Mrs Jolanta Crampton

Jasmine Domiciliary Care Agency

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

Overall summary

The inspection was carried out on 15 April 2015, and was an announced inspection. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us. We inspected this service due to concerns we had received. It was alleged that people were not being provided with personal care to a good standard.

Jasmine Care South East is a domiciliary care agency which provides personal care and support to older people and younger adults who are living in their own homes. At the time of the inspection, the service was providing support to 14 people, in Maidstone and the surrounding areas. Most people were funding their own care through direct payments. Some people were funded through NHS continuing care services.

Summary of findings

The service is run by the provider and a manager. The manager has applied to the Commission to become the registered manager of the agency. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager and staff understood their responsibilities under the Mental Capacity Act 2005.

The agency had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the agency's whistleblowing policy. They were confident that they could raise any matters of concern with the provider or the manager, or the local authority safeguarding team. Staff were trained in how to respond in an emergency (such as a fire, or if the person collapsed) to protect people from harm.

The agency provided sufficient numbers of staff to meet people's needs and provide a flexible service. Staff were able to accommodate last minute changes due to people's appointments or staff sickness. Staff were allocated to people within a close range of each other, so that they would not have long distances to travel between attending to people. This ensured that staff would not be delayed from attending to people at the correct appointment times.

The agency had robust recruitment practices in place. Applicants were assessed as suitable for their job roles. Refresher training was provided at regular intervals.

All staff received induction training which included essential subjects such as maintaining confidentiality, moving and handling, safeguarding adults and infection control. They worked alongside experienced staff and had their competency assessed before they were allowed to work on their own.

The provider or the manager carried out risk assessments when they visited people for the first time. Other assessments identified people's specific health and care needs, their mental health needs, medicines management, and any equipment needed. Care was planned and agreed between the agency and the individual person concerned. Some people were supported by their family members to discuss their care needs, if this was their choice to do so.

People were supported with meal planning, preparation and eating and drinking. Staff supported people, by contacting the office to alert the provider or manager to any identified health needs so that their doctor or nurse could be informed.

People said that they knew they could contact the provider or the manager at any time, and they felt confident about raising any concerns or other issues. The provider or the manager carried out spot checks to assess care staff's work and procedures, with people's prior agreement. This enabled people to get to know the provider and manager.

The agency had processes in place to monitor the delivery of the service. As well as talking to the provider or manager at spot checks, people could phone the office at any time, or speak to the senior person on duty for out of hours calls. People's views were also obtained through annual surveys. These could be completed anonymously if people wished. The provider analysed these and checked how well people felt the agency was meeting their needs.

Summary of findings

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.

Agency staff were informed about safeguarding adult procedures, and took appropriate action to keep people safe.

The agency carried out environmental risk assessments in each person's home, and individual risk assessments to protect people from harm or injury.

Accidents and incidents were monitored to identify any specific risks, and how to minimise these.

Staff were recruited safely, and there were enough staff to provide the support people needed.

Good

Is the service effective?
The service was effective.

Staff received on-going training and supervision, and studied for formal qualifications. Staff were supported through individual one to one meetings and appraisals.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People were provided with a choice of suitable food and drink.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

The provider was meeting the requirements of the Mental Capacity Act 2005.

Good

Is the service caring?
The service was caring.

People felt that staff went beyond their call of duty to provide them with good quality care. The agency staff kept people informed of any changes relevant to their support.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good

Is the service responsive?
The service was responsive.

People's care plans reflected their care needs and were updated after care reviews.

Visit times were discussed and agreed with people. Care plans contained details of the exact requirements for each visit.

People felt comfortable in raising any concerns or complaints and knew these would be taken seriously. Action was taken to investigate and address any issues.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was an open and positive culture which focused on people. The provider and manager sought people and staff's feedback and welcomed their suggestions for improvement.

The provider and manager led the way in encouraging staff to take part in decision- making and continual improvements of the agency.

