Jays Homecare Limited

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

Jays Homecare Limited is a home care agency providing personal care to people living in their own home. The service supports more than 300 people who live in the London Boroughs of Enfield and Brent.

We inspected Jays Homecare Limited on 4 August 2014. The inspection was announced, we gave the provider 48 hours' notice. During our last inspection on 12 August 2013 the provider was not in breach of the regulations of the Health and Social Care Act 2008 we inspected.

There was a registered manager in post. A registered manager is a person who has registered with CQC to

Summary of findings

manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was not present during our inspection on 4 August 2014, we were assisted by two care co-ordinators during this inspection.

Most people told us that they were extremely satisfied with the care they received. They told us that care workers were usually on time for their visits and if they were late would contact them immediately. They told us that they felt "safe" and care workers were "caring and understanding". They also told us that care workers "are experienced and know their job well."

Recruitment checks were carried out to protect people from the risks of employing unsuitable staff. Staff demonstrated good understanding of the Mental Capacity Act (2005) and gave practice examples in how they would support a person who lacked capacity.

Staff were up to date with their mandatory training. Regular unannounced spot-checks were carried out on care workers to evaluate their care practices. An out of hours on call system ensured that management support and advice was available for care workers 24 hours a day, 365 days a year.

People received safe care and care workers had detailed risk management plans to follow to help to ensure people were protected from injury and harm.

People's health and care needs were assessed and care plans were put in place to help staff to deliver the care people needed and to keep them safe. However, care plans were of different standard across the two boroughs. Care plans for people who used the service in one area were basic and not always person centred compared with the other area.

All care workers we spoke with demonstrated a good understanding of people's care needs, likes and dislikes, preferences and routines. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Care was designed to be flexible. People who used the service and care workers told us the service accommodated last-minute changes and responded to their requests.

Care workers and care co-ordinators told us that the registered manager provided strong leadership and people using the service, their relatives and care workers we spoke with told us that the agency promoted a high standard of care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. During our visit we saw, and people told us, that they felt safe using the service. There were robust safeguarding procedures that staff were trained to use and understood.

The manager and staff had access to systems that enabled them to learn from any previous incidents of poor care. This reduced the risks to people and helped service improvement.

There were Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) policies and procedures in place and staff had received training.

Staff rotas took people's needs into account when deciding required staff numbers, qualifications, skills and experience. Appropriate recruitment checks were undertaken.

Is the service effective?

Good

The service was effective. Before staff began work they completed five days induction training and additional shadowing opportunities. Regular unannounced spot checks carried out by senior carers and field supervisors ensured that working practices were evaluated.

Care plans for people using the service in Enfield contained more detailed information and were person centred.

A robust matching process ensured that people using the service received support from staff with the relevant experience, skill, training and understanding to meet their needs.

The out of hours on call system ensured that management support was available 24 hours a day, 365 days a year for people who used the service and staff.

Is the service caring?

Good

The service was caring. People felt valued, respected and well cared for by care workers. People who used the service and their relatives were involved in making decisions about their care and treatment.

People who used the service told us that they were treated with respect and care workers were caring. Comments people made included "I can say unequivocally that care workers are caring and they have built an excellent rapport."

Is the service responsive?

Good

The service was responsive. People told us that they were regularly contacted or visited by office based staff to see if they were happy with the service they were receiving, the staff delivering it and if they wished any changes to be made. Care plans were based on individual needs, regularly reviewed and updated, and enabled staff to meet people's needs.

People and their relatives confirmed that any concerns raised were discussed and addressed.

Is the service well-led?

Good

The service was well-led. People who used the service, their relatives and staff told us that there was an open and caring culture.

There were systems in place to monitor the quality of the care provided.

Summary of findings

Care workers and care co-ordinators were kept informed about good practice so they knew how to deliver care to a high standard.

Jays Homecare Limited

Detailed findings

Background to this inspection

We inspected Jays Homecare Limited on 4 August 2014.

The inspection was carried out by two inspectors and an Expert by Experience, who had experience of older people's care services. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before we visited Jays Homecare Limited we checked the information that we held about the service and the service provider. The provider also completed a 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.

During our inspection we looked at eight care records for people who used the service, 13 staff records and various records about how the service was managed.

We did not send out questionnaires as part of this inspection.

We contacted 30 people who used the service and their relatives, but only 10 people who used the service and relatives of eight people who used the service agreed to speak with us. We spoke with two care co-ordinators and five care workers.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People who used the service told us that they felt safe with care workers. Comments made by people who used the service and their relatives included, "my carer is always on time and even stays a little bit longer if I require some extra support" and "I am very comfortable when the care workers are around and I know my mother is safe."

