

Help Where You Are Limited

Jhumat House

Inspection report

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Date of inspection visit:
09 July 2019

Date of publication:
06 August 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The service provided personal care to adults living in their own homes. At the time of our inspection, the service provided personal care to 42 people. 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

The provider had made improvements to the service following our last inspection. The correct numbers of staff were deployed to people to provide safe care and there were sufficient numbers of staff. Records of people and staff were more up to date and accurate.

People told us they felt safe with staff who provided care to them. However, some people told us they did not always receive a consistent service due to poor timekeeping, short notice cancellations or a lack of communication from the service. We have made a recommendation for the provider to follow best practice guidance on punctuality and consistency of care.

Procedures to protect people from abuse were in place. Risks associated with people's needs were assessed and staff understood how to reduce these risks. People were supported with their medicines and staff recorded these accurately. Staff followed infection control procedures and knew how to respond in emergencies.

Staff were recruited safely and staff were supported with essential training and development to ensure their skills and knowledge were up to date.

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

People were supported with maintaining their health and had access to health care professionals, such as GPs, when required. Care plans were personalised and people were encouraged to make choices. Staff got to know people well and understood their preferences.

Staff were respectful and caring towards people. They understood the importance of promoting equality and independence. People were supported to make complaints or contact the office to discuss concerns they had.

Staff felt supported by the management team. Quality assurance systems in the service were effective. The registered manager carried out checks to ensure staff were providing a good standard of care. They learned lessons when things had gone wrong to help make improvements to 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 4 April 2018) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will return to visit as per our re-inspection programme. If any concerning information is received 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 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 ●

Jhumat House

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 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

Our inspection was announced. We gave the provider 48 hours' notice and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection, we reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We also checked the last inspection report and requested feedback from social care professionals.

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 the registered manager and two care coordinators. We also spoke, by telephone, with three people who used the service, eight relatives and four care staff. We reviewed documents and records that related to people's care and the management of the service. We reviewed seven people's care plans and five staff recruitment files. We also looked at staff training records, audits, rotas, complaint and incident records.

After the inspection

We continued to seek further evidence and clarification from the provider, which we have included in the report.

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 remained the same. 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

At our last inspection in February 2018, the provider had failed to ensure the correct numbers of staff were deployed safely to people according to their needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- There were enough staff employed to meet people's needs. They received a rota to inform them of the times and days people required support.
- Where people required two staff to help transfer them using hoisting equipment, records showed that two staff were present at all times. Staff had received training on how to use equipment safely.
- People and relatives told us the service was safe. One person said, "Yes, I feel very safe. I have not had a missed call." A relative told us, "Yes, I think [family member] feels safe. It's because of the way that they handle [family member]. If they need anything, the staff get it for them. I see no problems."
- Staff were tracked through an electronic call monitoring system to check the times they arrived to visit people. Staff were required to log in and out of calls using their smart phones. Staff told us they had enough time to travel in between calls. A staff member said, "Yes I am happy with my rota and there's time to get to my clients."
- The management team was able to cover calls should staff be unable to attend or were running late. The registered manager and senior staff attended calls if necessary. People and relatives were to be notified if staff were running late to reassure them they would be coming.
- However, some relatives were not happy about staff timekeeping and were not always notified of delays. One relative said, "Timekeeping is sort of OK. It's usually a lack of communication between the office and carers." Another relative told us, "Timekeeping can be haphazard. Sometimes they ring; sometimes they do not and some carers seem rushed." Some people also had concerns about the service at the weekend, when different staff attended at varying times.
- Staff meeting notes we viewed confirmed lateness was an issue. We discussed this with the registered manager who said some staff would cancel calls at short notice and a replacement carer would have to be found which led to delays. They also told us staff did not always contact the office to let them know they would be late.
- On the day of our inspection, a staff member did not attend a call and the management team ensured another staff member attended. The registered manager said, "Most of my staff are very good and caring. But some would cancel a call and not have a good reason. We are trying to stamp this out because it is not

acceptable." These concerns meant some people were still not receiving a reliable service which put them at risk of harm, as calls could potentially be missed.

We recommend the provider follows and adopts best practice national guidance on punctuality and consistency of care in domiciliary care settings.

- There were safe recruitment procedures in place. Records showed background checks were carried out for new staff, including criminal record checks. Two references and proof of identity were obtained.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm. Staff had received training in safeguarding adults.
- Staff were able to identify different forms of abuse. Staff told us if they suspected abuse of a person had taken place, they would report it to the management team.
- The local authority undertook a detailed safeguarding review in 2018 following the case of one person. Recommendations were made for the provider to follow to ensure people remained safe. For example, raising safeguarding alerts whenever there was a concern about a person's safety. Records showed that safeguarding alerts were raised by the provider when a concern was received.

