

J.C.Michael Groups Ltd

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Hackney

Inspection report

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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

About the service

J.C. Michael Groups Ltd is a domiciliary care agency providing personal care for people living in their own homes. At the time of our inspection there were 208 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

People were protected from harm as the provider had an effective safeguarding process in place. Staff understood how to ensure people were protected from the spread of infection. Medicines were managed safely. Staff were recruited safely.

The provider assessed people's needs before the service began, which meant they could meet their care needs. People were involved in their care and could make decisions. Staff had training and regular support from the management team. People had their nutrition and hydration needs assessed. Staff worked with health care professionals to meet people's needs. Staff asked people permission before providing care to them. 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.

Right Care:

People told us staff were kind and caring. People said they were treated with respect, however some people told us they did not always have the opportunity to give feedback. We spoke with the registered manager about this and they showed us a survey that had been sent out to everyone using the service to obtain their views. Staff told us they promoted people's independence and protected people's dignity.

People had care plans in place, people's likes and preferences were recorded. People told us that staff communicated with them well. Records showed that people's communication needs were recorded. People, staff and relatives told us they knew how to make a complaint. The provider had a complaints procedure in place.

Right Culture:

The provider had a call monitoring system in place, the data we analysed showed staff were often late on visits and in some cases did not stay for the allocated time. The provider had picked up on these issues through their auditing process and had taken steps to address them, however some of these issues were still

not fully addressed.

There were mixed views about the communication from the office, some people said it was good and some said it was not good at all. The staff told us they felt supported by the management team. The provider had an auditing system in place which for the most part was effective. We have made a recommendation about the call and visit monitoring system. People told us overall they felt safe. Risk management plans were in place, we have made a recommendation about improving risk assessments.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 November 2019) 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.

At our last inspection we recommended that the provider considers current guidance to ensure care visits are delivered as per agreement. At this inspection we found some improvements had been made however we have recommended the provider make further improvements to address issues of staff lateness and visit times.

Why we inspected

The inspection was prompted by a review of the information we had about the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 not Well-led

Details are in our well-led findings below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team.

The inspection was conducted by 2 inspectors 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

The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 31 January 2023 and ended on 14 February 2023. We visited the location's

office/service on 31 January 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had about the service.

During the inspection

We spoke with 5 people using the service and 6 relatives. We spoke with 14 staff altogether, 11 care staff, 1 field supervisor, 1 care coordinator, and the registered manager. We reviewed 20 people's care records including risk assessments and 10 staff files in relation to recruitment. We also reviewed a range of management records including staff training, supervision, medicines, audits and complaints.

Is the service safe?

Our findings

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

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

Staffing and recruitment

At our last inspection we recommended the provider consider current guidance to ensure the care visits were delivered in line with the agreed time. At this inspection we found the provider had made some improvements, however there were still some issues with staff lateness and short calls.

- Staffing levels were not always sufficient to meet people's needs. Some people and relatives told us that staff were late on occasions and in 1 case staff did not turn up at all, in addition the office had not contacted them to explain why the care worker was late or there was a missed call. Comments made by people and relatives included, "There are times when they're supposed to have come, and they haven't, and I don't know who's coming every day and sometimes they're in a hurry." A relative said, "The main issue is communication. If they can't make it, they don't always tell me."
- Some people told us staff were rushed and didn't stay the allotted time. The call system in place showed that during the 2 months prior to our inspection 47% of calls were later than 15 minutes and 28% of calls were later than 45 minutes, data reviewed also showed that visits were shorter than the agreed time, on a significant number of calls.
- The registered manager told us, "We have activated a late notification which alerts us when the carers are running late, we call the carers to establish why this is so and inform the person." In addition if staff were leaving calls earlier than agreed the registered manager stated this had happened due to late cancellations and in some cases staff running errands for people or care supported not required on some occasions, this was higher than usual over the festive period.
- Data also confirmed that staff were not always logging in electronically, the registered manager told us that on some occasions staff were not able to log in for technical reasons and a manual system was used instead, this meant a record of the visit was maintained.
- The registered manager explained that they were able to act in real time if a care worker was running late, in addition they stated that if a pattern of lateness emerged this was addressed with the staff in their 1:1 meetings. The registered manager was aware of calls that were not logged on the system and assured us that these calls had been made and a manual system was used in each case.

