

Jay's Homecare Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Jays Homecare Limited is a domiciliary care service providing personal care to people in their own home. 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. The provider told us at the time of the inspection 23 people, aged 65 and over, received personal care.

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

People and relatives provided positive feedback about the service and said that it met their individual needs. They said they felt safe and secure around staff and were treated well. People said the service was timely and reliable.

Significant improvements had been made following the previous inspection in August 2019. Safe recruitment practices were now followed to help ensure staff were of suitable character to work with vulnerable people. There were enough staff deployed to ensure people received a reliable and safe service. Staff training, support and competency checks had been revamped and were now appropriate mechanisms for ensuring staff had the skills, knowledge and competence to care for people safely.

Improvements had been made to medicine management practices with clear records now in place demonstrating people received their medicines as prescribed. Risks to people's health and safety were assessed and well managed. People were protected from abuse and avoidable harm.

People and staff praised how the service was run and said communication with and from the management team was good. People and staff were regularly asked for their views on how the service operated. Improvements had been made to governance systems with an enhanced range of audits and checks undertaken and better oversight of performance and quality.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was inadequate (published 18 November 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 18 November 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an announced comprehensive inspection of this service in August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve care quality relating to Safe Care and Treatment, Staffing, Fit and Proper Persons Employed and Good Governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions 'Is the service Safe?' and 'Is the Service Well-led?' which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jays Homecare on our website at www.cqc.org.uk.

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 not yet consistently safe.

Details are within our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not yet consistently well-led.

Details are within our well-led findings below.

Requires Improvement ●

Jays Homecare Limited

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check whether the provider had met legal requirements following the inspection in August 2019 where breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations were identified relating to Safe Care and Treatment, Staffing, Fit and Proper Persons Employed and Good Governance. Two key questions were inspected; 'Is the Service Safe?' and 'Is the Service Well-Led?'

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

We gave 48 hours' notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and also make arrangements to speak with people and staff prior to our site visit. This helped minimise the time we spent in face to face contact with the management team.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities with whom the service works. 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.

During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the operations director, registered manager, care co-ordinator, senior care worker and care workers.

We reviewed a range of records. We reviewed the majority of the documentation remotely by asking the provider to send us key information prior to meeting with them. This included four people's care records and multiple medication records. We looked at four staff records in relation to recruitment and training. 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 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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. Whilst improvements had been made, we would need assurance over a longer period that these improvements would become embedded and continue before we were assured that consistently safe care was provided.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People told us they felt safe and secure using the service. One relative told us "I am happy [relative] is safe with the staff. They will let me know if there has been a problem, say for instance if [relative] has fallen. I am happy they know what they are doing and look after him well."
- Staff understood how to identify and report concerns and told us they were confident people were safe from abuse. Safeguarding training had been provided to staff and safeguarding was discussed with them regularly during meetings and supervisions. We saw examples of concerns being appropriately reported to the required agencies to help keep people safe.

Assessing risk, safety monitoring and management

At the last inspection, we found missed calls had occurred which the service had not been aware of. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The service was better organised and robust systems were in place to identify and respond to missed calls. People received calls at the times they needed them to promote safety. Most people told us the timeliness of calls was acceptable and records we reviewed confirmed this. For example, electronic call monitoring showed around 93% of calls over recent months took place within 30 minutes of the agreed time and none were over two hours late. Nobody reported any missed calls and their feedback combined with the well-ordered information held by the office demonstrated missed calls were not a feature of the service.
- Risks to people's health and safety were assessed and mitigated. People and relatives told us staff worked safely and carefully. For example, people told us how staff were very mindful of safety when helping them with bathing. Clear risk assessments were in place which provided staff with instructions on how to care for people safely. These were subject to regular review involving the person and/or their relatives.
- People generally received a good level of continuity which meant staff were familiar with people, and the risks that they presented. People reported that staff understood them and their needs. This helped staff to provide high quality and safe care.

Staffing and recruitment

At the last two inspections recruitment procedures were unsafe and insufficiently robust; with a lack of

documentation to demonstrate people had been recruited safely. This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Safe recruitment procedures were in place. Oversight of the recruitment process had improved with more robust checks now carried out by the provider to ensure safe recruitment procedures were followed. This included regular checks of staff files to make sure the required documentation was present.
- We reviewed four staff files and found these staff had been recruited safely with all required documentation present. People told us staff were kind and caring and had the right character and personal attributes to care for them.

At the last inspection staff had not received appropriate training and support. Training was rushed and some records relating to training were not available. This was a breach of Regulation 18(Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made.

