

J.C.Michael Groups Ltd

# J.C.Michael Groups Ltd Wandsworth

## Inspection report

182 The Broadway  
London  
SW19 1RY

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

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## Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

J.C. Michael Groups Ltd is a domiciliary care agency. This service provides personal care to people living in their own houses and flats. It provides a service to older adults, some of whom are living with dementia and those with a learning and physical disability. At the time of inspection 58 adults were receiving support from this service.

This inspection took place on 17 and 18 September 2018 and was announced. 48 hours before the inspection we contacted the service to let them know that we will be coming to inspect them. We wanted to make sure that the management team would be available on the day of inspection.

The service had a registered manager in post. 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.

This was the first inspection of the service after they changed the name from Aquaflo Care Limited to J.C. Michael Groups Ltd. At the last inspection on 17 and 21 August 2017 the service was rated overall Requires Improvement, with Requires Improvement in safe and well-led. We found two breaches of Regulations relating to people's care records and quality assurance processes.

At this inspection we found that the service continued requiring improvement. We identified a breach of regulation and rated the service Requires Improvement, with Requires Improvement in safe and well-led. This was in relation to people's safe care and treatment and good governance. You can see the action we have told the provider to take with regard to these breaches at the back of the full version of this report.

Risks to people's health and safety were not sufficiently identified and there were no appropriate risk management plans in place to mitigate potential risks to people.

The provider did not have robust systems in place to monitor the quality of the services provided for people, including accuracy of care records and reviewing of incidents and accidents, safeguarding and complaints.

The service used a new electronic system to monitor staff's punctuality and length of their visits. However, the monitoring system was not used appropriately to monitor staff's scheduled visits. We made a recommendation about this.

Staff had to undertake appropriate checks before they were employed by the service. Staff followed the service's processes to provide immediate support to people if they noticed people being at risk to harm or when incidents and accidents took place. People told us that staff arrived for their shifts mostly on time and they were told if they were running late. People were supported to manage their medicines safely.

Systems were in place to review and monitor staff developmental needs. Staff completed appropriate training on the Mental Capacity Act (2005) to ensure they had the required knowledge and skills to support people effectively. Where people required support to prepare their meals or attend to their health needs, staff had provided them with the assistance as required.

People were treated with dignity and kindness. People's views were listened to and staff had time to have conversations with people. Staff provided support that was respectful towards people's care needs and privacy. Staff encouraged people to be as independent as possible and make choices about their daily activities.

People were involved in planning their care and staff were provided with a care plan that included information on how people wanted to be supported. People's care records had information about people's health conditions and the support they required to manage their health needs. People provided feedback about the services they were provided with. Staff received training and had skills to support people at the end of their lives.

People felt that the service was well run and that the management team was responsive to their care needs. There was a clear management structure in place with shared responsibilities to monitor the services being delivered to people. Appropriate systems were used to share information quickly where necessary.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

Some aspects of the service continued not to be safe.

Staff did not always have access to risk management plans to help them prevent potential risks to people.

An electronic system used to monitor staff's attendance was not operated effectively to ensure that people received support in good time, although people told us staff were rarely late.

There were robust procedures in place to safeguard people from harm and abuse and incidents and accidents taking place.

Safe staff recruitment procedures were followed to prevent people from being cared for by unsuitable staff. People told us that staff arrived for their shifts mostly on time.

People received their medicines as prescribed.

### Is the service effective?

**Good** ●

The service continues to be effective.

Staff had opportunities to review and develop their working practices and had their overall work performance appraised.

People were encouraged to eat and drink sufficient amounts to meet their dietary and complex care needs.

The management team adhered to the Mental Capacity Act (2005) as necessary.

### Is the service caring?

**Good** ●

The service continues to be caring.

Staff interacted with people in a kind and caring manner. People made choices about their daily activities and told us that staff treated them with respect.

Staff supported people's right to privacy, particularly when they provided personal care.

People were supported to do as much as they could and wanted to do for themselves to retain control over their lives.

### Is the service responsive?

**Good** ●

The service continues to be responsive.

People had care plans in place with information about their support needs and how they wanted to be cared for.

