Merseycare Julie Ann Limited

MCJA St. Helens Office

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

This inspection of MCJA took place on 11 & 12 October 2017. This inspection was unannounced.

Our last inspection of MCJA took place in April 2016. During this inspection we found the service was in breach of regulations relating to the governance of service. The service was rated as Requires Improvement. Following our inspection in April 2016, the provider sent us an action plan detailing what steps they were going to take to ensure the breach was met. We checked this during this inspection and found that the service had made the required changes.

MCJA is a domiciliary care agency based in St. Helens. It offers care and support to around 220 people in their own homes including personal care. The agency has offices based in St. Helens and is registered as a supplier of services to St. Helens Local Authority. They employ around 65 support staff.

During our last inspection in April 2016 we found the service in breach of regulations relating to governance. This was because regular audits (checks) were not routinely performed on medication which meant people were at risk of not having their medication managed appropriately. We checked this during this inspection and saw that the registered manager and deputy manager had formulated a new checking and auditing system which helped ensure people's medication was appropriately accounted for and stock was balanced. In addition, all forms of quality assurance were subject to the same auditing process. When omissions were found action plans were formulated, shared and discussed with coordinators and the members of staff responsible. The service was no longer in breach of these regulations.

Everyone we spoke with shared positive experiences of MCJA and were complimentary about the staff. People said they felt safe and trusted the service.

People's medication was stored in their own home in line with their wishes and choices. A medication assessment was completed with each person and they were required to sign the consent agreement to enable staff to support them with medication needs. People were only supported by staff who were trained by the service and had passed competency assessments.

Staff were recruited safely. We saw that staff were only offered positions in the company once all satisfactory checks had been completed and references had been obtained.

Risk assessments were completed and reviewed every six months or when there was a change in people's needs. Risk assessments were completed for various aspects of people's clinical and emotional needs.

Staff were aware of their role with regards to safeguarding and raising an alert if they needed to. We saw staff were trained in this subject, and it was often a topic for discussion during team meetings. We discussed a recent safeguarding incident and saw the provider had taken appropriate action.

People received care and support by staff who were trained and had the correct skills to be able to support them. Staff completed a training programme which was aligned to national guidance, as well as completing the service's mandatory training topics.

The service was working in accordance with the Mental Capacity Act and DoLS (Deprivation of Liberty) and associated principles. We saw that where people could consent to decisions regarding their care and support this had been well documented, and where people lacked capacity the appropriate best interest processes had been followed.

People were supported with meal provision. There was information within the staff training around providing meals and snacks including simple meal ideas and how to ensure people were eating healthy and nutritious meals.

The service liaised with other medical professionals such as GP's or district nurses to ensure any changes or requirements to people's care was documented.

We received positive comments about the staff and caring nature of the service in general. Staff told us they enjoyed supporting people.

Staff were able to describe how they preserved people's dignity and respect when providing personal care.

Information contained in people's care plans was person centred and reviewed regularly to ensure it was up to date and relevant. Information about people's likes, dislikes and life history was recorded and reviewed. Staff we spoke with demonstrated that they knew the people they supported well and enjoyed the relationships they had built with people.

Complaints were well managed and documented in accordance with the provider's complaints policy. The complaints policy contained contact details for the local authorities and commissioning groups. There had been no complaints since our last inspection.

Quality assurance systems were effective and measured service provision. Regular audits were taking place for different aspects of service delivery. Action plans were drawn up when areas of improvement were identified. Staff meetings took place.

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.

Medication was managed and administered safely.

Staff were recruited safely following robust recruitment checks.

Risks to people's health, safety, and emotional well-being were assessed and regularly updated and reviewed.

Is the service effective?

Good

The service was effective.

Staff engaged on a programme of training put into place by the service and were required to complete a comprehensive induction.

The service following the Mental Capacity Act and associated principles with regards to best interests' decision processes and obtaining consent.

People were supported to prepare meals in accordance with their own preferences and staff were aware of people who had special dietary needs.

Is the service caring?

Good

The service was caring.

People told us they liked the staff and were complimentary about the staff and the service in general.

Staff were able to describe how they protected peoples dignity and respected their choices.

Staff were trained to support people and their families at the end of their life.

Is the service responsive?

Good

The service was responsive.

