

Jakaranda Home Care Solutions Ltd

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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

About the service

Jakaranda Home Care Solutions Limited is a domiciliary care agency providing personal care to four people at the time of the inspection. Everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Risks to people were not always assessed. Robust recruitment checks had not been carried out with all staff to ensure they were suitable to work with vulnerable people. Whilst training was in place, there were gaps and it was inconsistent amongst the staff group. Some systems to monitor the safety and quality of the service required improvement.

People told us they felt safe and were happy with the support they received for their medicines. Personal protective equipment was used when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and relatives told us staff had the appropriate skills and knowledge to meet their needs. Staff worked with other healthcare professionals when appropriate. People were supported with meals and drinks when required.

People received care that respected their privacy and dignity and were supported by kind and caring staff. People were included in care plan reviews and staff supported people to make choices about their care. The provider had a complaints process and people felt confident to raise any concerns. Records held personalised information about people and staff knew people's preferences with regards to their care.

Staff felt supported by management and received regular supervision. The provider sought the views of people through surveys and carried out spot checks to monitor the care delivered. People and relatives were happy with how the service was managed and gave positive feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 23 January 2019). The service remains rated requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to Regulation 19, ensuring fit and proper people are employed and

Regulation 17 ensuring there is good governance, at this inspection.

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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Jakaranda Home Care Solutions 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 Care Act 2014.

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 and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 January 2020 and ended on 27 January 2020. We visited the office location on both dates.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider did not complete the required Provider

Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with two members of staff including the registered manager and a carer.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervisions. A variety of record relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to one person's risk assessment.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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 provider had not consistently followed safe recruitment processes. One of the management team who provided direct care to people had no checks in place to ensure they were suitable to support people. We discussed this with the registered manager who advised this was a person they knew well and was in a senior position in the service and as a result they had overlooked this. They started to complete these checks straight away.

This was a breach of regulation 19, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported by regular staff and knew who would be attending to support them. One person told us, "It is good having the same carers, a lot better than having different ones every day."
- There were sufficient staff to ensure people received their care calls when required. People told us staff always turned up for their calls and stayed for the right amount of time to ensure their care needs were met.

Assessing risk, safety monitoring and management

- At the last inspection it was found that not all known risks had been assessed. This continued to be a concern. For example, one person was at risk of choking and there was no detailed risk assessment in place to guide staff on how to keep the person safe. Staff we spoke with were consistent about the support the person needed but the lack of recording increased the risk of inconsistent and unsafe care.
- People and relatives told us staff supported them safely when assisting with moving and handling. One person told us, "I feel safe and comfortable, I can stand but they always have the strap around me."
- The physical environment where people lived was assessed by staff members to ensure it was safe for people to receive support. However, this was not always updated when changes occurred.

Preventing and controlling infection; Learning lessons when things go wrong

- Some staff had not had any infection control training and other staff had not completed any training since their initial induction in 2017. This was not in line with the provider's infection control policy.
- People told us staff used Personal Protective Equipment (PPE) to reduce the risk of the spread of infection.
- The provider had systems in place for staff to report any accidents or incidents although none had occurred since the last inspection.

Using medicines safely

- People and relatives told us they were happy with how medicines were being administered.
- One person chose to take some of their medicines independently. The service had the appropriate assessments and monitoring in place in relation to this.
- Staff told us they received training in medicine management and documentation we reviewed confirmed this.
- Medicine records clearly identified the medicine to be administered. Some further guidance was required in relation to one particular medicine, but staff had good knowledge of how to administer safely.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and understood how to recognise the signs of abuse and how to report. One staff member told us, "I would report to my manager and I can go to social services if concerned."
- People and relatives told us they felt safe when receiving support from the staff. One relative told us, "They contact me with concerns, I feel totally confident and can relax, it has given me great peace of mind."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People and relatives told us staff supported people to gain access to healthcare professionals when needed. One person said, "They are good at contacting the doctor."
- Staff members had effective communication systems in place. This meant appropriate information could be shared quickly with each other and others involved in the support of people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider had a mental capacity policy in place and demonstrated an understanding of their responsibilities under the Act. They advised at present everyone who used the service were able to make decisions for themselves in relation to their care needs, however they would complete a mental capacity assessment and best interest decision if this changed.
- Staff had received training in MCA and had a good understanding of the principles of the act. One staff member told us, "If someone has dementia we can't just say they can't make their own decisions, we have to support them to make the decisions they can."

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

- People were supported to prepare meals and drinks as required. People told us staff supported them to make choices. One person said, "They feed [person] and are very sensitive and patient. They support [person] to make a choice." Records included information about people's dietary preferences.

Staff support: induction, training, skills and experience

- At the last inspection it had been identified that the registered manager, who also provided direct care,

had not undergone any training. Since then the registered manager and other manager in the service had completed some training although this needed to be expanded further.

