

JA.AB Care Ltd

JAAB CARE LTD

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?

Requires Improvement ●

Summary of findings

Overall summary

JAAB CARE LTD is a home care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection this agency was providing a home care service to two self-funding older people.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

This provider was newly registered with the CQC in March 2017. This comprehensive inspection is the first time this new home care agency will have been inspected and rated by us. At this home care agency's inaugural inspection we have rated them 'Good' overall and for four out of five of our key questions 'Is the service safe, effective, caring and responsive?' because we found the service was meeting all the regulations.

However, we have also rated them 'Requires Improvement' for the key question, 'Is the service well-led?' This was because the provider did not always maintain sufficiently detailed and easily accessible records as are necessary to be kept in relation to people using the service, persons employed and the overall management of this home care agency. We have made a recommendation about the way the provider maintains and organises records they are required to keep.

People's relatives told us they were happy with the standard of home care and support their family members received from JAAB CARE LTD. They also felt their family members were safe with the staff who visited them at home. There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. Recruitment procedures were designed to prevent people from being cared for by unsuitable staff. People's relatives did not have any concerns about staff turning up late or missing a scheduled visit. This indicated there were sufficient numbers of staff available to support people. Staffing levels were well coordinated by the registered manager to ensure people experienced consistency and continuity in their care and that their needs could be met at all times.

Staff received appropriate training and support to ensure they had the right knowledge and skills to effectively meet people's needs. The registered manager and staff adhered to the Mental Capacity Act 2005 code of practice. People were supported to eat healthily, where the agency was responsible for this. Staff also took account of people's food and drink preferences when they prepared meals. People received the support they needed to stay healthy and to access healthcare services.

Relatives told us staff treated their family with the utmost dignity and respect. For example, staff ensured their family member's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them

in the least restrictive way possible.

People received personalised support that was responsive to their individual needs. People were involved in planning the care and support they received. Each person had an up to date care plan. People felt comfortable raising any issues they had about the provider and the service had suitable arrangements in place to deal with people's concerns and formal complaints.

The provider had an open and transparent culture. They routinely gathered feedback from people using the service, their relatives and staff. Staff felt supported by the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse.

The provider assessed and managed risks to people's safety in a way that considered their individual needs.

Staff recruitment procedures were designed to prevent people from being cared for by unsuitable staff. There were enough competent staff available who could be matched with people using the service to ensure their needs were met.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and support to ensure they had the knowledge and skills needed to perform their roles effectively.

Staff were aware of their responsibilities in relation to the MCA.

People were supported to eat healthily. Staff also took account of people's food and drink preferences when they prepared meals.

People were supported to stay healthy and well. If staff had any concerns about a person's health appropriate support was sought.

Is the service caring?

Good ●

The service was caring.

People said staff were kind, caring and respectful.

Staff were thoughtful and considerate when delivering care to people. They ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving

personal care.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

Is the service responsive?

Good ●

The service was responsive.

Care plans reflected people's choices and preferences for how care was provided. These were reviewed regularly by the registered manager.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led. Records kept by the service had not always been maintained in such a way as to ensure they were sufficiently detailed and easily accessible. We have made a recommendation about the way the provider maintains and organises records they are required to keep.

The provider routinely gathered feedback from people using the service, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

JAAB CARE LTD

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 was planned to check whether the provider is 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 was undertaken by one inspector on 4 and 5 April 2018 and was announced. We gave the provider 48 hours' notice of the inspection because managers are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection.

Before the inspection, we reviewed the Provider's Information Return (PIR). This is a self-assessment document we require providers to complete and send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

On the first day of our inspection we made telephone contact with the relatives of two people who were receiving a home care service from JAAB CARE LTD, and three care staff who worked for this agency.

On the second day of our inspection we visited the agency's offices located in the London Borough of Lambeth and spoke in-person with the registered manager and the organisation's co-directors. We also looked at various records including care plans for both the people that currently used the service, five staff files and a range of other documents that related to the overall management of this home care agency.

Is the service safe?

Our findings

The provider had robust systems in place to identify report and act on signs or allegations of abuse or neglect. Staff had received up to date safeguarding adults at risk training and were familiar with the different signs of abuse and neglect, and action they should take to immediately report its occurrence. One staff member told us, "I would alert the manager straight away if I thought anyone I supported was being abused." We saw information about what constitutes abuse and neglect and how to report it was included in the induction all new staff had to complete. In addition, all new staff were given a copy of the staff handbook, which included the provider safeguarding and staff whistle blowing policies and procedures. The registered manager told us safeguarding was a fixed agenda item at monthly staff meetings. A director confirmed they were the safeguarding lead and trainer for the service. No safeguarding concerns had been raised about or by this provider in the first 12 months they had been operational.

