J.C.Michael Groups Ltd

J.C.Michael Groups Ltd Basildon

Inspection report

38 Southernhay
Town Centre
Basildon
Essex
SS14 1ET

Tel: 02085194089
Website: 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?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This service is a domiciliary care agency. The service is registered to personal care to people living in their own homes. This was the first inspection of the service since it was registered on the 21 August 2017. At the time of our inspection there were 21 people using the service, who received personal care.

The service was not always well led. The current managerial system for the service needed to improve, because there had been no registered manager in post for over 7 months. 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. Audits and governance systems were in place. Surveys were carried out on a regular basis and positive feedback had been received.

The service was not always effective. Staff received an induction, but the care certificate induction had not been provided in the correct way. People received appropriate support to meet their nutritional and healthcare needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice.

The service was not always safe. There were enough staff to provide safe care, and additional time for travel was included as part of the rota system, but, people told us sometimes staff would arrive late. Recruitment checks took place before staff started work, but some references had been received after the person had started work. People told us they felt safe using J. C. Michael Groups Ltd, and felt that staff knew how to protect people from the risk of harm. Staff reduced the risk of infection by using personal protective equipment. People were given their medicine, on time and in the correct way.

The service was caring. People said they were involved in their care planning. People received care from staff who they considered to be friendly and caring, and who stayed long enough to provide the care people required. Staff promoted people's privacy and dignity and provided people with care and support which was individual to them.

The service was responsive. Staff were aware of people's individual needs. Care records focused on the person and were updated according to any changes in people's health and well-being. People were supported to have their health needs met. Procedures to deal with complaints were in place, but did not meet requirements. Shortly after the inspection, this had been updated.

Full information about CQC's regulatory response relating to the registered manager requirement, will be added to reports after any representations and appeals have been concluded.

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

This service was not always safe.

There were enough staff to provide care, but sometimes, staff would arrive late or did not always stay for the agree amount of time.

Staff understood their responsibility to keep people safe and to report any suspected abuse.

Risks to the health, safety or well-being of people who used the service were included in their care plans.

People received their medicines in the right way and at the right time.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not always trained in specialist areas, and the induction processes needed to be more robust to meet the requirements of the care certificate.

Where required, staff made sure people had enough to eat and drink and staff and communicated with health professionals if changes in people's health occurred.

Staff were aware of the requirements of the Mental Capacity Act.

Is the service caring?

Good

This service was caring.

People and their relatives told us staff were kind and caring.

Staff could describe how they protected people's privacy and dignity when delivering care.

Is the service responsive?

Good

The service was responsive.

Care plans were in place which set out how to meet people's needs. However, more work was required to ensure that guidance was in place for staff when people were at the end of their lives.

The provider was meeting the accessible communication standards.

People knew how to complain if they needed to, and complaint were dealt with in a robust way.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was no registered manager in post, and there had not been on in place for over seven months.

The manager had various quality assurance and monitoring systems in place. Surveys were carried out on a regular basis.

J.C.Michael Groups Ltd Basildon

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 the first inspection of J.C. Michael Groups Ltd, Basildon. This inspection was announced. The inspection was carried out on the 24 and 25 July 2018. We gave the service 48 hours' notice of the inspection visit because the manager may have been out of the office supporting staff or providing care. We needed to be sure they would be in. The inspection team comprised of inspector and an expert by experience. An expert by experience is a person who has personal experience of using services of this type.

Prior to the inspection we reviewed all the information we held about the service including statutory notifications, safeguarding referrals and complaints. The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

We spoke with five people, five relatives, the manager and seven care staff. We looked at five people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, induction, training and supervision records. We also looked at audits, policies and governance processes.

Requires Improvement

Is the service safe?

Our findings

This service was registered on the 7 July 2017. This is the first time this service has been rated.