People had discussions with the management team if they wanted to make changes to the services they received.

The staff team worked in conjunction with the healthcare professionals to support people to stay comfortable for as long as possible at the end of their lives.

### Is the service well-led?

**Requires Improvement** ●

Some aspects of the service continued not to be well-managed.

The provider did not operate effective systems to assess, monitor and improve the quality and safety of the services being provided for people.

People had regular contacts with the management team who addressed their needs on individual basis as necessary.

Communication systems used by staff were effective in relation to passing on important information about people quickly as required.

# J.C.Michael Groups Ltd Wandsworth

## **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 was a comprehensive inspection of the service and undertaken over two days, on 17 and 18 August 2018, and was announced. We gave the service 48 hours' notice of the inspection because the location is a domiciliary service. We needed to be sure that someone would be available.

This inspection was carried out by an inspector, specialist nurse and 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.

Before the inspection we reviewed information we held about the service, including statutory notifications. A notification is information about important events which the service is required to send to us by law.

On the first day of our inspection we made telephone calls to four people using the service, 16 relatives and four staff members working for this service. On the second day we visited the agency's offices and spoke with the registered manager and branch manager. We reviewed care records and risk assessments for six people, three staff's files, medicine management procedures and other documents that related to the overall management of this service.

We also contacted two healthcare professionals asking to share their experiences and provide us with feedback about the service.

# Is the service safe?

## Our findings

At our last inspection we found that the provider had not taken all the necessary actions to identify and manage risks to people to ensure they were sufficiently protected from the risk of injury and harm. At this inspection we found that the risk assessments continued to lack information on the potential risks to people and how these were managed to ensure people's safety. Records showed that risks related to people's health needs were not always identified, for example in relation to their nutrition and mobility. Identified risks had not always been assessed appropriately to ensure that staff were provided with the appropriate guidance on how to mitigate the potential risks to people. Information was not available on the severity and likelihood of the risks identified. This included risks associated with the management of people's medicines, for example where the medicines were administered via Percutaneous Endoscopic Gastrostomy (PEG) feeding which is a tube inserted to the stomach to enable a person to receive nutritional support. This meant that people's risk assessments were not accurate and had not been updated in line with their current needs.

However, despite people's risk assessments not always accurately reflecting the risks associated with their care or appropriate strategies to mitigate these risks, all evidence demonstrated that people received safe care from staff. As such, this represents a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt well looked after by the staff that supported them. One person said, "I feel safe because the carers are quite good and I can trust them." Another person commented, "I feel safe with the support I receive because [staff] give me what I need." A family member told us, "My [relative] has a bath chair and a chair lift and [staff] do use them safely." Another family member said, "We have had the same carers for about six years. [Staff] are very honest in our observations: very reliable, competent and well trained."

Staff were trained to follow safeguarding procedures to protect people from potential abuse. Staff told us about the different types of abuse they were aware of and the actions they had to take if they suspected a person to be at risk of harm or abuse. This included reporting their concerns to the management team and social services as necessary. The safeguarding concerns that had been raised were investigated and we saw records related to these concerns were suitably maintained. This helped to ensure that important information was not missed and passed on to the relevant agencies as necessary.

People and their relatives told us that staff arrived for work mostly on time and stayed for the full duration of their shift. One person said, "[Staff] are never late and it is the same carers all the time. [Staff] have never missed any calls and stay for the full duration of the visit. There is no difference between the quality of care throughout the week or at the weekends." Another person told us, "Sometimes [staff] are a little late but they call me often to check on me if they are late. [Staff] stay for their allocated time." Family members' feedback about staff time keeping included, "I consider [staff] all to be very reliable, they turn up and they do their job", "[Staff] timekeeping is very good and also they have been very flexible", "[Staff] are not always on time but I don't mind if they are a little late" and "Sometimes [staff] arrive a little late but mostly they arrive on time. No calls have been missed."

All staff that we talked to told us they had enough time to travel between the shifts. One staff member said, "I do not run late as my clients do not live far away from each other."

