

J.C. Michael Groups Ltd Housing Support Service

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Type of inspection:
Unannounced

Completed on:
9 January 2020

Service provided by:
J.C. Michael Groups Ltd

Service provider number:
SP2012011970

Service no:
CS2019373337

About the service

This service registered with the Care Inspectorate on 14 May 2019 as a housing support service. The provider has an existing care at home service which was registered with the Care Inspectorate on 12 June 2014. This is an inspection of the combined care at home and housing support services.

J.C. Michael provides personal care to people aged 18 years and over with physical and sensory impairment living in their own homes. At the time of our inspection the service was being provided to approximately 48 people.

In their statement of aims and objectives, the provider says that:

"Our aim is to respond to service users' needs, and those of their carers in a way that is acceptable for them and safe for staff, carers and service users. We do this by working in partnership with service users, carers, care managers, and health and social care colleagues in the care support network. Our objective is to provide assistance with a range of social and care tasks to enable people to remain living in their own homes for as long as possible"

The service's vision is:

"JC Michael Care's vision is delivering quality care meeting service user's needs.

Exceeding service user's expectations and aspirations

Providing high level safe care with Dignity and Respect

Empowering service users to make choices

Enabling service user's independence through Person Centred Planning

The service is provided 365 days a year, 24 hours a day.

What people told us

At the start of October 2019, we sent Care Standard Questionnaires to a sample of 24 supported people and received 14 completed questionnaires back. Some of the questionnaires had been completed by relatives of people using the service.

Below are responses to a sample of the statements we asked people to score against on the questionnaires:

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"Overall, I am happy with the quality of care and support this service gives me" - all 14 people responded - 11 people (79%) either strongly agreed or agreed. Three disagreed.

"I am confident that staff have the skills to support me" - all 14 people responded - eight people (62%) either strongly agreed or agreed. Five either strongly disagreed or disagreed. One did not know.

"I have a personal plan or support plan which contains information about my support needs" 12 people responded - all (100%) agreed.

"Staff treat me with respect" - all 14 people responded and all (100%) either strongly agreed or agreed.

Additional comments made on the questionnaires showed people were happy with their regular carers who largely worked during weekdays. Improvements were recommended for better visit punctuality at weekends, better communication and having better knowledge of the person's care needs.

On 5 December 2019 we accompanied carers on their care visits which enabled us to meet with supported people and relatives. We visited additional supported people on 9 December 2019. We also received feedback from relatives on the telephone.

Overall people were very happy with their regular carers. Some relatives told us about individual poor practice issues which had been resolved by the new manager. Peoples views have been further detailed in this report.

At the time of this inspection the service was undertaking a quality assurance questionnaire survey with people using the service. We saw completed questionnaires and have included people's views in our findings.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
How good is our setting?	not assessed
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? **4 - Good**

People experienced compassionate care from their regular carers who demonstrated the principles of the Health and Social Care Standards in their day-to-day practice.

People told us they had trusting relationships with their regular carers who had a good knowledge of their care and support needs. They knew the person's wishes and preferences and respected and listened to the person.

Regular carers had a good knowledge of the impact of people's health condition. One carer, through positive praise and encouragement, was supporting a person to re-gain their confidence and self worth which had increased the person's emotional well-being.

We saw examples of carers reporting concerns about people's well-being to the office and then being progressed with the appropriate agencies or people's representatives. This meant people were getting the help and support needed in a timely manner.

One person described their carer as "wonderful angel - fantastic". One relative told us "Mum feels comfortable with X - they have a bit of banter - they're good together - X is really excellent as a carer".

Coordinators made changes to visit times to suit people's planned events and activities. We saw one person's visit to the day centre had not taken place due to ill health so an additional lunch visit was put in place immediately to check on the person's well-being and to provide lunch.

People had opportunities to be involved in decisions about their care and support through six-month reviews, annual satisfaction questionnaires, spot check visits and telephone monitoring calls. If people phoned the office with any concerns they were responded to quickly.

