

J.C.Michael Groups Ltd

J.C.Michael Groups Ltd

Redbridge

Inspection report

65 Broadway
London
E15 4BQ

Tel: 02085144462
Website: www.jcmichaelgroups.com

Date of inspection visit:
11 February 2020

Date of publication:
02 March 2020

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

About the service

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection they were providing personal care to 101 people.

The service is registered for both personal care and treatment of disease, disorder and injury (TDDI). TDDI is clinical care and treatment that is often delivered by nurses when based in a domiciliary care agency. However, at the time of the inspection they were not delivering TDDI.

People's experience of using this service

People told us they felt safe and well supported by staff who knew their needs and how to meet them. Our previous concerns about the quality of risk assessments had been addressed and risks to people had been appropriately identified with clear plans to address them. Our previous concerns about the governance of the service had been addressed and there were robust systems in place to ensure the quality and safety of the service.

People told us they were supported by regular staff who informed them if they were running late, or would be unavailable. There were multiple electronic call monitoring systems in place which meant it was not easy to tell if people were receiving their care at the times they wanted. We have made a recommendation about this.

People were supported to take their medicines by staff who had been recruited in a safe way and received appropriate training to do their jobs.

People's needs were assessed and the provider had changed their care plan format to make it more flexible and suitable for people's changing needs. Staff had good information about people's healthcare needs and the support they needed to stay healthy. Where it was part of their support people were happy with how staff supported them with their meals.

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 knew how to make complaints, and felt confident any concerns they had would be taken seriously. People and their relatives were invited to give feedback regularly and through various formats.

There were systems in place to ensure the continuous improvement and development of 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 (published February 2019).

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

J.C.Michael Groups Ltd

Redbridge

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 was carried out by an inspector, an assistant inspector, a directorate support coordinator 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

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service. This included copies of the action plans they had submitted to us after our last inspection as well as notifications they had submitted. Notifications are information about events providers are required by law to inform us about. We sought feedback from the local authority and safeguarding team where the service is based. We used the information the provider sent

us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the office based staff which included the registered manager, the operations manager, the deputy manager, a coordinator and a coordinator assessor. We reviewed the care files for ten people including assessments, care plans, records of care and reviews. We reviewed ten staff files including recruitment and supervision records. We reviewed various meeting minutes, newsletters, audits, training records and other information relevant to the management of the service.

After the inspection

We spoke with seven people and four relatives by phone. We spoke with nine care workers. We received and reviewed various policies and documents relevant to the management of the service.

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.

At our last inspection the provider had failed to ensure that risks were accurately assessed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

Assessing risk, safety monitoring and management

- Risks faced by people in the receipt of care had been identified through robust assessments with clear plans in place to mitigate them.
- People and relatives told us they were confident staff knew how to support them in a safe way. One person described how staff supported them to mobilise in a safe way.
- People had clear plans in place to mitigate risks including relating to their mobility, moving and handling, skin care and nutrition. The steps staff should take to ensure people were safe were detailed. Risk assessments were reviewed and updated regularly.

Systems and processes to safeguard people from the risk of abuse

- Systems were operating effectively to ensure allegations of abuse were appropriately identified and escalated to the appropriate local authority safeguarding teams.
- Staff were able to identify the different types of abuse people may be vulnerable to. Staff knew how to report and escalate any allegations of abuse. People told us they were confident the service would take action if they raised concerns about abuse.
- Records showed allegations of abuse were appropriately escalated and the provider worked with the local authority during investigations to ensure people were safe.

Staffing and recruitment

- Staff were recruited in a safe way that ensured they were suitable to work in a care setting.
- People told us their staff did not rush. They told us they had regular care workers who informed them if they were running late. One person said, "There are enough staff and I don't feel rushed. If my normal carers is off I don't want another one and they know this." Another person said, "I have two regular carers. If they are on holiday or off sick they arrange between them so I have cover. If they are late they will ring me."
- The provider was in the process of changing electronic rota and call monitoring systems. Their contracts with local authorities required them to use one system, but they preferred to use a different system because it was easier for them and their staff. We reviewed the data which showed staff were not attending visits at the time they were scheduled. The provider told us the variation was due to people and their families requesting variations in their times and the systems being difficult to update on an ad-hoc basis.

We recommend the service evaluates its use of multiple electronic call monitoring systems and how these

systems impact on their delivery and evaluation of care visits.

Using medicines safely

- People were supported to take medicines by staff who were trained and assessed as competent to do so.
- People confirmed staff supported them to take their medicines. One person said, "They help me with my medicines as I can't always remember to take them."
- Medicines care plans reflected current best practice guidance and included enough information that staff knew about the risks of each medicine. Staff signed to show they had supported people to take medicines. There were systems in place to check staff were accurately recording people's medicines.

