

Jay's Homecare Limited

# Jays Homecare Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Jays Homecare Limited is a domiciliary care service providing the regulated activity of personal care to people living in their own homes. At the time of this inspection the service was supporting 70 people.

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 and relatives we spoke with told us that they felt safe and comfortable when receiving care from their allocated care staff member.

People and relatives were positive about the support they received and described their carers as, "fantastic", "marvellous", "well-trained" and "friendly."

Care staff knew how to safeguard people from any form of possible abuse and the actions they would take to report their concerns.

Care plans contained comprehensive risk assessments. These gave clear information to care staff about people's identified risks, how this affected them and how to support people to reduce or mitigate those know risks in order to keep them safe from harm.

Processes were in place ensure that people received their medicines on time and as prescribed.

Staff recruitment processes ensured all staff recruited were assessed as safe to work with vulnerable adults. People and relatives told us that staff were generally on time and that where they were running late they were always informed of this.

Care staff received an induction, regular training, supervision, appraisals and support which enabled them to carry out their role effectively.

People were supported with their nutrition and hydration where this was an identified need.

The service supported people to access health and care services where required.

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.

Care plans were person centred and detailed, giving staff clear information about the person and how they wished to be supported.

Complaints were recorded, investigated and responded to according to the provider's complaints policy.

We have made a recommendation in relation to planning for end of life care.

People and relatives were encouraged to give feedback regularly about the quality of service that they received from Jays Homecare Limited.

The service carried out a variety of checks to monitor the quality of care people received so that appropriate actions and learning could be taken forward to improve people's experiences.

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 19 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

## 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 ●

# Jays Homecare Limited

## 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

This inspection was carried out by one inspector and two Experts 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 the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 July 2019 and ended on 31 July 2019. We visited the office location on the 29 and 30 July 2019. On 30 and 31 July 2019 we spoke with people and relatives.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included formal notifications that the service had sent to CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

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

#### During the inspection

We spoke with 10 people who used the service and eight relatives about their experience of the care provided. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with eight members of staff including the registered manager, senior care co-ordinator and six care workers.

We reviewed a range of records. This included nine people's care records and five people's medication records. We looked at five staff files in relation to recruitment and staff supervision. We also reviewed records relating to the management of the service, including quality assurance records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and staff rotas.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded and protected from the risk of abuse.
- People told us, "I do feel safe" and "I do feel safe. I've never had any reason not to feel safe." Relatives also stated, "I do feel he is safe. They make him feel safe as he knows them and they know him. I can rely on them" and "I definitely feel he is safe with the current regular carer."
- Staff had received safeguarding training to ensure they knew how to keep people safe from abuse or harm. The service had processes in place to report their concerns to the appropriate authorities where required.
- Care staff were able to describe the signs they would look for if they suspected any form of abuse and told us the steps they would take to report their concerns. One staff member told us, "You can look at their body language, their reactions, if they are not happy, they don't want to tell you things, they are scared to tell you, you can see it on their face. I need to report it to a supervisor and I am 100% confident that they will do something."

Assessing risk, safety monitoring and management

- The service assessed risks associated with people's health, care and social needs so that care staff were provided the relevant information and guidance to keep people safe from avoidable harm.
- These included risks associated with falls, moving and handling, high risk medicines, behaviours that may challenge and specific medical conditions such as diabetes, urinary tract infections and the use of catheters.
- Environmental risk assessments were also in place which covered security, the condition of the property and hygiene so that safety measures were in place to protect people and staff.

Staffing and recruitment

- People were supported and cared for by staff who had been checked and assessed by the service as safe to work with vulnerable adults.
- The service carried out a number of checks which included disclosure and barring criminal record checks, proof of identity, references evidencing conduct in previous employments and the right to work in the UK.
- Rotas given to staff allowed for sufficient travel time between each care call. Staff confirmed this and explained the procedure if and when they were running late to their call. One staff member told us, "The office do call people and let them know which is good as it puts the client at ease."
- At the last inspection we noted that people and relatives most common complaint was about lateness, missed visits and poor communication on the part of the office. At this inspection we found that these concerns had been addressed.
- People and relatives confirmed that they received care and support from a regular team of care staff who

were generally on time and where they were running late the office always informed them of this.

- One person told us, "She [staff] is usually on time and we do get a call from the office if she is going to be late but as far as I can remember it's only happened once." One relative explained, "They are on time and if they are running late they give us a ring. Either the carer or the office will ring. The two carers tend to come together."

### Using medicines safely

At the last inspection we made a recommendation that the service should follow the National Institute for Health and Care Excellence (NICE) medicine administration guidelines to ensure that people received their medicines safely. The service had since made some improvements.