We recommend that the provider review the call systems to ensure all late and unlogged calls have been identified and addressed appropriately.

- The provider had an effective system in place to recruit staff safely.
- The registered manager told us several background checks were done for example, obtaining 2 references

from a previous employer and a DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Staff files reviewed confirmed that checks had been carried out. The registered manager told us these files were over 10 years old and back then recruitment was done differently. We also reviewed more current files and found they were up to date and accurate.

Systems and processes to safeguard people from the risk of abuse

- The provider had an effective system in place to protect people from harm.
- People told us they felt safe with care staff, one person said, "They make certain I'm sitting down before showering me and afterwards when I'm standing up, they lean the chair so the water drains out then dry me." Another person said "I have just 1 carer and she's very good at listening to me. She goes above and beyond."
- Service records reviewed showed that safeguarding concerns were recorded, investigated and actions were taken where needed.
- Staff had training on how to recognise and report abuse and they knew how to apply it. This meant people were protected from the risk of harm.

Assessing risk, safety monitoring and management

- The provider had assessed risks of harm to people. People had individual risk assessments in place covering health conditions such as heart disease, diabetes, falls, environment, moving and handling and mobility. However, some care plans did not have enough guidance for staff to follow, for example if a risk of falls was identified it was not clear how to fully mitigate this risk. Other risk management plans were in good detail for staff to follow.
- The provider had a full description of health conditions in each care plan and instructions on what the care worker should do if they see signs or symptoms of ill health.
- Staff knew people well and were able to explain what they would do if someone had a health condition such as Diabetes.

We recommend the provider seeks a reputable source in relation to risk management plans.

Using medicine safely

- Medicines were managed safely.
- Records reviewed show medicines were administered correctly.
- Staff had training in administering medicine, training records reviewed confirmed this. Staff were able to tell us how medicine should be administered safely.
- Staff had their competency checked on a regular basis. This meant that people would be supported by competent staff.
- Monthly medicine audit checks were carried out; this meant any concerns could be picked up without delay and addressed.

Preventing and controlling infection

- The provider had a system in place to prevent the spread of infections.
- People told us staff observed infection control measures, one person said, "The minute they get to the door, they put their plastic shoes on, apron on and mask up."

A relative said, "I've seen them washing their hands and putting on gloves and aprons. They administer medication. I've never been informed of any issues, so I presume there's no problems."

- Staff told us they wore personal protective equipment (PPE) when providing care for people, this included,

masks, gloves and aprons.

- Staff had training in infection and control measures, training records reviewed confirmed this.
- The provider had an infection control policy in place to guide staff on preventing the spread of infections.

Learning lessons when things go wrong

- The provider had a system in place to learn from anything that went wrong, service records reviewed showed that incidents, accidents, complaints and safeguarding alerts were recorded, and actions taken showed learning had taken place.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People's needs were assessed before using the service. These assessments covered areas such as personal hygiene, dressing and undressing, the environment, food and drinks, communication, mobility, mental and physical health.
- People told us they were given choices about their care, one person said, "I'm quite happy with the support I get. Sometimes it's better than others." Another person said, "We go to the wardrobe together I point to what I want and she [care worker] gets it out." A relative said, "They [staff] will give [person] choices and tell me if [person] is poorly."
- Staff understood people's likes and dislikes, staff told us they get to know people and ask people how they wanted to be supported, staff stated everything is in the care plan.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training. This included training in a range of subjects such as the Mental Capacity Act, nutrition and fluids, safeguarding, medicine, life support, equality and diversity and specialist training such as percutaneous endoscopic gastrostomy, (PEG) tube feed, this allows nutrition, fluids and/or medicines to be put directly into the stomach.
- Staff told us they enjoyed the training as it helped them to do their job better.
- Staff received regular supervision and had regular team meetings, this enabled them to share work practices and ask for guidance. This meant people were supported by confident staff.