The provider and manager maintained quality assurance and monitoring procedures in order to provide an on-going assessment of how the agency was functioning; and to act on the results to bring about improved services.

Jasmine Domiciliary Care Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 15 April 2015 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us. The inspection was carried out by one inspector.

We would normally ask the provider to complete a Provider Information Return (PIR). This is a form that asks for some key information about the service, what the service does well and improvements they plan to make. However, this inspection was planned in response to a concern we had received and there was not time to expect the provider to complete this information and return it to us. We gathered this key information during the inspection process.

Before the inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

We visited the agency's office, which was situated in a private house on a small estate near to Maidstone. We spoke with the provider and the manager of the agency. Following the inspection visit we spoke with five relatives of people who received support in their own homes and two members of staff.

During the inspection visit, we reviewed a variety of documents. These included four people's care records and three staff recruitment files. We also looked at records relating to the management of the service, such as staff induction and training programmes; staffing allocations

The previous inspection was carried out in December 2013, and there were no breaches of the regulations. The service is in the process of moving offices and this has entailed new registration procedures for a move of their new location. The agency had completed the appropriate application of registration changes with the Care Quality Commission.

Good

Is the service safe?

Our findings

People said they felt safe receiving care from the staff at the agency. Everyone spoken with said that they felt safe with their care staff and had no cause for concern regarding their safety or the manner in which they were treated by care staff. Relatives said "I feel my husband is in safe hands with the carers", and "We have the same carers all the time, the service is good and reliable".

People could be confident that staff had the knowledge to recognise and report any abuse.

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. They understood the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. The agency's policies and procedures were included in a staff handbook which staff could carry with them. This provided them with contact information in the event of any concerns of abuse. Staff said they would usually contact the provider or manager immediately if abuse was suspected, but knew they could also contact the Social Services safeguarding team directly. Staff understood the whistle blowing policy. They were confident about raising any concerns with the provider or manager, or outside agencies if this was needed.

The agency had processes in place to protect people from financial abuse. This included recording the amount of money given to care staff for shopping; providing a receipt; and recording the amount of change given. Where possible, any transaction was signed by the staff member and the person receiving support, or their representative. The provider provided people with information about the care they provided and the prices for different services. A contract was completed and agreed at this meeting and signed by both parties. This ensured that people who were paying with direct payments were fully informed and in agreement with the costs of their care. Agency staff were not permitted to receive gifts or be named in legacies, as a precaution against financial abuse.

Before any care package commenced, the provider and manager carried out risk assessments of the environment, and for the care and health needs of the person concerned. Environmental risk assessments were very thorough, and included risks inside and outside the person's home. For example, outside if there were any steps to negotiate to enter the property, and whether there was any outside lighting. Care staff said they carried a torch with them if the call was in the evening or early morning. Risk assessments for inside the property highlighted the type of flooring, if there were any obstacles in corridors and if there were pets in the property. They included checks of gas and electrical appliances, and safe storage of cleaning materials.

People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring them in and out of their bed or to a wheelchair. People were provided with equipment to support them such as hospital type beds and pressure-relieving mattresses. Exact instructions were given about how to use individual hoists, and how to position the sling for the comfort of the person receiving support. People who required hoisting to help them move from one place to another were always supported by two care staff working together. In this way people were supported safely because staff understood the risk assessments and the action they needed to take when caring for people.

The provider or the manager ensured that required checks and servicing were carried out for lifting equipment. Each person had a fire action plan in place in the event of an emergency. Some people were provided with a pendant 'lifeline' which could be worn around their neck. They pressed the alarm if they had an accident or were seriously unwell. These are a 24 hour care system to alert on-call operators to obtain help for people. Care staff checked that people had their lifeline pendants in place before leaving the premises.

Care staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The provider and manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Staffing levels were provided in line with the support hours agreed with the local authority. The provider said that staffing levels were determined by the number of people using the service and their needs. Currently there were

Good

Is the service safe?

enough staff to cover all calls and numbers are planned in accordance with people's needs. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required. Care staff were allocated to support people who lived near to their own locality. This reduced their travelling time, and minimised the chances of staff being late for visit times.

