

Jay's Homecare Limited

Jays Homecare Limited

Inspection report

Unit 38 Millennium Business Centre
Humber Road
London
NW2 6DW

Tel: 02083647797

Website: www.jayshomecare.co.uk

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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

Jays Home Care Brent is a domiciliary care agency. The agency provided personal care to approximately 60 people living in their own houses and flats and specialist housing. The agency provides a service to older adults, some of whom may have dementia, and younger disabled adults.

At our last inspection in March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Where people were supported with medicines, we found they were managed safely. Risk assessments and risk management plans were completed. Safe recruitment procedures were followed before new staff were appointed. Appropriate checks were undertaken to ensure staff were of good character and were suitable for their role.

Prior to providing personal care people's needs were assessed, which ensured the agency was meeting their needs. Staff feedback were positive about the support, guidance, training and supervision they received. People were supported to maintain their health and the service liaised with other external health professional when needed. 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.

People were cared for in a kind and respectful way.

People's care records provided evidence of their involvement and people who used the service told us that their choices and preferences were fully taken into account. People were able to raise concerns and appropriate actions were taken by the agency to resolve their concerns.

People who used the service, relatives and staff all spoke positively of the leadership and management of the service. Audits were in place and, where shortfalls were identified, actions were taken to make improvements.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Jays Homecare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 1st and 7th March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that the management would be in the office and available to assist the inspection.

We also wanted to seek agreement from people and their families that we could contact them and obtain their views and experience of the service. We made telephone calls to people who used the service and their relatives on 7th March 2018.

Before the inspection we reviewed the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service such as from statutory notifications. A statutory notification is information the service is legally required to send to us about significant events.

We spoke with seven people and three relatives of people who used the service. We spoke with the operation manager, the manager, one care coordinator, one field supervisor and two care workers.

We assessed the care records for five people who used the service. We checked staff recruitment files, staff rotas, induction, 'spot checks,' supervision and training records. We reviewed records relating to the management and monitoring of the service, such as policies and procedures, quality assurance audits and checks, records of staff meetings and feedback from people using the service and their relatives.

Is the service safe?

Our findings

People told us they felt safe with the care staff that visited and provided their personal care. Comments included, "I feel 100% safe", "I am not worried that they [staff] might do anything which is wrong" and, "I have complete faith in my carers."

The majority of people told us that they received care from a regular 'group' of care workers. One relative told us, "My mum knows [carer name] very well. She visited her for a long time." One person said, "[Carer name] had been with me for over a year. She is fabulous." We were told that care staff mostly arrived on time, and when they were running late, the care workers or someone from the office called to let them know. One person told us, "sometimes the company informs me when they [care worker] are stuck in traffic. During the bad weather they were late, but this is understandable. I am happy."

There were safeguarding policies and procedures in place. Staff had received training and understood their responsibilities with regard to safeguarding people from harm and abuse and for reporting any concerns. A member of staff told us, "If I believed something was wrong or a service user told me something, I would always ring the office, but I can talk to the police or the Care Quality Commission."

Risk assessments were completed and risk management plans were in place. They were reviewed and updated annually or as necessary if people's needs had changed. The risk assessments included risks associated with moving and handling, mobility, the environment and the use of equipment such as hoists. Where people were supported with moving and handling equipment, we saw the records provided guidance and details for staff about how to use the equipment.

Risks associated with the environment were considered and management plans were in place to manage identified risks to people's safety. Accidents and incidents were reported and actions taken. A member of staff told us how they had supported a person with mobility problems after they had a fall. They told us they reassured the person and informed the relevant authorities, including the emergency services to ensure the person was safe and had no long lasting injury. The member of staff told us they completed the required paperwork and contacted the office.

The provider analysed accident and incident reports and were available to provide additional advice and guidance. Where actions were needed to reduce and minimise future risks, these were taken. For example, we saw in one such record that the agency spoke to the person's relative and asked to remove loose carpets as they had posed a tripping hazard.

People who needed assistance with medicines received the support they required. The manager told us that only a few people received assistance with their medicines. We saw in one of the care records we viewed, that an up to date medicines administration record (MAR) was completed appropriately by the care worker. The person's care record documented the medicines the person was prescribed and the level of assistance the person required. Care workers told us that they had medicines training and training records viewed confirmed this.

Appropriate staff recruitment processes helped to protect people from those who may not be suitable to care for them. The recruitment files we inspected showed that appropriate checks had been carried out before staff started work. They included completion of application forms, interview notes and reference checks. Enhanced Disclosure and Barring Service (DBS) checks were completed. The DBS enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with adults and children.

We spoke with staff who told us they were provided with adequate supplies of personal protective equipment (PPE). They told us they had received training so they were aware of what they needed to do to help prevent or control the spread of infection. One care worker told us, "One of the reasons I came to the office today, was to pick up gloves."

Is the service effective?

Our findings

People received an effective service from staff who understood their needs. People spoke positively about the staff that supported them and told us that staff were trained and able to meet their needs. People referred to the service had their care needs assessed by senior staff, before the commencement of the service. This was to make sure the provider was confident the person's care needs could be met to make sure identified risks within the person's home could be addressed. We saw in one such assessment that the provider responded well to changing needs. For example, one person's needs had changed as they now required additional help. The agency contacted the person's social worker and raised the concern, which resulted in the person's care plan being reviewed by the local authority. As a result additional support was provided to meet the changing needs of the person.

Where people received support with their food and fluids, people and relatives comments included, "Staff usually make breakfast and always leave a drink for him." Where people required support with their meals, this was clearly documented in the care records to ensure that their dietary needs were met.

