and the registered manager was committed to on-going improvement.

John Stanley Thurrock

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 the 13, 14 and 26 September 2016 and was an announced inspection. We gave the service notice of the inspection to ensure management was available to assist us with the inspection. The inspection team consisted of two inspectors, a specialist adviser and an expert by experience. Specialist advisers are senior clinicians and professionals who assist us with inspections and 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 we reviewed the information we held about the service; this included information received from the local authority, the last inspection report and statutory notifications. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 21 people who used the service, seven relatives, eight members of staff, the medication officer, the registered provider's quality assurance officer and the registered manager. During our inspection we received feedback from two health and social care professionals.

We reviewed a range of documents and records including eight people's care files, six staff recruitment and support files, training records, arrangements for medication and quality assurance information.

Requires Improvement

Is the service safe?

Our findings

The service did not always have sufficient numbers of staff who were effectively deployed to meet people's needs. During our inspection we received variable feedback; the majority of the people we spoke with told us that they did not feel the service had enough staff and that they did not always receive care and support consistently. Comments included, "I have two lovely regular carers and when they are looking after me I have no problems with knowing when they will come. However, over the weekend I can be sent anybody even carers that I've never met before and they will turn up whenever they get to me. I hate the fact I never know who is coming and if you phone the office at the weekends they just tell you to be patient and somebody will be with you at some point." Another person said, "I am ready for bed around 8pm but the carer never comes until 10pm. It's just too late for me however all the carer ever says is that they will look into it for me." One person we spoke with told us that they could see eight different care workers in the space of a week, whilst another person said weekends were particularly difficult with different care workers being used. People told us that this meant that they had to keep explaining to staff what their support needs were, which they found very frustrating.

Some of the staff we spoke with also reported that at times they were task focussed as there were not always sufficient staffing levels. Comments included, "There is generally not enough staff at weekends and you can guarantee rotas will be changed last minute. You feel pressured [to take on additional calls] it's a common occurrence", "I don't like being rushed and in this job I don't feel you should be rushing" and, "Staffing levels need to be improved as it's hard to fit in extra calls in your own rota. Calls are time specific so people get upset. People who need support with medication are prioritised but you have to think 'when did they last get out of bed?', 'when did they last have a meal?' it's very stressful when this happens." The registered manager told us that they had recently undertaken a recruitment drive and that current staffing levels were sufficient to meet people's current needs. They also told us, and records confirmed that memos were sent to staff reminding them to contact the office if they were running late for any reason so they could inform people. They said that if staff informed them they were unable to take on additional care calls this would be respected. This was confirmed by some of the staff we spoke with. One staff member said, "I only take on extra calls if I can without cutting back on my regular visits. If I say I can't do it [additional call visits] they don't push me."

The service had safeguarding and whistle blowing policies in place and staff had received safeguarding training. The registered manager was a member on the Thurrock Safeguarding Board representing domiciliary care agencies. All the staff we spoke with understood the importance of protecting people, keeping them safe and how to respond appropriately where abuse was suspected. Staff were aware they could contact external agencies such as social services or the Care Quality Commission (CQC) to report any concerns. Staff said they were confident to follow the whistleblowing procedure if required. 'Ask Sal' posters were displayed in the office. 'Ask Sal' is a confidential helpline for people, relatives or staff to call if they had any safeguarding concerns. The service's service user guide advised people that staff would be wearing photographic identity badges at all times and also contained information including a number to call if people were concerned or wanted to raise any safeguarding concerns. The service kept records of safeguarding information and accidents and incidents, however, we found during our inspection that the

records did not include information relating to two recent allegations of suspected abuse nor had notifications been submitted to CQC. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service and, although the registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events they had failed to notify us. We discussed this with the registered manager who told us they were waiting for confirmation from the safeguarding team that a safeguard had been raised before sending us a notification. Following our discussion the registered manager understood and agreed that notifications concerning allegations of suspected abuse should be sent immediately to us.

The service had clear policies in relation to the management of medication. Staff training records showed staff had been trained in the safe administration of medicines and their competencies had been regularly assessed. Care plans included guidance for staff on how to ensure people received their medicines safely. Medication Administration Record (MAR) charts were completed and signed by staff where they administered people's medicines. However, when we reviewed a sample of MARs we noted that, although medications had been administered and recorded in the person's daily notes, the MAR charts had not always been completed in full or in accordance with the registered provider's policy. We discussed this with the registered manager who informed us that following a medication error staff were required to attend a medication workshop which the medication officer employed by the service facilitated every month. The medication officer was also responsible for auditing MAR charts and discussed any concerns with the registered manager so that appropriate action was taken to ensure people received their medication safely. The medication officer told us, "I wanted to improve how we worked as it was clear something wasn't right [number of medication errors] so I introduced the medication workshops. The workshops are good for new carers and staff who have made medication errors. Although I am not medically trained I am able to discuss scenarios which help staff to gain a better understanding." A healthcare professional told us, "I attended John Stanley's medication workshop, which I found very interesting and helpful. Care staff were encouraged to voice concerns and discuss issues they may have with regards to medication."