The agency had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. These included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if prospective staff have had a criminal record or have been barred from working with children or vulnerable people. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment, and a copy of key policies, such as maintaining confidentiality, security of people's homes, emergency procedures and safeguarding. New staff were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

Care staff were trained to assist people with their medicines where this was needed. Checks were carried out to ensure that medicines were stored appropriately, and care staff signed medicines administration records for any item when they assisted people. Records had been accurately completed. Care staff were informed about action to take if people refused to take their medicines, or if there were any errors.

Good

Is the service effective?

Our findings

People said that they thought the staff were well-trained and attentive to their needs. Feedback from people was very positive, and relatives comments included, “Do not know what we would do without them. Jasmine were absolutely wonderful, they stepped in at the last minute”, and “We feel the staff listen to us, they gets bits of shopping and collect prescriptions for us”. People’s needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs.

Staff had appropriate training and experience to support people with their individual needs. Staff completed an induction course that was in line with the nationally recognised ‘Skills for Care’ common induction standards. These are the standards that people working in adult social care need to meet before they can safely work and provide support for people. Four of the sixteen staff had completed vocational qualifications in health and social care, and two members of staff were currently completing the training programme. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidates must prove that they have the competence to carry out their job to the required standard.

The induction and refresher training included all essential training, such as moving and handling, fire safety, safeguarding, first aid, infection control and applying the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff were given other relevant training, such as understanding dementia, principles of person centred care and effective communication. This helped ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities.

Staff were supported through individual supervision and the provider and manager had commenced yearly appraisals for all staff. Spot checks of care staff were carried out in people’s homes. A spot check is an observation of staff performance carried out at random. These were discussed with people receiving support at the commencement of their care package. At this time people expressed their agreement to occasional spot checks being carried while they were receiving care and support. People thought it was good to see that the care staff had regular checks, as this gave them confidence that care staff were doing things properly. We saw the records for a spot check and this included punctuality, personal appearance of staff, politeness and consideration, respect for the person and the member of staffs’ knowledge and skills. Spot checks were recorded and discussed, so that care staff could learn from any mistakes, and receive encouragement and feedback about their work.

Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the processes to follow if they felt a person’s normal freedoms and rights were being significantly restricted. The provider and manager carried out a mental capacity assessment at the first visit, to determine people’s ability to understand their care needs and to consent to their support. When people lacked mental capacity or the ability to sign agreements, a family member or representative signed on their behalf. The provider or the manager met with family members and health and social care professionals to discuss any situations where complex decisions were required for people who lacked capacity, so that a decision could be taken together in their best interests.

Staff sought and obtained people’s consent before they helped them. One person told us “The staff are respectful, they always check with me before they do anything”. People’s refusals were recorded and respected. Staff checked with people whether they had changed their mind and respected their wishes.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The provider or the manager introduced care staff to people, and explained how many staff were allocated to them. People got to know the same care staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness.

When staff prepared meals for people, they consulted people’s care plans and were aware of people’s allergies, preferences and likes and dislikes. People were involved in decisions about what to eat and drink as staff offered options. The people we spoke with confirmed that staff ensured they had sufficient amount to eat and drink.

People were involved in the regular monitoring of their health. Care staff identified any concerns about people’s

Good

Is the service effective?

health to the provider or the manager, who then contacted their GP, community nurse, mental health team or other health professionals. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that the care staff worked closely with health professionals such as district nurses in regards to people's health needs. This included applying skin creams, recognising breathing difficulties, pain relief, catheter care and mental health concerns. Occupational therapists and physiotherapists were contacted if there were concerns about the type of equipment in use, or if people needed a change of equipment due to changes in their mobility.

Good

Is the service caring?

