

Jacaranda Healthcare Limited

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Inspection report

Building 3
North London Business Park, Oakleigh Road South
London
N11 1GN

Tel: 02033719248
Website: www.jhcare.org.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 22 and 29 June 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to safe care and treatment, staff support and governance.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now meet legal requirements. This report only covers our findings in relation to those requirements and other areas where improvements were noted.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk"

Jacaranda Healthcare limited is a domiciliary care provider based in Barnet providing personal care and support to people in their own homes. People currently using the service include young people with physical disabilities, mental health, frail elderly and people with dementia. At the time of this inspection 58 people used the service.

At this inspection we found the service remained Requires Improvement. We found the provider had made some improvements, but these required more time to be embedded. A new format was introduced for assessing risks, an audit of staff recruitment files audit carried out and gaps identified being addressed by the service. New systems for monitoring the quality of the service had been introduced; this includes a more robust system to monitor missed calls.

We have made a recommendation in relation to staff recruitment.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve safety. People and relatives said they felt safe care staff and were happy with care delivery. The registered manager had introduced a new format for assessing and managing risk. Although reviews had started, this process had yet to be completed.

We could not improve the rating for Is the service safe? from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

We found that action had been taken to improve the effectiveness of the service. Staff administering medicines had been assessed to ensure they were competent to continue administering medicines. Most people felt care staff knew their job and were well trained. People received care from staff who felt supported by the service.

We could not improve the rating for Is the service effective? from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The service remains Requires Improvement.

Requires Improvement ●

Is the service responsive?

We found that action had been taken to improve the responsiveness of the service. People's care plans were revised. They now included people's personal histories, likes and dislikes and preference for personal care. Response times for visits had improved. People reported that staff mostly arrived on time.

We could not improve the rating for Is the service responsive? from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

We found that action had been taken to improve the way the service was managed. Systems to monitor the quality of the service improved. There were records of spot checks and audits to monitor the quality of the service. People were asked for formal feedback.

We could not improve the rating for Is the service Well-led? from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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Detailed findings

Background to this inspection

This inspection took place on 17 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. This was a focused inspection to follow up on breaches and actions from our last comprehensive inspection in June 2016.

The inspection team consisted of an adult social care inspector who visited the provider's premises and an expert by experience who spoke by telephone to people who used the service and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 58 people using the agency. We spoke on the telephone with nine people who used the service and four relatives. We spoke with the registered manager and a care coordinator. We spent time looking at documents and records that related to people's care and the management of the service. We looked at care records for five people including care plans, risk assessments and daily records of activities carried out by care staff. We reviewed personnel files for five staff and obtained feedback about the service from key stakeholders in the funding authority and the quality in care team in Barnet.

Is the service safe?

Our findings

At our last comprehensive inspection on in June 2016 we found risk assessments were not always individualised and did not indicate how to mitigate the risk posed to people. People's needs were not being met by the service because the service failed to make reasonable adjustments to enable people to receive the care and treatment they needed. We found the service was in breach of legal requirements relating to safe care and treatment.

At this inspection we found the provider had made some improvements. There was a process in place for assessing and managing risks. The registered manager told us that he had introduced a new format for risk assessments. We saw that risk assessments were now in place and covered areas such as, diabetes, falls, moving and handling. The registered manager told us that they were in the process of reviewing all risk assessments and care plans. This was confirmed by an action plan updated by the provider following this inspection. This showed that 13 of the 53 risk assessments and care plans had been reviewed. These would all be completed by 31 May 2017 by the visiting officer recently appointed by the service. The registered manager was aware that further improvements were required to ensure that written guidance for staff on how to manage risks identified are clear. The local authority who had been working with the service since the end of January 2017 said they felt the service was working towards a good risk assessment. Staff knew what to do to manage risks, such as one person using oxygen, staff were able to explain how they carried out the necessary checks to ensure that the person was safe. Another staff member told us about the action taken when one person with diabetes had become unwell and the emergency services were called. They knew some of the signs to look for that would indicate that the person may be suffering a diabetic coma.

People we spoke with told us that they felt safe with the care delivered by care staff. Comments included, "Yes, I can trust them, they are all trustworthy, they know how to wash me properly. I'm disabled and they know where it hurts and to not to be too rough," "Yes I do feel safe with the carers [care assistant]. I'm in a wheelchair and I have to instruct them when they take me out but I'm fine with them. If I wasn't then I would tell them," and "Yes of course, I know them all and I'm okay with them in my home, I'm used to them now."

This was also reflected in the feedback we received from relatives who told us, "My [relative] needs a hoist and he has two carers with him, he is mostly safe, I am around too and they chat to him and they know how to handle him", "Yes he feels safe, I can see it for myself, I am around him also. They keep him very clean, change his pads and always wash him after and cream him too," and "Yes my aunt is very safe. She is actually very protective of the carers and treats them like family. She likes them enormously and adores one of them particularly; they are just like good friends."