Preventing and controlling infection

- There were effective systems in place to prevent and control infection.
- Individual risks and vulnerabilities to infection were identified in assessments with robust plans in place to mitigate these risks.
- Personal protective equipment was available for staff and people confirmed staff used it. One person said, "They wash their hands and change their gloves."

Learning lessons when things go wrong

- Staff reported incidents and the registered manager ensured investigations were robust. Where necessary care plans and risk assessments were updated in response to incidents.
- Records showed appropriate action was taken in response to incidents. This included sharing actions with relevant staff to avoid recurrence.

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

- The provider had overhauled their assessment system and implemented a new assessment system that was goal focussed and flexible. They were able to adjust the assessments depending on people's needs and preferences.
- The assessment process ensured that people's views and preferred outcomes of care were captured. People and relatives confirmed they were involved in the assessment process. One person said, "I was involved in writing my care plan at the beginning."
- Assessments led to comprehensive care plans which reflected people's preferences and provided sufficient information to ensure staff followed guidance and the law.

Staff support: induction, training, skills and experience

- Staff told us and records confirmed they received the support and training they needed to perform their roles.
- Staff completed an induction period including shadowing and classroom based training. Staff completed the Care Certificate. The Care Certificate is a recognised set of training required to give staff the foundation knowledge required to work in a care setting. Staff were supported to complete refresher training regularly.
- Staff competence was assessed through regular spot checks of the care they delivered in people's homes. Staff also had regular supervision and annual appraisals to help them to develop in their roles. Staff told us they found these helpful for their development.
- People and relatives told us they were confident in staff skills and abilities. One person said, "I am happy with them." Another person said, "They are very good."

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

- Where it was part of their commissioned package of care, assessments and care plans contained details of the support people needed to eat and drink. There were details of people's dietary preferences to ensure staff supported them with food they liked.
- People and relatives confirmed they were supported with this by staff. One person said, "[Care worker] supervises me cooking, to make sure I am safe." A relative said, "[Care workers] feed my relative. They sit together and have a chat."
- Records confirmed people were supported to have their nutrition and hydration needs met.

Staff working with other agencies to provide consistent, effective, timely care

- Records showed the provider worked with other agencies to ensure people received the care they needed.

- For example, one person's assessment had identified a fire risk due to them cooking unsupervised. The provider arranged for the fire brigade to visit to complete a risk assessment and supported the person and their family to follow the recommendations.
- We saw the provider supported people and their families to liaise with social services and other care providers involved in their support. This included where people needed equipment to increase their independence.

Supporting people to live healthier lives, access healthcare services and support

- Care files contained information about people's health needs and healthcare professionals involved in their support. There was clear guidance to ensure staff knew when and how to escalate any concerns about people's health needs. If people needed support to maintain their oral care this was clearly recorded.
- For example, several people had the ongoing involvement of local district nursing teams. There was clear information about how to communicate with them when handover was needed.
- People and relatives told us staff would liaise with healthcare professionals if needed. People confirmed staff would help them attend appointments. One person said, "My care worker comes with me to appointments. I am happy with that." Another person said, "They will help me to ring up the doctors if I need."

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.

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.

- Assessments considered people's capacity to consent to their care and treatment. Where capacity was in doubt, a mental capacity assessment was carried out as appropriate.
- Where people had legally appointed decision makers this was recorded in the file. The provider sought confirmation these authorisations had been approved by the Court of Protection.
- People confirmed staff offered them choices and sought their permission before providing support. Care files contained details of the types of decision people were able to make and how to encourage people to be involved in decision making. For example, one person would choose their clothing but sometimes needed prompting to consider the weather.

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 requires improvement. At this inspection this key question has now improved to good. 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 were treated well by staff who understood the importance of respecting people's individual characteristics.
- People told us staff were respectful of their beliefs and homes. One person said, "They respect our faith. We are [faith] and my relative likes them to take their shoes off or to wear shoe coverings which they always do." A relative said, "The care worker has very good manners."
- Care plans included information about people's religious beliefs, cultural background and asked questions about people's protected characteristics, including their sexual orientation and gender identity to ensure staff were able to provide sensitive support.