Our findings

Relatives told us, “We have regular carers who know what is needed. We could not manage without them”, “They will do anything for my mother, the carers know exactly what she wants”, “We have regular carers and it seems as if we have known them forever, nothing is too much trouble, real genuine feeling and care that is brilliant” and “The girls are helpful and friendly”. One person told us they had spoken with the provider about not wanting any male carers. They said that the provider listened to them, and they now only had female carers providing any care that was needed.

Positive caring relationships were developed with people. One person said “My carer makes me feel really special”. Staff told us they valued the people they visited and spent time talking with them while they provided care and support. Staff were made aware of people’s likes and dislikes to ensure the support they provided was informed by people’s preferences. People told us they were involved in making decisions about their care and staff took account of their individual needs and preferences. For example, the order in which the person liked their morning routine to be carried out. Regular reviews were carried out by the provider or manager and any changes were recorded as appropriate. This was to make sure that the care staff were fully informed to enable them to meet the needs of the person.

The agency’s questionnaire responses from 2015 supported what people told us. People had been asked to confirm their views about the service by putting a tick in a box, as either excellent, very good, good, not very good and poor in answer to a range of questions. Questions included, do the carers understand your care needs; are carers friendly, polite and respectful; and do carers provide the service your want. All responses were positive and people rated the service between good and excellent. People had commented, “My wife and I are very satisfied with the care and services provided by Jasmine Care. They are committed to the welfare of my wife in all respects”, “Very pleased with the standard of care”, “Overall we are very satisfied with the care provided by all the team of carers that have come to help my wife and myself over the last year”, and “My Mother is delighted with the level of care that is provided and with the quality of the care. She and I cannot find the words to adequately express our gratitude and satisfaction with the service provided”. This showed that overall people spoke positively about the services the care staff at the agency provided.

The agency had reliable procedures in place to keep people informed of any changes. The provider told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. People were informed if care staff were delayed and would be late for a call, or if their regular carer was off sick, and which care staff would replace them. The provider and the manager would cover a call, if there was no other staff member available at the time.

People were informed of agency processes during their first visit. The provider or the manager provided people with information about the services of the agency. They told people they could contact the agency at any time; there was always a senior person on call out of hours to deal with any issues of concern. People said that they did not have any concerns.

Staff had received training in equality and diversity, and treated everyone with respect. They involved people in discussion about what they wanted to do and gave people time to think and made decisions. Staff knew about people’s past histories, their life stories, their preferences and the things they liked and disliked. This enabled them to get to know people and help them more effectively. Staff ensured people’s privacy whilst they supported them with personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls. One person said, “The care my relative receives from the carers is very good. They treat her with dignity and respect and I wouldn’t change the carers for anything”. Staff were respectful of people’s privacy and maintained their dignity.

Good

Is the service responsive?

Our findings

People described their care staff as being 'adaptable' and 'trying to fulfil their needs'. One person said "They do what is needed after I explain what I needed to be done". Another person said they had spoken to the provider about staff arriving too early in the morning. They said that action had been taken by the provider and the carers now arrived at the time the person wanted.

The provider or the manager carried out people's needs and risk assessments before the care began. They discussed the length and time of visits that people required, and this was recorded in their care plans. Each visit had clear details in place for exactly what care staff should carry out at that visit. This might include care tasks such as washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks, turning people in bed or assisting with medicines. The visit may also include domestic tasks such as doing the shopping, changing bed linen, putting laundry in the washing machine and cleaning. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Staff were informed about the people they supported as the care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans included details of people's religious and cultural needs. The manager matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for care staff assisting new people, or for care staff covering for others while on leave, when they knew the person less well than other people they supported, although they had been introduced.

The provider or the manager carried out care reviews with people after the first 28 days of receiving care, and then at six-monthly intervals. Any changes were agreed together, and the care plans were updated to reflect the changes. Care staff who provided care for the person were informed immediately of any changes. Care plans were also reviewed and amended if care staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs. The concerns were forwarded to the appropriate health professionals for re-assessment, so that care plans always reflected the care that people required.