A more robust medication management system needed to be in place. The medication training, and medication policy and procedure did not reflect the procedures being followed by the service. This could lead to mistakes being made.

(Area for Improvement 1).

The service needed to place more emphasis, through training and care planning, on ensuring carer's knew the importance of supporting people with eating and drinking. Particularly people who have dementia who can forget and say they have eaten recently when they have not.

(Area for Improvement 2).

Areas for improvement

1. To ensure there is a robust and safe medication management system in place which adheres to good practice guidance, the provider should review and revise medication training and written policy and procedures to reflect actual procedures being followed by the service.

This is to ensure care and support is consistent with the Health and Social Care Standards:

3.14 which states: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes".

4.23 which states: "I use a service and organisation that are well led and managed".

2. To ensure people's wellbeing benefits from the approach of the service in relation to nutrition and hydration, the provider should place an emphasis, through training and care planning on the importance of supporting people with eating and drinking, particularly for people with dementia.

This is to ensure care and support is consistent with the Health and Social Care Standards:

1.37 which states: "My meals and snacks meet my cultural, dietary needs, beliefs and preferences".

1.19 which states: "My care and support meets my needs and is right for me".

3.14 which states: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes".

How good is our leadership?**4 - Good**

A new manager came into post on 30 September 2019. The manager demonstrated a clear understanding of what improvements were needed to the service and was working to achieve these when we inspected. An improvement plan should be used to support this process.

(Area for Improvement 1).

Along with six-month reviews of people's care packages there was effective on-going communication between the office and carers which monitored people's experiences and outcomes from the care provided, so that adjustments could be made.

The quality of the service was being checked through various internal audits and supported people were evaluating the quality through a recent satisfaction questionnaire.

When people raised concerns or expressed dissatisfaction the manager was responsive and worked well towards finding solutions. Carers were reminded of best practice and procedures to follow. Where poor practice was identified it was dealt with immediately and addressed appropriately. It is important the manager is supported to continue to address practice and performance issues.

At the last inspection we found certain policies and procedures needed to be reviewed and revised however this had not happened. Some needed to have more information, some needed to reflect Scottish not English legislation and best practice.

(Area for Improvement 2).

Areas for improvement

1. To support the service's improvement agenda the manager should develop an on-going improvement plan.

This is consistent with the Health and Social Care Standards:

4.19 which states: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes".

4.23 which states: "I use a service and organisation that are well led and managed".

2. To ensure the service has appropriate policies and procedures in place to support the operations of this Scottish care at home service and provide up to date accurate information for care staff to follow, the provider should make improvements to organisational policies and procedures, the staff hand book and training content.

This is to ensure care and support is consistent with the Health and Social Care Standards:

3.14 which states: "I have confidence in people because they are trained, competent and skilled, are able to

reflect on their practice and follow their professional and organisational codes".
4.23 which states: "I use a service and organisation that are well led and managed".

How good is our staff team?

3 - Adequate

The coordinators aimed to match carers to people to achieve continuity when scheduling visits. We saw good continuity of care was being achieved for people during weekdays with less familiar carers at the weekends.

The service had been short of carers and recruitment was continually on-going. Where visits could not be covered last minute, coordinators undertook the visits and used it as opportunity to obtain feedback from people.

Visits were being monitored to ensure none were missed however punctuality of visits was a concern and many people expressed dissatisfaction. Some were unhappy visit arrival times differed at weekends. Some were unhappy visits were far too early.

The way visits were scheduled on the computer system did not always allow sufficient time for carers to travel between all their visits. We also found some visit times overlapped. Some carers were not following the visit schedule. All these elements contributed to inconsistent arrival times. Management were in the process of addressing these service delivery issues, and a better scheduling system was due to start operating. We have identified the need to better audit arrival times and length of visits and we have made this an area for improvement.

(Area for Improvement 1).