Assessing risk, safety monitoring and management

- Risks to people were assessed. These included risks around people's home environment, their mobility, pressure sores and incontinence.
- Guidance was in place for staff to reduce these risks. For example, one person was at risk of developing sores and staff applied a barrier cream. The person's risk assessment stated, 'Staff to notify office as soon as pink skin or any sign of bedsores appear so they can call district nurse and doctor.'
- Risks to people were reviewed as their needs changed.
- Staff told us risk assessments provided them with sufficient information. One staff member said, "Yes they are detailed and helpful."

Using medicines safely

- People told us they were supported by staff with their medicines. One person said, "Staff help me with my medication and record it."
- Staff prompted people to take their medicines at the prescribed times. They completed Medicine Administration Records (MARs) electronically on their smartphones to record when they administered medicine. We saw the electronic MARs were up to date.
- Staff competency to handle medicines safely was assessed through spot checks, which were observations of staff providing care and support by the management team. A staff member said, "We do handle medicines carefully and record it on our phones. It is easy to use."

Preventing and controlling infection

- Staff followed infection control procedures. They were provided with personal protective equipment (PPE) such as disposable gloves and aprons.
- Staff told us they washed their hands thoroughly before and after providing personal care.

Learning lessons when things go wrong

- There was a procedure for reporting any accidents or incidents. Staff told us they followed these procedures.
- Records of accidents and incidents showed what action had been taken to learn lessons and prevent re-occurrence, such as additional health and safety training for staff.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People felt staff delivered a good level of care and knew how to support them. One person said, "Staff know what to do and know me well."
- Staff received training in essential topics such as safeguarding adults, moving and handling, infection control health and safety, first aid and medicine administration. They received refresher training to keep their knowledge up to date.
- New staff received an induction to the service and had the opportunity to shadow experienced members of staff to help them prepare for their roles.
- Staff told us they were happy with their training and the support they received. A staff member said, "The training was good. The managers are very supportive."
- Staff received supervision with the registered manager to aid them with their development, monitor their performance and go through any concerns. Annual appraisals were due for staff and the registered manager told us these would be planned.

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.

- Staff understood the meaning of the MCA and told us they ensured they gained consent from people before carrying out any tasks, for example when assisting them with personal care.
- Where there were concerns about people's capacity, assessments were carried out.
- They told us they had consented to their care, were involved in decisions and had signed their care plans. One person told us, "They definitely understand me. And they do seek my consent."

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

- People were supported with maintaining a healthy and balanced diet. Their dietary needs were recorded

for staff to follow.

- Staff provided people with drinks, snacks or meals of their choice should this be required. One person said, "The staff prepare food for me that I like."

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

- People had access to healthcare professionals such as GPs and occupational therapists to help maintain their health and wellbeing.
- Staff worked with other professionals such as district nurses to provide effective and timely care to people.
- A relative said, "Carer was very good and noticed a problem with [family member] and immediately called the doctor. I was pleasantly surprised."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before a person started to use the service, an assessment of their abilities and choices was undertaken by the management team. This ensured the service would be able to provide them with the support they needed.
- Assessments of the person's physical health, mobility needs, personal care and dietary requirements took place.

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; equality and diversity

- People were treated with respect by staff. They and their relatives told us staff were caring in their approach. One person who used the service said, "They [staff] definitely respect my dignity. They are kind and caring."
- People and relatives got to know regular staff well, which helped to develop positive relationships. Another person said, "They [staff] are very kind. We do have a chat when they are not too rushed."
- Staff told us they were aware of respecting equality and diversity needs. They told us they were mindful of people's background, culture, gender, sexuality and religion. One member of staff told us, "I treat people the way I want to be treated. I respect people's backgrounds, such as their race and religion."

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

- People were involved in decisions about their care which helped them to retain choice and control over how their care and support was delivered.
- Relatives were consulted about their family member's care plans where this was applicable. One relative said, "There is a care plan in place which we know about."
- Staff were familiar with people's likes and dislikes, and how they preferred their needs met. A staff member said, "I have got to know people well so I can help them."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity. One member of staff told us, "I make sure doors are closed so the person has privacy when I am doing personal care."
- People and relatives confirmed staff respected their privacy at all times. One relative said, "They [staff] always close the door when giving personal care. They always ask for [family member's] consent. They chat with them and are kind and considerate."
- Staff encouraged people to maintain their independence as much as possible. People's level of independence was detailed in their care plans, such as their ability to move around unaided or prepare their own meals.
- Staff told us they were aware of the importance of confidentiality. They knew to whom they could share confidential information with.