People were given a copy of the agency's complaints procedure, which was included in the service users' guide. People told us they would have no hesitation in contacting the provider or the manager if they had any concerns, or would speak to their care staff. The provider dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. The provider visited people in their homes to discuss any issues that they could not easily deal with by phone. They said face to face contact with people was really important to obtain the full details of their concerns. The provider told us about a recent complaint, when meeting had been arranged to discuss any concerns the person had. Following the meeting the service to the person was continued.

There was no history of any missed calls over the preceding months, but the manager said that if any calls were missed this would be taken very seriously and treated as a complaint, and there would be a full investigation.

The complaints procedure stated that people would receive an acknowledgement of their complaint within two days, and the agency would seek to investigate and resolve the complaint within 28 days. The provider said they would have no difficulty in apologising to people if the agency had been at fault with any of their care provision. A recent complaint had been appropriately investigated and resolved and the person had continued their contract with the agency. People told us they knew how to raise any concerns and were confident that the provider or the manager dealt with them appropriately and resolved these.

Good

Is the service well-led?

Our findings

People spoke highly of the provider and the manager, and said that staff listened to them. One relative said "I could not imagine a better agency, I think they are brilliant, such a caring leadership". Our discussions with people, their relatives, the provider, manager and staff showed us that there was an open and positive culture that focused on people. The agency had a culture of fairness and openness, and staff were encouraged to share their ideas.

The management team included the provider and the manager. The manager who was in the process of applying for registration with the Commission (CQC) was familiar with her responsibilities and conditions of registration. The provider and manager kept CQC informed of formal notifications and other changes. The provider had managed the agency for a number of years. They had concentrated on consolidating existing processes and bringing about a number of changes. For example, the agency was in the process of changing offices to business premises. They had set targets for staff supervisions, spot checks, risk assessments and care reviews, and this work was on-going. It was clear that the provider and manager complemented each other's skills and worked together for the good of the agency. They showed a passion to ensure that people were looked after to the best of their ability.

Organisational values were discussed with staff, and reviewed to see that they remained the same. Staff felt that they had input into how the agency was running, and expressed their confidence in the leadership. The provider and manager both worked directly with people receiving support. They said that this enabled them to keep up to date with how people were progressing. Staff said it gave them confidence to see that the management had the skills and knowledge to deliver care and support, and it was helpful to work alongside them from time to time.

People were invited to share their views about the service through quality assurance processes, which included phone calls from the provider or the manager; care reviews with the provider or the manager; yearly questionnaires; and spot checks for the care staff who supported them. This process was agreed when the provider and or the manager carried out the first visit, and people were pleased to know that someone would be coming in to check that care staff carried out their job correctly. The provider or manager conducted spot checks and these monitored staff behaviours and ensured they displayed the values of the agency. This had the added benefit of enabling people to get to know the provider and the manager, as well as their usual care staff. The management team ensured the values and behaviours were maintained through these regular spot checks.

There were systems in place which meant that the service was able to assess and monitor the quality of service provision and any concerns were addressed promptly. The ethos of providing good care was reflected in the record keeping. Clear and accurate records were maintained, and comprehensive details about each person's care and their individual needs. Care plans were reviewed and audited by the provider and the manager on a regular basis.

Policies and procedures had been updated to make sure they reflected current research and guidance. Policies and procedures were available for staff. The provider's system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective, responsive care and support for people.

The provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. The policy stated that staff were encouraged to come forward and reassured them that they would not experience harassment or victimisation if they did raise concerns. The policy included information about external agencies where staff could raise concerns about poor practice, and also directed staff to the Care Quality Commission.

Staff knew they were accountable to the provider and manager and they said they would report any concerns to them. Staff meetings were held and minutes of staff meetings showed that staff were able to voice opinions. We asked staff if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. The manager had consistently taken account of people's and staff's views in order to take actions to improve the care people received.