John Stanley's Care Agency Limited

John Stanley Hornchurch

Inspection report

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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

The inspection took place on 28 April 2017 and was announced. The service met legal requirements at our last inspection on 17 September 2015.

John Stanley also known as Manor Court Care provides personal care to over 170 people in the London borough of Havering. This includes a live-in service for 20 people living in Essex. On the day of our visit 149 people were over 65, 23 living with dementia and 38 had a sensory impairment.

There was a registered manager in place. 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.

People told us they felt safe. They were supported by staff who were aware of the procedures to protect them from abuse. Staff were enabled to support people effectively by means of training, appraisal, regular spot checks and supervision.

Staff were aware of the procedures to follow to ensure that medicines were handled safely. However, we made a recommendation relating to specifying where topical medicines were applied in order to ensure consistent and safe care. Secondly, although risks to people and the environment were regularly assessed in order to protect people from avoidable harm, we found some risk assessments were undated or not totalled to indicate the level of risk. We made a recommendation relating to following record keeping best practice guidelines.

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.

The service ensured that there were enough staff available to cover for emergency, absences and other leave in order to ensure missed visits were minimised. There were robust recruitment checks that included the necessary criminal checks to ensure that staff were suitable to work in the health and social care environment.

Staff demonstrated an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards applied in practice.

People told us that they were treated with dignity and respect and that their wishes were respected. They were aware of how to make a complaint and thought that their complaint would be listened to and resolved by the registered manager.

People were supported to eat and drink sufficient amounts according to their tastes and preferences. They

were enabled to access healthcare services where required.

The service had a positive culture that was open and inclusive. People and staff thought the management team were approachable and open to suggestions made in order to improve care delivered.

There were systems in place to obtain and act on issues raised by people. Regular spot checks and telephone monitoring were completed by the managers in order to monitor and improve the quality of care delivered.

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

The service was mostly safe. People told us they felt safe and could trust staff. When allegations of abuse were made, action was taken in line with procedures to keep people safe.

Medicines were managed safely with the exception of topical medicines as site of application was not always specified. Similarly risk assessments in place were not always dated or totalled to indicate level of risk. We made recommendations relating to record keeping guidelines.

There were enough staff to meet people's needs. Recruitment procedures were robust and ensured that appropriate checks were completed before staff were employed and allowed to work with people.

Is the service effective?

Good

The service was effective. People told us staff sought their consent before delivering care. Staff had knowledge about the Mental Capacity Act (2005). They were aware of the steps to take if they thought a person's capacity to make specific decisions was limited.

Staff were supported by effective induction, supervision, spot checks training and appraisals process.

People were supported to maintain a balanced diet when it was part of their care plan to do so.

Is the service caring?

Good

The service was caring. People told us they were treated with dignity and respect and that they usually had the same staff for continuity of care.

People were encouraged to maintain their independence.

Staff knew the people they cared for, were aware of their preferences, which enabled them to provide care based on people's cultural specific requirements.

Is the service responsive?

Good

The service was responsive. People told us they received care that was mostly responsive to their needs with the exception of exclusive staff.

Care was assessed before people started to use the service and reviewed regularly to ensure support plans were still relevant. Support plans outlined people's individual preferences, routines as well as social, emotional, physical needs.

People were able to make complaint if any issues arose. We found complaints were investigated and responded to within defined timescales.

Is the service well-led?

Good

The service was well-led. There were effective systems to monitor the quality of care delivered. This included regular spot checks, obtaining feedback from people and staff to ensure care delivered was appropriate.

There was an open and honest culture where staff and people were able to express their concerns.

People told us they could get through to the main office and confirmed staff rang to inform them if they were running late.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 April 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in. The inspection team included an inspector and an expert by experience who made telephone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information we held about the service and the provider. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local commissioners and the local Healthwatch in order to get their perspective of the quality of care provided. Letters were sent to people using the service to inform them of the inspection. Following these we received responses from two relatives. We also sent questionnaires and received responses from four relatives, 19 people and 23 staff.

During the inspection we spoke with 10 people who used the service over the telephone, seven relatives, the registered manager, the director, a team leader(a senior care staff responsible for supervising staff), a care coordinator(responsible for allocating staff accepting care packages) and two care staff. We looked at 10 people's care records, 10 staff files and records relating to the management of the service. After the inspection we spoke with two health care professionals.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe and trusted the regular staff that came to care for them. One person said, "I feel safe. They wear a badge and introduce themselves. "Another person said, "They announce when they arrive so I know they are in. That puts me at ease." Staff were aware of the need to keep people's property secure and not to keep key safe codes with people's names and addresses in order to preserve their safety.

