

J.C.Michael Groups Ltd

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Basildon

Inspection report

38 Southernhay
Town Centre
Basildon
Essex
SS14 1ET

Tel: 02085194089
Website: WWW.AQUAFLOCARE.COM

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

J.C.Michael Groups Ltd Basildon is a domiciliary care agency, registered to provide personal care and support to people in their own homes. At the time of our inspection, 49 people were using the service. Of those 49 people, 48 were receiving personal care and the remainder received help in the home or companionship services. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Systems were in place to check the safety and monitor the quality of the service, however further improvements were required to ensure these systems were more robust.

People received their prescribed medicines by trained staff, however improvements were required to ensure the processes in place for the safe management of medicines were more robust. Although there had been no impact on people using the service, we have made a recommendation about the safe management of medicines.

People felt safe and trusted staff. Safe recruitment processes were in place and there were enough staff to meet the needs of people. Staff had received training to recognise and report signs of abuse. Risks to people's health and safety were assessed and recorded and staff knew how to manage them to help keep people safe.

Staff received an induction, training and supervision to enable them to acquire the skills and knowledge to fulfil their role and responsibilities. Where required, people were supported with their dietary needs. There was flexibility in the timings of care call visits to assist people to access health care appointments.

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

People told us staff were caring and treated them with dignity and respect. People's independence was promoted and encouraged by staff.

Assessments were undertaken prior to people using the service to ensure their care needs could be met. People continued to be consulted over their care and support needs.

People and relatives thought the service was well led. The registered manager was open and transparent and created a positive culture within 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 requires improvement (report published 5 September 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

J.C.Michael Groups Ltd Basildon

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 team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 September 2019 and ended on 6 September 2019. We visited the office location on 4 and 6 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with the registered manager, operations manager, two care coordinators and three care staff.

We reviewed a range of records. This included five people's care and medication records. We also looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their prescribed medicines by staff who had received relevant training and had their on-going competency to administer medicines assessed.
- Audits of medicine administration records (MARs) were undertaken to ensure people received their medicines as prescribed. However, we noted these had not identified shortfalls we found regarding the safe management of medicines. For example, audits had not identified that staff had not always recorded the reason on people's MAR when they had refused their medicines. MAR charts had also not been signed by the staff member who had written them, nor had they been double checked by another member of staff for accuracy.
- Where people were prescribed 'as and when required' medicines, there were no protocols in place to assist staff to understand when to administer such medicines. We discussed this with the registered manager who confirmed to us this would be rectified immediately.

We recommend the provider consider current best guidance on managing medicines and take action to update their practice accordingly.

- People told us they were very happy with the support they received to take their medicines. A relative told us, "[Person's] medication is locked up and the key is kept in the key safe. This is because [person] would potentially take the wrong medication or forget they have taken it and take more. The carers give [person] a glass of water and ensure they take the medication."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. One person told us, "Of course I am safe."
- People were supported by staff who had received safeguarding training and knew how to raise any concerns they had about people's safety.
- The registered manager was aware of their responsibilities for reporting concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Risks assessments were carried out to identify risks associated with people's care, their home environment, and any healthcare conditions people were being supported with.
- Any changes in people's needs were uploaded onto the service's electronic systems. This ensured any new care instructions/updates on people's health were immediately available.

Staffing and recruitment

- There were enough staff to meet the needs of people who used the service.
- People received care from a consistent staff team. One person told us, "I am happy now because I have the same team [of carers]. It wasn't like that before. I think I've been having them for three or four months now." A relative told us, "I think there is enough staff. [Person] is lucky with the main carer because it is consistent, they have never missed a call."
- Safe systems for recruitment were in place to ensure staff were suitable to work in the care sector. This included obtaining references and undertaking criminal checks with the Disclosure and Barring Service (DBS).
- An electronic system was in place which provided an alert if care calls were more than 10 minutes late. This meant action could be taken by office staff or the out of hours team. Records showed there had been four late calls since January 2019; these were due to transport issues or staff sickness. There had been no missed calls.
- We received mixed feedback around the timeliness of care calls. One person told us, "The times they [staff] come varies." Feedback from relatives included, "They have never missed a call but the timings (of visits) change." One person told us they would like to receive a rota, so they knew which care staff would be attending. We discussed this with the registered manager. They told us people would be offered the opportunity to receive a rota. They went on to say the electronic system had recently been implemented and staff were still getting used to the system and they would ensure more robust checking took place to check the timeliness and length of care call visits.

Preventing and controlling infection

- People were protected from the spread of infections.
- Staff had received infection control training and had access to personal protective equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the registered manager and provider. This helped to identify any actions required, check for trends and identify learning to share with staff.
- Lessons learnt were used as case studies as part of staff training. For example, a professional boundaries incident was shared with staff to explain the importance of maintaining a professional relationship at all times with the people they supported.

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 requires improvement. At this inspection this key question has now improved to good. 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 care and support needs were assessed prior to them using the service to make sure these could be met.
- Care plans were reviewed and updated as required to ensure the care they received met their choices and needs, helped achieve good outcomes, and supported people to have a good quality life.

Staff support: induction, training, skills and experience

- Newly appointed staff received an induction to the service. This included training and shadowing experienced staff to learn about the job and get to meet people. One member of staff said, "[The induction] made me feel confident. [Registered manager] did our induction and she was spot on with it and ensured we understood what we were doing."
- Staff completed the Care Certificate which represents best practice when inducting new staff into the social care sector.
- Staff received on-going refresher training to support them to fulfil their role. Staff told us they felt they had all the training they needed to meet people's care needs.
- Staff felt supported by the registered manager and told us they were available for support and guidance at any time.
- Management completed observations of staff practice and staff received regular supervision.