People told us there were enough staff to provide care, but, sometimes staff would arrive late or did not always stay for the agreed amount of time. One person said, "Timekeeping is the trouble. Staff do their best. Some staff stay as long as they should, and do all they can. Whereas some others just tick the box. I do feel safe when the staff are with me." A relative said, "The staff member is very nice. It is usually the same person, I wanted continuity of care and so we get that for [Name.] They do not stop the full time that they are expected to stay." Whilst there was the potential for risk, for example, with people not getting their medicine at the correct time. No impact to people's safety was found at this this inspection.

We inspected staff rotas and found that the manager scheduled extra time, to allow staff enough time to travel between care calls. Electronic call monitoring (ECM) was in place and the manager had recently implemented a missed call log, which enabled them to review when staff were running late and looked at ways this could be improved.

One staff member said, "We have enough time to get around between calls, the person doing the rota knows the area well." Staff were allocated similar rotas each week. This continuity enabled staff to get to know people and their individual needs. One staff member said, "We get there on time. We sometimes have the time to sit and chat together. I have the same people every week."

We inspected staff records, and found that references were on file but had been received after the staff member had already started work. One staff file had no references at all. The manager said, "We make sure people are trained and have a DBS in place before they start work, but, we are not so good at references. We know this is an area that needs to be improved and we are working on it." Application forms had been completed, and recorded the applicant's employment history. Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

People told us they felt safe with the staff that supported them. One relative said, "I can hear the staff when they are caring for [Name] and it sounds respectful. The staff encourage independence with prompting. I am kept informed if there is a change of staff member. I feel [Name] is safe in the care of the staff."

Staff were trained in safeguarding and knew their responsibilities around reporting concerns of abuse and poor care. The manager was aware of the reporting protocols and information had been made available to staff in relation to reporting both internally and externally. Staff knew the different types and signs of abuse and told us they would report any concerns to the office. One said, "I would let the office know and write it down. I would let my manager or senior know about it. They would do something about it. If they didn't I would go to the police or the CQC."

Before the inspection, we approached local commissioners and asked for their feedback about this service. They told us they had no concerns at the time of the inspection.

Assessments were undertaken by the manager before a service was offered to people. The assessment looked at any risks faced by the person or by the staff supporting them. Detailed risk assessments were in place, which provided staff with clear guidance about how to support people in a safe way. Information for staff detailed what measures they should take if a person was at risk. For example. One person was at risk of falls upon waking, and staff were advised to allow the person to sit down straightway if they were dizzy, and to get out of bed slowly.

Everybody except for one person, told us they got their medicines in the right way and at the right time. One relative said, "There have never been any errors. It is given in the correct way."

We inspected four people's medicine administration records (MARs) and these had been completed correctly. The MARs provided guidance for staff about what medicine should be given and when. When the mars had been returned to the office, the manager had carried out an audit, to ensure people had received their medicines as prescribed. Care plans included information which provided staff with guidance about how people should be helped to take their medicines, and any potential side effects.

Staff had been given medicine training as part of their induction, and the manager had checked their competence. In the staff files we inspected, the competency assessments varied in breadth and quality. The manager explained that they were in process of carrying out a more detailed medication competency assessment on all staff.

People told us that staff used hygienic practices when they were in their home. They wore gloves, aprons and footwear covers appropriately and were aware of the risk of cross infection. Staff had received training in food safety and infection control to help them to carry out their responsibilities effectively.

Systems were in place to record, review, and investigate safety concerns. When things had gone wrong, this was discussed in team meetings so that lessons could be learnt. Regular staff meetings were used to help staff learn about how they could improve within their role. For example, topics such as improving communication, and using equipment correctly was covered. One staff member said, "We have meetings. We have an agenda and we talk about things we need to correct and how we do our job. We look at the way forward."

Requires Improvement

Is the service effective?

Our findings

This service had only been registered since the 7 July 2017. This is the first time this service has been rated. People and their relatives told us staff understood their needs and provided them with the care they wanted.

