

JB Homecare and Staff Agency Support Service

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Type of inspection:
Unannounced

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Service provided by:
JB Homecare and Staff Agency a
partnership

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About the service

JB Homecare and Staff Agency provides care at home to people living in Edinburgh and Midlothian.

The service operates from an office base in the Morningside area of Edinburgh. At the time of our inspection approximately 90 people were receiving care from the service.

About the inspection

This was an unannounced inspection of the service which took place between 21 Jan 2025 and 29 Jan 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with people using the service and their families/friends. We also gave the opportunity for family/friends, health professionals and staff to complete an electronic questionnaire
- we talked with members of staff and the management teams
- observed staff practice and daily life
- reviewed a range of documents

Key messages

- We observed positive, respectful, and natural interactions between staff and those being supported.
- The manager should prioritise the completion of mandatory training, to ensure staff have the knowledge and skills to provide the right care and support.
- Quality assurance processes should be further expanded to demonstrate their impact with an overall improvement plan being developed for the service
- Staff were clear about their roles and what was expected of them.
- The manager should prioritise care reviews to ensure people have an opportunity to give direct feedback on their care and support and for any changes to be documented clearly in their care plans.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

The service had recently appointed a new registered manager. The manager was settling into her new role well and was beginning to get to know staff and people supported. Staff and supported people told us they felt confident and well supported by the manager and were looking forward to working more with her in coming months.

We visited people at their home address and observed positive and respectful interactions between staff and those being supported. This contributed to the development of effective and supportive working relationships, helped people feel safe and secure and enhanced engagement.

People were supported by a small group of staff that they knew well. People and families found this reassuring and meant they developed trusting relationships with the staff. People told us, 'I really like that I have a good team of regular care staff, they come in and know exactly what they are doing, and this really takes the pressure off me' and 'I receive a rota each week and if there are changes in carers at the last minute I am generally informed. My main carers are excellent'.

Staff demonstrated a good knowledge of people's needs. This meant that people could be confident that staff supporting them were well informed and worked consistently to help them achieve the outcomes that they had identified.

Staff were good at understanding when people needed additional support time, assessment for aids and equipment or intervention from other health and community-based services. We recognised that this responsiveness helped facilitate some positive outcomes around health and well-being.

Care plans sampled offered basic information in relation to people's care and support needs. Whilst care plans had details of health conditions experienced by people, this could be improved by adding how this impacts on people and how they could be supported by staff. We will discuss this further under key question five. However, people had access to their individual support plans which promoted their rights in relation to information held about them.

The service mainly supported people who had low levels of need around medication. However, there were several people who relied on staff to administer their medication. Medication Administration Records (MAR) used to document medication administration were not consistently returned to the office base for auditing purposes, which made it difficult to determine if people's medication had been managed well.

We discussed with the manager carrying out a full assessment of all service users' level of medication support to ensure correct procedures were being followed and to give a clear overview of people's requirements. This would ensure all appropriate records are being monitored/ maintained and returned to the office base for auditing purposes.

There was a previous area for improvement relating to medication records made at the last inspection. This area for improvement has not been met and will be carried forward. (**See area for improvement one**).

Management had developed a clear induction process for all new staff which included opportunities to shadow experienced staff until they felt competent to work on their own. Staff completed a range of online and face to face training courses. However, people experiencing care should be confident that staff have the necessary training, skills and competence to help them meet their health and wellbeing needs. We found that staff training in some areas was not up to date. The provider should ensure that staff have relevant training to support positive health outcomes for the people they support.

There was a previous area for improvement made in relation to medication training at the last inspection. We have revised this areas for improvement to included client specific and mandatory training for all staff. (See area for improvement two).

Areas for improvement

1. The service should ensure that people's medication administration is accurately recorded to maintain their health and wellbeing. This should also include the specific timings of when medication has been administered where this is required.

This is to ensure care and support is consistent with Health and Social Care Standard 1.24: Any treatment or intervention that I experience is safe and effective.

2. In order to support people using best practice and guidance, the provider should ensure all staff complete mandatory and client specific training in accordance with their own staff induction and training policy. This should include, but is not limited to medication administration, diabetes, palliative care, Parkinson's, stroke awareness, epilepsy including rescue medication, multiple sclerosis; tissue viability.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state:

"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" (HSCS 3.14),

"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" (HSCS 3.4).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Staff felt confident contacting the manager if they needed to and felt if they had an issue, it would be appropriately actioned. Feedback from those using the service via questionnaires was positive. There was a log of compliments received from supported people which demonstrated they were happy with the service they received.

At the previous inspection an area for improvement was made in relation to dealing with complaints received into the service, this area for improvement has now been met.

The provider has good processes in place for staff supervision, spot checks, field supervision, medication competencies and moving and handling competencies. Whilst these support mechanisms are thorough, we found they had not been completed with all staff and therefore many staff members' performance has not

been assessed. The manager had identified that staff supervision and competency checks had fallen behind and was working hard to get back on track.

The provider had a comprehensive suite of quality assurance tools in place. There were systems in place to audit a range of areas including analysis of accidents and incidents, staff training needs, medication, and reviewing care plans. This helped staff to identify trends and take prompt action to prevent reoccurrence. However,

The manager should further develop their quality assurance across all areas of the service, analyse the data they receive and action plan accordingly with a view to developing a continuous improvement plan for the service in line with the quality framework. **(See area for improvement one).**

We discussed with the provider the importance of ensuring the new manager has the knowledge to use and has access to all reporting processes, to ensure her effective management of the service.

