

J.C.Michael Groups Ltd

# J.C.Michael Groups Ltd Wandsworth

## Inspection report

182 The Broadway  
London  
SW19 1RY

Tel: 02085408441  
Website: [www.jcmichaelgroups.com](http://www.jcmichaelgroups.com)

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### Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

J.C. Michael Groups Wandsworth is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of inspection, the service supported people with conditions such as dementia and mobility needs. Out of a total number of 68 people, 64 people were receiving personal care from this provider.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Some feedback we received from people and their relatives was that staff did not attend the visits on time. We made a recommendation about this.

Although training provided for staff was meeting their role expectations, some staff's understanding of the Mental Capacity Act (2005) and Whistleblowing was limited. The provider was aiming to appropriately evaluate applicants during the interview process. Audits carried out by the registered manager were not always recorded. CQC records were not always up to date because the provider had not notified us about the changes taking place. Action taken by the provider to address these gaps will be reviewed at our next planned inspection.

People and their family members told us that the care provided was safe and met the needs of the people the service supported. People felt respected and had a choice of how they wanted to be cared for.

People's risk assessments were up to date and assessed the risks associated with people's care making sure staff supported people safely. There were systems and processes in place to safeguard people as necessary. Safe medicines management practices were followed by the provider. The provider followed current best practice guidelines to effectively manage risks associated with infection prevention and control (IPC).

There was a good delegation between the management team which supported the monitoring of the care provision. Staff felt supported in their role. Healthcare professionals were involved in care delivery when people needed their support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last overall rating for this service was good (published 22/11/2019). At this inspection the overall rating remained the same.

### Why we inspected

This was a planned inspection based on when the service was last inspected.

We did not inspect the key questions of effective, caring and responsive. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for J.C. Michael Groups Wandsworth on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** 

### Is the service well-led?

The service was well-led.  
Details are in our well-Led findings below.

**Good** 

# J.C.Michael Groups Ltd Wandsworth

## **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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector and 2 Experts 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 and nursing care to people living in their own homes.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider would be available to support the inspection when we visited.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used this

information to plan our inspection.

The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. Please see the well-led section of the full inspection report for further details

During the inspection

We spoke with 13 people, 10 family members and a friend about their experience of the care provided. We also spoke with the nurse case manager, business support manager, field assessor and 5 staff members who provided care to people. We contacted 1 healthcare professional to find out their experiences of working with this provider.

We reviewed a range of records. This included people's care plans and risk assessments, medicines management procedures and staff files in relation to training and recruitment data. A variety of records relating to the management of the service, including audits and policies were also reviewed.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staff were suitably recruited.
- Staff were required to undertake pre-employment checks, including Disclosure and Barring Service (DBS) check before they started working with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Where the provider could not get a professional reference, they requested an additional personal reference to check staff's fitness for the role.
- We found that candidates were not appropriately evaluated during the interview process which the provider told us would be addressed immediately. We will check their progress at our next planned inspection.
- There was a good retention of staff which ensured continuity of care provision.
- Although people and their family members told us that the care provided was good, some expressed concerns about the staff's visiting times. Comments included, "They are due at 9 am and arrive at 10.30 am. [Appointment with a healthcare professional] is due at 10 am each day and I am not ready. My evening call is supposed to be 7 pm and the arrive at 5.30 pm. Who wants to put the nightclothes on at 5.30?" and "They do always turn up so in a way I feel safe but there is sometimes 2 to 2.5 hours discrepancy, sometimes it is 5 pm and sometimes 8 pm."
- This was discussed with the management team who told us they were having issues with one of the systems used to monitor staff's attendance and that they would address this immediately.

We recommend the provider to review their processes in place making sure staff attended the shifts as necessary.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from avoidable harm because staff understood how to protect them from abuse.
- People told us they felt safely supported by the service and that staff understood their care and support needs well. One person said, "[Staff] are very friendly, they know what they're doing." One staff member told us, "We go to the office to tell the manager if anything is not right. I would then go to the social worker or CQC if no action taken."
- Systems were in place for reporting, recording and monitoring the safeguarding activity. Any improvement required was identified on individual basis by the provider and actions taken to improve the care delivery. The management team told us they used a proactive approach to deal with issues arising. This included arranging an immediate visit to a person's home for investigation if any concerns were reported to them. Incident and accident procedures were followed by the staff team to mitigate the risk of future occurrences.