- Training provision had been revamped. Staff received a detailed induction based on the Care Certificate which covered the required subjects over a number of days. Staff we spoke with told us training was effective and gave them the required skills to deliver care. Staff demonstrated an appropriate knowledge of the subjects we asked them about. Training was kept up-to-date.
- Staff knowledge was regularly assessed. This was done following training and as part of the regular spot check process. This helped provide assurance that safe care was delivered.
- There were enough staff to ensure a reliable and consistent service. People told us staff arrived on time and records confirmed this. Staff told us rotas were manageable and this was confirmed by our own review of them.

Using medicines safely

At the last inspection medicines were not managed in a safe or proper way. There was a lack of oversight of the medicines system and care plan and medicine records did not demonstrate people had received their medicines consistently and safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Medicines were managed in a safe and proper way. People who received support with their medicines told us the support was provided appropriately. Each person had an assessment of their needs in relation to medicines. Clear information was recorded as to the support they required, including the role of the family. This helped ensure medicines were managed safely.
- Medicines administration records (MAR) provided evidence people had received their medicines as prescribed. Clear records were in place, which were subject to regular checking by the management team.
- Staff received training in medicines management and had their competency to give medicines regularly assessed.

Preventing and controlling infection

- Staff and management had a good understanding of the required COVID-19 infection control precautions and we were assured there was enough personal protective equipment (PPE) in stock. Whilst staff told us they always wore the required PPE, four people told us that staff did not consistently wear face masks. One person said, "Some of them are wearing masks and some don't and there's no real explanation as to why."

We raised this with the management team to ensure it was addressed with the staff involved.

- Guidance and training on infection control had been provided to staff to promote safe working practices. Contingency plans were in place detailing measures to be taken to help reduce the risk and impact of the COVID-19 pandemic, although we noted that guidance and instruction to staff had not been formalised into a risk assessment setting out the exact precautions staff would follow and how they would minimise the risk of infection. We raised this with the registered manager and operations director and felt assured it would be addressed.

Learning lessons when things go wrong

- The registered manager and operations director demonstrated that lessons had been learnt from the previous inspection which had helped aid improvement. For example, the service had made significant changes to its systems which had helped ensure medicines and risk were now well managed.
- Following errors identified through auditing processes, staff were spoken with and supervisions took place to help drive continuous improvement.

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 inadequate. At this inspection this key question has now improved to requires improvement. Whilst improvements had been made, the service was not yet able to demonstrate over a sustained period of time that management and leadership was consistent and that the culture supported the delivery of high quality and person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection, there was a lack of proper oversight of the service, policies were not followed and auditing and checking processes were not sufficiently robust. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Overall performance had significantly improved. There was much better oversight of key areas such as training, recruitment, checks, audits and reviews. Information was arranged on trackers to help ensure the management team knew when reviews, spot checks and training was due. A review of each area of concern had been undertaken. For example, training was much improved with a re-organisation of how training was delivered resulting in improved quality and content of induction and ongoing training.
- Audits and checks had been improved. All medicine and daily records of care were audited. Where issues were identified we saw action was taken to address. For example, meetings took place with staff to help raise performance.
- The provider had not prominently displayed the latest CQC rating on their website in line with our requirements, despite us advising the provider to do so. We spoke with the operations director about the importance of ensuring this was done correctly. Some people we spoke with told us they were also unaware of the latest CQC inspection report.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were satisfied with the quality of care they received from the service. One person said "I would recommend them no problem. They are all polite and nice and cheery." Another person said, "I would certainly recommend them; they have been fantastic with (relative)." People said the service and its staff were kind and caring.
- People received care and support at the times they needed it and this was consistently delivered from day to day, with a good level of continuity. This demonstrated that care was provided in a person-centred way
- Staff spoke positively about the service. It was clear from speaking with them and the management team that they were committed to improvement of the service and spoke passionately about how things had improved over the last few months.

- The service was now better organised with records readily available when we requested them. The registered manager and operations director had good oversight of the service and were able to provide information promptly or answer questions effectively about the service.

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

- People and staff said communication with the management team was good. Where people had raised issues for example issues with call times we saw this had been investigated and responded to in an open and transparent way to help improve people's experiences.

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

- People provided consistently good feedback about the service. This matched feedback the service had gained which showed people were very happy with care and support. Feedback was gained through various mechanisms including surveys, care reviews, telephone monitoring and informal contact with staff and the management team. We saw following feedback this had been analysed and measures put in place to support continuous improvement of the service.
- Staff views were also regularly sought through supervisions and informal contact. All staff said the level of communication and support was good from the management team.

Working in partnership with others

- The service worked effectively with partner agencies. We spoke with a commissioning organisation who told us the service had been improving and working with them effectively.