

Johnston's Home Care Ltd

# Johnstons Homecare Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### About the service

Johnston's Homecare Ltd is a domiciliary care agency providing personal care and support to people living in their own homes. People's needs were varied and included older people and people who had physical disabilities. At the time of the inspection, 21 people living in the north of London were using the service, out of whom, 17 people 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

#### Right Support:

While people received care from a consistent staff team, staff were not always recruited safely. We found issues with recruitment checks and staffing arrangements.

The service assessed risks to people's health, care and welfare. However, there were discrepancies in risk assessments as not every risk was carefully assessed to ensure people received safe care and support.

Staff offered people choices and sought their views when providing care. Staff treated people with dignity while promoting their independence.

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.

#### Right Care:

People were safeguarded from abuse and staff were fully aware of their duties to report concerns. People received their medicines safely and as prescribed. There were infection prevention and control measures in place to protect people from the risk of the spread of infection.

People received a comprehensive assessment of their needs before they received care. People had access to healthcare when needed. Staff had clear guidance on supporting people to eat and drink as per their wishes.

People received person-centred care and support from a caring and respectful staff team. Staff received appropriate support to be able to perform their roles and provided good care to people.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

#### Right Culture:

Management oversight did not prove to be effective and quality assurance procedures were not robust enough as although some of the issues we found at this inspection had been identified, they had not been addressed in a timely manner.

The service had a system to manage complaints. People, their relatives and staff felt safe to raise concerns and share their views to the management. The provider worked in collaboration with other agencies to ensure people received appropriate and personalised care and support.

People and those important to them were involved in planning their care. People and their relatives were satisfied with the support they received from the management.

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

This was the first inspection of this service. The service was registered with us on 18 December 2020 but did not provide a regulated activity until May 2022.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement and Recommendations

We have identified a breach in relation to fit and proper persons employed at this inspection.

We made recommendations about staff deployment and assessing risks to people's health, care and welfare.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Johnstons Homecare Ltd

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post, but a new manager had been appointed who was planning to register with CQC. The newly appointed manager had been in post for 1 week at the time of the inspection.

#### Notice of inspection

We gave a short period notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we held about the service. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 5 relatives about their experience of the care provided. We spoke with 6 members of staff including care workers, the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including 4 people's care records and medicines records. We looked at 4 staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures, complaints and audits were also reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The service did not always carry out recruitment checks as per requirements to ensure staff were recruited safely.
- Recruitment files did not always contain appropriate references to demonstrate staff's conduct in previous employment. Some of the references were not reliable; for example, references for 2 staff members were from organisations which were not listed on their application forms. This indicated that the service did not always verify the information supplied by applicants to ensure they were suitable for the role. For 1 staff member, the service had not sought any references.
- Employment histories for staff were not always clearly documented and gaps in employment were not consistently explored. We found no explanation for gaps in the employment history for 2 staff members.

The absence of safe recruitment procedures placed people at risk of harm. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Prior to the inspection, the manager had identified the shortfalls with the existing recruitment practices and designed a new application form to ensure new applicants would provide all the required information at the time of their recruitment. We reviewed the file for a recently recruited staff member who had used the new application form and provided a full employment history; the file also contained 2 references from previous employments, identification and a DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- While staff attended to people as set out in their care plans, we were not assured the managers monitored care visits effectively.
- We received mixed feedback on staff punctuality. Most people/relatives told us staff arrived on time and if there were delays, these were not significant. Comments included, "I don't think they've ever been late", "Near enough on time" and "Most of the time [staff arrived on time]." However, 2 relatives told us staff were occasionally late.
- Staff rosters were not in place to show how staff were allocated to people. We requested for a schedule to show staff deployment for a period of time which the service provided. However, the schedule did not clearly and accurately specify which staff attended care visits and when. We found instances where staff were scheduled to have attended more than 1 call at the same time, and where staff had worked day and night within a period of 24 hours with no clear indications of any breaks.
- We raised this with the managers who told us there were errors on the staff schedule they had produced.

They explained rosters were initially not needed due to the small size of the service but they were in the process of implementing an electronic system which would include a staff rostering system, live monitoring of care visits and alerts for lateness and/or non-attendance.

We recommend the provider review their staff deployment systems to ensure there is adequate oversight of care visits.

#### Assessing risk, safety monitoring and management

- Systems were in place to minimise risks to people's health, care and welfare.
- People's care records contained assessments which identified potential risks, and guidance for staff on how these should be managed. Risk assessments covered a range of areas, including the physical environment, pressure care, COVID-19, and health conditions. One person had swallowing difficulties and was at risk of choking; their care records contained clear guidance for staff on how to support them safely with eating and drinking, and actions to take if they were choking.
- However, some of the risk assessments lacked detail. For example, for one person who used a hoist to transfer, guidance was brief and did not contain enough instructions on how to safely operate this equipment. The improper use of the equipment could potentially cause harm to the person.
- We also noted that where a person had a specific health condition which required specialised care, such as dysphagia or pressure sores, staff had not received training in these specialist areas to ensure they had the right skills to mitigate any risk of harm to people.