People received their medicines safely. Staff told us they received training on medicine administration and we saw competencies in place to ensure staff were able to administer medicines safely. They were aware of the procedure to follow if a person was refusing medicine or if they found any medicine errors. Medicine risk assessments were in place as well as a list of all the medicines people were taking. These were reviewed every six months or if anything changed. In addition medicine administration records (MARS) were audited monthly with separate colour coded MARS for topical medicines and controlled drugs by a medicines coordinator. Any errors identified were discussed with the staff concerned as part of their supervision process.

We noted that although systems were in place to ensure medicines administered were recorded, this was not always followed. For example, medicine patches though recorded as administered, the records did not always specify the site where the patch had been applied. This made it difficult to track if patch site was being rotated and if the previous patch had been removed and disposed of appropriately as per best practice guidance. Similarly for topical medicines staff did not always record where the cream was applied. We recommend best practice guidelines are followed in terms of topical (medicines applied on the skin) medicines management.

Risks to people's home environment were assessed and updated when people's conditions changed or deteriorated. Safety checks were completed on wheelchairs, hoist slings, pressure relieving mattresses and hoists to ensure they were working properly before use in order to ensure safe care was delivered. Other risks such as behaviours that challenged, reduced mobility, falls, and skin integrity were also assessed and reviewed and made known to staff when they started to care for the person to ensure that the necessary precautions were taken to minimise harm. Body charts were used to indicate any skin breaks. However, we noted that the risk assessments particularly Braden (a risk assessment tool to determine risk of developing pressure sores) and falls risk assessments were not always dated or totalled properly. This left the records incomplete and sometimes inaccurate without reflecting the actual level of risk. We recommend best practice record keeping guidelines are sought and followed.

The provider ensured people were protected from avoidable harm or abuse. Staff underwent training to ensure they understood their responsibility to prevent harm and discrimination during induction and supervision. Staff told us they had attended safeguarding adults training and were able to recognise and report different types of abuse. They had a good understanding of their duty to report and notify in accordance with safeguarding policies and procedures. There was an up to date safeguarding policy which was accessible to staff. We also saw reviewed safeguarding incidents reported in 2016-17 and found appropriate procedures had been followed to keep people safe. Therefore, procedures were in place to

protect people from abuse.

Seven out of ten people told us they were supported by the same staff most of the time for continuity of care. However, three people thought at weekends or when their regular staff were off there were different staff. We looked at rotas dated April 2017 and found that people received the same staff. Eight out of the 10 records reviewed showed consistent staff. The other two showed the same staff for one week at a time. Similarly the service's satisfaction survey completed by 43 people in March 2017 showed that 24 people said they received care from a regular team all the time with another 10 stating that they sometimes received care from a regular team in order to enable continuity of care.

People, staff and relatives told us there were enough staff to meet people's needs. There were seven missed visits in the last few months and only a few of the visits were outside of the visit times. However, seven out of ten people said they always received a call if staff were running late and where possible a suitable alternative time was agreed. The registered manager had a plan to try and ensure that there were always enough staff to meet people's needs and to cover for sickness and any other absences.

Recruitment practices were comprehensive as necessary checks were carried out, so that only people deemed suitable for working with people in their homes were employed. These checks included but were not limited to proof of identity, work history, references, health checks, disclosure and barring checks (checks made to ensure staff did not have any criminal records or convictions) and right to work in the UK.

Staff were aware of the procedures to follow in an emergency in order to get help for people and had signed to say they had read the policy about dealing with emergencies. They told us that the office would provide cover for the rest of the visits to enable staff to stay with people until an ambulance came and next of kin was notified. Incidents and accidents were reviewed regularly and appropriate remedial action was taken. Staff were aware of when to fill these in and told us they would call the office as soon as possible. Accident and incident reports were reviewed by the management team and appropriate referrals were made where people required support from other professionals in order to protect them from avoidable harm.

People told us staff woe clean uniform and gloves and aprons appropriately. One person said, "They always have a clean uniform and wash their hands." Staff had attended infection control training and were able to explain the precautions they took to prevent cross infection. Staff who prepared light meals had attended food hygiene training to ensure they took the necessary precautions. Personal protective equipment (PPE) was accessible in the office and we saw staff come to collect these on the day of the visit. The staff we spoke with wore clean uniforms and were aware of the need for good hand hygiene.

People and their relatives told us staff waited for a second staff to come before attempting to use moving aids where two staff were required. Staff had attended moving and handling training and were aware of the necessary checks they made to ensure equipment was safe for use. They told us they reported to the office and to the service line of the equipment if it developed a fault and we verified this in the records we reviewed.

Good

Is the service effective?