The agency had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". One of the care co-ordinators told us that the service policy and London Multi Agencies Procedures were used alongside each other. We also saw a staff handbook, which included information on the safeguarding procedure and responsibilities of senior staff and care workers for reporting abuse.

We spoke with two care co-ordinators and five care workers about how they would identify abuse. They demonstrated a clear understanding of the different types of abuse that could occur, the signs they would look for and what they would do if they thought a person who used the service was at risk of abuse including who they would report any safeguarding concerns to. Care workers told us that they had attended training on safeguarding adults from abuse. Staff training records we looked at confirmed this. The service had a whistleblowing procedure in place and care workers told us that they would use the procedure if they needed to. Staff provided practice examples demonstrating how they would respond to somebody who lacked capacity. Comments made by care workers included "I would contact the office and asked for the person to be re-assessed" and "You have to understand that people change their mind and I speak to them in a calm and slower voice."

One care co-ordinator told us of two safeguarding concerns which had been raised with the local authority in the past twelve months, which had been investigated and resolved. One of the safeguarding concerns had been substantiated and the provider took appropriate disciplinary actions against the care worker. We also saw that the provider discussed the safeguarding concerns in subsequent care workers' meetings to reduce the risk of similar incidents happening again.

We saw that staff received training in the Mental Capacity Act (MCA) 2005 and how the act should be applied to people living in their home. Care workers spoken with demonstrated a good understanding of the MCA 2005, a comment made by one care worker "I would contact the office if I noticed that one of my clients was not able to consent, they would then reassess the person to see if the person required additional support."

Care workers and care co-ordinators told us that staffing numbers were reviewed if people's needs had changed. One care worker told us, "I have one client, the person's mobility deteriorated; I contacted the office twice about the changing mobility. The office sent a field supervisor who reassessed the person and told social services about the changes. We visit the client now with two carers, which is much better and much safer for the person."

We looked at care folders for eight people who used the service. Care files included local authority referral information, the service's health and care assessments, care and support plans and risk assessments. Care plans included information and guidance for staff about how people's needs should be met. The files also included environmental, medicines and moving and handling assessments. Care plans and risk assessments were regularly reviewed by care co-ordinators and field supervisors. We noted however that the standard of care plans and risk assessments varied greatly between two local authorities. Some were more detailed, clearer and person centred than others.

The registered manager told us that the variation between care plans was due to a new system that the agency had tested, but the provider told us that they had decided to continue with the old system following feedback from the local authority.

We saw detailed risk assessments and risk management plans in people's care plan folders. Care workers told us that they were useful in responding to people who used the service. One care worker told us, "I like the risk assessments and the office responds quickly if I contact them when things have changed to review the risk assessments, this is good."

We looked at the records of 13 members of staff. Each staff member's records contained a completed application form that referenced the applicant's previous employer as well as their full employment history. Records included

Is the service safe?

evidence of enhanced Disclosure and Barring Service (DBS) checks, proof of the staff member's identity, two employment references and health declarations. All copies of original documents had been verified and signed as 'original seen'.

One care co-ordinator told us there was a matching process in operation that ensured people who used the service were supported by staff that had the experience, skills and training to meet their needs. One relative told us that her relative preferred a particular care worker, which she discussed with the agency and since then the same care worker was allocated as often as possible.

There were processes to ensure there were sufficient staff available to provide care to people. Any shortfalls in terms of staff availability were identified and actions put in place to arrange temporary cover from another part of the service or if necessary to recruit staff. A care worker remarked, "We work very well together and help each other out, and cover for each other to make sure service users are visited." A person who used the service told us, "The agency will tell us if different carers come, when our main carer is away."

Is the service effective?

Our findings

We asked people if they had been involved in the assessment carried out by field supervisors. Comments included, "Staff from the office visited my relative first and asked him about what care he required" and "I was included in the assessment and told them what I want."

We looked at care records of eight people who used the service. The care records we included people receiving reablement support for a short period after leaving hospital, people requiring two to one support and people with multiple disabilities. Some of the care plans were very detailed and contained information on the person's needs in areas such as mobility, continence, dressing, eating and drinking and behaviour. Assessed needs were included in the care plans. People who used the service and their relatives told us that the assessments had been carried out in their home by a senior care worker from the agency and the assessor ensured that people who used the service were able to contribute. We noted however that some of the other assessments and care plans we looked at were less detailed. We found that care plans for people in one part of London were basic and did not contain the similar standard of detail and information compared to care plans for people in another part of London. We raised this with the management as this may have meant a variation in the standard of care. However, people who used the service, relatives and care workers raised no concerns about this when we asked them.