We recommend the provider consider guidance from a reputable source in relation to safe assessment of people's risks, including the provision of appropriate training to staff.

- Staff knew people's needs and supported them without compromising their safety. One person struggled with their mobility and their relative told us, "Carers made a referral to get an OT (Occupational Therapy) assessment." Another relative said, "Carers know [person's] needs."

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse.
- Staff could describe the types of abuse, how to record and report concerns to the office, and the other organisations they could contact if abuse was suspected or found. A staff member told us, "If I see bruises [on a person], straightaway I'm calling the agency and I'm calling the police or social services [if needed]."
- The manager acted transparently and reported matters promptly to the relevant authorities, whenever they became aware of concerns.
- The staff team learnt from past mistakes to provide better care to people. Meeting minutes showed discussions had taken place among staff about lessons learnt when issues were identified.

#### Using medicines safely

- Where required, people were supported to take their medicines as prescribed.
- Staff received training in safe management of medicines and were assessed as competent to administer medicines. Staff signed medicines administration charts to indicate people had taken their medicines at the specified times.
- Where people received 'when required' (PRN) medicines, such as painkillers, clear guidance was in place to instruct staff on when to administer these medicines.
- People and their relatives told us they had no concerns with how staff managed their medicines.

#### Preventing and controlling infection

- Measures were in place to reduce the risk of people catching and spreading infections.
- Staff wore appropriate personal protective equipment when supporting people. A relative told us, "They (staff) wear gloves, shoe covers and aprons if they have to."
- Infection control policies and procedures ensured staff had the right guidance to keep people safe.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The service assessed people's needs before they started using the service. This was to ensure the team would be able to meet people's care and support needs effectively.
- Managers met with people and their relatives once a care package had been agreed to ensure people's needs were clearly understood and documented in their care plans. Comments from relatives included, "[A manager] came to assess [person] who has dementia, and was given appropriate carers to support his needs" and "[A manager] was there when [person] was discharged from hospital."
- Assessments covered people's cultural and religious needs, which were clearly documented in their care plans. This ensured staff were aware of any sensitive matters when providing care and support to people.

Staff support: induction, training, skills and experience

- The service provided staff with the skills and support needed to carry out their work.
- Newly recruited staff shadowed experienced staff and completed mandatory training as part of their induction. A staff member told us their induction went well; they said, "Communication is very good; any issues or queries I'm able to run it by them."
- Staff received a mix of face-to-face and online training in a range of areas, including safeguarding, infection control, moving and assisting people, first-aid and data protection.
- Staff felt supported in their roles. Comments included, "It's friendly" and "I'm so happy at the moment." Most staff had not received a supervision due to their short term of employment, but a supervision and appraisal matrix was in place to indicate when their next 1-to-1 meeting with the manager would be taking place.

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

- Where this was included in their care plan, staff assisted people with eating and drinking according to their preferences.
- People had a nutrition and hydration plan which contained detailed and personalised guidance on their eating and drinking needs. The plan also included important information on people's dietary requirements, likes and dislikes, allergies, food shopping arrangements, and ways to best support them.
- People and their relatives told us staff prepared people's meals the way they wanted. A relative told us, "They do all her breakfast, dinner and tea."

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

- While most people managed their own healthcare appointments with the help of relatives, staff supported

people by monitoring their health and reporting any concerns promptly.

- People's medical conditions were clearly and comprehensively documented in their care plans. This meant staff had a good understanding of people's health needs, knew the symptoms to look out for and were able to act appropriately if people became unwell.
- The service worked in collaboration with other healthcare professionals and made appropriate referrals in a timely manner to ensure people's needs were met effectively. We saw records of correspondence between the service and multi-disciplinary teams.

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 MCA 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.

- Staff respected people's choices and worked in their best interest.
- The manager had carried out capacity assessments for people to establish whether they can make their own decisions about specific aspects of their care. People's capacity to make decisions were clearly recorded in their care plans.
- Where people had legal representatives to act and make decisions on their behalf; this was also documented in their care plans.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- Staff treated people kindly and with respect.
- Most people and their relatives spoke positively of the caring nature of the staff team. People described staff as "respectful", "like a family" and "very good". A relative expressed how staff treated their loved one with respect and preserved their dignity, and they told us staff were "very nice people". Another relative told us they had formed "a positive relationship with them (staff)".
- Where possible, staff encouraged people to be more independent. A staff member explained to us how they had spoken to their supervisor about motivating a person so that they could do more for themselves.
- The service was receptive to people's cultural and religious requirements. The manager told us a person had requested for a staff member who belonged to a certain culture, and how they were able to accommodate this person's request. A relative told us, "[Person's] last carer spoke [the native language of the person]."