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

- Where required, people were supported with eating and drinking.
- No one currently using the service was at risk of malnutrition or had any specific dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff communicated with people and families to ensure people's healthcare needs were met. The registered manager told us care call visits were flexibly to support people to attend health care appointments.

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's rights to make their own decisions was respected.
- Staff had received MCA training and understood the need to provide people with choices, respect their decisions and to gain their consent prior to providing care and support. One member of staff told us, "We have to give people the opportunity to do as much as possible, don't assume, treat people as individuals. I give choices and ask them what they want, for example, show clothes and ask what they want to wear, what would you like to eat. It's about giving options and choices and respecting decisions."

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 told us that staff were kind, caring and treated them well. One person said, "I am fond of them (carers) and I know they are fond of me because of the little things they say." Relatives also spoke positively about the caring attitude of staff. One relative said, "[Person's] main carer came to their 90th Birthday party and gave them a present, [carer's name] is very kind." Another said, "I can tell that the favourite carer (main carer) cares for [family member]. They have a little laugh and I can tell they have a nice synergy together."
- Staff received training in equality and diversity. People's diverse needs were respected, and care plans identified people's religious, cultural and spiritual needs. However, care planning documentation did not contain information about people's sexual orientation. We discussed this with the registered manager. They told us no one would be discriminated from using the service and would ensure this information was recorded in people's care plans.

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

- People were supported to express their views and made decisions about their care.
- People were given the opportunity to provide feedback about the service and the care they received, for example through telephone surveys, questionnaires and review meetings.
- The service held information on local advocacy services. The registered manager informed us no one was currently using advocacy services. An advocate supports people to express their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff recognised the importance of respecting people's privacy and dignity. One member of staff told us, "I treat people as I would like to be treated or my parents to be treated, they are individuals and I treat them as such."
- People's independence was promoted, and staff encouraged people to be as independent as they were able to.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated 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 ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs.
- Care plans contained information on people's preferences, likes and dislikes and how they wanted their care and support to be delivered. One person told us, "My care plan reflects my needs."
- People and their relatives were involved in the development and on-going review of their care. Care plans were reviewed every 12 months or as and when people's needs changed; for example, following discharge from hospital or deteriorating health. A relative told us, "Yes I am involved in [person's] care plan and I regularly read the daily communication log which gives a true reflection of what they [staff] have done, the notes are specific. They review the care plan annually. We are both involved, and they will change anything if needed to, which they did do in the early days."
- Staff were notified of any changes in people's care and support needs by office staff and through the provider's electronic care system which was linked to staff's mobile phones. This ensured staff had access to current and relevant information.
- People benefitted from having regular care staff to promote continuity of care. Staff could tell us about people's needs and the support they required.

Meeting people's communication needs

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

- The service was complying with the AIS.
- Care plans identified people's communication needs.
- The provider had recruited a member of staff with a hearing impairment who was proficient in British Sign Language (BSL). This member of staff supported a person who was only able to communicate via BSL.
- The registered manager told us they would ensure information was available in accessible formats, for example, large print, easy read and the use of translation services.

Improving care quality in response to complaints or concerns

- There was a complaints system in place. Information was available to people on how to raise a complaint. Records showed complaints had been responded to appropriately.
- People knew how to raise a concern or complaint. One person told us, "I have never needed to make a complaint but would know how to."

End of life care and support

- The registered manager informed us no one was receiving end of life support at the time of our inspection. They told us staff would work closely with other professionals to ensure people had a dignified and pain free death.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Although quality assurance systems were in place to monitor the service, we found some checks and audits were not always consistently documented or had identified issues. Whilst we found issues with some aspects of the quality assurance processes, we noted there had not been any significant impact on people using the service.
- Throughout our inspection, the registered manager was receptive to our suggestions and showed commitment to improving the service to enable greater oversight and governance of the service, ensuring people received safe care and treatment.
- The registered manager acknowledged further work was required to improve monitoring of the service and, immediately following our inspection, submitted an improvement plan to CQC which addressed the shortfalls we had identified.
- Staff were clear on their roles and responsibilities and told us they worked effectively together as a team and felt supported by management. They were complimentary of the support they received from both the registered manager and care coordinators who were always available for guidance and support.
- The registered manager was committed to continuous learning and driving improvements. They told us how they kept up to date with changes in the sector and attended training opportunities. They also attended the provider's managers meetings which enabled them to share best practice with managers of the provider's sister services to help improve the service people received.

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

- People and, where appropriate, their families were involved in making decisions about their care. The registered manager and staff demonstrated their commitment to ensuring people received good quality care which was personalised to them.
- Staff enjoyed working at the service and thought it was well led by the registered manager. One member of staff told us, "I really enjoy my job, it gives me satisfaction and [registered manager] is very approachable."
- The registered manager understood the importance of being open, honest and transparent and taking responsibility if things went wrong and was aware of their responsibility to report notifiable incidents to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Management regularly engaged with people, relatives and staff to gain their views on the service. This was done in a number of ways such as telephone calls, home visits, questionnaires and staff meetings. Feedback was analysed, and where required action taken to drive improvements. For example, following feedback that there was nowhere for people or relatives to add comments into daily communication books, changes were made to the layout of the communication books to enable people, relatives and professionals to clearly record information they wished to share with staff.
- People and relatives gave positive feedback about the service. One person told us, "I would recommend [the service]. I rate them as 5 out of 5, I couldn't do without them." A relative said, "I would recommend this service, in fact I have done. They have an open culture and we have good relationships with the management and carers. I rate the service 5 out of 5. For my [name], it's perfect."
- Staff told us they felt confident to make suggestions as the registered manager was very approachable and listened to what they had to say.
- The registered manager informed us they attended local forums and events to help support development of the service.