John Stanley's Care Agency Limited

John Stanley Hornchurch

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

This inspection took place on 17 September 2015 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in the office and able to assist us with the information we required for the inspection. At our previous inspection of this service on 15 January 2014 we found they were meeting the legal requirements related to the five areas we inspected.

John Stanley Hornchurch provides personal care for over 300 people in the London borough of Havering. They also provide care for people with complex healthcare needs.

The service had a new manager who started end of July 2015 and was in the process of completing registration. 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.

People told us they felt safe and reassured by staff who came to care for them. There were procedures in place to

Summary of findings

ensure that people were protected from avoidable harm. Incidents and accidents were reported and staff were encouraged to learn from them in order to prevent recurrence.

Medicines were handled safely ensuring reviews and risk assessments were completed. There were systems in place to ensure that medicine administration records were audited and any discrepancies were rectified. People were protected as the risks associated with medicine administration were mitigated.

People told us they were supported by staff who were able to meet their needs. Staff underwent a comprehensive induction when they first started followed by spot checks, supervisions and annual appraisals. Training was offered to ensure staff were able to deliver evidence based care. Before staff started to work for the service they underwent a robust recruitment process which included relevant checks to ensure they were able to work in a social care environment.

Care was assessed, planned and reviewed in order to reflect people's preferences. Majority of the 20 people we spoke with were happy with their current care plan with the exception of four people who preferred to have the same staff. This was discussed with the new manager who was in the process of reorganising the schedules in order to ensure consistency of staff where possible.

People told us staff were caring and supportive. We saw that people were supported to have a pain free and dignified death in their home if it was their wish to do so. People's wishes were respected and their privacy and dignity was maintained by staff who supported them.

There were systems to monitor the quality of care delivered. These included annual feedback questionnaires, regular spot checks and the introduction of a coffee morning where people could come to the office to meet the manager and discuss issues related to their care.

People told us that they thought the service was well managed and that they could get through to the office and felt that their complaints were listened to.

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. People told us they trusted staff and felt that care was delivered safely.

Medicines were handled safely. Risk assessments were in place for medicine management and the environment.

Staff understood how to recognise and report abuse and had undergone appropriate training. Staff were aware of the procedures for handling incidents and medical emergencies.

There were enough staff to meet people's needs. Recruitment procedures were robust and ensured that appropriate checks were completed before staff were employed and allowed to work with people.

Is the service effective?

Good

The service was effective. Staff were supported by an effective induction, training and appraisal process.

People told us they were supported to eat and drink a balanced diet. Staff were aware of people on special diets and knew how to report any signs of malnutrition or swallowing difficulties.

Before care and treatment was delivered consent was sought. Staff had some knowledge about the Mental Capacity Act 2005 and how they could apply it in practice.

Is the service caring?

Good

The service was caring. People told us staff listened to them and were always kind and compassionate.

People were treated with dignity and respect. They said staff were polite and always asked before offering support.

Is the service responsive?

Good

The service was responsive. People told us they received personalised care that was responsive to their needs. Staff were aware of care plans and people's individual preferences. However, the care plans were not always specific about how people wanted their care delivered.

There was a complaints system in place which people and staff were aware of.

Is the service well-led?

Good

The service was well-led. People told us they could get through to the main office but also said that sometimes there were delays if they specifically wanted to speak to the manager. There was an experienced manager in post who was processing their registration with CQC as they had started to work for the service at the end of July 2015.

There were effective systems to monitor the quality of service provided.

John Stanley Hornchurch

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 inspection took place on 17 September 2015 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in the office and able to assist us with the information we require for the inspection. It was undertaken by a single inspector

Before the inspection we reviewed information we held about the service and the provider. This included details of statutory notifications, safeguarding concerns, complaints sent to us by members of the public, previous inspection reports and the registration details of the service. We also contacted the local authority and the local Healthwatch in order to get their perspective of the quality of care provided. We also reviewed a coroner's report about a death that occurred in 2014 as well as a report carried out by an external body on behalf of the local authority.

During the inspection we visited one person's home with their consent. We spoke to them and observed how staff interacted with this person. We spoke with the manager, two team leaders, three care staff, the regional manager and the medicine officer. We spoke to 20 people over the telephone. We looked at nine people's care records, eight staff files, seven medicine administration records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe and reassured by staff who came to care for them. One person told us, "They are all helpful and make me feel at ease." Another person said, "I trust them. They have given me no reason to be concerned."

