

J.C.Michael Groups Ltd

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Bexley

Inspection report

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Website: www.jcmichaelgroups.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

JC Michael Groups Ltd Bexley is a domiciliary care agency. It provides personal care and support to people in their own homes. At the time of the inspection there were 40 people receiving personal care from the service.

People's experience of using this service

There were safeguarding adults' procedures in place and the registered manager and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work and there were enough staff to meet people's care and support needs. Where required people received safe support from staff to take their medicines. The provider and staff were following government guidance in relation to infection prevention and control. Staff had received training on COVID 19 and the use of personal protective equipment (PPE). The service had COVID 19 contingency plans in place that made provisions for safe care in the event of an emergency.

People's care and support needs were assessed before they started using the service and care plans were in place to ensure staff could support them safely. Staff received training relevant to people's care needs. Where required people received support from staff to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People and their relatives told us they were treated respectfully, and they had been consulted about their care needs. People and their relatives knew how to make a complaint if they were unhappy with the service. People had access to end of life care and support if it was required.

Effective systems were in place to monitor the quality of service that people received. Staff said teamwork was good and they received good support from the registered manager. The registered manager took people and their relatives views into account through satisfaction surveys and telephone monitoring calls and feedback was used to improve the service. The registered manager and staff worked with health care providers to plan and deliver an effective service.

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

Rating at last inspection: Requires improvement (report published on 18 May 2020). The service had been rated requires improvement on three previous inspections. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

Why we inspected

This was a planned inspection to assess if the provider was complying with our regulations.

Follow-up

We will continue to monitor information we receive about the service in line with our monitoring activity, which will inform when we next inspect the service.

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?

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 well-led.

Details are in our well-led findings below.

Good ●

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Bexley

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

A single inspector carried out this inspection. They were supported by 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.

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

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 the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we received about the service. We asked the registered manager to send us information relating to staff training and policies relating to medicines and infection control. We sought feedback from professionals who work with the service. We used this information to plan our inspection. 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 four people who used the service and the relatives or friends of four other people about their experience of the care provided. We spoke with four members of staff and the registered manager. We reviewed a range of records. This included four people's care and medicines records. We looked at three staff files in relation to recruitment and supervision and a variety of records relating to the management of the service, including complaints, incidents and accidents and call logs.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection (published 18 May 2020) we found the provider had failed to ensure that people were supported by effectively deployed staff. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staffing and recruitment

- The registered manager told us they had taken steps to ensure staff were deployed effectively to meet people's care needs. These steps included reducing travel time between calls by making sure staff lived in the same area as the people they supported.
- One person told us, "The care staff come on time. They stay for the time they should." Another person said, "I have not had any missed calls. If the care staff are going to be late, they call me." A relative commented, "The staff are always on time."
- A staff member said, "I have enough time to get between calls. I drive a car and I live near to the people I support." Another staff member told us, "It's easy for me to get between calls, they are local to me and I can go on the bus. I have plenty of time to get between calls. If I thought I was going to be late I would ring the office and they would let the person know."
- The provider followed safe recruitment practice. Staff recruitment records included completed application forms, employment history, employment references, evidence that a criminal record check had been carried out, health declarations and proof of identification.

Systems and processes to safeguard people from the risk of abuse

- A person using the service told us, "I feel safe. A very nice person comes to help me. I trust and get on well with them." A relative commented, "I think my loved one is safe. We couldn't get better carers."
- The service had safeguarding and whistle blowing policies in place and staff had a good understanding of these procedures.
- Staff had received training on safeguarding adults. They told us they would report abuse to the office and registered manager, and they were confident a referral would be made to the local authority safeguarding team. They also knew how to report safeguarding concerns to the police, CQC and social services if they needed to.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. Assessments included the levels of risk for people in areas such as moving and handling, pressure sores and medicines.

- Risk assessments included information for staff about the actions to be taken to minimise the chance of accidents occurring. For example, where a person required support with moving, we saw guidance had been provided to staff on how to use hoisting equipment to support the person to move around their home safely. We also saw guidance in place for supporting a person with a specific medical condition including the details of health care professionals to contact in an emergency.
- A relative told us, "We have regular staff and they know my loved one's needs. I know them all."
- Risk assessments had been carried out in people's homes relating to health and safety and the environment to protect people and staff who provided care.

Using medicines safely

- Medicines were managed safely. Where people required support to take their medicines this was recorded in their care plans. Some people or their relatives managed their medicines and some people required support from staff to take medicines. One person told us, "The staff help me with my medicines. I'm happy with the way it's done."
- Training records confirmed staff had received training on the administration of medicines and their competence in administering medicines had been assessed. This ensured that staff had the necessary skills to safely administer medicines.
- A staff member told us they supported a person that required their medicine to be administered a specific way. They said, "A nurse from the Clinical Commissioning Group (CCG) trained staff on how to administer that medicine safely." We also saw guidelines in place for staff to follow for maintaining equipment and for administering this medicine. These included the telephone numbers of healthcare professionals to contact if they required further support.
- We saw records confirming that people's medicines administration records (MARs) were returned to the office on a monthly basis and they were audited to make sure people were receiving their medicines as prescribed.