Staff had the information they needed to support people safely. Risk assessments identified all of the risks to both people and staff during the provision of care such as safe moving and handling techniques, management of medicines and mobility and were regularly reviewed. We saw one risk assessment to support a person to transfer safely which stated that 'a sling and hoist are to be used for every transfer, staff must be trained, ensure good communication, avoid rushing and reassure service user throughout'. During our inspection one person confirmed to us, "I have to be hoisted and I really don't like it but I must admit however busy and quick my carers are trying to be, they will actually take the time and make sure I am happy before they lift me, which I am grateful for." People's home environment was also risk assessed for any potential hazards. We noted some sections of the risk assessment documentation had not been completed or marked as 'not applicable'; therefore it was unclear whether there were any identified risks to the person. Feedback from staff indicated that whilst they acknowledged the risk assessment was an important document to help keep both people and staff safe, they felt the document was long and not always easy to read and follow and, where sections had no written information, it was unclear as to whether there were any risks especially if they did not know the person they were providing care to. We discussed this with the registered manager who informed us they had identified this as an issue and were seeking authorisation from the registered provider to make appropriate amendments to the service's risk assessment documentation.

Staff told us they did not use any equipment/aids in people's homes which were not within service dates. A member of staff said, "We keep people safe by checking the equipment and we have been trained on how to use it and to check the date of service." Although the servicing of equipment was not the responsibility of the service, there was a system in place which alerted management when any equipment was due for servicing.

The registered manager told us they were proactive in ensuring the servicing of equipment was undertaken to avoid the risk of not being able to provide care to people.

There was an effective recruitment process in place to ensure that the right staff were employed at the service. This included dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). Staff told us, and records confirmed, they were not allowed to start working at the service until their references and DBS checks had been completed. During our inspection we noted that the service's application form only requested details of the applicant's last employer. We discussed this with the registered manager and informed them an applicant's full employment history should be requested in line with Regulations; they advised they would make the necessary amendments to the application form. The service had disciplinary procedures in place to respond to any poor practice by staff .

The service had appropriate infection control policies in place and personal protective equipment (PPE) including disposable gloves and aprons were readily available from the service's office.

Good

Is the service effective?

Our findings

People and their relatives told us that they felt staff had the necessary skills and training to support them. One person told us, "I feel they [staff] are well trained, they know what they are doing." Another person said, "I need to be lifted with a hoist and I must admit as far as I'm concerned the training seems perfectly adequate."

Staff received training as part of their five day induction programme when they started work at the service. The induction also included an introduction to the organisation, guidance on job roles, legislation and codes of practice and personal development. Staff told us they felt their induction was comprehensive and thorough and that the training covered what they needed to know. They also told us, and records confirmed that they spent time shadowing more experienced members of staff before working alone in the community. The registered manager told us that all new staff were required to complete the Care Certificate. The Care certificate is a training course which enables staff who are new to care to gain the knowledge and skills that will support them within their role.

Staff told us, and records confirmed they had completed a range of training courses. Staff received regular refresher training and there were systems in place which alerted management one month prior to the refresher training due date. One staff member said, "If there is any training coming up or if I need to do refresher training the office lets me know; this means I can keep myself up to date with my training." Although staff confirmed they felt they had received the training they needed to enable them to provide safe, quality care to people, some told us that they would like specialised training to enable them to gain a better understanding and knowledge to care for people with specific conditions. Feedback from staff included, "I have had no in-depth training in diabetes and I think this would be good to do;" and, "I would like to do end of life training; some staff are frightened about end of life care, it would be good for all staff to do." The registered manager told us, and records confirmed, that staff were asked whether they required any additional training at a recent staff meeting; we noted that courses had been scheduled following feedback from staff. Staff told us they were supported to undertake recognised health and social care qualification and records shown to us confirmed 36 out of 83 care staff (43%) had achieved a NVQ Level 2.

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. Staff received an annual appraisal and one to one supervision meetings every six months with their line manager where staff had the opportunity to discuss their performance, raise concerns and identify any development needs they might have. This showed us that staff had a structured opportunity to discuss their performance and development. Regular observational and spot checks were also undertaken to monitor the quality of care provided to people .