New recruits undertook in-house induction training and shadowed more experienced carers before lone working. We studied training materials and the staff handbook and found that some information needed to be revised. For example, the medication and the dementia training were focused more on care homes and medication procedures were different to those being followed on a daily basis. There were references to English rather than Scottish legislation and best practice. It is important carers have up to date, relevant and accurate information to support them in their roles.

(See Area for Improvement 2 - "How Good is Our Leadership")

Training records evidenced carers were up to date with undertaking mandatory training topics. At the last inspection we had recommended the service sourced other client specific training to match people's support needs. For example palliative care, diabetes, stroke awareness and multiple sclerosis. However this had not taken place.

(Area for Improvement 2).

Competency and spot checks were undertaken with established staff. We advised the service to undertake competency and spot checks much sooner within induction timescales, to quickly identify any needed performance improvements.

The new Health and Social Care Standards have now been in place since April 2018. We advised the service to use the standards to influence improvement and to find ways to disseminate and discuss the standards with carers so they have a good knowledge of this outcomes focused approach to care delivery.

Areas for improvement

1. To ensure carers are attending visits at the right times and have sufficient time to support people's care and support outcomes, the provider should consistently monitor and audit arrival times and length of visits.

This is consistent with the Health and Social Care Standards:

3.16 which states "People have time to support and care for me and to speak with me".

4.14 which states: "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event".

4.19 which states: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes".

2. To ensure carers are confident and competent to undertake their role effectively, client specific training should be provided where appropriate, for example diabetes, palliative care; Parkinson's; stroke awareness; multiple sclerosis; tissue viability.

This is to ensure care and support is consistent with the Health and Social Care Standards:

3.14 which states: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes".

3.4 which states: "I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me".

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

3 - Adequate

Everyone had a care plan in their homes. The plans were being reviewed on a six monthly basis. However the quality of the plans varied. We saw examples where important information was not recorded. Some held minimal information about people's health conditions, with no detail about how this impacted on the person. More information was needed about communication needs, medication support, nutrition and hydration, oral hygiene, mobility support and how equipment was used. There was insufficient detail as to how to undertake tasks to incorporate people's routines and preferences. This had been an area for improvement at the last inspection.

The manager had started to audit individual care plans and was then working with people and carers to record more information and make them more outcomes focused in line with the Health and Social Care Standards. This is an on-going process and is still an area for improvement.

(Area for Improvement 1).

The manager was also developing appropriate risk assessment and safety plans. We will follow this up at the next inspection.

We advised the service to ensure people had information about local independent advocacy services. We will follow this up at the next inspection.

Areas for improvement

1. To ensure care and support consistently informs all aspects of the care and support people experience and in the way the person prefers and needs, the provider should ensure care plans hold sufficient information.

This to include (but not restricted to) the following:

1. information on current health conditions which is relevant to the care being provided;
2. how mobility support is provided, including what and how equipment is used;
3. how medication support is provided, where medication is stored, how the person likes to take their medication;
4. support with eating and drinking;
5. oral hygiene;
6. how to undertake tasks incorporating people's routines and preferences;
7. how to communicate and respond to people experiencing care who have communication difficulties, cognitive and mental health issues and other communication conditions;
8. people's life history and background (where agreed) to enhance trusting relationships.

This is to ensure care and support is consistent with the Health and Social Care Standards:

1.15 which states: "My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices".

1.19 which states: "My care and support meets my needs and is right for me".

1.23 which states: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected".

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

This requirement was made following a complaint made to the Care Inspectorate since we last inspected in November 2018.

The Provider must ensure that the service is provided at the agreed times, and in such a way that meets the identified needs of the service user as recorded in the agreed support plan.

The visit times must be scheduled to ensure medication is being prompted as prescribed and in accordance to pharmaceutical guidelines.

The provider must undertake audits to ensure care staff are attending visits as per their schedule/rota of visits and that care staff are staying for the agreed allocated times.

The provider must ensure care staff are carrying out all support and tasks as detailed in the service users care and support plan.

