

Merseycare Julie Ann Limited

# MCJA St. Helens Office

## Inspection report

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Date of inspection visit:  
19 April 2016  
21 April 2016

Date of publication:  
22 June 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This was an announced inspection, carried out on 19 and 21 April 2016. '24 hours' notice of the inspection was given because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available in the office.

MCJA is a domiciliary care agency based in St. Helens. It offers care and support to 240 people in their own homes including personal care. The agency has offices based in St. Helens and is registered as a supplier of services to St. Helens local authority. They employ 65 support staff.

This was the first comprehensive inspection of this service. .

The service had a registered manager who had been in post since July 2014. 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.

At this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People's needs were assessed and risk assessments were in place. People's histories, wishes and preferences were not consistently reflected within their care plans. This meant that staff may not provide support in line with a person's wishes. Care plans were regularly reviewed however new up to date information was not transferred into the care plans. Documentation was not always updated following notified changes. This meant people may not be receiving the most up to date care and support they required. Daily records which were maintained for each person which showed they had received the care and support.

The registered provider did not have in place any formal systems for assessing and monitoring the quality of the service. This meant that there was a risk that they would not identify where quality and safety were compromised and to be able to respond appropriately to concerns.

Staff received training and support to carry out their job and they were provided with further opportunities to develop within their roles. Staff had access to policies and procedures in relation to safe practice. However, the registered provider failed to ensure that staff were observed carrying out support tasks such as medication administration and therefore could not be assured of their competence.

People had no concerns about their safety and the way they were treated by staff. There were systems in place to protect people from abuse which included training for staff and policies and procedures for staff to

follow. Staff spoken with demonstrated a good understanding of what action needed to be taken in the event of a person being at risk from harm. Recruitment practices helped ensure that only people suitable to work with vulnerable people were employed by the service.

People felt that they could be better informed about which staff they could expect or if they were running late. However, people told us that the staff were caring. People told us that they had a core team of staff which was good because they got to know each other well. They told us that staff met their needs and had the right skills to provide their support. The registered provider employed a sufficient number of staff to meet the needs of the people they supported.

Staff were confident about dealing with emergency situations and they had details of people and services they could contact if they needed advice, guidance or support at any time of the day or night.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find. We saw that policies and guidance were available to staff in relation to the MCA. Staff had received training and had a basic understanding of the principles of the act. Care planning documents included consideration of the MCA which meant that people's rights were protected.

People had access to information about how to complain and they were confident about voicing any concerns they had. Complaints were taken seriously and dealt with in a timely way. People's views about the service had been sought at review and through questionnaires.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were supported to take their medication where appropriate but this was not always recorded correctly.

Systems in place to ensure risks to people's safety and well-being were identified and addressed.

People felt safe with the staff that supported them. Staff knew how to recognise and report the signs of abuse.

There were sufficient numbers of staff to meet the needs of the people who used the service. They had been deemed as suitable through robust recruitment processes.

### Is the service effective?

Good ●

The service was effective.

Staff received training and supervision for their role which enabled them to support people safely and effectively. However, there were inadequate safeguards in place to formally assess the on going skills and competency of staff

People received support from a consistent staff group who knew them well.

People were supported by staff that had a basic knowledge of the Mental Capacity Act 2005 which meant that their rights were protected.

### Is the service caring?

Good ●

The service was caring.

People were not always sure what staff member was coming to them or if they were going to be late. However, people told us that staff were caring, kind and helpful.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

### **Is the service responsive?**

The service was not always responsive.

Staff did not always have sufficient information to offer people person centred care. Changes to a person's needs were not always documented so there was a risk that the correct level of support would not be delivered.

People were provided with written information about how to make a complaint. People told us they thought any complaints would be properly investigated by the registered provider

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

A registered manager was in post.

The registered provider did not have a robust audit system in place. This meant that they could not monitor the quality and safety of the service.

People who used the service and staff told us, the registered manager was approachable and available to speak with if they had any concerns.

The services policies and procedures were up to date and

**Requires Improvement** ●

regularly reviewed.

# MCJA St. Helens Office

## 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 was carried out by one adult social care inspector. The inspection took place over two days and was announced. The registered provider was given 24 hours' notice because we needed to be sure that someone would be available at the office.

During our inspection we spoke with twelve people who used the service and visited three people in their homes. We observed staff working in people's homes when we visited. We also spoke with ten family members, four care workers, two office staff and the registered manager. We looked at 10 people's care records, 10 staff records and records relating to the management of the service.