People were receiving care and support which was personalised and met their needs. Information relating to people's backgrounds, likes and dislikes was also recorded in their care plans.

There was a complaints process in place which was discussed with people at the time they started to use the service. There had been no complaints since our last inspection.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who was well known amongst the staff and people who used the service.

There were audits in place which addressed any shortfalls in service provision by the formulation of detail action plans which were delegated out to the service coordinators for completion.

The service regularly sought feedback from people and their families regarding the delivery of care.

MCJA St. Helens Office

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 checked 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.

The inspection took place on 11 & 12 October 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has expertise in a particular area, in this case, care of older people at home.

Before our inspection visit, we reviewed the information we held about MCJA. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people who used the service. We accessed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 20 people who used the service via telephone, four care staff, one of the owners who was visiting the service at the time of our inspection, the deputy manager and the registered manager. We spoke with two relatives who were visiting the office at the time of our inspection. We looked at the care plans for four people and other related records. We checked the recruitment files for four staff. We also looked at other documentation associated to the running of the service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe receiving care from MCJA. Comments included, "Alright and I'm happy with what they do", "They are excellent; the people do what you want", "Sometimes they are short staffed but they let you know if they can't come on time", "They are quite good" and "They get my tea ready and do what I want. Sometimes they are a bit late but only up to fifteen minutes and they do everything. There are different ones and they are lovely."

Some people told us that staff could occasionally come late, but this was not very often. No one raised any concerns with regards to this. Staff we spoke with also told us that their rotas were realistic most of the time and there was only issues when staff called in sick or a coordinator they did not know did the rotas. One staff member said, "There have been a few mistakes" but went on to say they knew these would be dealt with. One staff member said with regards to the rotas, "They are good, I have regular people who I go and see."

People told us they received their medications on time by staff who were trained. One person said that the staff were, "Very keen and double check medicine and record on the form". People's medications were stored in their own homes. We spot checked some completed Medication Administration Records (MARs) and saw that they had been completed correctly and in full. Staff underwent training via face to face training sessions and had to undergo competency assessments before they could administer people's medications.

Staff were able to describe the action they would take if they suspected harm or abuse had occurred. This included reporting it to the registered manager, the local authority, or contacting the police depending on the nature of the concern. Staff had been trained in safeguarding, and understood the different levels of abuse and who might be most at risk. There was also a whistleblowing policy in place. The staff knew what whistleblowing was and said they would report concerns without delay.

Staff records viewed demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included a record of the interview process for each person and ensuring each person had references on file.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A DBS check is a check for all staff employed to care and support people within health and social care settings. This enables the registered manager to assess their suitability for working with vulnerable adults. This confirmed there were safe procedures in place to recruit staff.

The care records we looked at showed that a range of risk assessments had been completed and were regularly reviewed depending on people's individual needs. The records we looked at for each person included a needs assessment, pre assessment procedure, and a task risk assessment which showed what level of support the person needed for particular tasks. Also a mental health risk assessment, diet and fluid

charts and weight charts were completed. People who were at risk of falls or malnutrition had additional risk assessments completed which explained what support that person needed and highlighted the impact of the risk the person could be exposed to. For example, we saw that one person was at risk of falls. This was identified in the person's risk assessment. There was a falls risk assessment in place around this risk. Some of the control measures in place were to ensure staff left everything the person would need to hand and to check they had their lifeline pendant around their neck before leaving the call.

We asked about electronic call monitoring system [ECM] in use by the service. ECM is a cost effective way to monitor staff attendance on calls. Staff were required to 'log in and out' of calls. This then updated the electronic systems in the office to say that the carer had arrived for their call. This can help mitigate the risk of missed calls not being picked up on and it also provides the staff with a rota sent direct to their smartphone. The staff can be notified by text message to any changes to people's care plans or call times before they attended the call.

As staff were expected to carry out their duties in people's own homes we asked the registered manager how they ensured the staff had a safe environment to work in. We saw that an environmental risk assessment was completed for each of the homes the staff visited, including any parking restrictions, when staff would have to walk a far distance and any hazards in the home, such as damaged flooring or pets.

There was a process in place for documenting and analysing risks which the registered manager regularly analysed for any emerging patterns and trends.

Good

Is the service effective?

Our findings

People told us the staff supported them appropriately and were skilled and knowledgeable. One person said, "They conform to what's required" also "They do what is expected of them."

