

J.C.Michael Groups Ltd

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Croydon

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 ●

Summary of findings

Overall summary

About the service

J C Michaels Group Croydon Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the present time it provides a service for 65 people. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and their relatives told us they were happy with the service they received. They told us they received support from a regular team of carers and this enabled them to build up trust and confidence with the staff who supported them. Both the people and their relatives told us they felt safe and were protected from the risk of abuse. We saw the service had safeguarding procedures in place that staff were well aware of. Staff told us they received training on safeguarding people.

Risk assessments and risk management strategies were in place as part of the assessment and support planning process. This meant risks to people and to staff were minimised.

There were robust recruitment practices in place and sufficient staff levels to meet people's needs.

Some people receiving care did not need support with their medicines. For these people, their relatives undertook the responsibility for this. The relatives we spoke with confirmed this. Where this was not possible and where people did not manage their own medicines, staff prompted people. We saw evidence that all staff received appropriate training to help ensure people received their medicines safely and staff had clear guidance to follow. Staff told us the training was effective and they received refresher training every year.

The registered manager ensured that all staff received appropriate training and support to understand and to manage COVID-19. This included best practice for infection control and the use of PPE.

There were systems in place to ensure that accidents, incidents and risks were appropriately recorded and included details of preventive strategies used by the service to reduce the likelihood of events occurring in the future.

Referral information was comprehensive. The provider also carried out their own assessments of need and risk and these informed people's support plans which were reviewed and updated annually or as people's needs changed.

People told us they were well supported by staff. They were supported to eat and drink according to their dietary requirements taking into consideration people's preferences.

People and their relatives told us they were treated with dignity and respect. They told us staff had the right

skills to deliver appropriate care and support.

People and their relatives said the registered manager welcomed feedback and they said complaints were dealt with swiftly and professionally. People told us they thought the service was well led and that they were very happy with the support they received.

There were effective systems in place to monitor the quality of the services provided to people which ensured good governance. Technology was used effectively by the provider to ensure people were informed promptly about potentially missed or late calls. The service had systems in place to notify the appropriate authorities where concerns were identified. The culture of the service was positive, open and person centred.

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 good (published 13th December 2019).

Why we inspected

This inspection was prompted because the service had not received a comprehensive inspection since November 2019.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

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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 Care Act 2008.

Inspection team

This inspection was completed by 1 inspector.

Service and service type

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

Registered Manager

The 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 and 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used this information to plan our inspection.

During the inspection

We visited the offices of this service. We spoke with the registered manager, the care coordinator and 4 care workers. We inspected 6 care files and 5 staff files. We also reviewed a variety of records relating to the management of the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about the service, what they do well, and improvements they plan to make. We spoke with 7 people who used the service and 3 relatives on the telephone about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found.

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 good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate safeguarding policies and procedures were in place to protect people from the potential risk of abuse. The registered manager and staff were able to describe their responsibilities in this respect.
- People and their relatives all said they felt safe with staff and the care and support they received. People's comments included, "I have a regular group of carers which we are very pleased about because we can trust them to do well for us" and "They do everything I need them to do and more" and "They always ask me if I am happy with what's been done and usually, they ask if I need anything else to be done."
- Staff received training for safeguarding adults that they told us helped keep them up to speed with current best practice and legislation.

Assessing risk, safety monitoring and management

- People's needs were assessed together with any potential risks in the provision of their care. Risk assessments contained information and guidance for staff to follow to reduce the risks identified such as with personal care and moving and handling.

Staffing and recruitment

- There were appropriate recruitment checks carried out before staff started working. This helped to ensure people were supported by suitably skilled and experienced staff. These checks included criminal record checks, identity checks and references from previous employers. This meant only staff deemed suitable by the provider were employed to keep people safe.
- People told us they thought there were enough staff to support them safely and staff we spoke with confirmed this.
- People told us that staff arrived on time and stayed for the agreed length of time. Comments from people included, "Staff are always on time and if not the office always let's me know" and "I have the same carers and they do everything that's been agreed in my care plan" and "They are kind to me and respectful of my wishes. If I ask for something else they usually help me."

Using medicines safely

- Some people did not require assistance with the administration of their medicines, however for those people who did, they received their medicines safely and as prescribed.
- People's records contained information about their medicines and how staff should support them to take them in a timely and appropriate way. Our checks of records showed people consistently received the medicines prescribed to them.
- Senior staff undertook annual competency checks on staff and audits on people's records to make sure

staff administered medicines safely.

- There was a policy and procedure in place that provided guidance about the safe administration of medicines. A medicines risk assessment was also completed to help make sure people received their prescribed medicines safely and at the right time.
- Staff received appropriate training on the safe administration of medicines. They told us staff competencies were monitored regularly to help ensure people received their medicines safely. We saw evidence of the process that was in place.

Learning lessons when things go wrong

- The service had in place an appropriate policy and process for learning from mistakes. Accidents and incidents were analysed and reviewed to check if service and care plans needed to be reviewed. Actions were taken to reduce reoccurrences and to improve service delivery.

Preventing and controlling infection

- Staff received training in infection control practices. They used personal protective equipment such as gloves and aprons when delivering personal care to people.
- Staff received training with food hygiene as a part of their ongoing training. This has helped to prevent the spread of infection among people.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

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 this key question was rated good. At this inspection the rating 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

- Prior to people receiving a service the provider received comprehensive referral information about the person's needs and how they needed to be met. This provided a good base from which the registered manager then met with the person and their relatives. The purpose was to draw up an effective care plan that was agreed and which identified the level of support they required. Needs assessments were undertaken in line with national good practice guidance.