The management team told us that they had started to use a new electronic system to monitor staff visits. During the inspection we found that the system had highlighted over 20 staff who had not signed in for their scheduled visits, despite the positive feedback we received about staff timekeeping. The management team told us that sometimes staff forgot to log-in and therefore the system was not showing the accurate data. The service used another system to record tasks carried out by staff during the shift which was checked by the managers to confirm that staff had attended their shift as required. The management team told us they called a staff member to find out about their whereabouts if they saw them running late. However, we found that the system was not always managed appropriately. It was not updated when people's support hours changed and at 11 am we saw that some staff had not been contacted to find out why they had not signed in for their 8 am visits. The registered manager told us there were no audits carried out to monitor staff visiting times. This meant that staff's time keeping was not monitored appropriately to ensure that people received support when they needed it and in good time.

We recommend that the provider seeks guidance on best practice in relation to the processes used to effectively monitor staff's attendance for their shifts.

Records showed that staff were required to fill-in a job application form, attend an interview, provide two satisfactory references and undertake criminal records checks before they started working with people. This ensured that staff were suitable and had the necessary knowledge and skills to support people safely.

People told us they received support to manage their medicines safely. One person said, "[Staff] administer my medication and are good at it." Records showed that people's medicine administration sheets were completed appropriately and the care plans included information on the support people required to take their medicines as prescribed. The medicine administration sheets were returned to the office for safe keeping after they were fully completed.

Staff were trained to provide hygienic care for people. Staff told us they used appropriate clothing to protect people from the risk of infection, including gloves and aprons. One staff member said they appropriately dispose of waste to avoid cross contamination.

Systems were in place for staff to follow to ensure that any incidents and accidents taking place were reported and recorded appropriately. Staff were required to fill in an accident form if they witnessed an incident, for example a person having a fall. The registered manager told us that all the incidents and accidents reported to them were appropriately investigated and acted on to ensure people's safety.



## Is the service effective?

### Our findings

People's relatives told us that staff had the necessary knowledge to support people safely. One relative said, "[Staff] are well trained. New people who start, come in and shadow first." Staff told us they were provided with appropriate training to perform in their role well. One staff member said, "The training we receive is the best thing, we have regular refresher courses and we get up-to-date information on how we need to do our job." The service used a spreadsheet to monitor staff training, this showed us that staff were up-to-date with their training. The training courses attended by staff included mandatory and any additional training required to meet people's individual needs, for example in relation to their nutrition and end of life care. Staff told us they had training arranged with hospital staff if the service allocated a person to them that needed specialist care.

Staff performance was monitored to ensure they carried out their duties as required. Records showed that staff had three supervision meetings and an appraisal meeting annually. In addition, the management team carried out regular spot checks to review staff's performance on the job, for example how they interacted with people while supporting them with personal care.

Family members told us that staff were meeting people's dietary needs as necessary. One family member said, "[Staff] cook nice and tasty food. [My relative] gets plenty and eats well." Staff were trained and had specialist knowledge to effectively support people with complex nutritional needs, for example they assisted people with the PEG feeding where necessary. Records showed that people were referred to and received support from the healthcare professionals if their needs changed, including GPs, specialist nurses and speech and language therapists. This meant that staff had guidance from the healthcare professionals on how to support people effectively. A healthcare professional told us, "[The service] has experience of dealing with all care types, staff are providing support in a timely manner and involving the family in the support."

The management team told us they worked in conjunction with the person, their family members and the healthcare professionals involved in their care to assess people's care and support needs when they were first referred to the service. This helped the managers to determine if they could provide the person with the required support and how quickly they could start the service delivery.

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff told us they encouraged people to make every-day decisions and where necessary involved family members to guide them on how people wanted to be supported. For example, in relation to the clothes a person preferred to wear. The

registered manager told us they worked together with a local authority if it was reported to them that a person lacked capacity and required support to make a specific decision. A joint review meeting was arranged to agree on the necessary actions, for example who was in the best position to carry out a mental capacity assessment and lead the best interests meeting.