The training matrix we viewed showed that all staff had engaged in the provider's regular training programme, which included specialised training such as dementia and end of life support. Mandatory training covered first aid, fluids and nutrition, manual handling, Mental Capacity Act and DoLs, safeguarding, medication, infection control, fire safety, catheter and convene care. We spoke with staff regarding their training and all staff we spoke with told us they had received a full induction when they started working for the service and then regular training refreshers as and when required. One staff member said, "If I need to attend the office for training an alert will flash up on my phone, so it is not missed." We looked at the induction staff were expected to complete before they started work and saw that it was aligned to principles of the Care Certificate. The Care Certificate is the government's recognised blueprint for staff who are new to the health and social care role. The induction usually takes place over a 12 week period and once completed is signed off by a senior member of staff.

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.

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. This is called the Deprivation of Liberty Safeguards (DoLS). There was no one subject to a DoLS during this inspection.

The registered manager explained the process they would follow if an application was required to safeguard someone in accordance with the principles of the MCA. This included involvement of the local authority if a DoLS needed to be applied for from the Court of Protection (CPA). The Court of Protection in English law is a superior court of record created under the Mental Capacity Act 2005. It has jurisdiction over the property, financial affairs and personal welfare of people who it claims lack mental capacity to make decisions for themselves.

The registered manager and staff we spoke with were aware of their roles in relation to the Mental Capacity Act 2005 and associated legislation. Staff members could explain what the MCA was. Some of the care plans we looked at clearly showed when staff had request capacity assessments to be completed with people for specific things. For example, one person was becoming increasingly more forgetful with regards to money. The person had their capacity assessed and a risk assessment was updated to ensure they were protected from financial abuse.

We checked to see how the service gained consent from people regarding their care and support. We saw

this was recorded within people's plan of care. For example, consent for records to be shared and consent for staff to enter the person's home and provide the care was documented in people's care plans and signed by people who had the capacity to do so. Where people did not have capacity to sign their own care plans a best interest approach had been utilised.

People were supported with their choice of meals by staff. We saw that information about people, such as if they were diabetic or required a special diet, was recorded in their plan of care and highlighted on the staff rota. Staff were given a 'recipe idea' guide during their induction which contained small and easy to cook recipes which they could discuss with people to ensure they were giving people maximum choice over what they ate.

Good

Is the service caring?

Our findings

We received positive comments regarding the caring nature of the staff at MCJA. Some of the comments we received included, "Very good", "Very polite" ,"Smashing" and "Brilliant" . One family member told us that their relative, "Has a regular carer who is excellent" and "Is always on time." One person did say that one carer's "Heart is not really in it, but they do what they need to." We raised this comment with the registered manager at the time of our inspection. Also "Absolutely excellent. First class and we are very pleased – they do what they've been asked. I am very pleased." One person also said that sometimes two care staff can be late; however, the regular carer was, "Always on time."

We spent time speaking with staff, who all told us they enjoyed their roles. Staff were able to provide us with examples of how they ensured people's dignity and respect was upheld while they were supporting them. Some examples included, "I would take the top half of clothing off but leave the bottom half on and then swap to make sure they are covered". Another staff member told us, "I would close curtains or blinds to make sure no one could see in the window, and I would take my time and talk to the person so they felt okay." One person we spoke with also told us, "They [staff] are very discreet and show me courtesy and dignity."

No one was receiving support from advocacy services at the time of our inspection and most people had families who they lived with or who visited often.

Some people received end of life care from the agency. Due to the sensitivity of this, we were unable to speak to anyone receiving end of life care. However, we did speak to a family member who wanted to speak to us regarding the way the staff had treated their relative in their final days. They said, "I can't praise them enough, they were excellent." They also said staff were, "Amazing" and made their relative comfortable.

Review documentation in people's care plans confirmed that they or their family members had been involved in discussions regarding their care and support. We saw that the coordinators often visited people in their homes to discuss their care and highlighted any concerns at that time. We saw that most people had not raised any complaints with regards to their care, however the occasional person had raised that the staff could sometimes arrive late. We discussed this at the time of our inspection with the registered manger and found that any persistent lateness of staff was investigated. We saw this was sometimes due to staff calling in sick and additional cover needing to be sourced via the out of hour's system.

Good

Is the service responsive?