Staff support: induction, training, skills and experience

- Most people told us they received support from staff who had the knowledge and skills to undertake their duties well. We did receive some comments from people who were supported by new staff on the government sponsorship scheme. These comments reflected less confidence with people in this group of staff's knowledge. The registered manager immediately put in place a comprehensive training and shadowing plan for these new staff that complimented the induction programme.
- Staff completed an induction, including completion of the Care Certificate and mandatory training to ensure they were up to date with best practice guidance. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff felt well supported in their role and they received regular supervision. All the staff we interviewed told us they received good support from the management team.

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

- Where required, staff supported people with their nutritional needs. People confirmed that they received this help when they needed it. People said they were able to choose what they wanted to eat, and staff supported them to prepare it.

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

- Staff did not directly support people with their healthcare needs. However, if people needed support with their health, staff liaised with people's relatives and their GP. Staff were aware of signs of possible infection and would liaise with community nursing teams if they had any concerns, for example, in relation to catheter 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People received support in line with the MCA. People's consent was obtained prior to support being provided and staff ensured they provided support that people were comfortable with.
- At the time of our inspection no-one was deprived of their liberty.

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 this key question was rated good. At this inspection the rating 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 and their relatives all told us they were treated well, and their care staff had built friendly, caring relationships with them
- Comments included, "We are more than happy with the carer we have, they go above and beyond" and "Yes they are really good, kind and thoughtful" and "I'm happy with the care I receive. I have the same care worker" and "Having regular carers has helped me develop trust with them and the confidence that they know how I need to be supported."

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

- Staff provided support in line with people's wishes and choices. They involved the person and their family in their care and respected their decisions. Comments from relatives included, "We work together with the carers, it works best that way for us all" and "My [family member] is happy with the care they receive, no problems."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity, particularly when supporting them with personal care. People's comments included, "Staff are very respectful when they help me with my personal care. They give me time and space, they respect my privacy and dignity."

Is the service responsive?

Our findings

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

At our last inspection this key question was rated good. At this inspection the rating has remained 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

- People received personalised care that met their needs.
- Staff liaised with people and their relatives to ensure their views were taken into consideration when developing care plans for people. Several staff told us with the new IT support [introduced earlier this year], the app on their mobile phones ensured they could access people's care plans and the information about what support was required. They were also able to record the work they completed as well as clocking in and out. This helped the office to ensure planned call times were maintained.
- People's care needs were regularly reviewed, and care provision was adapted according to any changes in people's health.

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.

- Staff communicated with people in a way they preferred and understood. Staff were aware of people's communication needs and adapted their communication style according to people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care records included information about people's interests, likes, religion and cultural background. This enabled staff to have meaningful and engaging conversations with people and reduce people feeling socially isolated.

Improving care quality in response to complaints or concerns

- We reviewed the provider's complaints log. We saw that policy and procedures were followed and the complaints were resolved satisfactorily. People, their relatives and staff felt able to speak openly with the registered manager and knew how to make a complaint should they feel the need to. A relative told us, "I haven't needed to make a complaint but if I did I'd speak to the registered manager." This was echoed by several people who used the service.

End of life care and support

- The registered manager told us they were not providing end of life care for anyone at present. We saw

there was an appropriate policy and procedure in place for when this became necessary.

- When appropriate, staff understood people's wishes regarding their end-of-life care and their wishes as to whether they wanted to be resuscitated and the level of care they wished to receive should their health decline.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence 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 this key question was rated good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and their relatives were complimentary about the staff who supported them. Comments included, "We are lucky in that we have a regular group of staff and they do a good job" and "Communications to and from the office are good and they keep us informed of any changes." People told us they felt listened to and able to approach the registered manager about any concerns they may have. There was an appropriate complaints policy in place.
- We saw documentation to demonstrate the registered manager had processes in place to carry out competency assessments on staff members. This helped to ensure the staff team provide good care and support to people.
- People said there was an open and transparent culture at the service. The service provided was person centred and met the needs of the person they supported.

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 was aware of their registration requirements with CQC and of their duty of candour to notify CQC of specific events.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service.

Leaders and the culture they created promoted high quality, person centred care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- Systems were in place systems to gather feedback from people and their relatives, staff and other associated professionals about the quality of service provision. This included unannounced spot checks and telephone monitoring calls to people. Senior staff undertook regular spot checks of staff practice. These monitoring checks looked at how staff were working practically with people as well as monitoring their performance. Questionnaires were sent out regularly to check and audit the work undertaken at the service. All the feedback information was analysed by the registered manager in order to identify trends and actions needed to improve the service.
- Policies and procedures were in place that covered all aspects of the work undertaken at the service and this provided good support and guidance to staff regarding processes and good practice related to their work.
- There was a comprehensive staff supervision policy and procedure in place to help to ensure staff were well supported via 1-1 supervisions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager told us that most staff training was classroom based. We saw evidence of this in terms of onsite training facilities in the offices. Staff told us this offered them much more effective training. Management told us they believed in investing in their staff to ensure a good quality service was being delivered.
- There were systems in place to ensure the service sought the views of people through regular reviews, keyworker meetings, resident's meetings and annual surveys.
- The registered manager recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements if required.
- Audits were carried out by the registered manager on a regular basis in areas such as medicines management, care plans, staff records, health and safety and the home environment. Where required action plans were developed to address any issues or concerns identified.

Working in partnership with others

- The registered manager and staff worked effectively to develop good working relationships with people's relatives and health and social care professionals to ensure people's needs were appropriately met. For example, service commissioners, speech and language therapists, mental health professionals and GPs.