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA).The 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. The

registered manager was aware of their responsibilities under the MCA however, although staff were less clear on the detail of the legislation and how people's ability to make informed decisions can change and fluctuate from time to time, they recognised the importance of enabling people to make choices and ensuring that the care they provided was in the person's best interests. Training records provided to us during our inspection showed that five out of 89 staff had received MCA training. The registered manager advised us that MCA e-learning training was in the process of being rolled out to all staff. Following our inspection the registered manager confirmed to us that MCA training was undertaken by staff during their induction and was updated every three years. Staff were aware that people had to give their consent to care and care records confirmed people had given their consent. People told us that consent was always sought before any care or support was given. Comments included, "They [staff] always ask for my permission before doing anything;" and, "The girls always ask for my consent, they know its ok but they still ask."

People were supported, where required, with their nutritional needs. One person told us, "I am reliant on my carers to make all my meals for me these days. I will have some cereal in the morning and my carer will then make me a sandwich which I keep in the fridge until lunch time. Then when the carer comes back [tea time visit] they will heat me up a ready meal for my dinner." People's care plans included, where appropriate, guidance for staff on how to support people to ensure they consumed sufficient quantities of food and drinks. However we noted in one person's care records that they had been identified as being at high risk of dehydration and malnutrition. Records showed that staff had recorded eating and drinking in the person's daily notes however the care plan stated that nutrition and fluid balance charts should be completed for the person at each call. We requested to see these charts but they were not made available during our inspection.

People's healthcare needs were met. The registered manager told us that where required people would be supported to access healthcare professionals such as GP and hospital appointments. Staff we spoke with told us if someone was unwell or they noticed deterioration in the person's health they would immediately inform the office and if necessary would contact the emergency services. One relative told us how care staff always noticed deterioration in their loved one's health and always notified them immediately.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. One person who used the service told us, "They're [staff] absolutely marvellous, I don't know what I'd do without them, they look after me and they always ask before they leave 'is there anything else I can do for you before I go?', you don't get that elsewhere;" Relatives also told us how their loved ones received good compassionate care and how they too received support from staff; one relative said, "I don't know what I would do without them [staff] they are a tremendous support to [name of relative] and to me."

People and, where appropriate, their relatives were involved in agreeing what support they needed from the service. People's preferences and life histories had been recorded and care plans informed staff of what to do and of what not to do to support people with their day to day care needs. The registered manager told us that they tried to match staff with people taking preferences into consideration such as the person's preference for male or female carers.

People told us their dignity and privacy was respected. One person said, "My regular carer always makes sure the curtains are closed in the evening before they leave; I hate being on display to everyone." Another person said, "They [staff] are really good and I enjoy their company. They really help me [personal care]. They always ask me what I want to wear and what perfume I would like to put on." Staff we spoke with demonstrated a good understanding of privacy and dignity and were encouraged to register as 'Dignity Champions'. A dignity champion is someone who believes being treated with dignity is a basic human right. This demonstrated that the service was committed to ensuring people's dignity was respected and promoted. During our inspection we observed staff supporting and interacting with people in a caring and kind way and treating them with dignity and respect.

People's independence was promoted and staff encouraged people to do as much as they could for themselves where they were able to. Feedback included, "I am encouraged to do as much as I can while I can still do it", "They [staff] know I will try and do things for myself but I cannot do my creams and I find it difficult to get dressed so they help me with this" and, "The family would have liked to have found me a residential home by now but I want to stay here in my home as long as I feel able, at least the carers help me to do that." A member of staff told us, "We make sure we look after people and help them to keep their dignity and independence as much as they are able to and help them to continue living safely in their own home." A health and social care professional told us of a recent example of how the service had worked extensively with them which ensured a person was able to remain in their home.

People's diversity needs were respected and included in their care plan. The registered manager told us that if required staff would support people to access religious support and access churches in the local community.

The service had information on advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager confirmed no one using the service was currently accessing advocacy.

Good

Is the service responsive?

Our findings

Prior to people using the service an assessment was undertaken to identify people's needs and whether these could be met by the service. People and, where appropriate, their relatives and health and social care professionals were involved in the planning and review of their care and support needs. Information from the assessment process was used to develop people's care plans. A health and social care professional told us, "John Stanley always seem willing to discuss any issues that might need to be addressed when providing care and support, they will contact to discuss any issues that need to be resolved before homecare transfer. When I have to contact the office they have always been pleasant and helpful with my queries and obliged with joint visits if needed to support with a smooth transition with homecare service transfer."