### Assessing risk, safety monitoring and management

- Staff were up to date with the necessary training courses required in their role.
- Systems were in place to continually assess staff's skills and knowledge to ensure good care delivery. One staff member told us, "The training was nice, they taught us a lot, like about safeguarding. On the final day it was a practical day, we were shown how and what to do. We did an exam after that and then I started shadowing, I was assessed also. [The management team] put me with an experienced person to go to clients. I watched what they are doing and learnt. I think [the managers] are very supportive."
- However, not all staff knew what the Mental Capacity Act (2005) stood for but provided us with examples of how they sought people's consent and adhered to their wishes before providing care. Although some staff did not know what whistleblowing was about, they told us that any concerns they had would be reported to external organisations such as the CQC should the management team not take action accordingly. We discussed this with the provider who told us they would review staff's knowledge immediately. We will check their progress at our next planned inspection.
- Risks associated with people's support needs were assessed as necessary. Risk assessments covered different aspects of people's care and in relation to their health and skin conditions and emotional state. The management team was in the process updating people's mobility risk assessments making sure the level of risk was appropriately assessed and recorded.

### Using medicines safely

- People had support to manage their medicines safely.
- Staff assisted people with their medicines in line with national guidance. Medicine Administration Records (MAR) showed that people received their medicines as prescribed.
- MAR also indicated the dose and what for the 'as required' medicines should be given to people. Any additional information required in relation to 'as required' medicines was recorded in people's care plans so that staff could understand then these medicines were to be given to people, for example where a person was in pain.
- Medicine records were regularly audited by the management team and where an error was identified, action was taken to prevent future occurrences.

### Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the hygiene practices they applied when supporting people in their homes.
- Staff told us they had the necessary supply of the personal protective equipment (PPE) which they used when providing personal care to people, with one staff member commenting, "I wear gloves and aprons for my own and clients safety. I also wash my hands always, it's all about safety."



# Is the service well-led?

## Our findings

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

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

Planning and promoting person-centred, high-quality care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to make day to day decisions about their care delivery.
- Staff enabled people to make choices and adhered to their wishes as necessary, with one family member commenting, "Feels safe, feels [my relative] can be independent, likes to do things for herself, the carers respect that. [My relative] will say if she doesn't want something done." A staff member said, "If [people] can't choose what food to have, I would give choices, for example do you want noodles or rice. We give options and ask [people] to choose."
- Personal information about people was stored safely and shared only with people's consent and on a need to know basis. Electronic systems were password protected so that only approved staff members could access it. One staff member told us, "Rule number one, you don't share in public confidential information about clients, for example their names or address."

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

- There was a good management structure at the service and involvement of the management team in the day to day running of the service.
- Staff told us they were well supported by the management team. Comments included, "I am very happy to work for them. They help and train us and advice if something goes wrong" and "Most of the time they call to see how we are doing. We can talk and complain if needed, they ensure our safety. This is very important. They make sure we are the best with the clients."
- Individualised approach was used by the management team to support staff in their job. This included gathering feedback from 2 senior staff members about the work performance of a new employee making sure they had a fair assessment.
- However, the CQC did not receive a completed provider information return (PIR) because the provider had not notified the CQC about the change in management team which resulted our records not being up to date. 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. Immediate action was taken by the provider to address this concern.

Continuous learning and improving care

- Quality assurance processes were in place to monitor the care delivery.
- There was a good delegation between the management team with shared responsibilities to ensure

continues monitoring of people's care. Systems were in place to regularly review people's care plans and medicines management practices.

- The provider told us that regular checks were completed by the registered manager, including reviews of people's care records, feedback and staff support, but that there wasn't a record made to evidence this which meant it was difficult to track any actions identified to improve the care delivery. The provider had agreed to address this concern. We will check their progress at our next planned inspection.

Working in partnership with others; Duty of Candour

- The provider told us they effectively worked in partnership with various health and social care organisations and external agencies, including Local Authorities and GPs, to support people's wellbeing.
- The management team were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment. The management team told us that any issues raised by people and their family members were acted upon promptly to support the good care provision. This was also confirmed by people and their family members that we spoke to.