We spoke with five care workers who told us that they received five days classroom based induction training when they started work. This included training on health and safety, fire safety, emergency first aid, manual handling, safe food handling, infection control, safeguarding vulnerable adults and medicines awareness training. Once they completed the theoretical training, new care workers were accompanied by more experienced care workers as part of their induction. The care co-ordinators told us that during the shadowing sessions care workers' competence was assessed. Care workers told us that they had regular one to one supervisions and team meetings, which was confirmed by records we looked at. We viewed the training matrix for staff, which showed us that staff had received mandatory training in areas such as food hygiene, manual handling, safeguarding adults and health and safety. The training matrix also highlighted when staff were due to undertake annual refresher training sessions. .

One person who used the service told us, "My carer knows what she is doing; she seemed to have had lots of training." An example given by one care worker we interviewed was that she had received training in dementia, reablement and epilepsy. Care workers told us that they were not expected to support people with specific medical or mental conditions unless they had received the appropriate training. One care worker told us, "I have received training in dementia, which helps me to support and understand some of my elderly clients better."

The service operated an out of hours on call system which ensured management support was available. Care workers told us that they had used the on call system and always received advice when they needed it.

The care files we looked at included details of people's health care needs and contact details of relevant health care professionals. Information about people's medicines and the support they required was recorded in care plans. Care workers received training in medicines management, dementia care needs and other specific health care needs which was confirmed by care workers and training records we viewed. While mostly relatives were responsible for the provision of food, care plans indicated what support people required from care workers. We saw that the provider issued information to all care workers in July 2014 reminding staff to ensure that drinks and fluids were made available to people who used the service during the hot weather. Care workers told us that they were aware of this guidance. One care worker told us, "I always make sure that my clients have drinks in easy reach." A person who used the service told us, "They always record what I eat or drink that is good."

Good

Is the service caring?

Our findings

People told us that care workers and office staff were caring and compassionate. One person told us, "Staff are very caring and treat me as a respected individual." Some said they were aware that the care plans had been reviewed by senior care workers and office staff. A relative said, "They invited the social worker and someone from the office to talk about my mother's care plan." Staff gave us good practice examples of caring relationships, for example holding someone's hand, having a chat with them or just comforting them when they were feeling low. One relative commented, "When the carer is around, she smiles all the time."

People and their relatives confirmed that they were involved in making decisions about their care. One person told us, "I have built a good rapport with my care workers and they always ask me for my permission before they do anything." Another person told us, "I have a care plan and they asked me what kind of care I wanted them to give me, they also asked me personal things. I am ok with this." The provider supported people's personal requests and ensured that care workers were suitable to people's age, disability, race and gender. For example one person told us, "My mother preferred a particular female carer, we contacted the agency about this and they tried to allocate this carer as often as possible, they took our requests on board and my mother is very happy with this."

Care workers told us that all people they provided care to were known to them and the agency tried to regularly allocate the same care workers with people who used the service. A care worker told us, "This is good for continuity and I know the service users very well, you become part of their wider family."

We asked people who used the service if care workers spent the allocated time with them. One person said, "They [care workers] are very busy, but they always have time for a chat, joke and if I ask them they will even make me a quick cup of tea."

Care workers told us that they enjoyed working with the people they provided care to. They said that initial shadowing opportunities ensured that care workers built a relationship with people who used the service and get to know them better. People who used the service told us that staff treated them with dignity and respect. Comments made included, "They [carers] are very caring and treat me as a respected individual." Staff demonstrated good understanding of the importance of respecting and promoting people's privacy and respect. They gave good practice examples such as covering people when providing personal care, ringing the doorbell even when using the key pad system or closing the curtains to ensure people's privacy.

People who used the service told us that they were visited by the field supervisors' following their referral by the local authority. They told us that they had been asked and were listened to about how they wished the care to be provided. Care plans we viewed were signed and agreed by people who used the service or their representative. One person told us, "They sent somebody around to talk to me about my care and gave me a folder with information about Jays."

We asked people who used the service if care workers treated them with respect and dignity. One person told us, "I have no concerns or problems at all", and another person commented, "They couldn't be better, I am very happy with my care worker." Staff told us that they discussed and received training during their induction on privacy, dignity and human rights. Induction records from two recently employed staff confirmed this.

Good

Is the service responsive?

Our findings

People who used the service and those acting on their behalf told us that they were fully involved in making decisions about their support. For example, all 10 people we spoke with remarked that they received a folder with information when their service started. They said that this helped them to understand what to expect in terms of their support visits and where to go if they had any concerns.