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

- People told us and records confirmed they were involved in making decisions about their care. This was recorded in their care plans and in the daily notes made by care staff.
- People told us staff listened to them, and they liked being able to chat with them. One person said, "They do have a chat. Oh lord yes! And they are my friends."
- People and relatives told us staff took time to get to know people, and asked about their lives. One person said, "They have been with me a long time, we talk about everything." This was reflected in people's care plans which included details about people's lives.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and their dignity and independence were upheld.
- Staff spoke about the steps they took to ensure people's dignity was maintained. This included both practical steps and the language they used when talking to people about their care needs.
- People's independence was promoted through care plans which emphasised what tasks, or aspects of tasks people could complete independently. Records showed staff encouraged people to be independent.

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 requires improvement. At this inspection this key question has now improved to good. 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's care was planned and delivered in a personalised way which ensured their needs and preferences were met.
- People told us and records confirmed there were regular checks and reviews to ensure people's care was meeting their needs. Coordinators completed spot checks and re-assessments if people's needs changed. People told us they would ring the office to make changes to their support, and this was easy to do.
- Records showed people received their care as planned. Records of care were reviewed monthly by the registered manager to ensure people were receiving their care as needed.

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.

- At the last inspection we made a recommendation about following the AIS. The provider had followed this recommendation. At each assessment people were offered their care plan in an alternative format. We saw one person chose to have their care plan in large print.
- Care plans also contained information about how people communicated and how to ensure they understood their care workers. This included details of non-verbal cues for people who did not use language to communicate.
- People's sensory needs were included in the assessment and staff knew how to make adjustments to their communication to ensure people understood. For example, staff described how they adjusted their tone to facilitate people understanding.

Improving care quality in response to complaints or concerns

- People knew how to make complaints and any made were investigated and responded to in line with the provider's policy.
- People told us they would call the office if they needed to make a complaint. One person said, "I would call the office." Another person said, "I know how to make a complaint. I haven't had to make a complaint for a very long time."
- Records showed the provider investigated all complaints made thoroughly and took action to resolve people's concerns. This included making changes to people's care arrangements to ensure they were happy

with the quality of the care they received.

End of life care and support

- At the time of the inspection the provider was not supporting anyone who was at the end of their life, however, they had the systems in place to enable them to if this was needed.
- Needs assessments included asking for information about people's wishes in relation to end of life care. In the files viewed everyone had said they did not wish to share this information.
- The registered manager recognised the impact of providing end of life care on staff and described the support systems they had in place to support staff who provided end of life care.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure the governance systems identified and addressed issues with the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

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

- The registered manager understood their legal responsibilities in relation to the service and took these seriously. They led on all the quality assurance and audits that took place within the service.
- The registered manager reviewed all the medicines records and care records on a monthly basis to check for quality and completeness. Due to the volume of records we found they had missed errors in two people's medicines records. The registered manager acknowledged this error and that the volume of checks was challenging for one person to complete. They informed us of their plan to start to delegate some of these checks to other staff to allow them to have more of an oversight role.
- There was a comprehensive plan and audit programme in place which included audits completed by the provider. We saw issues with the quality and safety of the service were identified and addressed by these audits.
- The registered manager was aware of, and addressing, risks to the service. For example, the current transition between and use of multiple call monitoring systems was a known risk to the quality of the service.

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

- There was a positive, person centred approach across the service.
- People and staff spoke highly of the registered manager who they described as being committed to driving improvements for people receiving care. One staff member said, "They [registered manager] are great a very supportive."
- The registered manager knew about the needs and preferences of the people who received a service. Despite the large size of the service they took time to get to know people and their families as individuals. They had recently introduced sending birthday cards to people to ensure everyone got at least one card on their birthday. We saw thank you notes that showed these were valued by 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

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood and fulfilled their responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider used various systems to engage with people, their relatives and staff with the service.
- There were regular staff meetings, and written memos to update them key information about the service. The provider recognised and rewarded staff where they went above and beyond what was expected of them in supporting people.
- The provider ran regular surveys of people and their relatives to seek their feedback on the service and welcomed ideas for development. People could receive these surveys in alternative formats, or complete them as telephone interviews if they wished.
- During the inspection we saw that people, relatives and staff were regularly in contact with office based staff. The assessor coordinator spent most of their role visiting people to ensure they were happy with their service and facilitated any changes required. People told us it was easy to contact the office.

Continuous learning and improving care; Working in partnership with others.

- The registered manager was committed to their own personal development and the development of the service.
- The registered manager attended various groups in different local authority areas to improve their knowledge of best practice in the field. They were linked with national training organisation networks to ensure they had access to up to date information. They attended meetings facilitated by the different local authorities who commissioned their services to build their local networks.
- Records showed the provider worked with other services to improve outcomes for people receiving care. This included social services, health services and other community groups.