Staff told us they were given an induction, and records confirmed that the care certificate had been completed. One staff member said, "I had an induction. It was interesting, because it is the foundation, of what I am getting into." The care certificate is an identified set of standards health and social care workers adhere to in their daily working life. However, we noted, the information on the certificate stated, this had been carried out within two days. This meant that this had not been done correctly. The average length of time it takes for an employee new to health or social care to demonstrate the expected competences and knowledge is usually around 12 weeks.

Mixed feedback was given about staff being well trained, and only three people thought that the staff supporting them were trained to a sufficient level. One person said, "Some staff are [well trained] and some staff are not [well trained]." One relative said, "Yes, I do think the staff are trained. I understand the staff are on two lots of training this week."

Records showed that there was an on-going mandatory training programme for all staff. We found that staff did not always have extra training when someone had specialist needs. For example, one person had a diagnosis of epilepsy, but the staff had not been given any additional training around this area. The manager told us they would arrange for staff to have additional training. Following the inspection, the provider told us that they had made changes to their training plan, and now provided additional training.

Staff told us they received regular supervision and had an appraisal of their work performance. The records we inspected, confirmed that most staff had received a supervision session. Part of the support process was a group supervision approach, and we found that regular support meetings were offered to staff.

People's needs had been assessed before care was agreed. Nutrition and hydration plans were in place. Detailed guidance about people's personal meal time preferences, meant that staff could provide people with the correct support they required at meal times. The manager explained, that whilst they were getting the business up and running, they were very careful about the type of care packages offered to them from the local authority, to ensure they could meet people's needs.

We inspected the policy relating to safe eating and drinking, and found it was not comprehensive and needed to be updated. This needed to ensure additional guidance was added, in line with legislation, around how to support people to eat and drink in a safe way.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The providers approach to obtaining signed consent in relation to their care arrangements was comprehensive and robust. Everybody or their representative had signed consent to their care within their care plan. When people had others acting on their behalf, there was detailed information available to know if people had representation in place. For example, information was available if people had a Lasting Power of Attorney or a Court of Protection agreement in place.

The manager had a good understanding of the principles of the MCA. They were aware of what to do and who to report to if people they were caring for became unable to make decisions for themselves. The provider had an appropriate consent to care policy that highlighted plans were to be developed in people's best interests where people lacked the capacity to make decisions about their own care.

The manager and staff ensured access to healthcare services were readily available to people and worked with a range of healthcare professionals, such as social workers, and GPs. Care plans contained information and provided guidance to staff about people's health needs and professional's involvement.

Good

Is the service caring?

Our findings

This service had only been registered since the 7 July 2017. This is the first time this service has been rated.

People told us that staff were kind and caring towards them. One person said, "The staff do their best, and all they can to support me." Another person said, "We have a laugh and a joke and discuss life. I am happy, the staff are respectful and there is a good relationship with the staff."

People and their relatives told us they were actively involved in making decisions about their care and support. One person explained, "Right at the start, I said what I wanted and I am cared for in that way." A relative said, "There was a care plan discussed between agency and family. It was put in place at the start."

We found the manager regularly reviewed people's support plans and changes were made, if this was needed. On reviewing people's care and support plans, we found them to be detailed and covered people's preferences of care.

People told us they were treated in a dignified and respectful way. Staff told us when supporting the person, they ensured they protected their privacy, by making sure doors and curtains were closed when providing personal care, and encouraging people to do as much as they could for themselves. To encourage their independence.

Staff had received training in treating people with dignity and respect as part of their induction. A relative said, "When I am home all doors are closed for dignity. The staff are very nice to [Name]. I can hear them chatting in a kindly way."

Staff understood the people they were supporting and could describe, things that were important to them. Staff understood about the impact their visits made to people's lives. For example, one staff member told us how important it was to take the time to encourage people, to do as much as they could for themselves, so that they could be as independent as possible.

Good

Is the service responsive?