Measures were in place to reduce identified risks to people's health, safety and welfare. People's relatives told us staff knew the risks their family member's might face, which was confirmed by discussions we had with staff who demonstrated good awareness of the risks posed to people they supported. Records also indicated the provider had carried out risk assessments as part of the initial assessment of people's needs. For example, one care plan made it clear staff should always cut up this person's breakfast into bite sized pieces to prevent them choking. In addition, we saw risk assessments had been carried out in relation to the health and safety of people's home environment.

The provider had up to date equality and diversity policies and procedures in place which made it clear how they expected staff to uphold people's rights and ensure their diverse needs were respected. Staff demonstrated a good understanding of how to protect people from discrimination and harassment. Records showed staff had completed equality and diversity training.

Staff were appropriately checked to ensure they were suitable to work as home care staff. The provider operated staff recruitment procedures that enabled them to check the suitability and fitness of all new staff they employed. This included checking staff's eligibility to work in the UK, obtaining references from previous employers and undertaking criminal records checks. The registered manager told us in the future they would carry out annual criminal records checks on all staff who had worked for the agency for 12 months in order to reassess their on-going suitability.

The service ensured there were sufficient numbers of suitable staff to support people in their home and keep them safe. Relatives told us staff were always punctual and never missed their scheduled visits. One relative said, "Our [care worker's name] is an excellent timekeeper and never late or misses a visit despite the distance they have to travel to our house... They're brilliant." Another relative remarked, "Our carers always tell us when they're coming over and will let us know if they're running late, which is a very rare occurrence I must say." The registered manager told us they took into account the geographical locations of people and staff, as well as staff availability. They also said it was customary for the agency to send people a rota a week in advance so they knew which staff would be visiting them and when. Staff told us they felt their visits were well-coordinated by the registered manager. One staff member said, "The manager gives us plenty of notice

about the time and duration of the calls we've been asked to do each week." The registered manager told us they were always available to cover staff short falls and was able to give us several examples of when they had been required to do this at short notice.

People were protected by the prevention and control of infection. Staff told us they had access to ample supplies of Personal Protective Equipment (PPE) including, disposable gloves and aprons, which they needed when they provided people with personal care. We saw the provider had an infection control policy in place which was also available in the staff handbook. Records indicated all staff had received up to date infection control training. Staff followed correct food hygiene procedures, where the service was responsible for this. People told us staff who handled and stored food on their behalf did so in a hygienic and safe way. We saw good practice guidance for staff about basic food hygiene was available in their handbook.

The registered manager told us none of the staff team were currently responsible for managing any medicines on behalf of the people they supported. This was confirmed by discussions we had with staff. The registered manager told us, if in the future the service was responsible for supporting to manage people's prescribed medicines, staff would be suitably trained to manage medicines safely and maintain accurate medicines records.

Is the service effective?

Our findings

The provider ensured staff had the right skills and knowledge to deliver effective home care to people. Relatives told us staff were good at their job. One relative said, "I think the carers are well-trained. [Care worker's name] is always professional and often uses her initiative so we never run out of food or cleaning products for instance." All new staff were required to complete a comprehensive induction and attend shadowing visits with more experienced staff or the registered manager before supporting people unsupervised.

Records showed staff had completed training in understanding their care worker role, dementia awareness, moving and handling and fire safety. Staff demonstrated a good understanding of their working roles and responsibilities. In addition, new staff received a handbook that provided them with all the guidance they needed to know about the home care agency's expectations regarding their conduct at work. Staff spoke positively about the training they had received and all said they had completed the training they needed to effectively carry out their roles. One staff member told us, "The induction I received when I first started working for JAAB was really good. I got to go out on calls with the manager so I was able to see how to do this job properly...I learnt a lot on those shadowing visits." Another member of staff said, "I completed my induction and was given a staff handbook before I was allowed to start supporting people in their home. The mandatory training has been excellent and recently I've attended courses on moving and handling, safeguarding, infection control and mental capacity."

Staff had sufficient opportunities to review and develop their working practices. There was a programme of monthly team meetings and quarterly one-to-one supervision sessions with the registered manager. It was clear from discussions with staff they felt they received all the support they needed from the registered manager and felt the aforementioned meeting's enabled them to reflect on their working practices and training needs. The registered manager confirmed staff would be expected to have their overall work performance appraised annually.