- People received their medicines safely and as prescribed.
- The service completed an assessment of need where support with medicine administration was required. Information collated included a full list of the medicines to be administered, the dosage, when and how to administer the medicine and the level of support the person required.
- Medicines Administration Records (MAR) were complete. Where gaps in recording had been identified as part of the MAR audit process, these were investigated to confirm that people had received their medicines.
- However, these audits were not recorded. Issues identified, and actions taken to verify any gaps in recording or issues found were not recorded. This meant that we were unable to corroborate what the service was telling us to confirm that the required steps had been taken to ensure people had received their medicines on time.
- Following our feedback on the day of the inspection, the registered manager devised a formal audit form which was to be completed every time a set of MAR's were audited to ensure each gap or issue identified was verified with details of actions taken recorded.
- Staff received annual medicine administration training. Competencies in this area were also annually assessed to ensure staff were appropriately skilled to administer medicines.

### Preventing and controlling infection

- People were protected from the risk of infection and spread of infection.
- People and relatives confirmed that care staff always had access to Personal Protective Equipment (PPE) and used these where required.
- Stock of PPE was always available to staff. Care staff told us that they could collect stock from the office or where this was not possible, stock was delivered to them by a member of the management team when needed.

### Learning lessons when things go wrong

- Accidents and incidents were documented with details of what happened and the immediate actions taken to ensure people's safety.
- The registered manager used the information as a learning opportunity and shared this with the care team at staff meetings, training and on a one to one basis so that future occurrences could be prevented.

# 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. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed so that care and support could be planned and delivered according to their needs and choices.
- The service assessed people's needs prior to the start of care provision so that they could confirm they were able to effectively meet the person's needs.
- The assessment looked at people's needs and requirements around their mobility, continence, support with personal care, meal provisions and medicine administration and management.
- Following the assessment the service compiled a comprehensive care plan which was then used as the foundation for the provision of care.
- Care staff told us that at the start of any new care package the office always went through, in detail, the person's care plan, their needs and how they wished to be supported.

Staff support: induction, training, skills and experience

- People were supported by staff that were appropriately skilled, trained, supported and assessed as competent to work in care.
- People and relatives told us that they had confidence in the care staff that supported them and their skills to deliver good care. One person told us, "Yes they are good at their jobs." One relative stated, "They all seem well trained with the hoist and how to use it. They have mentioned training that they have had. They do check his skin and let me know if there are any sore areas."
- Care staff told us that they received an induction before they started delivering care. The induction included training and a period of shadowing a more experienced member of staff before being assessed as competent to work on their own.
- Records confirmed that care staff received on-going regular training in a variety of topics which included safeguarding, moving and handling, medicines management and the Mental Capacity Act 2005. One staff member told us, "Good training. They will text to let us know about the training on offer. They will ask you first if you have dealt with a catheter or stoma bag and they will make sure you have the training for that."
- Care staff told us and records confirmed that in addition to the training they received, staff were also supported in their role through regular supervision and annual appraisals which gave them the opportunity to discuss issues, areas of concerns and their development.

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

- People were supported with eating and drinking where this was identified as an assessed need.
- People's needs, specialist requirements, likes and dislikes in relation to eating and drinking had been

recorded within their care plan.

- People and relatives told us that care staff supported them appropriately with their meals and drinks where required. One person told us, "They get my breakfast and they do me some lunch and tea. I've got some ham sandwiches now and a hot drink." A relative said, "They [care staff] have encouraged her [person] to eat which we are really pleased with."
- During the hot weather, when we announced this inspection to the provider, it was positive to note that all office staff including the registered manager, were out in the community visiting people to ensure people were well and had access to sufficient drinks to keep them hydrated.

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

- The service worked in partnership with a variety of healthcare professionals and agencies to ensure people received the care and support required to lead a healthy and active life.
- Care plans contained information about the person's health and medical needs and the support they would require to maintain and live healthier lives.
- We saw records confirming that the service had made referrals on behalf of people to specialist services where a specific need had been identified.
- People and relatives were confident that the care staff that supported them would always seek appropriate help and support, if concerns were noted about their health and the health of their relative. One relative stated, "They would contact me immediately if there was a problem."

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.

- People confirmed that they had consented to the care and support that they received from Jays Homecare Ltd. Records confirmed this.
- Where people were unable to sign, their relatives told us that they had been involved in the care planning process on behalf of the person. This was also clearly documented in the person's care plan.
- Where people lacked capacity, the service had carried out a mental capacity assessment and had documented the decisions that may need to be made in the person's best interest.
- Staff demonstrated a good level of understanding of the MCA and the key principles of the MCA were to be applied when supporting people. One staff member told us, "Some people don't have capacity and some people do, we should have things in place to protect them. They have the right to choose. People with capacity have rights and choices and can make decisions but where people lack capacity if they don't like something you can often see this so I will offer an alternative and I would always ask for permission."