New staff completed an induction programme. The programme incorporated the Care Certificate, a national training process introduced in April 2015, designed to ensure staff were suitably trained to provide care and support. New care staff were supported through the programme by a senior member of staff. Staff completed essential training, for example, fire safety, infection control, moving and handling, nutrition and hydration, safeguarding and Mental Capacity Act. Staff then shadowed experienced staff until they were confident to work unsupervised. During this time new staff were monitored, and met with senior staff on a regular basis where their progress was recorded. This meant that specific support needs could be identified and addressed. A care worker told us "There is a lot of training available. It is easy to access and has helped me to become better in my job."

Care workers received regular supervision with senior staff and the staff we spoke with told us they were well supported in their roles. In addition to supervision meetings, staff were periodically observed whilst they provided care to people. These were unannounced visits carried out by senior staff. A member of staff told us, "This is very good, we never know when [field supervisors name] comes, it does keep us on our toes."

Care workers reported concerns about people's health or change in condition to the office staff or out of hours on call staff. Care workers told us in the event of an emergency they would contact emergency services themselves. They told us they also worked with other health professionals and gave examples of meeting with the district nurse to discuss one person's specific health concerns and how to support the person appropriately.

Care workers understood the importance of supporting people to make decisions and remain independent. They had received training on the Mental Capacity Act 2005 (MCA). They were able to tell us how they obtained consent from people before they provided personal care. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. One care worker said, "I know all people very well, but I will always ask them what they want and if I am not sure would talk to their relatives."

Is the service caring?

Our findings

People told us that they were treated with dignity, respect and that care workers were caring. This was also confirmed by people's relatives. Comments and feedback included, "I am happy with the carers. They come on time and look after me well. They talk to me and respect my culture even though they are from a different culture. We talk about religious celebrations which matter to me, such as Diwali." Another person said, "Carers are kind and gentle." Family members told us they were confident their relative received consistent care and support which did not discriminate them in any way. Relatives spoke positively about care workers, commenting, "Mum has dementia and is treated accordingly. They talk to her. She is happy with them. I hear them laughing through the closed bathroom doors."

We found care workers had a good knowledge and understanding of people. There was a stable staff team with several staff having worked for the service for many years. Care workers were motivated and clearly passionate about making a difference to people's lives. Comments from care workers included, "I enjoy working for Jays. They look after people and staff."

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were very happy with all of the care workers and got on well with them. New care workers were introduced to people before they started to work with them. This was also true of management. They knew everyone who used the service because they covered staff sickness and absences. People told us, "The agency is small and we know the carers and the office staff."

Care workers told us that they had received equality and diversity training as part of their induction and said that they would treat all people the same. One care worker said, "We live in London, everyone is different and it does not matter."

Care plans contained detailed information so staff were able to understand people's needs, likes and dislikes. Care workers had a good knowledge and understanding of people. They respected their wishes and provided care and support in line with those wishes. People told us they knew about their care plans and the field supervisor regularly asked them for their views on the service provided. Care plans detailed how people wished to be addressed and people told us care workers spoke to them by their preferred name. For example, some people were happy for care workers to call them by their first name and other people preferred to be addressed by their title and surname.

Is the service responsive?

Our findings

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This helped care workers to identify the information that related to the visit or activity they were completing. Each care plan included details of the person's background, life history, likes and interests as well information about their medical history.

People told us they were aware of their care plans and the care coordinator or senior care worker reviewed their care plan with them to ensure it was up to date. Care workers told us care plans contained the information they needed to provide care and support for people. Any changes in people's needs were communicated to care workers through phone calls or during care worker meetings and supervisions. Care workers were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Care workers were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Daily care records were kept in the folders in people's homes. We saw they were completed by care workers at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals. Care workers told us, "It is important to record everything in the dally records, so we know if anything has changed."

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example, one person said, "I can always contact the office and ask for extra help if I need it. They are quite flexible."

People said they would not hesitate to speak with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. People told us they were able to tell the service if they did not want a particular care worker. They said that this was respected. We saw examples in people's care records when the service had been responsive to people's requests. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint.

Is the service well-led?

Our findings

There was a registered manager in post, however the operation manger told us that the current registered manager had moved into a more operational role. As a result of this Jays Home Care Ltd was planning to change the registered manager in the near future and the current manager who was in day to day control will register with the Care Quality Commission. 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.

The care workers we spoke with said that the new management arrangements were positive and the new care coordinator and manager were excellent and provided good strong leadership and support. One care worker said, "[Manager's name] is fantastic. He always makes time to listen. I am very happy in my job and the support from the office is great." Another member of staff said, "I believe Jays is well managed. If I have any issues I can call them and they help me to sort it."

Jays Home Care had an effective governance system to ensure the quality of service was being monitored effectively. This included audits of people's care plans, risk assessments and daily notes. People received regular unannounced spot checks and telephone calls. This ensured they were consulted and given opportunities to comment about their care. We saw evidence people suggested improvements to ensure the quality of care provided continuously improved. We reviewed this documentation during the inspection and saw it provided an overview of how the care worker was performing in their role, with follow up actions set if there was anything to be improved.

A satisfaction survey had been sent to people who used the service in October 2017. The survey asked people about staff reliability, punctuality, trust/honesty, feedback about the support they received, the relationship with their care worker and confidentiality. We noted that some of the comments made in the survey described the service as 'Very good', 'Good' and 'Excellent'. This provided people with the opportunity to provide feedback about the quality of service they received and we noted that people's feedback had been positive.

The workers we spoke with told us they enjoyed their work and that 'Jays' was a good agency to work for. One care worker said, "I like to work for Jays and I have worked for them for over three years."

We looked at minutes of quarterly care workers meetings. Topics of discussion had included staff wages, recruitment, safeguarding and complaints.