Preventing and controlling infection

- The provider was taking appropriate measures to prevent people and staff catching and spreading infections. The provider was accessing regular COVID 19 testing for staff.
- A person using the service told us, "The staff wear protective clothing. They wear masks, gloves and they always wash their hands."
- Staff had received training on infection control. A staff member told us, "We have plenty of PPE, I always wear gloves, a masks and apron, I always wash my hands when I go into people's homes because I have been on public transport. That way I can reduce the risk of spreading infections."
- The provider had a COVID 19 contingency plan in place for managing the service in an emergency or in case of a COVID 19 outbreak.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- The registered manager showed us an incidents and accidents log. Records showed that when the registered manager or staff had identified concerns, accidents and incidents and any trends they had taken appropriate action to address them. For example, where medicines administration procedures were not followed correctly, they allocated regular staff to people using the service to prevent missed medicines.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection (published 18 May 2020) we found improvement was required to ensure people's care was delivered in line with their care plans. At this inspection we found improvement had been made to ensure people's care was delivered in line with their care plans.

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

- The provider received information from social workers when new people were referred to the service. The registered manager told us they used the referral information and their own assessments to consider if the service could support the person's needs safely. These assessments covered all aspects of people's care needs and were used to draw-up care plans and risk assessments.
- People, their relatives and appropriate health care professionals had contributed to these assessments and plans to ensure the person's individual needs were considered and addressed. We saw that people's care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff received training and support relevant to people's needs. They completed an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for care workers.
- Staff told us they shadowed experienced carers on their first calls. One staff member told us, "Shadowing was helpful for me getting to know people and what they needed help with. It also showed me how to give people the help they way they wanted it."
- Another staff member told us, "I am up to date with all my training. When we begin to support new people that need help with moving and handling, we (all staff) get trained by an occupational therapist on how to use hoisting and moving equipment. That way we can support the person safely. I get regular supervision with the registered manager in the office. They also carry out regular spot checks on me to make sure I am doing things the right way."
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included for example, safeguarding adults, medicines administration, moving and handling, first aid, infection control, end of life, pressure, stoma and catheter care, equality and diversity and the Mental Capacity Act 2005 (MCA).

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

- People received support to maintain a balanced diet. When people needed support with eating and drinking, we saw this was recorded in their care records.

- A person using the service told us, "I'm happy with breakfast they provide. They can make anything I want; my carer is very good."

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

- People received support to maintain good health. The registered manager told us they and staff worked in partnership with health care professionals to plan and deliver an effective service for the people they cared for. We saw input from occupational therapists, dietitians and staff responsible for supporting people with PEG feed had received training from a CCG nurse.
- People and their relatives we spoke with told us they arranged for their own access to health care professionals. One person said, "My family help with health care appointments. It's just the GP."
- A health care professional told us the agency managed to find a staff member that knew their client in the past and they had tried to ensure this staff member attended most of visits thus ensuring continuity of care.

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.

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

- Staff received training and understood the requirements of the MCA. Staff asked for people's consent before providing support and gave people time to think about their decisions and choices before acting. A staff member told us, "If a person I supported refused my help I would try again but I would never make the person do something they didn't want to do. I would let the family members and office staff know if it was something that affected the person's welfare."
- People's capacity to make decisions was assessed where required and these were retained in care plans. Best interest decisions were made and followed by staff where necessary and documented appropriately.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection (published 18 May 2020) the provider had failed to ensure that people were treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff showed an understanding of equality and diversity. People's care records included sections that referred to their diverse backgrounds. The registered manager told us care staff respected people's diverse needs, religions and cultures when they supported them in their homes. A staff member told us, "I support people from different backgrounds, I am happy to support people to do whatever they want or need to do."
- A person using the service told us, "The care staff do everything I ask. They never hesitate. I'm really happy." Another person said, "My carer is kind and caring."
- A health care professional commented, "My client has built up a good relationship with their carer and this was evident during my visit. The feedback from my client was good, they were very happy with the staff."