Most people told us that they had the same carer, which meant there was continuity of care. Comments included, "Normally yes, same carers that I am familiar with. I have different ones on the weekend but I know them also," "Yes basically I know them, there could be up to four or five of them on and off," and "Yes more or less, sometimes they don't tell me which carer is coming and I don't know who to expect but I do know them." Relatives also said that their relative received care from the same care assistant, therefore familiar with their relative's care needs.

People supported with their medicines told us that staff helped them and this was recorded. One person told us, "They [care assistant] do ask me if I have taken them and to make sure that I have." Another person said, "They [care assistant] will check to see if I have taken them." A relative told us, "Yes they help with medicines; they have to write down what medicines she has taken. They ensure she [relative] takes them also." Another relative said, "Yes they help with the medication, the old retainer carer oversees this and ensures it happens."

The registered manager told us that a recent concern of possible financial abuse was raised by the service with the local authority; however, this had not been notified to CQC. This particular issue had been resolved. The provider is aware of their responsibility to report all safeguarding concerns to CQC. Most staff we spoke with knew about abuse and how to report any suspicions of abuse.

We reviewed staff files and found that most contained the relevant recruitment checks, including disclosure and barring criminal records checks (DBS) to ensure that staff working with people were safe to provide care. The registered manager told us they had recently introduced a new assessment which included a scoring system. On the day of our visit we saw some evidence that this process had started along with evidence of file audits which started prior to this inspection. References checks had been carried out, however there was some confusion where professional references had been completed using the incorrect forms. Following our visit the registered manager told us that this had been addressed and the correct forms now in place. We asked the provider to send a list of all staff and their DBS status. We saw evidence that an appropriate risk assessment had been completed for staff where this was required. Files viewed showed that reference checks had been completed for most staff. However, during our visit the registered manager provided us with a list of staff where work was in progress to check and verify references. This audit is being completed by an admin assistant who has been given the responsibility for checking all references and bringing any issues to the attention of the registered manager. We recommend that the service consider current guidance in relation to recruitment practice.

Is the service effective?

Our findings

At our last comprehensive inspection on 22 and 29 June 2016 we found training had not been effective in ensuring that staff were up to date with current good practice. Staff we spoke with did not have an understanding of abuse and the impact of this on people who used the service. Staff administering medicines were not assessed to ensure they were competent to continue administering medicines. We found the service was in breach of legal requirements relating to staff training.

At this inspection we found the provider had made some improvements. Since our inspection in June 2016 the registered manager told us that staff training had improved. Most staff we spoke with understood about abuse and the signs to look for that may indicate that someone is suffering abuse and the impact of this on the people they cared for. Staff knew who to report concerns to, including external authorities. We saw from records that some staff had completed a medicine competency, which included a practical competency observation. This was confirmed by some staff we spoke with.

Most staff we spoke with said they felt supported by senior management and had received training in areas such as, safeguarding, moving and handling and medicine awareness. We saw from a training matrix provided by the service following our inspection, that since our last inspection in June 2016 some staff had received training in areas such as, safeguarding, health and safety, basic first aid, moving and handling, infection control and medication awareness. Five staff had completed a health and social care qualification at level two, and had started level three. The registered manager told us that the service was working towards improving the way training was delivered to care staff. We saw from our visit to the service's offices that they had moved to a larger site within the building. As well as space, this was also to improve the way training was delivered. We saw that practical equipment was made available to staff, such as full body hoist and medicine equipment, such as sample blister packs used to administer medicines. The registered manager told us that these had been introduced to provide staff with better practical training to effectively carryout their role. This was confirmed by some staff we spoke with.

Although staff understood some areas of risk and was able to explain what they would do to manage risks posed by the people they cared for, some staff felt they would benefit from further refresher training in understanding and managing risks to allow them to keep up to date with current best practice to effectively carryout their role.

Most people we spoke with said that they were happy with their main carer who they felt was well trained. This was not always the case for newer care staff. "...They [Staff] do a lot for me and do what they have to do, they are very helpful, are very good. The cover girls [Care assistant] are not well trained; I have told the office too, they're quite new to the country...." "They [Staff] come once a day after lunchtime, do my basic cleaning make coffee...The training is not thorough though, I'm wheelchair bound and I have to instruct them how to use the wheelchair on and off the pavements." "I think the training could be better, they have new carers which need to be trained."

Relatives felt that staff were well trained. One relative told us, "Yes I think they are well trained. We have a

cricket apparatus which we use to help stand and to get in and out of bed. Once the new girls [Care assistant] are used to it they are okay." Another relative said, "Yes they are well trained; they do everything that is needed. Each person is different they do look after him well. The main carer is excellent, and others are good too." One relative felt staff required further training, "Not well trained enough, one of the carers knows more than the other in hoisting. They need more training. I want them to take the initiative, to know what to do, to do their own thinking, to clean and wipe things, I don't want to tell them all the time what to do."

The registered manager told us that before working with people staff completed an induction and shadowed experienced staff. This was confirmed by staff we spoke with and staff records reviewed.

Is the service responsive?

Our findings

At our last comprehensive inspection on 22 and 29 June 2016 we found people's initial assessment of needs were not documented and care plans reviewed did not contain information about people's preferences and likes and dislikes. People also told us that care staff often arrived late or missed appointments and stated that they were not always contacted and informed if staff were running late. At this inspection we found the provider had made some improvements.