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

- The service involved people and their relatives when planning and making decisions about people's care and support.
- The nominated individual told us they offered hands-on support to people regularly and had developed a close working relationship with people and their relatives. People and their relatives we spoke with confirmed this.
- Management staff visited people routinely and engaged with them to ensure they provided care and support that met people's expectations. A relative told us staff discussed their relative's care plan with them.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People received care and support that met their individual needs.
- People and their relatives told us they were satisfied with how the service were meeting people's needs and reacted when their needs changed. A relative told us, "They're on call whenever you need them."
- Care plans and assessments were person-centred and contained clear directions for staff about people's daily routines and support needs, including detailed information on people's personal care preferences, food and drink choices, health and sensory needs. This meant staff had all the necessary information about people's needs and were able to provide care and support effectively.
- Care plans also contained information on people's life histories, previous occupations, likes and dislikes, and hobbies. However, we found not all care plans contained these categories of information but the manager assured us that they were in the process of reviewing and updating all care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication abilities and needs were regularly assessed and documented in their care plans. This helped staff to communicate with people in ways they understood.
- For one person, their family supported staff to interact with them. We noted from the person's care plan that staff were working on a communication plan to improve the communication with them while reducing their family's involvement.
- The manager told us they were able to provide information in different formats if required.

Improving care quality in response to complaints or concerns

- They service had a complaints policy in place and a system to record and handle complaints. However, no complaints had been recorded in the complaints log.
- People and their relatives told us they had not made any complaints, but knew how to complain if they were not happy about their care. A relative told us, "If there was any problem I'd call them."
- While most people were happy with the care and support they received, 2 people complained to us about some of their care staff who did not perform as well as their regular care staff. We raised this with the manager and nominated individual and they told us they would investigate these concerns.

## End of life care and support

- While the service did not provide hands-on end of life care to people at the time of the inspection, they worked with other agencies, such as palliative care teams, to offer appropriate support to people.
- People's care plans contained clear information on how to support them if they experienced a decline in their health. Care plans also contained details of any 'Do not attempt resuscitation' decisions.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was a lack of management oversight and systems for monitoring the quality of service were not always consistent.
- The nominated individual and office staff delivered hands-on support to people regularly. While this approach gave people the opportunity to engage with managers directly and provide feedback on their care, it conflicted with the governance of the service which meant issues were not always identified and resolved in a timely manner.
- Management audits had not been completed effectively. Where audits had been carried out prior to the appointment of the new manager, they were not robust, did not provide a clear description of the specific components that were audited, and did not reveal shortfalls we found in relation to recruitment, staff deployment and assessing people's risks.
- Management records were not always securely stored. The nominated individual told us that a former manager had deleted staff supervision and induction records, and spot check records, which they were unable to recover.

Based on the above, systems were either not in place or robust enough to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The newly appointed manager had identified a number of issues within the service and had an improvement plan in place which clearly explained what needed to be done and by when. The manager had created and implemented new forms for better collection of information, including application forms and medicine administration records, which we reviewed.
- The manager demonstrated their skills and regulatory knowledge by speaking to us about the quality assurance issues they had found and the audits they were planning to undertake to ensure improvements were made in a timely manner. They were updating information kept in people's homes, such as key contact details and service guides, and creating new ways for staff to efficiently record information about people during care visits.
- The service was in the process of implementing an electronic system to optimise care planning and storing of information. They had also enhanced their IT systems to protect information and ensure compliance with legal requirements.
- Management staff visited people regularly to monitor and assess the quality of care. A relative told us,

"They've actually come round to the house to check the books."

- The service had contingency plans in place which guided staff on remedial actions to take if activities such as personal care, medicines management and shopping for people, were affected.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives were overall satisfied with the care they received. They praised the management team. Comments included, "They've done really well" and "I'm very happy with them."
- Most people/relatives we spoke with knew who the nominated individual was as they interacted with them regularly. One relative told us, "I have spoken to [the nominated individual]; I have her email address."
- Staff told us they liked working for the company and found the managers approachable and supportive. A staff member told us, "Management is good; good communication." A second member of staff told us, "Easy to get hold of them."
- The manager understood their legal responsibility to be open and honest with people, families and professionals when issues arose.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service sought feedback from people and their relatives mostly by visiting them in person and by telephone. A relative told us, "I get an email once a month and the odd phone calls just to see how things are."
- The service had created satisfaction surveys which were due to go out to people and staff.
- Staff felt included in the running of the service and were comfortable to share their views and ideas. A member of staff told us, "They listen." Another staff member told us, "Had a meeting this morning."
- The service worked in partnership with other agencies, including local authorities and health teams, to ensure people received the right care and support which was safe and met their needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  How the regulation was not being met: Systems were not robust enough to demonstrate people's safety and quality of care were effectively managed.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  How the regulation was not being met: The provider did not always follow safe recruitment practices when recruiting staff.