# 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. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively about the care staff that supported them and told us that they were kind and caring. Feedback included, "Very caring indeed", "The carers are marvellous especially [staff member] she talks to me while she is working and if she sees I'm upset she cheers me up and will cuddle me if I'm upset. She is kind and gentle and she feeds me as I struggle to hold cutlery to my mouth. I'm really happy" and "They are good!"
- Relatives also spoke highly of the care staff that attended to their relative. Comments included, "Yes they do, our regular carers are really good", "They are so good. They are down to earth and they go slow, they don't rush him" and "Their manners and the way they are, so lovely."
- Care staff we spoke with described the people they supported in kind and caring way. They explained that they had developed positive relationships with the people they supported. One person confirmed this and told us, "We have a chat and a laugh and they are polite."
- Care staff told us of people's likes and dislikes and how people wished to be supported. One staff member said, "I love caring, you have to have it within, I talk to people, I make eye to eye contact, break the ice with a cup of tea, give them re-assurance, find out what they like, you can make a lot of conversations with their photos, each photo has a story."
- People's religious and cultural needs had been documented in their care plan.
- Staff understood people's needs in relation to equality and diversity and that each person was different and possibly had different needs and requirements due to their religion, culture or sexual orientation. One care staff explained, "People are people everybody you should treat equal we are all human beings."

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

- People told us that they were able to express their views and were involved in making decisions about their care. People also told us that care staff always listened to them. One person said, "I say what I want and they do it."
- Care plans were written involving the person and where people wanted, their relative or named representative.
- The service regularly called people and their relatives to obtain feedback on the care and support that they were receiving and to ensure the service was meeting their needs and expectations.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us that their privacy and dignity and that of the person receiving care was always upheld and respected. People told us, "Yes, very much so" and "They never talk about other people they

visit. The only time any other customer is mentioned is if I said how many people have you had to visit today and she just gives me a number, no names or details." One relative stated, "Yes they do treat my mother respectfully."

- Care staff gave various examples of how they made sure people's dignity and privacy was always respected and told us, "I don't discuss other clients with other clients, give them respect, speak with them with respect, never talk over them" and "If you are giving them a wash close the door, close the blinds, cover them up with a towel, reassure them, explain what you are doing."
- Care plans gave information about people and the ways in which they wished to remain independent and how care staff could support them to achieve this. One staff member explained, "If they want to do things themselves you should encourage them if they are able to do it in a safe way encourage them, watch them, give them space and if they are struggling then ask them if they want help."

# 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. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans were person centred and gave comprehensive information about the person, their life, likes and dislikes, their support needs and how they wished to be supported.
- Care plans were reviewed on a yearly basis or sooner where people's needs had changed.
- The service also regularly visited people to get their feedback, and undertook regular telephone reviews to ensure that the service people received continued to meet their needs.
- Care staff confirmed that on allocation of a new care package the service called each allocated staff member to the office and went through the care plan in detail so that the care staff member was clear about the person's needs and risks and how they were to be supported. One staff member told us, "Every client has their care plan. If there is a new client and the care plan has not yet been done they will give you a summary of care. We always read the care plan before we do anything, everything is in the care plan."
- Staff completed a daily record at each visit to ensure that any concerns or identified changes were recorded. This ensured that staff had access to relevant and up-to-date information and that care and support could be delivered in response to any changes.

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.

- Where people had specific needs relating to the way in which they communicated or the support required around their communication, this was recorded within the person's care plan.
- This included information about any support aids that the person may use to support them with their hearing or their eye sight. One person's care plan recorded, '[Person] wears glasses, speech has deteriorated, can scream a lot when they are distressed or trying to communicate.'
- The registered manager told us, "The service users guide is in a standard English format and the coordinators explain on assessment the contents. If there is a request for a translated version we can provide this. We provide a summary of key policies including how to complain."

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

- Most people engaged in their own interests and hobbies with the support of their relatives or representatives.
- Where people required additional support with activities and following their interests this was provided as

part of the care and support package. Details of the required support were recorded within the person's care plan.

- One care staff gave examples of how she had supported people to access a range of health and social care professionals such as the GP and social workers to help with benefits and housing.

Improving care quality in response to complaints or concerns

- People and relatives told us that they knew who to speak with if they had any complaints or issues to raise about the service that they received. They stated that they were confident that their concerns would be addressed appropriately.

