

Jay's Homecare Limited

# Jays Homecare Limited

## Inspection report

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Date of inspection visit:

21 October 2020

29 October 2020

Date of publication:

14 January 2021

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

### About the service

Jays Homecare Limited is a domiciliary care agency providing personal care and support to 35 people in their own homes in the London Borough of Brent and surrounding areas.

Not everyone who used the service received personal care. 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 received appropriate support with taking their medicines to help them manage their health conditions. Staff completed medicines training and had an assessment to ensure they had the skills and knowledge to support people with their medicines safely. Records for the management of medicines were accurate.

Staff assessed risks to people's health and well-being. A risk management plan was put in place that identified risks and provided staff with guidance on how to manage and mitigate each risk found. These plans were reviewed to ensure they were accurate and effective.

Effective processes were in place to recruit suitably skilled and experienced staff.

Staff followed the provider's safeguarding processes and procedures to keep people safe from harm and to report any allegation of abuse.

Staff understood how to prevent and control infections whilst delivering care and support to people. The registered manager ensured there was sufficient personal protective equipment (PPE) for staff to use to protect themselves and people from the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care from a service that was well led by an effective management team. Staff were complimentary about the support they received from the registered manager which helped them to carry

out their jobs. Quality audits were completed to identify areas for improvement and to ensure care was of a good standard and quality.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 17 May 2018).

Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

### Is the service caring?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

### Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Jays Homecare Limited

## Detailed findings

### Background to this inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 21 October, 29 October and 15 December 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

#### Inspection team

The inspection was carried out by one inspector, one medicines inspector and CQC support services.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us. Inspection activity started on 21 October 2020 and ended on 15 December 2020.

#### What we did before 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection □

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with the registered manager and five care workers. We reviewed a range of records. This included six people's care records and medicines records. We looked at five staff files in relation to training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and systems in place to reduce the risks of avoidable harm or abuse. We spoke with staff about safeguarding and abuse and they were confident in their abilities to identify abuse and to keep people safe. Staff said they would report any potential safeguarding allegation to the registered manager or the CQC when required.
- People and their relatives received care and support from staff they felt safe with. Comments included, "The agency has put everything in place for me coming out of hospital, I couldn't be more grateful" and "We are happy, we have no concerns for my [family member's] safety."
- People were supported by staff who were trained in safeguarding adults and implemented this knowledge in their daily practice.

Assessing risk, safety monitoring and management

- Each person had a risk assessment and a plan in place to manage identified risks.
- Staff assessed areas of people's lives that could potentially lead to risks to their health and well-being, including their mobility, medicines management or road safety needs.
- A general home risk assessment was completed and areas for improvement were identified and discussed with the person using the service. This assessment helped to manage those risks and to ensure the home environment was safe for the person and for staff to work.
- Risk management plans were reviewed to ensure they remained relevant and provided staff with sufficient information to mitigate risks.

Staffing and recruitment

- The registered manager used effective methods to recruit skilled and experienced staff.
- People and their relatives reported they received care and support from committed staff. A person said, "Yes, [care worker] has been coming for a long time, so they know what I like" and "Yes [care workers] know all my likes and dislikes and I am happy with that. They are always talkative and engage with me."
- Two relatives commented that care workers changed without people being notified. We spoke with the registered manager about this and they confirmed the impact of Covid-19 had affected staffing with some staff unable to continue working. When changes in care workers occurred, people were informed in advanced as if it practical to do so.
- People were supported by staff that were vetted through a robust recruitment process. Pre-employment checks took place and returned before staff were employed to work with people. Checks included job references, proof of the right to work in the UK and a criminal record check with the Disclosure and Barring

Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.

#### Using medicines safely

- People had their medicines managed through effective systems and processes to ensure medicines were administered as required.
- Staff attended medicines training. Training records confirmed staff had an annual assessment to establish they remained competent to support people with their medicines.
- Medicines records appeared well completed and doses were signed as administered in accordance with the prescription. Information about changes to medicines with the medicine administration charts were clearly recorded. We also saw any changes in medicines were recorded in the person's care plan and in specific notes left for the care worker.

#### Preventing and controlling infection

- People received care and support from staff who completed training in infection control and prevention, donning and doffing and safe disposal of personal protective equipment (PPE). This training gave staff guidance to act to reduce the risks of infection.
- The registered manager followed current Covid-19 government guidance to reduce the risks of infection for people. The provider's infection control and prevention policy were updated to reflect new information.
- The registered manager ensured there was sufficient personal protective equipment (PPE) to enable staff to provide care to people. People told us, "[Care worker] always wears a mask, gloves and apron, puts them on before they enter my house" and "The correct PPE is worn."
- Staff had access to gloves, aprons, shoe covers, masks for their use while delivering care in a safe way. Staff said, "I have enough of everything I need, to protect people and me while I am working" and "I have enough gloves and aprons, if I am running low, I just call the office and they will come to wherever I am to give me supplies I need."

#### Learning lessons when things go wrong

- There were systems in place to identify and report any medicines errors or incidents. Where concerns were identified there were appropriate systems in place to cascade information about changes to all care workers.
- The provider had a clear policy in place which also gave good guidance to care staff about how to manage any incidents. The policy was up to date and reviewed.



# 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 the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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 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.

- The registered manager understood their responsibilities within the MCA. Staff completed MCA training to equip them with knowledge to support people to meet their needs.
- There were established systems in place to support people if they required care and support in line with the Court of Protection recommendations.
- The provider ensured people consented to their care and treatment. Care records included an assessment of people's mental capacity. People who lacked decision making capacity had support from a representative or from a health and social care professional.