Our findings

People told us that staff were attentive and understood their needs. They said staff knew what to do or asked or read with the exception of three people who thought some staff did not take time to know and understand them. We explored this further with people and their relatives and found that the main issue was at weekends or when their regular staff were off. However, all staff and people confirmed that when staff were unfamiliar with people they read the care plan and always asked how people wanted their care delivered to ensure care was delivered safely and according to peoples preferences.

Staff told us they were supported by the management team and were enabled to continue learning. We found that most staff either had a level two or a level three qualification in social care or were studying to gain more knowledge and understanding of the support needs of people under their care. Some staff had also been promoted within the service to more senior roles such as coordinator and team leader. One staff said, "The management team have been very supportive, flexible and understanding. They have encouraged me to advance myself and are willing to send you on any relevant course."

Staff told us they had received a comprehensive induction including shadowing more experienced staff until they were confident and assessed as competent to deliver care independently. We saw evidence of this in the care records we reviewed including competency checks for medicines and moving and handling. Staff had to pass a probation review before they were permanently employed in order to ensure they had the necessary skills and competence required delivering care safely. We saw regular spot checks and supervisions were completed to ensure staff adhered to policies and procedures, delivered care according to people's preferences and support plans. Where areas for development were identified these were discussed and further training offered as applicable. Annual appraisals were also in place in order to ensure staff training and development needs were met and that they were up to date with practice.

Staff training records showed the new Care Certificate standards were included within the training and induction programme. Training consisted of practical and theoretical training and included but not limited to food hygiene; health and safety; effective communication; infection control and equality and diversity. Staff told us they were happy with the training and felt it gave them enough knowledge to effectively support people.

People were supported to maintain a healthy lifestyle where this was part of their care plan. Referrals were made to the GP and the local authority when staff noticed any concerns relating to people's health. People told us that staff supported them with heating up their meals and choosing their meals. One person told us, "They help by serving my meals. I say what I want and they make it for me." Staff were aware of people's likes and dislikes. They were aware of people on special diets such as diabetic, puree and could tell us the steps they would take to ensure that people's cultural specific dietary requirements were met

People told us staff always asked for their consent before care was delivered. 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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. We found staff had attended relevant training and had an awareness of how the MCA act applied in practice. They gave examples of where people were getting confused and leaving appliances on. Staff knew they had to report to the office who would in turn report to social services to ensure best interests assessment took place where require.

Good

Is the service caring?

Our findings

People told us staff behaved in a caring, compassionate and appropriate manner. We noted in care records that staff left birthday messages on people's birthdays. Some staff told us and people confirmed they asked people if they wanted anything special for their birthday and would try and get it for them. One person said, "Staff are very patient and considerate. I find them very pleasant and helpful." Another person said, "The girls have been very good to me. They do little extra things like picking up my paper from the shop and a few bits for me when needed." A third person said "My regular is brilliant. I can't fault [the staff] at all. [The staff know] when to cheer me up. Very polite and courteous."

People told us they were treated with dignity and respect and that their wishes were respected. One person told us, "Staff are very respectful." Another person said, "Staff do their best to make me comfortable especially when I am having a wash." Staff were aware of the need to preserve people's dignity and told us how they did this when they offered support. One staff said, "Making sure someone is clean and is able to use the toilet means a lot." Other staff spoke about how they addressed people by their preferred names and discussed issues that mattered to people such as their pets, career, music or family.

Staff were aware of the need to remember they were working in people's own homes and were mindful of the use and storage of documentation to ensure people's records were kept safely and their confidentiality maintained. They demonstrated an understanding of how to protect people's confidentiality by not volunteering information to third parties without people's consent.

People were supported to maintain their independence once they built mutual trust with staff. One person responded to our questionnaire by stating, "To have 24 hour constant, stable care (that John Stanley are able to provide) within the realms of variable; inconstant disabilities, has made an uncertain future more positive. Having been assisted with a trained live-in carer, I am now in a better position to be able to (tentatively) go out into the community: unthinkable a year ago."

Support plans we reviewed demonstrated involvement of people and their relatives. One person said. "I thank John Stanley in their support, time and effort to liaise in my care plan, and the necessary provision of empathetic, supporting carers for my holistic needs." Another person said, "they listen. They ask if there is anything I would like to change." Staff were able to tell us how they supported people living with dementia, people who may be confused and people who spoke other languages. Communications care plans were comprehensive and enabled staff to communicate and support people effectively.

People were provided with a copy of the "service user's guide" which held detailed information about the services offered. One person told us, "I can the office at any time if I need to find out any information or reschedule my visits." A relative told us that they had all the contact information they needed and called the main office number if they needed This meant that people and where appropriate, their relatives, knew what to expect from the service and who to contact for further information.

Good

Is the service responsive?