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. All staff had received training on the MCA. The registered manager told us that people using the service had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health

and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Staff were aware of the importance of seeking consent from people when providing them personal care and support. One staff member told us, "We're taught to always gain consent from people before providing them with any personal care and to find out how they would like things to be done." The provider reminded staff to explain the care and support they provided and offer choices to people routinely. We saw people using this home care service signed care plans to indicate they agreed to the support provided.

People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. The level of support people required with this varied and was based on people's specific health care needs and preferences. Staff had received basic food hygiene training.

People were supported to stay healthy and well. Staff maintained records about people's health and well-being following each scheduled visit. This meant others involved in person's care and support had access to essential information about their health and wellbeing. When staff had concerns about a person's health and wellbeing they notified the registered manager so that appropriate support and assistance could be sought from the relevant health care professionals. The registered manager gave us an example of health care support they provided for a person who required help attending appointments with their GP.

Is the service caring?

Our findings

Relatives spoke positively about this home care agency and typically described the service their family members received as "excellent". One relative told us, "I am really impressed with them [JAAB CARE LTD]. Our carer is professional, honest and always uses their initiative...Best home care agency and carer we've ever had." Another relative remarked, "This agency is absolutely top notch, especially if you compare them to the last home care agency we used." We also saw written comments the provider had received from a person using the service was equally complimentary. A person had written in a satisfaction questionnaire the provider had sent them, "My carers are fantastic. I cannot praise your company enough...Good service."

Relatives told us their family members received continuity of care from the same designated individual or group of staff who were familiar with their family member's needs, strengths, preferences and interests. One relative said, "We always have [care worker's name], which is a major plus because she knows exactly what my [family member] wants." Another relative commented, "My [family member] gets the same three staff who know him really well and what he needs and likes."

The provider operated an effective service user and staff matching process. People told us they could state if they preferred to be supported by a member of staff of the same gender. The registered manager gave us a good example of how they had met the expressed wishes of one person who had said they only wanted male care workers to provide their personal care. Several people told us they had built up extremely good working relationship with staff.

Staff treated people with respect and dignity. Relatives told us staff always respected their family member's privacy. Staff spoke about people they supported in a respectful way and were able to give us some good examples of how they had upheld people's privacy and dignity when they provided personal care that included, always using a towel to keep a person covered and ensuring bathroom and bedrooms doors were closed. One staff member told us, "I'm very aware that I'm a guest in someone else's home and always respect the host's space."

The provider had a confidentiality policy and procedure that helped protect people's privacy. Confidentiality training was mandatory as part of new staff's induction and guidance on the provider's confidentiality policy was included in the staff handbook. One staff member told us, "I always make sure I put [service user's name] care plan away in a safe, but accessible place, so it's not just left lying around the place for any of their visitors to see."

Staff communicated with people in appropriate and accessible ways. Relatives told us they were given a guide about the standards of care and support they could expect to receive from JAAB before they started receiving a home care service from them. People's care plans included information about people's specific communication needs and what support they required from staff to ensure they were involved in planning their care. The registered manager told us people currently using the home care understood information given to them in a written format. The registered manager showed us an easy to read pictorial version of their care plan format which they had specifically developed for people with learning disabilities.

Staff supported people to be as independent as possible. Staff gave us examples of how they actively encouraged and supported people to do as much as they could and wanted to do, such as managing their own medicines, clearing up after meals and shopping online and in the community. One staff member said, "I encourage a person I support to wash their own face as I know they can and want to do this themselves." Care plans reflected this approach and included detailed information about what each person could do for themselves and what help they needed with tasks they couldn't undertake independently.

Is the service responsive?

Our findings

People, or those acting on their behalf, were involved in helping plan the care and support they received from this home care agency. People told us the registered manager had visited them at home to discuss the package of care and support they wanted to receive from JAAB CARE LTD and had given them a copy of their care plan. One relative said, "I was very involved in helping staff plan my [family member's] care plan. I know my [family member] better than anyone, so it made sense that I told [name of the registered manager and staff] the best way to help us."

People received personalised care which was responsive to their needs. We saw people's care plans were personalised and focused on an individual needs, abilities and choices. They also included detailed information about how they preferred staff to deliver their personal care. Several staff said they had been told about the needs, choices and preferences of the people they provided care and support to. One staff member told us, "The instructions in people's care plans are really easy to follow and the manager insists we always comply with them."

