

J.C.Michael Groups Ltd

J.C.Michael Groups Ltd Docklands

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: J.C.Michael Groups Ltd Docklands is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection they were supporting 10 people in the London Boroughs of Islington and Tower Hamlets.

People's experience of using this service:

- Relatives told us the regular care workers were kind and caring and knew how to meet their family members needs. Positive relationships had been developed and people were treated with dignity and respect. One relative highlighted the importance of language and cultural requirements in staff being able to meet their family members needs.
- We received mixed feedback from relatives about timekeeping and missed visits. Although some improvements had been made since the last inspection, negative comments highlighted the impact this had upon the service people received and their families. Inconsistencies with care worker logging information showed their monitoring system was not always being used accurately.
- One relative told us they did not have any concerns with how medicines were managed. However, we continued to see inconsistencies in how records were completed and regular quality assurance checks were not being completed, which the provider acknowledged. We saw the provider had introduced new medicines competency assessments to make staff aware of their responsibilities.
- Although the provider regularly reminded staff to complete the appropriate records we found that this was not always being done. Not all of the records we requested were available as they had not been returned to the office. A new monthly audit was in the process of being implemented so we were unable to see how effective it was in monitoring the service.
- Care workers supported people to maintain their health and wellbeing and were aware of people's dietary needs.
- Staff spoke positively about the management of the service and felt supported in their roles. They felt listened to and confident any action would be taken if they raised any concerns.
- We continued to receive mixed feedback from relatives about the management and organisation of the service, where issues with communication had an impact on the service people received. The manager said they would make contact with the relatives to follow up their concerns.

We found a breach of regulations in relation to good governance. You can see what action we told the

provider to take at the end of the full version of this report.

More information is in Detailed Findings below.

Rating at last inspection: Requires Improvement (report published 9 June 2018).

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection. The previous inspection was a focused inspection on 10 April 2018 to check that improvements to meet legal requirements had been made. At this inspection, despite some continued improvements that had been made, we found there were still some inconsistencies. This is the sixth time this service has been rated Requires Improvement.

Follow up: We will ask the provider following this report being published to tell us how they will make changes to ensure they improve the rating of the service to at least Good. We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

J.C.Michael Groups Ltd Docklands

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This consisted of two inspectors on the first day and one inspector on the second day.

Service and service type: J.C.Michael Groups Ltd Docklands is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection they were supporting 10 people in the London Boroughs of Islington and Tower Hamlets. Not everyone using J.C.Michael Groups Ltd Docklands receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

It is a condition of the provider's registration to have a registered manager in post. This is to make sure they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was not a registered manager in place at the time of the inspection. The branch manager was in the process of submitting their application form and we received confirmation that this had been done on 12 February 2018.

Notice of inspection: We gave the provider 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection.

Inspection activity started on 24 January and ended on 12 February 2019. We visited the office location on

24 and 29 January 2019 to see the manager, office staff and to review care records and policies and procedures.

What we did: Before the inspection we reviewed information we had received about the service since the previous inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We also spoke with the local authority commissioning and contract monitoring teams. We used all this information to plan our inspection.

During the inspection, we attempted calls with eight people using the service and managed to speak with five relatives. We also spoke with 11 staff members. This included the director, an operations manager, the branch manager, a care coordinator, a human resources administrator, the training and operations manager and five care workers.

We reviewed a range of records. This included five people's care plans, seven staff recruitment files, staff training files, staff supervision records, audits and records related to the management of the service. We also looked at a variety of policies and procedures developed and implemented by the provider.

Following the site visit we spoke with three health and social care professionals who worked with people using the service for their views and feedback.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was a risk that people could be put at harm.

Using medicines safely

- Although improvements had continued to be made in how people's medicines were managed, the provider had not continued to follow best practice since the previous inspection in April 2018. Where medicine administration records (MARs) had started to be returned on a monthly basis, this process had not been consistent in the last nine months and had not picked up the issues that we found.
- The provider had not been proactive in ensuring they had the most up to date information about people's medicines. We saw they had written to people's GPs to ask for relevant information but this had only been done the week prior to the inspection. One person did not have information about the medicines they were supported with, although the provider had been supporting them since the previous inspection. There was also some confusion about the support this person received. A member of staff told us that MARs were not being completed as the person was independent in taking their own medicines. When we asked the provider for their medicines information as it was not available at the inspection, they sent us completed MARs for October to December 2018. We asked the provider for further information about this. They told us that MAR charts had always been in place, however this was not highlighted in the person's care plan and their records had not been returned to the office until after the inspection.
- Staff completed training in medicines management and we saw the provider had just introduced new competency assessments to ensure staff understood their responsibilities. Care workers we spoke with felt confident with the training received and told us they would report any concerns to the office. One relative told us that they were happy with how their regular care workers managed their family members medicines, however highlighted it had been an issue if staff were late or missed visits.