People were safeguarded because the service responded appropriately to allegations of abuse. Staff told us they would report abuse to the manager who would in turn refer to the local safeguarding team, the police where applicable and to the Care Quality Commission (CQC). Staff received training on how to safeguard people as part of their induction. We saw evidence of this in the records we reviewed and found that staff were aware of the different types of abuse. There were procedures to protect people from abuse.

Staff were mindful of the procedures to follow in an emergency in order to get help for people. They told us that the office would provide cover for the rest of their visits to enable staff to stay with people until an ambulance came and next of kin was notified. Accident and incident reports were reviewed and monitored in order to address any recurrent themes or concerns and ensure staff learned. We saw that staff were called in and encouraged to reflect and learn following incidents such as missed visits and medicine errors.

We saw that risks to people's home environment were assessed and reassessed as and when people's conditions changed or deteriorated. We checked on risks related to a recent coroner's report and found there were systems in place to ensure that staff were made aware of risks associated with conditions such as swallowing difficulties. Staff were matched to people according to their skills. For example only staff trained to look after people with stomas or people with catheters delivered care to people with those specific care needs. Other risks such as nutrition, mobility, falls, and skin integrity were also assessed and reviewed and made known to staff when they started to care for the person.

People told us there were enough staff to meet people's needs but felt that they preferred to have the same staff coming to see them. There were some missed visits in the last six months these had been reported as incidents and steps had been taken to prevent recurrence. Only a few of the visits were outside of the visit times including the allowance of 30 minutes either side of the visit time. However, the new manager was in the process of readjusting how the rotas were completed to ensure more consistency and reduce the chance of missed visits. The service had an ongoing recruitment strategy and team leaders and regular staff were at hand to step in last minute to ensure that there were always enough staff to meet people's needs and to cover for sickness and any other absences.

Staff told us they had applied for the job, were interviewed and had been asked to provide references and undergo various checks before they could start working for the service. We reviewed staff files and found recruitment practices comprehensive as necessary checks were carried out so only people deemed suitable for working with people in their homes were employed. These checks included proof of identity, work history, references, disclosure and barring checks (checks made to ensure staff were suitable to work in the care industry) and right to work in the UK.

Medicines were appropriately managed. We spoke to staff and they said they received training on medicine administration and were knowledgeable about the potential side effects of medicines and only administer medicines as directed. We looked at staff files and saw that staff who gave medicine had received training and were aware of the procedure to follow if they found any discrepancies. Medicine administration records (MARS) in people's files located at the office were completed fully with no gaps and appropriate explanations and actions taken when people refused medicine was recorded. Furthermore a medicines coordinator audited all MARS sheets monthly and was always on hand to answer any queries staff may have about medicines as well as identify any learning needs where errors had been identified in order to prevent this from recurring. MARS sheets were colour coded to indicate temporary or regular medicines and creams. There were signature records on the side of each MARS sheet to make it easier to track any medicine related incidents. People were protected from the risks associated with medicine management.

Good

Is the service effective?

Our findings

People were positive about the care they received. They thought staff were knowledgeable about their job and had built a rapport with them. One person said, “The [staff] are excellent.” Another person said, “They [staff] are good at making me feel at ease especially during personal care.” A third person said, “They [staff] are very good at reminding me to take my tablets and know what I like for breakfast.” People thought they were cared for by staff who understood how to deliver their care needs.

We saw evidence that staff had completed an induction program followed by five days shadowing and received mandatory training. In addition a staff handbook was issued to all staff which contained policies and procedures they needed to know. Training methods used were a mixture of classroom training, workbooks and practical training. The internal trainer who delivered training to staff went on refresher courses to ensure that they were up to date and competent to train other staff. People were cared for by staff who were supported to staff up to date with practice in order to deliver evidence based care.

Staff were awareness of the Mental Capacity Act 2005 and how it applied to their role. Staff had limited understanding of the systems in place to protect people who could not make decisions. The manager and senior staff said they would follow the legal requirements outlined in the Mental Capacity Act 2005 and seek advice from the local authority for Deprivation of Liberty Safeguards (DoLS) when appropriate. Staff demonstrated an understanding of how they would obtain consent to care and support. They told us they would record and report any persistent refusal of care to the office and try to come back at a later time. Staff gave examples of how they would communicate effectively with people who were confused, hard of hearing and people with communicating difficulties. People told us that staff usually asked for permission before they delivered personal care.