People received care that was personalised to their needs. People we spoke with who received care from a consistent team of carers told us that they felt the staff knew them well and how to support them. Care plans we looked at were person centred and included detailed information about people's needs and how they wished to be cared for. Care plans were reviewed regularly or sooner if people's needs changed. One person told us, "When I came out of hospital, I was needing four visits a day, but the carers have worked really hard and have helped me gain more movement back by supporting my walking round the home, that I now only need one visit a day." Another said, "My care plan is in the red folder and was put together when I started with the agency a few months ago. The supervisor comes roughly every three months to see me and they always pull it out for us to look at each time they come." A health and social care professional said, "The carers develop a good working relationship with the individuals they are supporting and as our 'eyes and ears' they regularly feedback any changes they detect and will regularly contact to clarify these changes have been noted. I find the agency to be a responsive one and they will always advise if they are unable to support or if there is evidence to suggest an individual needs a review/assessment." We noted that 85% of people who responded to the registered provider's quality assurance questionnaire undertaken in April 2016 confirmed the service they received was meeting their needs.

The service had a clear policy in place for dealing with complaints. Information on how to raise a complaint was included in the service user guide. We noted from the registered provider's quality assurance questionnaire undertaken in April 2016 that 86% of people using the service were aware of the service's complaints policy and procedure. Records showed that the service had received five complaints since January 2016 and these had been dealt with appropriately in line with the service's policy and procedure. However, some of the people we spoke with during our inspection told us they were not aware of the procedure for making a complaint or felt their concerns were not listened to or acted upon. Comments included, "I have made a complaint, but not in writing, about the fact that I never know when a carer will turn up or who it I'll be, but I've simply been told that they can't look after everyone at 9am in the morning and that I'll just have to put up with it" and, ""I know how to do it [make a complaint], but quite frankly, what's the point when it will only be ignored." We discussed this feedback with the registered manager who told us that staff were expected to report any concerns or complaints to the office immediately so appropriate action could be taken. They advised us that they would immediately arrange for a newsletter to be sent out to all people advising them how to raise a concern or complaint. Records showed that 13 compliments had been received since January 2016 one said, "My family and I are very impressed with both

the management of [relative's name] care, the actual physical care and emotional support that was given by the carers on a daily basis."

Good

Is the service well-led?

Our findings

The service had a registered manager who worked in the office on a daily basis. Staff told us that the registered manager had an open door policy and that they could speak with them whenever they wanted to. The registered manager was supported with the daily running of the service by four team leaders, three care co-coordinators and two branch administrators. The registered manager also received support from the registered provider who visited the service regularly.

Staff felt supported and valued and were positive about their roles, clear on their responsibilities and enjoyed their work. They shared the registered provider's vision to provide good quality care to people. Staff told us, and records confirmed that regular staff meetings were held where various topics were discussed such as the day to day management of the service, medication/MAR charts and training. Annual staff surveys were undertaken by the registered provider and we saw that staff received feedback following an analysis of survey responses. For example following a survey carried out in October 2015 a review of the timings of staff meetings had been undertaken to enable as many staff as possible to attend. One member of staff told us, "I love our team meetings and because they are spread out its easier to go to them. You can get your point of view across and have your say. We always get feedback [from the office] which is really good." Encouragement to increase staff performance was provided through a number of special incentives, such as a voucher in recognition of 100% attendance over a three month period and the registered provider's 'Kathy's Award' where staff could be nominated and their efforts recognised.

There were quality monitoring systems in place to review the care and support provided by the service. This included regular audits of care plans, observation of care practice and gathering people's experience of the service through six monthly questionnaires and telephone monitoring calls. Records confirmed that where people had voiced any concerns or issues a member of staff had undertaken a home visit to discuss these with the person. Internal audits were also undertaken twice a year by the registered provider's quality assurance officer. The registered manager was also required to provide information to senior management on a regular basis on the service's performance to enable them to monitor the quality of the service. A quality monitoring report by the local authority undertaken in February 2016 for the service showed that a score of 96.6% had been achieved which evidenced an excellent service was being provided to people.

The registered manager and staff had created positive links with the community and held regular fund raising events at the office. Anyone from the community could attend these events and people we spoke with clearly enjoyed attending them. During our inspection we observed staff telling people that if they required transport to attend a forthcoming event they would be happy to arrange this for them. The registered manager told us that the events encouraged social inclusion and gave them an opportunity to gain feedback from people about the service in an informal environment.

The registered manager and registered provider had access to up to date information and shared this with staff to ensure that they had the knowledge to keep people safe and provide a good quality service. The registered manager also attended a local provider forum facilitated by the local authority and the registered provider's managers meetings to share experiences and good practice and seek ways to continually improve

the service provided to people.

All information around people's care was held in folders; staff updated these during each visit and were removed when full and stored in a locked filing cabinet in the office to ensure people's private information was kept secure.