This is in order to comply with The Social Care and Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 210, Regulation 3 , a Regulation relating to the main principles to be promoted by providers and services and Regulation 4(1)(a) a Regulation regarding the welfare of service users.

In making this requirement account has been taken of the Health and Social Care Standards
4.23 "I use a service and organisation that are well led and managed"
4.19 "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes"

This requirement was made on 24 June 2019.

Action taken on previous requirement

At this inspection we saw visits were scheduled to meet medication regimes. We saw examples where carers were arriving on time and examples where carers were arriving too early. The manager had been communicating with all carers to make sure they arrived either on time or within 15 minutes either side of the scheduled time.

The service monitored visits to ensure they take place. We have identified the need to better audit arrival times and length of visits and we have made this an area for improvement.

We saw no examples of medication regimes being compromised due to late or early visit times. We saw one example where a care task was not being carried out as detailed in the person's care plan. This information was given to the manager. Otherwise we saw all care tasks being carried out.

Overall, sufficient improvements have taken place to consider this requirement to be met.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should ensure care plans hold sufficient detail. This to include:-

- a) information in relation to people's routines and preferences when undertaking tasks;
- b) how mobility support is provided, including what and how equipment is used.

This ensures care and support is carried out consistently by each carer in the way the person prefers and needs the care and support to be carried out and is consistent with the Health and Social Care Standard 1.15 which states:

"My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices".

This area for improvement was made on 22 November 2018.

Action taken since then

The manager had started to audit individual care plans and was then revising them to make them more outcomes focused in line with Health and Social Care Standards. This is an on-going process and is still an area for improvement.

This recommendation has been: **Not met**

Previous area for improvement 2

The provider should ensure improvements are made in relation to all staff undertaking effective and appropriate training in:-

- a) dementia - to the level of the Promoting Excellence training resource;
- b) palliative care - based on best practice guidance;
- c) client specific training where appropriate e.g. Parkinson's; stroke awareness; multiple sclerosis; dysphagia.

This ensures new carers are confident and competent to undertake their role and is consistent with the Health and Social Care Standard 3.14 which states:

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes".

This area for improvement was made on 22 November 2018.

Action taken since then

Dementia awareness was being delivered to carers at induction and as part of the yearly refresher training. However we could not see how the whole content of the dementia training could be covered in the designated time. We advised the manager to highlight that people with dementia can resist support and

how carers need to manage this. No other client specific training had been delivered. This is still an area for improvement.

This recommendation has been: **Not met**

Previous area for improvement 3

The provider should ensure that all office based staff have appropriate training in identifying when an event is an incident and/or an expression of dissatisfaction which then needs to be processed through the relevant reporting and recording procedures to identify any trends and overall areas for improvement.

This ensures the service follows effective incident and concerns procedures and is consistent with the Health and Social Care Standard 4.19 which states:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes".

This area for improvement was made on 22 November 2019.

Action taken since then

Following discussions with office staff and looking at recent records we concluded that office staff were identifying incidents and dissatisfaction and were investigating and managing the issues satisfactorily.

This recommendation has been: **Met**

Previous area for improvement 4

The provider should make the improvements to their organisational policies and procedures and staff handbook which were identified as needing to be revised at inspection.

This ensures the service has appropriate policies and procedures in place to support the operations of the service and provides up to date accurate information for care staff to follow and is consistent with the Health and Social Care Standard 4.23 which states:

"I use a service and organisation that are well led and managed"

This area for improvement was made on 22 November 2018.

Action taken since then

At the last inspection we had identified revisions and additional information were needed with some policies and procedures. Those policies and procedures identified had been revised during 2019 however none of the changes had been made. This included the staff induction training booklet which had been updated in April in 2019 and the staff training and development policy and procedures, reviewed in July 2019. This continues to be an area for improvement.

This recommendation has been: **Not met**

Previous area for improvement 5

This recommendation was made following a complaint made to the Care Inspectorate since we last inspected in November 2018.