People told us they were happy with the support they received during meal times. One person said,” They [staff] help me fix my breakfast lunch and dinner and ensure I have snacks within my reach.”

People who received support with meals had care plans with their preferences outlined. Staff were aware of the need to report any low appetite or when people were not adhering to their recommended diets. People were supported to maintain a balanced diet by staff who were able to recognise and report any signs of malnutrition or difficulty in swallowing.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. People told us that staff were supportive and helped them contact relevant health care professionals where required. One person said, “They [staff] sometimes call my GP for me.” Another person said “They [staff] remind me of my hospital appointment.” Another person said “They [staff] are flexible and come early once a week when I have to go to the clinic to have my blood tests taken.” People were supported where necessary to access health care professionals.

Good

Is the service caring?

Our findings

People told us that staff were kind-hearted, considerate and helpful. One person said, “They [staff] are all very good. I can’t fault them.” Another said. “They [staff] are excellent.” A relative said “I am here most times they [staff] attend and find staff are always gentle and patient with mum”. We were told by management and confirmed that one member of staff had gone to tidy up a person’s house in their own time with the persons consent as they had just come back from hospital and needed a clean and clutter free environment. We spoke to a relative who said, “Staff are pleasant and polite and mum speak highly of them.”

People felt listened to and their views in relation to care given on the day were acted upon. One person told us, “Yes, staff ask me what I need and they listen to me.” Another person said, “I tell them [staff] whether I want a shower or a strip wash and what I want for breakfast and they oblige.” Another person commented, “Staff are very good. They take their time and listen.” People were cared for by staff who were attentive to their needs.

People told us that staff were polite and treated them with dignity and respect with the exception of one person out of twenty who told us that having different care staff all the time did not promote their dignity. One person said, “Staff are gentle and considerate when assisting me with a wash and make sure I am not left exposed.” Another person said,”99% of the staff are excellent. They know how to help without taking away my self-worth.” Staff told us that they always tried to ensure people’s privacy and dignity was maintained by keeping them covered during personal care.

Staff attended training on privacy and dignity as part of their induction and told us that peoples care plans also outlined whether people preferred same gender carers. We confirmed this in the care plans we reviewed.

People were encouraged to be as independent as they wanted to be. Staff told us how they encouraged people to do as much as they could for themselves such as, shaving, brushing their teeth and choosing clothes. Staff gave us examples of how they encouraged people to go for shopping or for a cup of tea at the nearest café or to the local park or just to peoples back garden for fresh air. One staff member gave an example of how they had noted someone’s reduced ability to walk and how they had arranged with the relative to get a wheel chair in order to enable them to continue pursuing their love for outdoor life.

Positive caring relationships were developed with people. One relative said, “All the [staff] are good in their work and pleasant when we talk with them.” One person told us, “Staff make me so comfortable and are very polite to all the family.” Staff demonstrated how they supported people at the end of their life to have a comfortable, dignified and pain free death. A staff member told us how they had recently gone back in their own time to say goodbye to the family of a recently deceased person who used the service. They told us and we saw evidence in a care plan we reviewed that staff listened to people and their relatives’ last wishes and liaised with other professionals such as Macmillan nurses and district nurses to ensure that people’s wish to pass away in their own home was respected and enabled.

Good

Is the service responsive?

Our findings

Sixteen out of the 20 people we spoke with said staff listened to them and delivered care according to their personal preference. One person said, "I get four calls a day and they [staff] mostly stick to the times." Another person said, "I receive a call at breakfast time and another at tea. The new ones [staff] look in the book to check what needs to be done but also ask. My regulars just get on with it with a laugh here and there." A third person said, "I get the same carer every day, excluding Wednesdays and this arrangement suits me." A relative said, "They [staff] are very good with mum." Another relative said, "They [staff] stay for the required length of time." People received care and support that met their needs.

People received personalised care that was responsive to their needs. People's care and support needs were assessed when they began to use the service. Care plans were developed after an assessment visit which involved the person and their relative where possible. We reviewed care plans and found they addressed specific needs, such as allergies and any support required to make daily decision. Personal preferences such as preferred names were noted. Care plans focussed upon the person's, abilities. However, there were not always specific as to how the person preferred care to be given. The manager was aware of this and showed us evidence that the care plans were in the process of being updated. We saw evidence that care plans were updated and reviewed as and when people's conditions changed. People were involved in identifying their needs and how they were met.