Our findings

People told us that their care needs were met by 'regular carers' which suited them because they got to know them. One person said, "I see the same person, it is not a problem." Another person said, "I have regular care staff." Staff all told us they had 'regular' people who they visited and found this worked well for them because it gave them an opportunity to get to know them.

Our scrutiny of care plans showed that they were written in a way which incorporated a person centred approach and not a task led approach. For example, one care plan stated, "Ask [person] what they would like." We also saw that care plans were presented differently for each person depending on their need or diagnosis. For example, we saw that one person who required support not care had a different care plan in place which detailed the level of support they required and what they could and could not do for themselves. This was presented differently to another person, who, because of age and illness, required care staff to complete tasks for them. This shows that the service is recognising the need for people to receive diverse support. The registered manager said, "We are not a one size fits all service. Everyone is different."

In addition to care plans being set out differently, we also saw that each one contained information regarding the person's background, likes, dislikes and routines. This information was used appropriately in each person's care plan to highlight a particular important need for them. For example, 'attending church is really important to me' was documented in one person's care plan. Another person had stated in their care plan that 'building confidence' was really important. We saw that this person had recently had their care package reduced due to the fact that they had built confidence with staff support and could now manage some tasks independently.

People's care plans documented whether they preferred a male or female carers. No one raised any issues with regards to the gender their care staff.

We looked at the complaints procedure for MCJA. We saw that since our last inspection there had been no documented complaints for the service. We read through some communication records and saw that most issues were dealt with verbally; therefore no one had raised an official complaint. People told us, "I have never had to raise a complaint" and "They deal with things", also, "They are very good, I have never had to make a complaint." Everyone else we spoke with told us that they had not had to make a complaint but understood the process. One person, however, did tell us that sometimes their call was cut short by a member of staff, which they raised with the manager. However it could sometimes still be a problem. We raised this with the registered manager at the time of our inspection.

The complaints policy for the service had been recently reviewed and contained information regarding who to contact if someone wished to complain. This also incorporated contact details for the local authority and Local Government Ombudsman service.

Good

Is the service well-led?

Our findings

During our last inspection of the service in April 2016 we found the provider in breach of regulation relating to the governance (checks) of the service. This was because we saw auditing, particularly in reference to medication, were not always being completed routinely which meant that any errors were not being identified or addressed which could potentially place people at risk of harm. Following our inspection the provider sent us an action plan detailing what action they were going to take. We checked this as part of this inspection. We found during this inspection that the provider had made improvements and were no longer in breach of this regulation.

We saw during this inspection that there was a process in place with regards to medication, which involved the deputy manager regularly checking people's MAR charts and their stock of medication to ensure medication had been given correctly. We saw that where errors were identified these were now 'action planned' and shared with the coordinators for discussion with the staff members. In addition, as well as undergoing regular medication training, staff now had their competency checked every twelve months by a senior carer to ensure they were still able to complete the task safely.

A range of other audits or checks were in place to monitor the quality and safety of the service. The audits we looked at included, staff recruitment audits and care plan audits. All these checks included action plans if any deficits were identified.

There was a registered manager in post who had been in post since 2014.

All of the staff we spoke with were complimentary about the registered manager, the deputy manager and the coordinators. Staff said, "It's a good company to work for" and "I feel well supported."

We asked about oversight at the service and how the registered manager ensured that staff were supported in the event of an incident occurring whilst they were out in the community delivering support. The registered manager said, "We have an 'arc angel' in the office for the loggers of an evening. If they feel unwell or need any assistance they will press this. It will go through to the call centre and if they do not speak someone will come out at once. When this is pressed it will also sends me a text so I am aware." 'Arc Angel' is an extra security measure for staff. They can use this if they need assistance in the evenings or if they are lone working. The registered manager also told us and staff confirmed that during the festive period the service will often pay for taxis to enable care staff to travel around and complete their calls.

We saw that the ratings from the last inspection were clearly displayed as required. The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.

Feedback was gathered from people each month over the phone and a record of this was logged in their care plans. Also 'face to face' feedback was gathered by the coordinator which we saw was positive. Team meetings took place every month. We were able to see minutes of these and saw agenda items included

staffing, call times, training and health and safety.

The service had policies and guidance for staff in place regarding safeguarding, whistle blowing, involvement, compassion, dignity, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.