People received personalised care that met their needs. We viewed eight care records; these demonstrated that people were asked about their background and preferences. Care workers explained how they understood and read people's support plans and how they would confirm these with people who used the service. We saw that care plans took people's cultural needs and preferences into consideration. For example, we saw in one care plan that the family requested a care worker from the same gender, which had been dealt with and provided by the agency. One person stated, "I was asked if I wanted a female carer and at what time I wanted to have care."

People who used the service said that they received support from the same regular care workers most of the time. People who used the service told us "our regular carer comes every week; there is no need for a rota. If she goes on holiday, the agency phones and let me know someone else is coming" and "we have the same carers all the time".

Records showed us that people who used the service were contacted regularly by phone and were regularly visited by field supervisors to reassess their needs. People who used the service said that they were asked whether their support met their needs and whether any changes were required. We saw that where necessary the agency had taken appropriate actions. For example, people told us "they often call me up and ask me if I need anything else" and "the agency provides whatever I want as soon as we ask". Care records viewed demonstrated that they had been reviewed. For example one care plan where a person's mobility deteriorated had been reviewed and additional care workers and hours had been provided following this review.

The provider had a system in place to log and respond to complaints. The records showed the dates and action taken by the provider in response to complaints. We noted that complaints had been investigated and resolved to ensure people received the care they expected. We saw that the provider had responded to a complaint about medicines in a timely manner and provided additional training to the care worker. This showed that complaints were effectively managed. One person who used the service said "I don't have any complaints, but I would call the office and they will sort it out" and a relative told us "we contacted the agency and raised a concern about a carer who did not speak my mother's language and the agency changed the carer."

Good

Is the service well-led?

Our findings

The agency had a registered manager in post. Staff said that the manager was open and accessible to discuss professional and personal issues. Staff told us that the standard of work expected was made clear to them and they had been trained in how to treat people with dignity and respect. Staff said that meetings were held regularly, which was confirmed by minutes we looked at. These covered issues relating to quality of care, staffing, policies and procedures and performance. In addition to care workers' meetings, office staff met monthly to discuss similar issues and administrative issues. This ensured that all staff were informed and kept up to date of any changes introduced and any issues concerning the quality care.

Staff told us that they had received annual appraisals during which training needs were identified. Records viewed confirmed this. Care workers told us that they found it easy to access training and the on-going support provided by the manager and field supervisors. One care worker told us, "It's easy to access training and if I need any specific training I can talk to the manager about it."

The care co-ordinator told us and complaints records for 2014 showed, that some complaints related to people not being informed when their regular care worker was off sick or running late. The registered manager told us he had recruited additional field supervisors with the aim to improve communication with people. We spoke to one of the new field supervisors who told us she had started visiting people to discuss issues of concern.

The provider had carried out a client satisfaction survey in July 2013 for Enfield and in August 2014 for services in Brent. For Enfield services 33 questionnaires were returned. Feedback was mostly very positive, for example 22 people who used the service rated the care workers as excellent and 11 people who used the service rated care workers as good. For Brent services 46 questionnaires were returned, 22 people rated care workers as excellent, eight as good, six as fair and ten made no comments. The provider told us that they planned to discuss Brent survey results during the next staff meeting to identify where improvements could be made. Comments made by people who used the service included "care workers are punctual", "I am very happy with my regular carer" and "we are very happy with the service".

The provider carried out quality audits to monitor and assess the quality of care. For example, quarterly performance assessments which addressed health and safety, infection control and COSHH. There was also a system in place to monitor time keeping and time spent with people who used the service. The care co-ordinator said that this had helped to improve time keeping by reallocating staff more closely to the place they lived, which reduced their traveling time between calls. We looked at the call monitoring sheets and noted that during one week for one person who used the service, the actual time and the allocated time spent did not correspond. We were told that this was due to care workers logging in and out externally instead of at the person's home. The provider agreed that they had relied too much on electronic records and told us they would undertake more frequent manual checks of the electronic records.

People told us, and records confirmed, that field supervisors' undertook regular spot checks to monitor and assess the care provided. Care workers told us that these visits were unannounced. One comment made by a care worker included "They check up on me regularly, I don't know when they come, but they tell my clients. I don't mind this, I don't do anything wrong."

We spoke with one care co-ordinator about the management support provided. The person told us that the manager is always available and very helpful, "I never feel on my own, this is a good agency to work for." Similar comments were made by other care workers we spoke with. They told us they felt supported and valued.