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

- People's nutritional needs were met.
- Care records showed that assessment of people's eating and drinking needs had been carried out. Care records showed most people had food prepared by themselves or their family. In most cases care staff were warming food up in the microwave or preparing sandwiches and light snacks.
- Staff told us, "I encourage people to drink and I leave them with water. And I inform the office if I am worried. Sometimes I warm up food, we make breakfast for people. We ask them what they want. We give them choices of cereals and toast."
- Daily notes confirmed that visits from health care professionals had taken place, in 1 person's notes it stated that a revised diet plan would be sent to the office and to the person following a visit from the dietitian.

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

- The provider worked with other agencies including health care professionals to meet people's health needs. □
- Staff told us if there were any changes to people's health or care plans this was communicated through their work phones, or a call from the office. □□
- Staff told us they would report any health concerns to the office, one staff said they recently had to call the office about a pressure area of concern, they said the office contacted the district nurse and staff were asked to administer cream and reposition the person. This was then recorded in the person's care notes.
- Multi- disciplinary team professionals such as the dietician and district nurse were involved and made aware of care plans to improve people's care.

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 MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental capacity assessments (MCA).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the Mental Capacity Act. Consent forms were in peoples care plans and signed by the person.
- Staff told us they asked permission before providing care to people.
- Staff had training in the Mental Capacity Act and records reviewed confirmed this. This meant staff could ensure people who may lack capacity had a best interest approach to their decision making.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 with respect and kindness.
- One person said, "My carer gives me privacy and my dignity when I ask for it, when I have a shower." A relative said, "Their [my relative] carers standard of care is very good. They're very attentive, very respectful, and very caring. I love them because they treat my mother as they would their own." Another person said, "I have just 1 carer and she's very good at listening to me. She goes above and beyond."
- The registered manager told us any person using the service can choose if they would prefer a male or female care worker to support them. This preference was included in care plans, for example in one care plan the person only wanted to be supported by a female care worker.

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

- The provider had a process in place to find out people and their relatives views, however some people and relatives we spoke with said they had not been asked for feedback about the care, comments included, "Since the start, the care company hasn't been great. No one has ever asked me for any feedback." And "I have nothing to do with the office other than the occasional call asking me how things are going."
- We asked people and their relatives if they were involved in their care planning and were able to make decisions. Some people and relatives told us they were not aware of their care plans and did not have a copy of 1, comments included, "I did have a care plan, but I don't know what's in it now." And "There's not a care plan in the house. Any new carer doesn't have a clue. I have to tell them what to do."
- The registered manager told us that everyone had a care plan, and these were reviewed on a yearly basis, or earlier when needs changed, they also said relatives and people were able to make decisions at any time about their care.
- A postal survey was sent to people asking them for their views, the data reviewed showed that overall people's care plans met their needs and people said the care workers were passionate about the care being provided.

Respecting and promoting people's privacy, dignity and independence

- Peoples dignity, privacy and independence was respected and promoted.
- Staff told us they treat people well and make sure they are covered up when providing personal care. One staff said, "Close the doors, treat people as they want to be treated. Say hello to people how you speak to them." Another staff member said, "When I go to a person's house, we have to make sure the door is closed, and the person is willing for us to help. Talk through what we are about to do. Get their agreement. Don't touch them without checking first."