Before the inspection the provider completed a Provider Information Return (PIR). This 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 also reviewed the information we held about the service. This included any notifications received from the registered manager, safeguarding referrals, concerns about the service and other information from members of the public. We contacted the local authority quality monitoring and safeguarding teams and they told us they had no immediate concerns regarding the service.

## Is the service safe?

### Our findings

People told us that they felt safe with the carers coming into their home. People's comments included "I am very happy with my carers, they are reliable" and "I really trust the staff and can't fault them". A relative told us "I know [name] is in safe hands".

We looked at the medicines records of six people and found that they had received the medication that they required. Their care plans included basic information about their medications along with an appropriate risk assessment. However, we saw that medication administration sheets (MARS) were not always completed accurately. For example, there were a number of missing entries on a MAR sheet. If records are not completed then staff would not know if the person had refused or staff had failed to administer the medication. There were no formal systems in place to check if medication errors had been made.

The registered provider employed sufficient numbers of staff to keep people safe and to provide the required level of support. People told us that they were not rushed with their care and staff completed all of the tasks stated within their care plan. One person said; "The carers do everything I need". Staff told us that they generally had enough time to meet the essential needs of people. However, when a person was unwell or required more support this may result in them running late all day. Staff told us "It is important to make sure people are safe and comfortable" and "We do our best to make a positive difference".

A recruitment procedure was in place to ensure that appropriate staff were employed. We looked at the recruitment files of 10 staff and saw that the appropriate procedures had been followed. For example, we saw that all applicants had completed an application form and attended an interview. Prior to a person starting, the required checks were undertaken including references and a disclosure and barring service check (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This meant that people were supported by staff deemed of suitable character to work with vulnerable people.

Risks to both people and staff were assessed and this information formed part of their care plan. For example, we saw that people's living environment was assessed in order to identify any risks to health and safety. Risk assessments were also in place for support tasks such as moving and handling. This ensured that staff provided safe care and the correct level of intervention.

Policies and procedures were in place in relation to safeguarding adults. A copy of the company procedures was available in the office along with a copy of the local authority's safeguarding procedure. Staff spoken with demonstrated a good understanding of what action they needed to take in the event of a person being abused or if staff suspected that abuse was taking place. Staff told us they were confident that management support would be available to discuss any concerns they had in relation to safeguarding people from harm. Training records showed that all staff had completed training in safeguarding.

The registered provider had a whistleblowing policy, which staff were familiar with. Staff told us they would approach the registered manager or a senior member of staff, if they had any concerns regarding poor

practice.

Staff were aware of their responsibilities for ensuring the safety of the people they supported as well as their own safety and for reporting any concerns they had. The registered provider had a range of policies and procedures which were made available to staff. In addition to this staff were provided with on-going training in health and safety, fire awareness, prevention and control of infection, first aid and moving and handling. The service had personal protective equipment (PPE) which was held at the office and made available to staff on request. This included gloves and aprons used by staff when undertaking personal care tasks. They are used to protect staff and people to reduce the opportunities for spreading infections.

People who used the service had access to advice and support at all times. The registered provider had policies and procedures in place for responding to emergencies. Staff had access to these and they were familiar with them. The staff had access to a member of the management 'on call' team for emergency situations, advice or support. Emergency contact details for family members and health care professionals involved in people's lives were recorded. This meant that staff, in the event of an emergency, could contact the appropriate people without delay.

## Is the service effective?

### Our findings

People told us that they received the right care and support from staff who knew them well. People's comments included "The carers do everything I need". "Carers are brilliant" and "All the girls are wonderful". People told us that the staff were knowledgeable in their role.

Staff undertook medication training and assessment prior to undertaking any medication tasks. However, the registered provider had not carried out any practical assessment or observation to ensure that staff were deemed as confident and competent to administer medication in a person's home. We spoke to the registered manager about this and following the inspection they confirmed that they had implemented and were carrying out a formal medication competency assessment of all staff.

Staff comments included "My induction was really tough but thorough, I learnt a lot" and "I have enough training to be able to fulfil my role". New starters were expected to undertake the care certificate as part of their induction. The care certificate is a set of minimum standards that social care and health workers follow in their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. We checked the records for new staff and these showed this had been fully completed. As part of their induction staff worked in the community shadowing more experienced staff. Staff were assessed as competent to work alone before they worked unsupervised.