Our findings

This service had only been registered since the 7 July 2017. This is the first time this service has been rated.

People's care records held referral information from local authority commissioners, and included a breakdown of people's care and support needs. Assessments were in place which covered a wide range of topics, from moving and handling, to people's spiritual and cultural needs. People's care plans described how each person should be supported.

Each person had a care plan in place, with guidance for staff about how the person preferred for their care to be delivered. These were fully person centred and gave guidance for staff to understand how to deliver the care and support the people needed, in the way each person preferred. People's strengths and levels of independence were identified and the support plan was regularly updated with relevant information.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We found the service was meeting this standard and had considered what additional support people may need to communicate effectively. This had been recorded within their care plan.

The manager told us that at the time of the inspection, they did not provide support to people who was at the end of their life, and we found, this was an area that needed to be improved. Records showed that there was very limited information to ensure that staff had clear guidance to know how to care for people at the end of their life. The Manager said that they were planning to give staff additional training in this area, and improve their care plans.

We inspected the complaints process and at the time of inspection, there had been one formal complaint made. The manager had taken clear action to address the issues and the outcome of their investigation had been recorded well. For example, they had met with the person and provided them with a written apology. We could see disciplinary action had been taken with the staff member involved.

People told us they knew how to make a complaint if they needed to, but had not needed to. One person said, "I have no complaints." One relative said, "I have never made a complaint but I know it would be fully investigated if I did. They are good and I have no issues. I have no complaints."

Procedures to deal with complaints were in place, but did not meet best practice requirements. The policy did not include information telling people about how they could make a complaint to the Local Authority or the Local Government Ombudsman. Shortly after the inspection, the manager had updated this policy.

Requires Improvement

Is the service well-led?

Our findings

This service had only been registered since the 7 July 2017. This is the first time this service had been rated.

The current managerial system for the service needed to improve. The service did not have a registered manager in post and had been without one for over seven months. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. The acting manager told us that they had mistakenly deregistered themselves, and were hoping to submit an application for registration, but had become unwell. They were unable to tell us when a new application would be submitted. The Care Quality Commission is currently discussing this matter with the provider. Full information about CQC's regulatory response related to this, will be added to reports after any representations and appeals have been concluded.

The provider did not always meet the requirements of the General Data Protection Regulation (GDPR.) The GDPR is regulation on data protection and privacy for people. We found that some information was not locked away securely. We informed the manager about this at the end of the inspection and was assured that this information would be locked away.

The manager recognised the importance of regularly monitoring the quality of the service provided to people. There were various audits and checks in place which monitored both the safety and the quality of the service. These included spot check visits to people who used the service, checking medicines administration records, sending out quality surveys and reviewing risk assessments and signed consent forms.

Audits were carried out by the operational manager, but they did not identify, or explain how the areas that we found would be addressed. For example, it did not identify that additional specialist training should be given.

The manager understood the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and understood when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.

Surveys were completed, these asked for people's feedback about all aspects of the service. One person said, "The manager has asked if we are happy with the company and twice they have been to the house to check if our needs are met." We saw evidence of spot checks and quality assurance visits to people's homes. Telephone checks were also in place and positive feedback had been received. Some of these comments were, "I am pleased with the level of care I am receiving." And, "They give [name] a choice of which task they would like to be assisted with first." And "[Name of staff] respects me and my home."

Staff told us they liked working for the service and felt supported by the manager. One staff member said, "[Name of manager] is good. They do checks on us. They check through medication and communication to make sure we are doing it properly. You don't know if they are going to turn up."

The manager held staff meetings, kept records for staff who could not attend and they were given a copy. These meetings were used as an opportunity to refresh staff member's knowledge.

The manager had established good links with external agencies such as the local authority, and they used these contacts to keep themselves updated with best practice. The manager told us, they were currently participating in the local authority's management support programme. They said they found this a useful way of keeping in touch with other managers and up to date with best practice.