- The two members of care staff had received increased training over the last 12 months however there was still some key training missing such as infection control and safeguarding. The registered manager advised they had booked onto some further training for staff and was continuing to develop this.
- Care staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- People and relatives told us staff had the skills and knowledge to support them effectively. One person told us, "They know exactly what needs to be done." A relative told us how staff safely supported a person to move using a hoist.

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

- The provider carried out an initial assessment of people's support needs, so they could support people how they wanted. People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment.
- Staff could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- Some assessed needs had not been followed up with a support plan to guide staff, for example for someone living with dementia and for someone with sight loss. However, relatives we spoke to told us staff had good knowledge of the people's needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People and relatives told us staff were kind and caring. One person told us, "They couldn't be any better, they are very kind." A relative said, "These girls [staff] are special, [person] likes to talk and they are very patient."
- People and relatives told us staff were good listeners and patient and this had supported people to feel confident with them. One relative told us, "They have listened to [person] and made them feel comfortable," another said, "[Person] is really relaxed with them and thinks they're lovely."
- People were supported by regular staff which helped them to develop positive relationships. Staff we spoke with knew people's life histories and individual preferences and wishes. One staff member told us, "I know about [person's] children, where they live and who [person's] friends are. I know the particular cup they like and what they like to drink."

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

- People told us they were involved in decisions about their care. Records confirmed face to face reviews were carried out.
- Staff ensured they offered people choices when supporting them. One staff member told us, "We ask [person] whether they want to be on the bed or the chair, what they want to eat and drink, we give choices."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. One person told us, "The curtains are always drawn and they shut the door, they are very particular."
- Staff assisted people to be as independent as possible, by encouraging them to do as much for themselves as possible. One relative told us, "They have supported [person] to be more independent." They explained how staff had encouraged the person to complete a task by themselves through gentle encouragement and built up their confidence.

Is the service responsive?

Our findings

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

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

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

- People, and where needed relatives, were involved in the development and review of their care plans. One person said, "It's here the care plan, the manager comes in to talk to me about my care."
- A relative told us how the service had been flexible by responding to requests to support a person in between normal call times due to changes in need. They said, "They have been very reliable and flexible... they seem to go the extra mile."
- Care plans included people's preferences and wishes including what gender of carer they wanted to support them and what food they liked to eat.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and guidance was in place for staff to follow.
- The registered manager was aware of the AIS and advised information could be given in different formats if required. However, this had not been considered for the people currently using the service and required further exploration.

Improving care quality in response to complaints or concerns

- The provider had a complaints process and people knew who to speak to if they had any concerns. The registered manager advised there was a complaints and compliments form in the care records in people's homes.
- No formal complaints had been raised through the complaints process but a relative advised us a concern had been raised in relation to infection control. They told us the response from the registered manager had been sensitive and quickly resolved.

End of life care and support

- No one was receiving end of life care; however, the registered manager advised another health care professional had started to discuss end of life wishes with a person and their relative and had also shared them with staff. They advised they would be recorded appropriately in their care plan.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- At our last inspection we identified improvements needed to be made to systems to assess and monitor the quality and safety of the service. Whilst we saw some improvements had been made further development was required.
- There was no effective system to monitor care records and ensure all risks were assessed with sufficient guidance in place for staff to follow.
- Systems in place to ensure all staff had robust recruitment checks were not effective. One staff member who provided direct care to people did not have any checks in place. The provider had not followed their own recruitment policies or identified this as a concern.
- Systems to ensure training was up to date and provided to all staff required improvement. Some training was out of date, and other staff did not have training in certain key areas.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not completed the Provider Information Return as required. We raised this with them and they agreed to complete it without further delay.
- The registered manager completed spot checks with staff when they attended a care call to observe how they interacted with and supported people.
- We saw the last rated inspection was displayed in accordance with the law at the office location and on their website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were positive about the care and support received. One person told us, "I couldn't say anything bad about them. I would recommend them to anyone."
- Staff felt the service was well led and managers were fair and supportive.

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

- Staff meetings took place and staff told us they received regular supervisions. Staff told us they felt able to raise concerns and suggestions with the management team. One staff member said, "They are very supportive, I would feel very free to raise any issues."
- People and their relatives were included in review meetings to discuss any concerns and we saw annual surveys had been completed with people and their relatives in order to gain their views.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour and had a policy in place. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they had worked more closely with health care professionals to ensure people's needs were met. There had been previous communication concerns raised by health care professionals and they had worked hard to ensure this was addressed.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured systems to assess and monitor the quality and safety of the service were effective. The provider had failed to ensure records were accurate and complete. Regulation 17(1)(2)(a)(b)(c)(d).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure robust and safe recruitment practices were in place.</p> <p>Regulation 19(1)(2)</p>