Staff told us they received regular training and that they found it important to their role. Further training was provided to staff on an on-going basis including refresher training in key topics and more specialist training relevant to people's individual needs such as dementia and end of life care.. We saw that staff were working towards or were in receipt of a Qualification and Credit framework (QCF) level 2, 3 or above diploma in health and social care. A QCF is a nationally recognised qualification which demonstrates staff can deliver health and social care to a required standard.

Staff received the support they needed to carry out their roles effectively. Staff told us they were well supported and they felt able to talk at any time about their work with the registered manager and their supervisors. Records showed staff had received one to one formal supervision sessions and an end of year performance and development review. The registered manager did not follow their own policies regarding supervision frequency. The policy stated supervision took place six times yearly however documentation demonstrated this took place three times yearly. The care coordinators carried out spot checks on staff whilst they were working in the community and the views of people who used the service were also obtained. This enabled the registered provider to assess and obtain feedback about staff performance. Feedback formed part of supervision discussion.

People who used the service told us that they normally arranged most of their health care appointments with the help of relatives and relevant other people. People's care records included the contact details of their GP so staff could make contact if they had concerns about a person's health. Staff were confident about what to do if they had immediate concerns about a person's health. They said they would carry out the necessary first aid and call for emergency assistance. Care records showed concerns had been

responded to appropriately.

People who required assistance and support to eat and drink had a care plan detailing their needs. The plans described the support people needed at meal times, for example with the preparation and presentation of meals and the task of eating and drinking. Staff had completed training in nutrition and food safety and they knew how to respond to any concerns they had about a person's diet. For example, if a person's appetite significantly changed or if a person showed obvious signs of weight loss staff would contact the appropriate professional to ensure support was sought.

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.

We checked whether the service was working within the principles of the MCA and found that it was. The registered manager and staff had undertaken training in the Mental Capacity Act and they showed an understanding of it. The registered manager told us they worked alongside family members and health and social care professionals if the person did not have the mental capacity to make their own decisions and together they decided if a decision needed to be made in a person's best interests. There was evidence of mental capacity assessments in the care plan files.

## Is the service caring?

### Our findings

People who used the service described the staff as caring and supportive. People said they had a say in who provided their care and support but were not always notified of changes or delays. People's comments about the staff included, "All the girls are very caring, gentle and respectful", "Can't fault the carers" and "Some of the girls are excellent".

Five people said that staff were late on occasions. They said staff did not consistently arrive on time but did stay the required duration. Staff confirmed they were given additional calls due to staff sickness that caused them to run late. People commented that they did not always know who was visiting for their call and they did not have a rota each week. People said they were not always notified of staff changes or lateness. 50% of people spoken to commented on this. We spoke to the registered manager about the need to ensure that people were kept up to date with any changes to their daily schedule.

People told us that the staff met their needs. They said they had some regular staff which was good because they got to know them well. We saw and staff confirmed that for the majority of their visits were scheduled to the same people. Staff told us that this helped ensure that people received a consistent service. This meant staff had the opportunity to get to know people well and to understand their care and support needs.

Staff told us that developing good relationships involved using good communication skills. Staff told us that they always chatted to people during their visits, to ensure that they were well. They said they gave people an opportunity to talk about anything important to them when they visited. One member of staff told us; "It is so important that I support people to live in their own home and that makes my job worthwhile".

People said staff always spoke with them about the care and support they intended to provide and asked for their permission before they proceeded. People told us that staff always knocked on the door before entering their homes unless they had had prior agreement to enter using key code access or by other means. Staff had received training in relation to equality and diversity, person centred care, communication and privacy and dignity. We observed that staff respected people's privacy and dignity and asked permission before undertaking any tasks. Staff were able to give examples of how they maintained people's privacy and dignity. This included talking to people whilst assisting them, ensuring personal care was provided in private and at a pace the person was happy with and involving people in decisions about their care and support.

People received an information pack about the service which described the standards of care they should expect to receive. People told us they had been given this information when they first started to use the service. The pack also included key pieces of information about matters such as; what tasks carers can and cannot undertake; how to make a complaint or compliment, standards of service including confidentiality, punctuality and choice.

## Is the service responsive?

### Our findings

Two people spoke to us about the times of their calls stating "I find the time for my bed call too early" and "The timings of my calls vary a lot". One staff member told us; "I make sure all is well before leaving someone's home".

People's needs were assessed prior to them using the service by the assessment and reviewing officer at the service. A care plan was developed for people's identified needs and a copy of the care plan was kept both at the office and at a person's home. People who used the service confirmed this and we saw these documents during our inspection.