## Is the service caring?

### Our findings

People and their relatives described staff as caring and compassionate. People's comments included, "I have the same carer, she is friendly, caring and kind", "[Staff] are patient and communicate well when providing care and support" and "All the carers are very nice and lovely." Family members said, "[The staff member] is fantastic with [my relative]", "[The staff member] is very patient and compassionate", "The carers are good, they do the same for [my relative] as I would do if I could manage", "[Staff] are caring, always busy and sometimes go over and beyond the call of duty. For example, if there is a bit of food that needs buying they will go to the shop. [Staff] bring a receipt and change and are very trustworthy" and "[Staff] are all quite cheerful and always in a good mood."

Staff understood their responsibility to provide people with choices as necessary. Family members told us they observed staff supporting people to make decisions and their comments included, "The carers give [my relative] choices in her care with both food and what to wear. [My relative] makes up her own mind" and "[Staff] give [my relative] choice of what clothes to wear as long as the clothes are clean. For example, they won't put dirty blouses on her, they give her a choice of clean clothes."

People and their relatives felt that staff's approach to care was respectful and dignifying. One person said, "[Staff] respect me and are mindful of my privacy and dignity. For example, when [staff] are doing my personal care they say don't be embarrassed, is this the right pace and are we being gentle enough." One relative commented, "[Staff] shut the door if there is any visitors in the home. [Staff] have the upmost respect for [my relative], [staff] talk to her explain to her what they are doing even though she might not understand." Another relative told us, "[Staff] are mindful of [my relative's] privacy and dignity, for example if I am there [staff] will ask me if I am going to be around as they want to do her personal care." Care plans held information on the support people required in relation to their religious beliefs, for example attend the mosque.

People were enabled to carry out tasks for themselves where possible and maintain their independence. A family member told us that staff had encouraged their relative "not to have dirty blouses in her wardrobe but to wash her clothes in the washing machine. In this way they support her to be more independent." A staff member said, "We help to improve [people's] lives, we help them to do what they want to do. For example, I help [the person] to eat and drink independently."

Staff had time to have conversations with people which helped them to build good relationships. A person said, "All the carers that come have been quite friendly. They make conversation to make me feel comfortable and well." One relative told us, "[The staff member] engages [my relative] in conversation, for example [the staff member] talks to [my relative] about cricket." Another relative noted that staff "are very kind and gentle, respectable and make good conversation."

## Is the service responsive?

### Our findings

People's family members found the staff team responsive, reliable and flexible. Their comments included, "[Staff] have supported [my relative] throughout numerous issues. [My relative] has been in and out of hospital and [staff] have managed and taken this on board in a very efficient way", "[Staff] report when anything happens and their verbal reports are very professional", "[Staff] log the work they do and it is accurate" and "[Staff] are trustworthy, for example the carer did not stay the full duration of the visit today as [my relative] wasn't well enough to be washed but they wrote this and explained this in the logbook."

Care records had details on the support people required to carry out their daily activities and how they wanted staff to help them with the tasks. Staff were provided with guidance on the specific tasks they had to complete which were based on people's choices, for example information was recorded on how and when a person liked to have a cup of tea and a wash. Care plans included personal information about people, for example related to their life history and contact details for relatives, if they needed to be contacted. Records showed if people had any allergies and their health conditions so staff could monitor and report appropriately if they observed people's health needs changing.

People told us they were involved in planning their care. One person told us, "When I started using the agency, [staff] did a care plan and risk assessment which I was involved in." Another person said, "[Staff] went through the care plan and risk assessment with my family." A family member told us that "A risk assessment and a care plan was done when [my relative] first came out of hospital, two months ago." A staff member told us, "Clients have care plan and it tells us what is going on with a person and how to look after the clients."

People told us they were asked for feedback about the services provided for them. One person said, "I had a survey to fill in and I sent it off." People's relatives' comments included, "The agency has a schedule for check-ups, which is routine. [The office staff] contact us to ask for our feedback on performance of carers. I would not tolerate bad carers. Any issues I would raise proactively", "[The managers] have rung us every couple of months to evaluate the service or they will ring us if there has been a crisis" and "[The office staff] phone from time to time to check on progress."