Staffing and recruitment

- We received mixed feedback about the timekeeping and punctuality of staff. One relative said, "We have no concerns and have a flexible agreement. They do let us know if they are running late." However two relatives told us how late and missed visits had had an impact on them and their family member. Comments included, "There have been times when the care workers are late or haven't turned up. It can be a bit of a concern as their medicines are important" and "We are always having to call the care worker as we aren't informed." A relative added they felt the provider had become dependent on relatives to cover missed calls as replacement care workers could not always be found.
- We saw missed calls were recorded and followed up. We saw an outcome was to discuss the issues in a management meeting about recruitment plans to ensure there was a sufficient pool of local on-call care workers in cases of emergencies.
- At the time of the inspection the provider was in the process of implementing a new software system and their current electronic call monitoring (ECM) system was being phased out. We found inconsistencies in samples of the ECM data we reviewed where care worker log in records were not accurate. Examples

included one care worker being logged into two people's homes at the same time and another care worker logging into a person's home two minutes after they logged out from another person's home. With the distance between the two locations, this would not have been possible. We saw minutes from a management meeting in September 2018 where the issue of care workers not using ECM properly had been discussed. We asked the provider for an explanation but did not receive a satisfactory response to the discrepancies within the data so we could not be assured of the accuracy of the visits.

- The provider followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. All appropriate checks for staff had been completed and there was evidence of photographic proof of identity and address, two references and documents confirming the right to work in the UK.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their care workers kept their family members safe when they were in their home. Comments included, "We are generally happy with the night care and it makes them feel safe having that support" and "They make sure it is a safe environment for our [family member] and have been able to provide staff that can give the care we need."

- The provider had safeguarding systems in place with information for staff to follow in the events of any concerns about possible abuse. Once care worker said, "I know it is important to safeguard my clients and myself and prevent them from harm and abuse. We know about looking for unexplained bruises, odd or unusual behaviours and to report any concerns." Staff received safeguarding training which was refreshed annually. We saw that safeguarding issues were discussed in care worker meetings, what it meant and when an alert had to be raised.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed and staff we spoke with had a good understanding of how to support people and explained how they reduced the risk of avoidable harm. Risk assessments had been completed with guidance in place for care workers to follow.
- Areas of risk included people's mobility and transfers, skin integrity, nutrition, mental health, epilepsy and self-harm. We saw correspondence where a care worker had reported concerns regarding a person's mental health and this had been shared with a health and social care professional. We received positive feedback from the health and social care professional who felt the provider had worked well with the person in trying to manage their needs.
- Internal and external environmental risk assessments had been completed to ensure people and staff worked in a safe environment. We saw fire safety had been discussed at a recent care worker meeting with information about evacuation procedures and what to do in the event of an emergency.

Preventing and controlling infection

- Relatives confirmed care workers used personal protective equipment (PPE) when supporting their family members with personal care or preparing food. One relative said, "They have all the gloves and everything and are always fully equipped."
- People's care plans recorded that care workers needed to wash their hands before preparing meals and to keep the environment clean. Infection control was discussed and the use of PPE was checked when spot checks were carried out on care workers in people's homes.
- Care workers received training in infection prevention and control and food hygiene during their induction. One care worker said, "We can pick everything up from the office, it is always available."

Learning lessons when things go wrong

- We saw minutes of care worker meetings that showed the provider used incidents as a learning

opportunity to remind staff about their responsibilities and to improve practice.

- One meeting discussed an example of a safeguarding concern and what actions had to be taken and instructions for care workers to follow.
- A recent care worker survey showed that staff felt encouraged to recognise and report mistakes and were supported to learn from mistakes and improve performance.
- Although we could see issues being discussed regularly, we still saw examples of the correct procedures not always being followed.

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

People's outcomes were consistently good, and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service began to provide care and support and was reviewed when their needs changed.
- Staff had access to specialist training to make sure they were able to meet people's needs. A new competency assessment programme had been introduced for all staff, where training skills were signed off by a registered nurse, who was the clinical lead. This enabled staff to deliver care in line with best practice guidance.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed an induction and training programme to support them in their roles. Relatives we spoke with were positive about the experience of their regular care workers. One relative said, "They are aware of their needs and know about the routine."
- The training and induction programme had been improved since the last comprehensive inspection in November 2017. A four day induction was based around the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.
- Care workers were happy with the level of training they received. One care worker said, "A nurse trained us with medicines and PEG feeding. It had a practical aspect to it which was very helpful." Staff received regular supervision and spoke positively about the support they received during these meetings.