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 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

- At our last inspection, we found care plans were not always up to date or personalised to reflect people's specific preferences. At this inspection, we found care plans to now be more person-centred and up to date. Care plans were available electronically via the provider's digital system.
- Staff had access to the care plans both in digital and paper formats. People had a paper or hard copy of their plan in their homes.
- People and relatives confirmed that their care plans were regularly reviewed and they received personalised care that met their individual needs. One person told us, "I have carers from the same country as me so they understand the type of things I like. They prepare traditional food for me." A relative said, "The care plan is in place and is regularly reviewed. They [staff] do respect our cultural background. We asked for a carer who could speak our mother tongue and the agency obliged. It's very positive."
- Care plans were clearly set out in an easy to read format. They contained information on people's likes, dislikes, their personal history and any specific preferences, relating to their religion or culture. One person's care plan stated, 'I was a [occupation] by profession but now due to my illness I cannot work. I have two grown up children and I am also a grandmother.' This helped staff get to know people to enable them to provide a personalised service.
- People's care needs were reviewed and their care plans were updated when required.
- Staff worked together and completed daily notes after completing their tasks and detailed important information that required attention or following up.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. There was a complaints procedure which people told us they had access to. One person said, "I have never had to complain but I think the manager would respond helpfully."
- People told us they could speak to the registered manager if they had an issue or a complaint. A relative said, "I have brought up minor issues. The manager's response has been fine." Another relative said, "The manager is very quick to respond. They are very good, apart from at the weekend."
- There was an on-call system at weekends and the service was monitored by senior staff. The registered manager told us they would look into concerns about the service at weekends.
- Records showed that no formal written complaints had been received since our last inspection.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting this standard and people received information from the service in a suitable format.
- People's communication needs were documented in their care plan and provided information to staff on how to communicate with people effectively.

End of life care and support

- The service did not support people at the end of their life at the time of our inspection.
- The registered manager told us they would liaise with specialist end of life care professionals to ensure people's end of life needs were met and understood should they require this level of 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 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.

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

At our last inspection in February 2018, the provider had failed to maintain accurate records of staff and people who used the service to ensure there was good governance and quality. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- The registered manager, who was also the owner of the service, had made improvements to the service following our last inspection. They used a digital system to maintain accurate records of people's assessments and care plans. Digital records of both people and staff were up to date.
- The registered manager monitored the quality of the service through audits and checks of care plans and assessments.
- Staff were spot checked and observed providing care to people in the community by senior staff. These covered areas such as infection control, medicines and person-centred care. Staff were observed to ensure they followed correct procedures. Senior staff also contacted people by telephone to check they were satisfied with the service.
- Staff were clear about their roles and responsibilities. Where staff did not adhere to the provider's codes of conduct, records showed the registered manager took appropriate disciplinary action.

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

- There was a positive culture within the service and people were supported to obtain positive outcomes for their care. For example, people were supported to maintain their physical health or manage their weight.
- Most people we spoke with were satisfied with the service. A relative said, "The manager has come herself when they are short of carers. She does her best."
- Staff met with the management team to discuss issues or concerns and share important information. Topics of discussion included safeguarding concerns, procedures, recording and communication. The registered manager reminded staff of their responsibilities of being professional in their approach to people.
- Staff felt supported by the management team. A staff member said, "[Registered manager] is a fantastic

manager. She is really supportive and a motivator."

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; Continuous learning and improving care

- The provider understood their responsibility to be open and honest with people who used the service.
- People and relatives told us the management team acknowledged when the service did not run so well and had contacted them to apologise. One person said, "We had a missed call. No-one phoned to warn us but the office was apologetic."
- The registered manager told us that the service learned from mistakes to improve the service. They said, "Lateness is not a crime but a lack of communication is. Staff have to make sure they keep everyone updated. Mistakes like these happen but we have to learn from this to make sure people are safe."
- During our inspection, the registered manager notified us they were currently in the process of transferring the service to a new provider, with as minimal disruption to the service as possible.
- Staff and people were notified about the changes. Staff were invited to drop in sessions to discuss any concerns they had about the transfer.

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

- Surveys and questionnaires were sent to people and relatives for them to provide their feedback about the service. We saw that feedback was positive.
- Staff communicated with each other and with senior staff using group messaging applications on their smartphones. The registered manager told us the messages were always checked so they could respond should there be an emergency or provide support to staff.

Working in partnership with others

- The registered manager and staff worked well with health and social care professionals to help maintain people's care and support needs.
- We did not receive any concerns from health and social care professionals we contacted.