The service should establish with service users and/or their family if they would like to receive a weekly rota and for this to be provided.

This is to comply with the Health and Social Care Standards:

3.11 "I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support".

This area for improvement was made on 31 May 2019.

Action taken since then

We were told people were asked if they wanted a weekly rota at the start of the service. We saw examples of people receiving a weekly rota. We advised the service to check again at each six-month review where this opportunity was previously declined. We will follow this up at the next inspection.

This recommendation has been: **Met**

Previous area for improvement 6

This recommendation was made following a complaint made to the Care Inspectorate since we last inspected in November 2018.

The provider should address complaints in an effective and timely manner to ensure that people receive the service that has been agreed to meet their needs. The provider should ensure that a resolution letter is sent to complainants and include this in their complaint's procedure.

This is to comply with the Health and Social Care Standards:

4: I have confidence in the organisation providing my care and support.

4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 27 August 2019.

Action taken since then

At this inspection we found complaints were being addressed immediately and effectively.

This recommendation has been: **Met**

Previous area for improvement 7

This recommendation was made following a complaint made to the Care Inspectorate since we last inspected in November 2018.

The provider should develop effective quality assurance systems including the robust monitoring of staff performance to ensure that people continue to receive a service that meets their needs.

This is to comply with the Health and Social Care Standards

4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 27 August 2019.

Action taken since then

This recommendation was made following a complaint made in February 2019. At this inspection we found the service was undertaking competency checks on care workers. We advised the manager to ensure these competency checks took place earlier during the induction process as well. Where staff performance issues were identified they were being investigated and managed immediately and effectively.

This recommendation has been: **Met**

Previous area for improvement 8

This recommendation was made following a complaint made to the Care Inspectorate since we last inspected in November 2018.

The service user should be encouraged and supported by staff to eat well. Her weight should be monitored to ensure there is no further or continuous weight loss and action taken if there are concerns identified.

This is to comply with the Health and Social Care Standards

3.16 "People have time to support and care for me and speak with me".

3.18 "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty".

This area for improvement was made on 24 June 2019.

Action taken since then

This recommendation was made following a complaint made in March 2019. The person no longer received a care service from J.C Michael. Nutrition and hydration has been referred to in the body of this report.

This recommendation has been: **Met**

Previous area for improvement 9

This recommendation was made following a complaint made to the Care Inspectorate since we last inspected in November 2018.

The service should ensure staff are competent in carrying the support and tasks as detailed in the care and support plans.

This is to comply with the Health and Social Care Standards

3.14 "I have confidence in people because they are trained, competent and skilled. Are able to reflect on their practice and follow their professional and organisational codes".

This area for improvement was made on 24 June 2019.

Action taken since then

This recommendation was made as some care staff supporting one person were not confident in cooking meals which could have impacted on what meals were offered to the person. At this inspection we saw the manager had addressed these concerns with individual people.

We did identify the need for carers to have more knowledge of the importance of nutrition and hydration. This has been further detailed in the report.

This recommendation has been: **Met**

Previous area for improvement 10

This recommendation was made following a complaint made to the Care Inspectorate since we last inspected in November 2018.

In order to promote the safety, security and well being of people experiencing care, the provider should improve recruitment processes. All required checks should be carried out in line with national safer recruitment guidelines.

This is to ensure care and support is consistent with Health and Social Care Standard 4.24: I am confident that people who support and care for me have been appropriately and safely recruited.

This area for improvement was made on 16 September 2019.

Action taken since then

At this inspection we audited recruitment records for five recently recruited carers. We found safe recruitment procedures were being followed for most people. From sampling records, we found the process for two people around the taking up of references and for one person, checking previous employment history could have been better. Interview notes for some people had been mislaid. Going forward we consider the current management are ensuring safe recruitment procedures are now being followed.

This recommendation has been: **Met**

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good

1.3 People's health benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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