Our findings

People told us mixed reviews about the reliability of the service. 70% of people we spoke with and 75% of people who returned questionnaires were satisfied with consistency of staff. The remaining 30% and 25% told us weekend cover and when their main carer was off was not always consistent. They also stated that sometimes the visit times were outside the 30minutes either way making it difficult to plan their day. We confirmed this in 50% of the records we reviewed were sometimes the visit times were 60 or 45 minutes outside the visit times. However, we saw that calls were made by either care staff or office staff where visits had to be slightly later or earlier based on staffing and emergencies found from staff who knew and understood their needs. We recommend more attention is paid to visit times, particularly for people receiving more than two visits a day.

People were supported to live a meaningful life and pursue and engage in activities of their choice. Staff told us how they encouraged people to do as much as they could for themselves. One staff said, "We encourage them to do the little things even the simple things like doing buttons, or standing up and stretching during personal care." Another person said, "it depends on the person, sometimes all a person needs is a friendly chat to make their day." One person said, "If they leave all my essentials close by, I can change the channels have a drink when I want."

Care plans were comprehensive and included people's social, emotional and physical needs. Staff were aware of care plan contents and always read these each time they supported someone new. Care plans were adjusted as people's needs changed, with the involvement of any relevant family and professionals. One person said, "They do ask me how things are going. I see them write everyday what they have done." We saw evidence in care records that when health needs fluctuated support plans were amended accordingly in order to safely support people. For example, support care packages were increased following a hospital admission or a fall until people were confident to go back to their usual routines. Staff also told us that they informed the office each time they noticed changes in people's support needs so that the care plan could be reviewed and updated to reflect the current support needs.

People were aware of how to make a complaint. When their care package began, they were given a "service user's guide", which outlined how the service operates and how to make a comment or complaint. When asked if they had ever needed to make a complaint people replied, "Yes I call the office." Another person said, "No major need to complain or grumble. If anything I tell the staff and the sought it out. A relative said, "I have complained but improvement is slow." We reviewed recent complaints and found they were acknowledged, investigated and responded to within timeframes outlined in the service's policy. However, we also noted that for one unresolved complaint, the solution had been to change service providers as none of the actions taken had amicably resolved the complaint. People and their relatives were supported and encouraged to raise any issues that they were not happy about.

Good

Is the service well-led?

Our findings

Seven out of ten people we spoke with told us that the service was well managed. The quality of service they received was monitored in person and via telephone to ensure the care provided was meeting their expectations. One person said, "Yes I get a good service which is mostly on time. That means management must be doing something right." Another person said, "I have very little dealings with the manager, but the few times I have called the office it went well." A third person said, "Live-In manager and live-in coordinator, have worked relentlessly…and provided an excellent team." One relative said, "The management and staff are quite good and explain anything that we may need clarity on." Another relative said, "So far I have no cause for concern. I have always got an answer each time I have made an enquiry."

The registered manager notified us of incidents that they were required by law. There were clear management structures in place with staff being aware of their roles and responsibilities. The registered manager received support from the director who visited the branch at least once a month. In addition there were quarterly registered manager meetings where information was shared. A clinical governance director had been appointed to strengthen the quality assurance processes in place. On-call management cover was available out of hours. Staff told us they were supported by management and that they were enabled to do their job.

We saw and staff told us that senior management had an open door policy where all staff were encouraged to contact them at any time. Staff thought there was an open, honest supporting culture where learning was encouraged among staff. Some staff had progressed from carer role to more senior roles and told us that they were encouraged to develop. One staff member said, "This is a very good company to work for. The manager and office staff are very supportive. They listen, understand and are flexible." Staff felt confident to challenge colleagues when they observed poor practice as open communication was encouraged in order to improve people and staff experience. They were aware of the procedure in place to raise concerns and told us they were comfortable to raise any work-related issues.

People told us about their experience of having regular reviews, saying that they feel that their feedback is valued, and acted upon, with the exception of two people and their relatives. One person said, "They ask if everything is ok, and if I would like any changes." Another person told us, "I get regular calls, sometimes someone visits and asks lots of questions about how I think things are going." A third person said, "Oh yes they do look into it for me." Seven out of ten people thought their feedback was valued and acted upon. The other three said it was still work in progress with some deciding to leave the service with one relative saying, "They respond but they don't cure it."

The quality of cared delivered was monitored. This included regular monitoring checks by senior management to ensure that people's care records, staff records, training supervision and appraisal were up to date. Staff told us they felt valued and that they attended meetings and gave feedback during spot-checks, appraisals and supervision. People and staff were asked for feedback on how the quality of the service could be improved and this according to seven out of ten people was taken into account. We reviewed results from a survey completed in March 2017 where 43 people responded. 39 out of 43 people

thought the service provided met their needs. So did six out of 10 people we spoke with.