# 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 the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring people are well treated and supported

- People and their relatives said staff were kind and compassionate and provided them with help when they needed. One person said, "They are so kind, I don't know how I would manage without their support."
- Staff delivered care to people that met their individual needs. People shared their views about the service and staff that supported them. A relative commented, "They [care workers] are polite, they always greet [my family member] before they start doing their work."
- Staff spoke about people they cared for with kindness and respect. Staff told us, "It is important to respect people always, they could be me or my family and I would want to receive good care too." Senior staff observed care workers practices to assess their practical skills and whether they respected people.

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

- Staff supported people to contribute to a review of their care and support needs and their relatives were invited.
- People and their relatives said staff provided care and support in a way they wanted and that met their needs.
- Staff understood the importance of ensuring care was provided that suited people's individual needs. One member of staff said, "I always read the care plan because things can change and it also tells you about the history and medical needs of the person."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan which identified their individual needs. Care plans detailed people's life history, care needs, wishes and information about people's culture, language and religious needs. People said their care was carried out by skilled care workers.
- People and their relatives were involved in care assessment so their views were recorded and their care decisions implemented into their care plans.
- All care assessments and care plans were reviewed regularly to ensure they remained accurate and reflected people's changing needs. Two relatives said, "We have a [care plan] review every six months" and "The [office based staff] complete a review every four or five months or sometimes they call and ask if things are okay."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was clear about their responsibilities to meet the needs of people who had educational needs or a sensory impairment.
- Care plans and assessments contained information on whether people had specific hearing or visual needs. Staff tailored their care to meet these needs to ensure people had the care they required. Two relatives said, "[Care worker] definitely understands [my relative] they are hard of hearing and unable to talk due to stroke so they are not able to communicate like they used to" and "[Care worker] knows exactly what [family member] wants, as they know them and are used to how they communicate."
- The registered manager was able to produce care records in a format people could access such as in Braille, large print and in different languages.

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

- People were supported as required to attend social events and access their community. Care plans detailed how staff would support people to meet these needs. The office based staff changed the times of the care visits to meet people's needs.
- The registered manager supported people to maintain relationships with people who mattered and were

important to them. Care records contained contact details of important relationships and who to contact when required once the person had consented to this.

#### End of life care and support

- The registered manager had a good understanding of end of life care and the support needs required for people who were living with a life limiting condition.
- Staff had completed training in end of life care to equip them to effectively care for the person who required this specialist care.
- At the time of the inspection, no one using the service required palliative end of life care.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant the service was consistently managed and well-led. 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

- People were complimentary about the staff that supported them and with the management of the service. One person said, "There has been a general improvement with Jays throughout the years, they always try to do a good job!"
- People and their relatives felt confident to discuss any issues they had with the office based staff or with the registered manager and were confident to raise any concerns with them. A relative said, "We did raise a concern, a long time ago – but we were happy with how that was dealt with."
- Although in person team meetings were suspended due to the risks of Covid-19 infection, team meetings still were planned with staff online. Team meetings provided staff with the opportunity to share their views and knowledge, or express any concerns they had about the service or people they supported. The registered manager had adapted team meeting formats by sharing current Covid-19 guidance. Other communications with staff were through text messaging and email so staff were kept updated. Staff commented, "Communication is even better now, the manager keeps in contact with me all the time to make sure I am doing ok" and "Although I don't go into the office much anymore the communication with the office staff is good and they always get back to you when it is necessary."

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

- The provider had effective systems in place to monitor the quality and safety of the service. The registered manager followed the provider's quality assurance processes to ensure checks of the service including audits were completed. Any areas of concerns found were acted on to resolve them, such as refresher staff training and with the ordering of personal protective equipment (PPE). Records showed any concerns with the quality of care were identified, managed and shared with staff to drive improvements.
- Staff continued to be evaluated through onsite direct observations to ensure they were providing people with safe and compassionate care.
- People and their relatives commented that the service was well managed. A relative said, "I would recommend this agency, they are very reliable."
- The registered manager completed a monitoring report to record any Covid-19 related concerns to the local authority.

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

- The service sought feedback from people and their relatives by asking them for their views of the service. The most recent survey results showed people and their relatives were pleased with the care and support.
- Some feedback raised issues related to care worker changes at short notice. The registered manager told us those changes happened because either care workers became ill, were shielding or had to care for their loved one with a Covid-19 infection. Records showed that office based staff communicated with people and their relatives to inform them of any changes.
- Staff told us they felt supported by the registered manager, particularly since the Covid-19 pandemic. Staff said their line manager supported and kept in constant contact with them. Staff said this support made them feel more valued for the work they did and they were committed to giving good quality care.

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 and provider understood their responsibilities to be open, honest and transparent and to share information when concerns were raised or when things went wrong with relevant health and social care authorities.
- The registered manager ensured appropriate notifications were sent to CQC after significant incidents occurred.

Continuous learning and improving care

- The provider had a commitment to continuous learning and development at the service. The registered manager had identified some new areas for improvement which included providing support for staff, people and their relatives relating to the Covid-19 pandemic and associated restrictions.
- The registered manager acknowledged that the service had to change in line with the Covid-19 guidance. This ensured staff provided care to the same people as often as possible to help reduce the risks of infection.

Working in partnership with others

- Staff worked with health and social care professionals. This relationship helped people to access consistent care and advice when required.
- Records showed that staff frequently contacted health and social care services when required during the Covid-19 pandemic for support.