People told us that the support they received mostly met their needs and that staff had got to know them well. Care plans included how many staff were required to support people and what basic tasks staff were required to complete. However, we found that care plans were not personalised and the content of the documents varied in detail. People's life history, likes, dislikes and preferences were not consistently reflected within their care plans. This meant that there was a risk that people would not receive person centred care of their choice from a staff member that did not know them well.

A review of a person's care was undertaken every six to 12 months or sooner if required, for example when a person had experienced a change in their needs. We saw documents that demonstrated people's needs had also been reviewed by the local authority. Where needs had changed, this was not always reflected within the care plans. This meant that staff did not have up to date information. There was a risk that people may not have their support needs met.

We recommend that the registered provider ensures all areas of the care plan documentation are updated following any changes for people who use the service.

Prior to leaving people's homes staff completed a written record detailing the care and support they had provided to the person. These records gave staff the opportunity to record the nature of each call and the outcome.

Where required staff worked alongside relevant others, health and social care professionals, including district nurses and therapists to ensure people's needs were met. Records showed contact by the service with GP's, district nurses and other professionals to ensure any changing needs of a person were met.

People told us if they had any concerns they would feel confident to raise them and they felt their concerns would be appropriately addressed. The registered provider had a complaints policy and procedure which was provided to people when they first started to use the service. A record of complaints people made was kept and they showed that they were dealt with in a timely way in line with the registered provider's complaints policy. Staff were knowledgeable about the complaints procedure and they were confident about dealing with any concerns, complaints or comments people made. We saw compliments that had been received by the service and comments within these included "Carers are very good, I am happy with the support" and "I have good relationships with all carers and have no complaints".



## Is the service well-led?

### Our findings

People spoke positively about the registered manager. Comments included "The manager has been very helpful and she has resolved any issues I have had promptly", and "The service meets our needs and I know I can contact the manager if I need to". Staff said "The manager is very understanding and her door is always open when I need to chat" and "The manager is always accessible to discuss any concerns or issues". People told us that they had the telephone numbers for the office and could contact them [the staff] easily.

There was a registered manager and they had been in post since July 2014.

The registered provider did not have systems and processes in place such as regular audits to enable them to monitor and improve the service. Care plans and risk assessment were not formally monitored on a regular basis. The registered provider had failed to highlight the issues with recording and documentation that we identified on inspection. This meant that there was a risk that any changes to people's needs and wishes would not be dealt with promptly. There was no system in place to audit the administration of medication. MARs and staff practice through spot checking and observation was not regularly reviewed to ensure that potential errors were identified, dealt with quickly and the risk of harm reduced.

This was a breach of regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 because the registered provider failed to have systems in place to assess, monitor and improve the quality and safety of the service provided.

The views of people who used the service and where appropriate their representative, were sought through direct conversations and via a survey sent out to people each year. Surveys invited people to comment on aspects of the service. Results of the most recent survey undertaken during 2015 showed people were mostly satisfied with all aspects of the service which they were invited to comment on. There was no evidence to demonstrate that the information was analysed and used to provide learning and future planning for the service.

Staff told us that the management team at the office had been easy to contact and that they had been provided with work mobile phones which enabled them to contact someone for advice and support. They said that a senior member of staff was always available to contact outside of the general office hours. In addition they told us that they were able to visit the office at any time to discuss any concerns they had in private with a member of the management team who would always listen. Staff told us "I am happy with the company" and "The manager is great, very understanding, I can't fault her".

Regular staff meetings were arranged. Minutes of these meetings were made available. Staff told us that they received support by way of formal supervision or just going to have a chat with a member of the management team. One member of staff told us they visited the office regularly for a chat with their supervisor and they found this useful.

Staff received their weekly roster through their work issue mobile phone as well as any updates and

amendments. The service used an electronic monitoring system for staff to log in and out of every call to people in their homes. This system recorded the times in which staff were scheduled to visit a person and also recorded the actual times staff had arrived and left. This system was monitored by the service and the Local Authority on a regular basis to help ensure that people received the visits they required. Invoicing systems were also linked to this to ensure people only paid for the care and support they had received.

Registered providers are required to inform the Care Quality Commission of certain incidents and events that happen within the service. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider had failed to ensure that there was an accurate and complete record held in respect of each person. The registered provider failed to have systems in place to assess, monitor and improve the quality and safety of the service provided.