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

- People were supported to eat and drink enough and the level of support they needed was recorded in their care plans, including any support that relatives provided.
- Nutritional risks and allergies were highlighted and guidance was available for care workers to follow. Preferred foods and drinks were highlighted with reminders to report any concerns to the office.
- One relative said, "They manage this well. They are aware of the risks, understand the diet and what support is needed." One care worker was aware of a person with swallowing difficulties and explained how they supported them safely. They added, "We make sure the food is cut up small and have discussed this with the family."

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

- People were supported to maintain their health and we saw the provider had liaised with a range of health and social care professionals to ensure people received effective care and support.
- Care workers described what they had to do in emergency situations. We saw correspondence for one person where care workers had reported their concerns about changes in their health and well-being. We

also saw records that paramedics had been called. This was reported to the office and followed up with the local authority.

- A health and social care professional told us that they were kept up to date with any changes in a person's health. One care worker said, "We have had meetings with the occupational therapist and take on their recommendations."

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

- People were supported by staff that understood the principles of the MCA. Improvements had been made since the previous comprehensive inspection in November 2017. People's care records had been updated and amended to highlight where a person was able to provide verbal consent for a relative to sign on their behalf.
- Care plans were developed with people and we saw they had agreed with the content and signed to give their consent to receive care and support. There was also correspondence from the local authority that showed people's relatives were their representatives where they lacked capacity to make decisions about their care.
- Care workers confirmed they had received training on the MCA and understood the importance that people and their families were involved and encouraged to make their own decisions. One person's care plan reminded staff to give full explanations for all decisions about their care and ensure they gained their consent.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives spoke positively about the kind and caring nature of staff that supported them. Comments included, "They have developed a close relationship by spending time with them and being in their home" and "The regular care workers that we have are amazing." A health and social care professional was pleased with how the provider and care worker had worked hard to support a person to improve their engagement with receiving care.
- People had regular care workers which helped to develop positive relationships. One relative said, "For our main carer, he gets on very well with my [family member]. They know them well and are used to everything." Another relative told us how they had had the same care workers for nearly three years. They added, "They are very good. When the [funding authority] wanted us to change to another provider, we refused because we wanted to stay with them." One care worker said, "I love my job. It's not just a job where you go in and out. I really make sure they are all fine and I want the best for my clients."
- Relatives told us about important moments in their families lives that care workers had been involved in. One relative told us how their regular care worker attended a family funeral as they had built up a good relationship with them. They added, "We all thought it was lovely that they came."

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

- Records confirmed that people using the service and their relatives were involved in making decisions about their care and support. One relative said, "They do keep us all involved. They come and review and make sure that we can be present." For one person with very minimal contact with family, we saw that the provider worked closely with a health and social care professional in relation to their care needs.
- One relative told us that their regular care workers were able to communicate with their family member in their own language which enabled them to be fully involved and understand the decisions made about their care.
- A relative spoke positively about how the provider had supported the family to deal with a local authority funding issue. They added, "They worked with us and helped us deal with a stressful situation."

Respecting and promoting people's privacy, dignity and independence

- Care workers understood the importance of ensuring they respected people's privacy and maintained their dignity, especially during personal care. Information was recorded in people's care records to remember the intimate nature of personal care and make sure it was done in private and with people's permission.
- Spot checks carried out on staff observed and recorded if people were treated with dignity and respect. Responses from a recent staff survey showed that all care workers felt they had the right support and training to understand how to respect people's privacy and dignity.

Is the service responsive?

Our findings

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

People received personalised care that was responsive to their needs.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised and contained a profile of the person that identified how they should be supported and an overview of their health conditions. People's communication needs were assessed and highlighted in their records. They had been updated since the last inspection with improved information about people's life histories, their family and likes and preferences. We saw examples of daily logs for one person where the care worker had recorded the support for the person's love of different kinds of music. Relatives told us they were involved in reviews to discuss any changes in care needs.
- Relatives told us that the provider tried to be as flexible as possible to accommodate people's needs. One relative told us how they had been able to change some visit times to fit in with other appointments. They added, "We have a good relationship. They are very flexible with us and it is good they are able to manage that." Another relative said, "They are good at being as flexible as they can."
- The provider listened to people's preferences with regard to how they wanted staff to support them with their cultural or religious needs. One relative said, "As they are able to speak their language and communicate, they understand what they are going through and my [family member] can respond to them." Information was also included in people's care records so care workers were aware of what was important to them.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and a copy was given to people when they started using the service. Complaints received were logged with records to show what action had been taken.
- Three of the relatives we spoke with told us they did not have any major concerns with how any issues were dealt with. Comments included, "If we've had a problem, we've found them willing to rectify it", "Where there had been some minor issues, they were very responsive, listened to us and took action" and "I'd say it has been better and they do try to resolve the issues, but there is room for improvement. One relative felt that their issues had not been fully addressed. We shared the information with the manager who said they would make contact with the relative to discuss the concerns further.