- One person told us, "I would definitely complain if there was a problem that I had with the carers." Another person told us, "I did complain once but it all got resolved nicely." One relative said, "If I had a complaint I would phone up one of the managers and speak to her and get it sorted. I think there is a complaints procedure information in the folder."

- We saw records of each complaint received by the service. Information included the investigation findings and a response to the complainant with details of actions the service would take to resolve the issues raised. This was in line with the provider's complaints policy.

End of life care and support

- At the time of this inspection, the service was not supporting anyone with end of life care.

- The registered manager explained the care planning process and told us, "We have training for end of life. We have two types of training palliative and the death and dying process. The care planning process would be more detailed and sensitive towards the person's needs. We would gather the relevant information cultural, spiritual, pain management, repositioning, dementia needs. Care plans can be very personalised so we leave it open to each individual."

- However, the service did not in general collate any information around end of life preferences so that this information could be incorporated into the care planning process and provision of appropriate care when required.

- The registered manager gave assurances that going forward people's end of life preferences and wishes would be discussed with them.

We recommend that the service follows current guidance and best practice around end of life care and ensures that people's wishes and needs are considered when planning and delivering 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 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; Working in partnership with others

- People and relatives told us that they knew who to speak with about the care and support package that they received and specifically spoke highly of the care co-ordinators and field care supervisors. People told us, "Yes I think the office works efficiently", "The office staff are good" and "The office staff are friendly and if you leave a message they do get back to you."
- Relatives feedback included, "We have met both care coordinators. They have been out to see us a few times and are very approachable and helpful" and "She [registered manager] is good we get on well with all of them in the office."
- Staff spoke positively about the nominated individual, registered manager and other senior staff members and told us that they were well supported in their role. Comments included, "I find them very welcoming and helpful. Open, we can talk to them at any time, they show us around, when they give a new client they will call you to the office to give you a briefing" and "The owner is very down to earth very approachable."
- The service worked well in partnership with a variety of health care professionals such as GP's, district nurses and social workers, to maintain the health and wellbeing of the people they supported.
- In addition to this, the service also told us that they worked in partnership with the local authority by attending provider meetings and training sessions where providers from the locality were invited to engage with the local authority and each other to learn and share experiences and practices.
- Where there had been referrals, appointments or on-going engagement with other health care professionals, this was clearly documented in people's care files with details of outcomes and actions to be taken.

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 clearly understood their legal responsibilities in relation to being open and honest with people when something went wrong. Complaints and safeguarding records confirmed this.
- Where required, the registered manager was also clearly aware of their responsibility of informing the CQC and other involved agencies where specific incidents had taken place or allegations of abuse had been made.

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

- The service carried out a variety of checks and audits to monitor and check the quality of care and support

that people received.

- Medicine administration records and daily recording notes were checked for any gaps and errors in recording.
- Periodic spot checks of care staff at work were completed to ensure that care staff were working to the required standards.
- The service also carried out monthly telephone monitoring calls to people and relatives to check that they were happy and satisfied with the service they were receiving.
- However, not all audits were recorded. Issues identified, and actions taken to verify any gaps in recording or issues found were not recorded. This meant that we were unable to corroborate what the service was telling us to confirm that the required steps had been taken to ensure people received the care and support that met their assessed need.
- Following our feedback the registered manager devised specific forms to use as part of the audit process where identified issues and actions taken could be clearly documented.
- There was a clear management structure in place and all staff clearly understood their roles and expectations placed upon them.
- There was an on-call system in place for any out-of-hours issues that may arise. Staff told us that they were always able to access a member of the management team.
- The registered manager and management team present were all positive about the inspection and welcomed the opportunity to receive feedback. The service was keen to focus on further learning and development so that the service was continually improving the quality of care people received.

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

- People and relatives were encouraged to engage with the service and give feedback about the service they received.
- This was done through the completion of annual satisfactions surveys, monthly telephone monitoring and regular reviews of the care and support package that people received.
- One person told us, "Yes they come over to go through feedback." Another person said, "Once a year they come and go through the care plan. They do listen to us, they are very professional." One relative stated, "The manager will come out and do a review every so often and go over things with us. She arranges it with me or my sister and [person] is at that meeting and included."
- On a recent satisfaction survey completed, one person had written, 'I have an excellent carer who is thoughtful and very good at her job.'
- The service was also keen to engage with staff members through monthly staff meetings and the completion of staff surveys where they could give their feedback about the way in which the service was delivered and give ideas for improvement.
- Topics discussed at staff meetings included communication, record keeping, safeguarding, confidentiality and timekeeping.
- Staff confirmed the engagement they had with the senior managers and stated that their ideas and suggestions were listened to and acted upon. One staff member told us, "I am able to talk to them openly. I am able to speak up, I always challenge them and they do listen."