Care plans were reviewed monthly, or much sooner if there had been changes to people's needs or choices. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. This meant staff had access to the latest information about how people should be supported.

People were given choices about various aspects of their daily lives. Care plans contained detailed information about the personal care choices people using the service were routinely offered by staff. For example, one care plan included instructions for staff about always offering this person a choice in relation to having a wash either before or after they had eaten their breakfast. Staff told us they respected people's right to make an informed decision about the care and support they received and gave us some good examples of how they promoted choice. One staff member said, "I always find out what people want, such as if they would like a bath or shower what they would to wear and have for their breakfast for instance." However, care plans did not contain any details about people's life histories. We discussed this issue with the registered manager who felt staff would benefit from knowing more about people's life experiences. They have agreed to talk to people and their relatives about their life experiences and background and include this information in their care plan, so it's available for staff to read and understand.

The provider had suitable arrangements in place to respond quickly to people's concerns and complaints. Relatives said they knew how to make a complaint about the service if needed. The provider's complaints procedure was included in the service user's guide, which set out how people's concerns and complaints would be dealt with. We saw a process was in place for the registered manager to log and investigate any complaints received, which included recording any actions taken to resolve any issues that had been raised. Records indicated the one formal complaint they had received in the first year of operation had been dealt with to the satisfaction of the person who raised it.

The registered manager told us that no one currently using the service required support with end of life care.

There was a section in people's care records that people could complete if they wanted to record their wishes during illness or death.

Is the service well-led?

Our findings

The provider had established some governance systems to monitor and review the quality and safety of the home care service they provided. For example, we saw the provider used an electronic system that helped the registered manager know when they needed to review people's care plans and staff recruitment checks and training. In addition, the registered manager told us they routinely carried out unannounced spot checks on staff during a scheduled visit to assess their punctuality, interaction with the people they supported and record keeping.

However, the positive points made above about the provider's governance systems notwithstanding; we found the provider was failing to always maintain sufficiently detailed and easily accessible records they were required to keep in relation to people using the service, staff employed and the management of the agency. For example, people's care plans lacked any written guidance for staff about how to mitigate risks associate with people falling and taking their prescribed medicines correctly, although it was clear from staff comments they knew how to keep people safe.

In addition, we found no recorded evidence that the staff spot checks described above had been undertaken at quarterly intervals because the registered manager could not locate them at the time of our inspection. Similarly, the registered manager told us group meetings were held with staff every month, but was unable to produce any recorded evidence to show they had taken place because they were not minuted. In the absence of these records, the provider lacked the ability to effectively challenge staff providing poor care to people as they did not have documentary evidence to support any issues or concerns they may have identified.

We recommend the provider seek advice and guidance from a reputable source about appropriately maintaining records they must keep in relation to people using the service, staff employed and the overall management of the agency, and ensuring these records remain easily accessible.

The service did have a suitably experienced registered manager in post. They were supported by two directors who co-owned the business. People's relatives told us the service was well-run and organised. One person who had recently completed and returned the provider's satisfaction questionnaire wrote, "The manager is really helpful." Staff were equally complimentary about the registered manager and their leadership style. One staff member told us, "The manager is really easy to get along with and does a great job running the business...I think she's particularly good at communicating with us and keeping us informed about any changes to our visits." The registered manager demonstrated a good knowledge of people's needs and the strengths of their staff team.

The registered manager also demonstrated a good understanding of their role and responsibilities particularly with regard to legal obligations to meet CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service. Notifications were submitted to the CQC as required.

The provider promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people using the service and their relatives. A relative told us, "The manager often rings us or pops in to see how my [family member] and I are getting on with our carers." The provider used a range of methods to gather people's views which included regular telephone contact, direct observations of staff working practices during scheduled visits and annual satisfaction surveys. People who had participated in the services inaugural satisfaction survey stated they were happy with the standard of home care and support they had received from JAAB CARE LTD.

The provider valued and listened to the views of staff. Staff had regular opportunities to contribute their ideas and suggestions to the managers through regular individual and group meetings. Staff said they liked working for this home care agency. One staff member remarked, "I think JAAB is an excellent employer. Because we're small everyone knows each other and we all get along really well." Another staff member said, "We have lots of team meeting where we discuss what's working well and what isn't...I feel the manager does take on board what we have to say and does value what we do." There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

The registered manager worked closely with various local authorities and community health and social care professionals. The registered manager told us they were in regular contact with people's GP's, social workers and district nurses to review the care plans of people they supported.