There were procedures in place to deal with complaints received. Records showed that complaints were appropriately logged and followed-up as necessary. We saw that the management team took appropriate action when required, for example suspending a staff member whilst investigating the complaint to safeguard the person.

People's care plans had information on the monitoring and interventions required to support people at the end of their lives. Staff told us they were trained to monitor and observe people's vital signs making sure the required support was in place to assist people to stay comfortable for as long as possible. Any changes to people's conditions were reported to the management team and a qualified nurse, working for the provider, who then escalated their concerns to the involved healthcare professionals as necessary. A healthcare professional told us, "[The service] provides end of life support to complex 24hr care packages and ensure

the right staff are allocated to meet the individual's needs." However, there was no information recorded on people's spiritual and psychological needs relating to the end of life care. We discussed this with the registered manager who told us this would be addressed immediately after the inspection. We will check their progress at our next comprehensive inspection.

## Is the service well-led?

### Our findings

At our last inspection we found that the provider was not sufficiently monitoring and improving the service delivery where required so that people experienced safe care. At this inspection we found that quality assurance processes were not robust enough to monitor the quality of the services being provided.

Although the management team were actively involved in dealing with individual issues occurring at the service, there were no systems in place to review the overall care delivery of the service to ensure improvements were made where necessary. We found that records related to incidents and accidents, safeguarding and complaints were not audited to ensure that lessons were learnt if any reoccurring events had taken place. Records showed that people and staff were asked to complete surveys to provide their feedback about the service, but these were not analysed to understand people's and staff's overall experiences about the service. We discussed this with the registered manager who told us that the questionnaires were used to deal with the individual concerns raised. The registered manager could not tell us about the common themes occurring from the people's survey and therefore no action was taken to improve the service delivery as necessary.

We also found that the provider had failed to take the necessary steps to act upon the breaches of regulation we found at the last inspection in relation to risk assessments.

The provider continued to be in breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives felt that the service was well managed and that they received support from the managers when they needed it. One person said, "[The branch manager] came and did everything with me. He asked questions and I filled out a form. The service is in my view of good quality." Another person told us, "I can contact [the branch manager] by phone or email. He visited me about six weeks ago. I would rate the quality of service as excellent." Family members' comments included, "I think it is a well-managed service. I can't really think of any service improvements needed", "The supervisor oversees things. Overall the quality of the service is good we have no problems", and "I have contacted the office and I have found them to be really helpful."

The management team had shared responsibilities to ensure they provided effective care for people. The registered manager started working for this service in July 2018 and we found them committed and knowledgeable about their job expectations which meant they were looking to make improvement to the service delivery as necessary. The registered manager was aware of the regulatory requirements in relation to statutory notifications that were required to be submitted to the CQC. We saw the previous CQC inspection's ratings being displayed on the premises as required by law. There was a branch manager who was responsible for day-to-day running of the service such as dealing with complaints and incidents and accidents. A senior co-ordinator and a senior care worker supported the management team to monitor and guide the staff team in their role. This included carrying out regular observations of staff's performance on the job. Staff told us they were clear of their role expectations and that they approached the management

team for support if they had any concerns about people's care. A healthcare professional told us the service was "very well led."

Staff told us the service was well-run and that they had the necessary support to carry out their duties appropriately. One staff member said, "This is a fantastic service. We get training and update our knowledge in different areas of care." Another staff member said, "The managers listen, deal with difficult situations and give results."

There were effective communication systems in place for staff to share information as necessary. Records showed that regular staff meetings were facilitated to discuss good practice and the improvements required at the service. The service used electronic systems, such as emails and phone messages to share updates about people's care which meant that any change to people's support needs were communicated quickly to the team when required.

The service used external agencies to gather information about the changes taking place in the social care sector. The registered manager told us they regularly attended providers' forums where the managers for domiciliary services had discussions and shared experiences about good practice and the challenges they were facing.

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 will check that this action is taken by the provider.

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not operate effective systems to assess and monitor the quality of the services provided for people, or securely maintain accurate, complete and contemporaneous records.</p> <p>Regulation 17(1) and(2)(a) and (c)</p> |