We reviewed care plans and found that referrals for extra support were made when people's condition deteriorated. People's next of kin contact details were highlighted in red so they could easily be located when needed. Staff gave examples of cases where people had been referred to social services, the physiotherapist when they needed more equipment to support them with their daily needs. There were systems to make sure that changes to care plans were communicated to all staff and other agencies. The service had clear systems and processes that were applied for referring people to external services. People's changing care needs were identified, reviewed with the involvement of the person and their family where applicable and put into practice by updating staff and care plans.

Concerns and complaints were taken seriously, investigated and responded to in good time. People had the complaint procedure in their care files. Most people said they had no major complaints except two out of 20 people who complained about time keeping but said this had improved. Another four people said they would prefer to see the same staff all the time. People said if they had any complaints they would call the office or speak to the staff looking after them. Staff were aware of the complaints procedure and told us that they would call the manager or one of the team leaders if someone complained about any aspect of care delivered. People were able to make complaints and there was a system in place to ensure that complaints were resolved.

People told us that their family or friends were involved in their care if they wished. We spoke to relatives who were in regular contact with the service in relation to care received. Staff told us how they made every effort to make sure people were empowered and included in making decisions about their care. We saw an example of how family had been involved in increasing a care package when a person's care needs deteriorated. People, and those that matter to them, were actively involved in developing their care, and support plans and were supported by staff that were able to meet their needs.

People were given a service user guide when they began to use the service which gave them information and contact details for the service. This was kept within the care records. Other information such as changes to fees were sent as letters to people. We saw that weekly schedules were sent every Tuesday in order to keep people informed of which staff were coming. We saw that any deviation from the schedule was communicated to people as soon as possible.

People could feed back their experience of the care they received and could raise any concerns they may have through a variety of ways. These included annual questionnaires, calling the office, verbal feedback to staff and during spot checks. One person said," I can pick up the phone and call the office if I have any concerns." Another person said, "I say it as it is and they take notice of what I say."

Good

Is the service well-led?

Our findings

People told us that they knew who to call if they needed assistance and that they thought the office answered calls promptly. One person said, “The staff are very good. They help a lot.” Another person said, “I have been with this agency for some time and they really meet my needs.” A third person said, “I have recently moved to this agency and they are by far better than my previous agency. Everyone is on the ball and knows what they are doing.”

There were systems to monitor the quality of care delivered. These included annual feedback questionnaires, regular spot checks and the introduction of a coffee morning where people could come to the office to meet the manager and discuss issues related to their care. Feedback from people was sought analysed and actioned where necessary and used to change or improve the quality of care delivered. However two out of the 20 people we spoke to and one complaint we received prior to our inspection indicated that although people could reach the coordinators based in the office at any time, it sometimes took time before the new manager called back to address concerns.

The service had, according to staff, a positive culture that was open and inclusive. Staff thought the new manager was approachable and communicated changes effectively. They told us they could express their concerns by ringing or going to the office at any time in order to discuss any concerns or issues. People thought communication channels were open.

The manager told us that staff were supported by means of regular meetings, spot checks and supervisions. Staff told us that they were supported by the manager and that meetings were held and newsletters were published in order to cascade information. One staff member said, “I pop in when I need to”. We reviewed minutes of staff meetings held and a newsletter and found that matters such as importance of logging in and out and time keeping were discussed. Staff felt that their opinions were valued and taken on board. We saw an example of how a staff member who did not drive was given a schedule they could get to on foot or public transport.

Staff understood their roles and responsibilities and were aware of who to contact out of hours for support or advice. There was a clear leadership structure which had recently been redesigned with two team leaders looking after staff and spot-checks. In addition care coordinators arranged the shifts with a separate on call team rota. This ensured that staff had a named contact person they could reach quickly in order to pass on information about people’s care. The manager ensured that we were notified of any concerns or notifiable incidents in a timely manner.

Staff were aware of the vison and values of the service which were centred on maintaining people’s choice, independence and dignity. The manager told us and staff confirmed that the rota system was being reorganised to ensure consistency tried to rotate different staff at times to ensure people get used to other staff members in case of leave or other absence. This also ensured that all staff would be able to cover at short notice as they were familiar with people’s needs.