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

- People were involved in making decisions about their care. For example, one person had included photographs in their care plan to remind staff of the order they liked things done for them. Another person had described what staff needed to look out for if they were in relapse of a specific medical condition and who to contact in an emergency.
- A person using the service told us, "We (person and care staff) talk through my needs and they always ask if there is anything they can do before they go."
- A staff member told us, "I encourage people to make choices themselves. For example, I offer them a choice of breakfast or show them clothes and they select what they want to wear."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A person using the service told us, "The staff respect my dignity. When they are helping me with personal care there's nobody else there just me and the carer." A relative commented, "My loved one's treated with dignity and respect. The care staff are really good."
- Staff told us they made sure people's privacy and dignity was respected. When they provided people with personal care, they maintained their independence as much as possible by supporting them to manage as

many aspects of their own care that they could.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection (published 18 May 2020) we found the provider had failed to ensure that complaints were managed effectively. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

Improving care quality in response to complaints or concerns

- Complaints were managed effectively. The provider had a complaints procedure in place. The complaints procedure was available in formats that people could understand.
- One person told us, "I normally ring the office if I have a problem. The office staff are helpful and approachable." Another person said, "I'm confident I'd be listened to if I had to make a complaint."
- The registered manager showed us a complaints log. The log showed that when complaints had been raised, these were investigated and responded to appropriately. Where necessary discussions were held with complainants, and letters were sent to resolve their concerns.

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

- People had care plans that described their health care and support needs. They contained information for staff for supporting people with medicines, eating and drinking, personal care and moving around their homes safely.
- Care records showed that people's needs had been discussed with them and their relatives to help establish their preferences in the way they received support.
 - Staff understood people's needs and they were able to describe their care and support needs in detail. For example, a staff member told us how they had been trained by an occupational therapist and healthcare professionals so that they could confidently support people with hoisting equipment, administering specific medicines and with eating and drinking safely.

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 provider had an accessible information policy in place. People's communication needs were assessed

and recorded in their care plans.

- The registered manager told us that people currently using the service could understand information they provided. However, if people required information in large print or a different language this would be made available to them in line with the Accessible Information Standard.

End of life care and support

- People were supported to make decisions about their preferences for end of life care if they chose to and these were retained in their care records.
- The provider had a policy and procedure to provide end-of-life support to people. Staff had received training on end of life care and support.
- The registered manager told us that no one was receiving end of life care and support at the time of our inspection. However, they said they would liaise with health and social care professionals and local hospices to provide people with appropriate care and support when required.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection (published 18 May 2020) we found the provider's quality assurance systems were not effective. This was a breach of regulation a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- The registered manager was aware of the different types of events they were required to notify CQC about and records showed they had submitted notifications accordingly. They were also aware of the need to display their current CQC rating and we saw this was displayed within the service.
- The registered manager recognised the importance of regularly monitoring the quality of the service. They undertook regular quality monitoring checks. These checks covered areas such as people's medicines, staff training, incidents and accidents, late and missed calls and complaints.
- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open, transparent and took responsibility when things went wrong.

Continuous learning and improving care

- People and their relatives views about how the service were considered and acted on. The registered manager and care coordinator carried out unannounced 'spot checks' on staff to make sure that care was provided for people appropriately and safely. During spot checks they observed whether staff administered medicines correctly, wore their uniforms, carried identity cards and used PPE correctly. Spot check records also included feedback from people using the service and their relatives.
- The provider carried out regular telephone quality monitoring calls to people using the service. Responses to the calls from people included. Our relative is always happy when carers come, we are happy with the quality of care. And, the staff are lovely we couldn't ask for more.
- The provider recently carried out a customer satisfaction survey. We saw that comments received from people and their relatives was positive. The registered manager told us they were due to produce a report

from this survey and share it with people using the service and staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A person using the service told us, "It is a well-run and well managed service. It is easy to contact the office and they are approachable." Another person said, "I've had no trouble, it's a good company. The office staff are helpful, nothing is too much trouble".

- A staff member told us, "The registered manager has been very supportive. There is an on-call system for staff to call if they need help outside of office hours. They always respond quickly and takes the necessary action." Another staff member told us, "Teamwork is good. I love working with the other staff.

Communication is good and we support and help each other. The registered manager and office staff offer me good support too, they are always available and helpful when I need them."

- A staff member told us there were regular team meetings. They said, "The registered manager will talk about things such as logging in and out, call timings, medicines and any issues relating to people's care needs. We can all express our views and we all learn from each other's experiences."

Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They had regular contact with health and social care professionals, and they told us they welcomed these professional's views on service delivery.

- The registered manager told us they and the care coordinator regularly attended provider forums run by the local authority. They said they found the forum helpful and they had used some of the learning to improve the service. For example, they had improved the recruitment procedures and a session at the forum had raised their understanding of fire safety risk in people's homes.

- An officer from a local authority told us the registered manager had improved communications with them and had reported any concerns they had to the appropriate team. The registered manager was continuing to review processes and practices to ensure they provided a safer delivery of care. There were still some improvements required but the registered manager was responding to recommendations made by the commissioning team to make these improvements.