- We asked staff about encouraging people to be independent, one staff said, "Yes encourage them and avoid micromanaging people. Remind some of the family they can do that themselves." Another staff said, "I offer choices of food. I encourage them to wash their face, but I assist, whatever they can't do I will do or supervise."
- Staff explained that people's information was confidential and should be on a need to know basis to protect people's right to privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 the provider did not always meet people's preferences and ensured their needs were met. This was a breach of regulation 9 Person-centred care, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care plans recorded people's preferences and likes/dislikes. For example, in 1 plan it stated, "[Person] does not like noisy environments, and would benefit from having their own space." In another care plan it stated, "I like rap music and pop."
- The staff we spoke with knew people well and how to support them. Staff told us about people likes for example if a person liked spicy food or not.
- Preferences (such as gender of staff) were identified and appropriate staff were available to support people.
- Care records had people's expected outcomes recorded for example in 1 care plan it stated the outcome was for the person to have good nutrition and hydration. In another care plan 1 outcome was for the person, "To remain independent and promote safety."
- Care records contained records of likes and dislikes for example 1 care plan had recorded that the person enjoyed music, tv and cycling and another care plan recorded the person liked foods which are spicy.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed at the initial visit by the provider. The people we spoke with told us that staff communicated well with them.
- Care records reviewed contained details on how best to communicate with people, for example in 1 care plan it stated it was best to communicate with the person using body language for example making eye

contact as well as words. In another care plan it stated the person used fist pumps as a way of communicating they were happy. This meant that staff could support people in a personal way to meet their communication needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. We saw records of complaints made by people and relatives, these had been logged and outcomes recorded. We saw the provider had responded in a timely manner and letters of apology had been sent to the complainant.
- People and relatives told us they knew how to make a complaint if they needed to and they felt it would be addressed.

End of life care and support

- The provider had an end of life policy to guide staff in what to do when this care was needed, at the time of our inspection there was no one in receipt of end of life care. Care records had a tick box to indicate if people wanted to discuss their end of life plans. The care plans we reviewed showed that people did not want to discuss their end of life plans and in some cases they discussed these issues with their families.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 the provider had failed to effectively operate systems to assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others; accurately maintain contemporaneous records, and evaluate and improve care based on people's feedback. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service used a call monitoring system to monitor calls and care visits, the registered manager told us there was an oversight of this system and any issues were identified and addressed. Reports were sent to the local authority on a weekly basis as part of their contract monitoring processes. Although improvements have been made, staff lateness and short calls continue to be an issue. We have recommended that the provider review this system and address any shortfalls.
- The provider had systems in place to audit the quality of care for example, medicine audits, spot checks, daily records, complaints, accidents and incidents, late or missed calls and care files. We reviewed these records and found they were completed regularly.
- People's initial care assessments were completed in a timely manner. Records reviewed confirmed this.
- The provider had a clear process in place to send CQC notifications in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for 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 registered manager promoted an open and honest culture within the service. Staff told us they could approach the registered manager at any time, and they would listen to their issues. One staff said, "Yes [the registered manager] is very nice. and knows what to do and respond quickly." Staff told us they felt supported by the management team and were not afraid to speak up about concerns or mistakes made.
- The registered manager understood their responsibility under the duty of candour. They told us, "I would ensure concerns are raised as a safeguard, I would make sure the care workers understood the duty of

candour. I encourage staff to come forward and be open."

- The registered manager also told us, they would be open about any mistakes they made and had apologised to people when mistakes were identified. We saw evidence of this in the providers complaints procedures.
- Staff said they felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.

Continuous learning and improving care

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- Governance processes such as audits of medicine, staff files, care plans, spot checks, complaints, safeguarding, out of hours calls, accidents and incidents were carried out regularly. A yearly audit showed details of actions taken in the areas audited, however it was not clear what improvements had been made following the yearly audit.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. Statutory notifications had been sent to CQC in line with regulations.

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

- The provider had a process in place to involve people and staff in the running of the service. Staff told us they felt confident to make suggestions for improvements.
- The provider sought feedback from people using the service, this was done by making calls to people and following up on issues or concerns. We had mixed views from people about giving feedback, some people told us they had a call from time to time, but other people told us they did not give feedback and had not completed a survey.
- The registered manager sent out surveys to people, staff and professionals to get their views on the service. Overall, 119 people responded, and the feedback was very positive about the service.

Working in partnership with others

- The provider worked with health care professional and the local authority.