End of life care and support

- At the time of the inspection the provider was supporting one person who was receiving end of life care. Their relative was positive about the support their family member received at this stage of their life. They added, "They understand their needs and environment and are able to look after him/her. It is the little things now that make a big difference and we are very satisfied."
- We saw where applicable, the provider had consulted with people and their relatives about advance decisions and what wishes they wanted to be respected. We saw that this had been shared across the team and with the care workers.
- Palliative and end of life care training was provided to staff during their four day induction.

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

Service management and leadership was inconsistent and did not always assure high quality care. There was a breach of the regulations.

Continuous learning and improving care

- The provider was still in the process of fully implementing their systems to assess and monitor the quality of the service. We continued to see ineffective systems for collecting and auditing people's care documents, which is something we had been told would be addressed at the previous four inspections.
- For one person, a range of documents dated between July and December 2018, including daily logs and medicine administration records (MARs) were given to us on the second day of the inspection. The manager acknowledged they had been collected and had not all been checked. For documents that were not available at the inspection, the manager had to collect them and send them to us afterwards. They stated in their email to us, 'Going forward, we will make sure to collect all completed paperwork on time.'
- Daily log communication books had been updated since the previous inspection where more information could be obtained about the care visit and how the person was. However, there were still inconsistencies in how they were being completed and issues had not been picked up.
- For one person who received four calls a day, their daily log book between 10 and 31 December 2018 only had a record of the lunchtime visit and the care worker had not recorded the time of the visit. However, the log book had been checked and said the care worker had stayed the full duration of the visit, without this information being available. The three calls that had not been recorded had also not been picked up in the audit. We discussed this with director who acknowledged the inconsistencies. We saw that the issue of records needing to be audited monthly was discussed at a management meeting in May 2018, after the previous inspection, but could see this was not being done.

The above information demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the time of our inspection there was not a registered manager in post. The previous registered manager had deregistered at the end of November 2018. The current manager had previously been registered with the Care Quality Commission (CQC) as a registered manager for another branch of the provider. Their application was submitted after the inspection on 12 February 2019. The manager said they were still in the process of getting in touch with people and their relatives to let them know about the changes to the service.
- Although we saw the provider regularly reminded staff about their responsibilities in carrying out their role, the shortfalls we highlighted found that staff were not always carrying out tasks as required. We also had not received all of the information that we had requested after the inspection.

- The provider was aware of their registration requirements regarding statutory notifications. They had submitted the necessary notifications for any incidents that occurred across the service since the last inspection.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We received mixed feedback about the management of the service. Positive comments included, "We feel they provide a top quality service which is why we wanted to stay with them. They are very approachable and check everything is going well every month" and "Overall I think it is very good and am confident in the management of the service and how they have responded to concerns."
- Comments of a negative nature related to communication and organisational issues with the office and missed and late visits. One relative said, "I feel there can be a lack of communication and that staff need more support from management. They do need to improve in some areas." We discussed this feedback with the manager who said they were surprised to hear this as it had not been communicated with them during recent monitoring calls.
- A care coordinator had left the organisation between the first and second days of the inspection. When we discussed this with one relative, they said that this member of staff was their main contact and had not been told about them no longer working at the service. The manager told us that all people, their relatives and health and social care professionals had been informed about this. We spoke with two health and social care professionals after the inspection who said they had also not been informed of any changes.
- Staff told us they felt well supported in their role and were confident in the management and values of the service. Comments included, "The new manager seems open and friendly and is open to suggestions" and "Everything is going well. Somebody is always there to talk with us and I don't have any complaints."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought people's and their relative's feedback about the service and the level of care they received. At the time of the inspection, we were told that a survey had been sent out at the end of December 2018 and were still waiting on forms being returned. Monthly telephone monitoring calls were logged to keep a record of any feedback received.
- The provider had produced a care worker survey since the previous inspection. We saw care workers felt supported and respected in their role and felt involved in the organisation, had access to training and could contact the office easily. Care workers also completed evaluation forms when they attended meetings. We reviewed three completed forms which did not highlight any concerns. One care worker said, "Everything is fine, no recent problems and everyone at the office is very helpful."

Working in partnership with others

- We saw the provider worked in partnership with a range of health and social care professionals to support people's care needs. One health and social care professional told us they felt the care was coordinated and had regular communication with the office staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of services provided 17(1)(2)(a)