Areas for improvement

1. To ensure people experience safe care and support where management have a good oversight and monitoring of the service, internal quality assurance should be further improved to ensure:

- Quality assurance systems in place support a culture of continuous improvement. There are processes in place to capture and evidence, complaints, concerns, feedback, reviews of care, personal planning outcomes and monitoring of practice.
- The system effectively enables areas for improvement to be promptly and accurately identified.
- Where areas for improvement are identified that an action plan is developed detailing timescales and the person responsible.
- Staff completing audits receive training, to ensure that audits make improvements to the service.
- A comprehensive improvement plan reflecting the outcomes of quality assurance processes is compiled and forwarded to the Care Inspectorate.

This is in order to comply with the Health and Social Care Standards (HSCS) which state:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.1).

How good is our staff team?

4 - Good

We evaluated this key question as good overall where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff had been recruited in a way that made sure they were safe to care for people. Recruitment practices were good, documented clearly and logically and relevant checks were undertaken.

Staff were working hard and were enthusiastic about their work. They were clear about their roles, what was expected of them and demonstrated a good knowledge of people's care and support needs. Staff were working well together as a team ensuring holiday or sickness cover was managed effectively. People told us, 'The staff are all supportive and kind' and 'I can talk to any one of them and they always help if I'm worried or concerned'. People had confidence in the team who supported them with their care.

People experiencing care had the opportunity to meet any new staff being introduced. This meant staff had time to get to know people and learn what was important to them. Staff confirmed they had a good induction with regular ongoing support from the management team.

Staffing arrangements were working well. Visit arrival times were planned within a timescale which provided some flexibility. People we visited were not identifying arrival time to be a problem. During our visits staff were not rushing and took the necessary time which also allowed for a chat with the person. Missed visits were rare and where they occurred learning was sought to reduce reoccurrence.

There was a 24 hour on call service for out of hours manned by a trained person to provide support as well as customer care, complaints and communication.

Morale across the service was good, staff we spoke to said they were happy at their work. Staff felt well supported by management and confident in raising concerns. This supported people to have a positive experience of their care as the staff team were enthusiastic and happy.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, as several strengths, taken together, clearly outweighed areas for improvement.

The new manager was working hard to improve the quality of care and support plans, this included providing one to one training with office staff. Some plans contained good information about people's personalities, interests and preferences which gave a sense of what was important to the person experiencing care. However, the quality of information about people's preferences for support varied across the plans sampled. Following discussion with the manager regarding this there was recognition that work still needed to take place to ensure all plans were of the same quality.

Key processes such as the monitoring of people's falls and risk assessments were in place and were regularly reviewed. People and their relatives also benefitted from six monthly reviews of their care and support. However, this was not consistent for all, the manager acknowledged that reviews of care had fallen behind in some areas and was working with staff to ensure these were completed in a timely manner.

We had made a previous area for improvement in relation to reviews of care at the last inspection. This area for improvement has not been met and will be carried forward. (**See area for improvement one**).

It is important people, and their legal representatives have opportunities to discuss and agree how they would like to be supported at the end of their lives. The management team were currently seeking training for office staff in relation to future care planning. Plans would help to direct the care and support for people at the end of their life however, work was still in the early stages. We will follow this up at the next inspection.

Areas for improvement

1. To ensure people's care needs are met the manager should ensure that people have an up-to-date care plan in place. This is to be completed at least every six months or more frequently when people experience changes in relation to their health and wellbeing or changes in their medication.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

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

To support people's health and wellbeing, the service should ensure that staff have fully completed their medication training prior to delivering medication support and an effective competency assessment is undertaken.

This is to ensure care and support is consistent with Health and Social Care Standard 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 10 September 2024.

Action taken since then

This area for improvement has not been met.

Please see detail under key question one.

Previous area for improvement 2

The service should ensure that people's medication administration is accurately recorded to maintain their health and wellbeing. This should also include the specific timings of when medication has been administered where this is required.

This is to ensure care and support is consistent with Health and Social Care Standard 1.24: Any treatment or intervention that I experience is safe and effective.

This area for improvement was made on 10 September 2024.

Action taken since then

This area for improvement has not been met.

Please see detail under key question one.

Previous area for improvement 3

The service should ensure that when people raise concerns about the service all complaints are acknowledged and responded to in an open and empathetic manner as in line with the service's complaints policy.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

This area for improvement was made on 10 September 2024.

Action taken since then

The service had a complaint policy and procedure in place. There was a system in place to allow the management team to record and analyse any complaint received. There had been no formal complaints received at the time of inspection.

This area for improvement has been met.

Previous area for improvement 4

To ensure people's care needs are met the service should ensure that people have an up-to-date care plan in place. This is to be completed at least every six months or more frequently when people experience changes in relation to their health and wellbeing or changes in their medication.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: My personal plan (sometimes referred to as a care 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 13 December 2023.

Action taken since then

This area for improvement has not been met.

Please see detail under key question five.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.4 Staff are led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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