Care plans now included people's likes and dislikes and preferences for care. The registered manager told us that he went back to people using the service to talk to them about their likes and dislikes. The service now understood much more about people's needs. As part of the review of care plans the registered manager told us that all care plans will be updated by 31 May 2017. We saw that this process had already started. The service had introduced a new 'care needs assessment and risk assessment' document. Comments from people using the service included, "I think I have a care plan, they did one and asked me what I needed..." and "I think there's a care plan. My care needs are met." Relatives told us, "I don't know, there may be one in the folder," and "Yes there is a care plan, we have been involved in this and what my husband needs exactly is in the care plan."

Attendance times had improved since our inspection in June 2016 with people reporting that staff were mostly on time for care visits. One person told us, "Yes, mostly they come on time," "Pretty well on time most days. If they are late they will not call. It doesn't happen often though." And "Yes they are on time mostly. I think they don't call when they are late though. Sometimes the office will call." This feedback was also echoed by relatives we spoke with. Comments included, "The double up carers come at the same time, they are mostly on time. They were half an hour late on Saturday said they were delayed by a previous client, its excuses though. It doesn't happen that often though," "More or less it's the same time; we don't have a problem with this. I will call the office if they are half an hour late or the manager will call us," "Mainly they are on time; it usually depends on the traffic or the buses," and "They are always on time, never late." We noted that the provider was working closely with the funding authority on concerns relating to missed/late appointments.

People told us they did not have any complaints about the service, "No I have not had to make any complaints," and "No I have no complaints." Most relatives we spoke with said they did not have any complaints, "No complaints, we have an easy relationship, we can say what we feel," "No complaints, they [staff] are terrific." One relative had made a complaint concerning staff speaking over their relative in their own language, "We have had carers for a year now and within that time, four have not been up to scratch, one wasn't interested at all, we got rid of them, the office were very good..."

Is the service well-led?

Our findings

At our last comprehensive inspection on 22 and 29 June 2016 we received mixed feedback from people about how the service was managed, not all had been asked their views about the quality of the service and systems to monitor the quality of the service, were not effective in ensuring that staff arrived on time and provided the allocated hours of planned care. The registered manager told us that they were developing a system to allow them to better monitor care assistants time of arrival, but this had yet to be finalised. Therefore people did not always receive the care they needed because proper systems were not established. This put people at risk of unsafe care and treatment. We found the service did not meet the legal requirements relating good governance.

At this inspection we found the provider had made some improvements.

The registered manager told us that he had made a number of changes to staffing since our last inspection in June 2016. They had recruited three new office staff members, a care co-ordinator, visiting officer and trainer/recruitment officer. We found that all of these staff members had left at the time of our inspection in March 2017 for various reasons, including moving away from the area. The registered manager told us that this had disrupted their plans to implement changes following the inspection. The service has since recruited from within the agency, one staff member was promoted to visiting officer. The registered manager told us that he had recognised that the person had higher skills than the position they had applied for.

The service had introduced a new system to monitor staff arrival and departure times using a mobile phone device. We saw evidence of this during our visit. The registered manager told us that although this had assisted them to monitor staff, the system did not prevent missed calls as not all staff knew how to operate the system. A new more robust system had been purchased and would allow office staff to closely monitor staff activities as they are completed. The registered manager told us that office staff had been trained on the system and would be implemented in June 2017. The registered manager had purchased new mobile phones as a trial for staff to use for work purposes and to be able use the new system. Staff currently use their personal mobile phones which staff said used up their data allowance.

During our visit we saw evidence of quality assurance questionnaires sent to people using the service and random spot checks carried out in March 2017. These showed that overall people were satisfied with the service provided by the agency.

Most people and relatives spoke with said that they were asked for their feedback on the quality of the service. One person told us, "Yes they do come out; I have done satisfaction surveys too. I just filled one in. I have put my comments down." Another person told us, "Yes I did a survey recently." Relatives told us, "I do fill in questionnaires and they phone also," "Yes there are surveys to complete, they sent one a while ago," and "They do send surveys/ questionnaires, they do this a lot. I know my [relative] has asked my help to complete them."

Feedback from one funding authority was that the service had made some improvements, for example more

detailed risk assessments and care plans. They felt that although improvements had been made, these required more time to be embedded. Other examples of improvements made by the provider included the introduction of a new 'as and when required' (PRN) medicines form and a new format for recording and monitoring medicine administration records. The service was working closely with the integrated quality team in Barnet to support them to improve the quality of care.

We asked the registered manager about the number of missed calls recorded since January 2017. He told us that there had been three missed calls due to care staff not turning up. He told us that the care coordinator was often called out to assist people with personal care where care staff were unexpectedly absent. Following this inspection the provider submitted an updated action plan detailing actions they had taken in response to some of our findings during this inspection.

People told us they felt the service was well run. Comments included, "It appears to be well managed. If I ring the office I normally get a good response, I feel I am listened to, I can be awkward if I want to be.' The service is quite satisfactory, not much to be improved. A minor point is if a different carer is coming then I never know this. It's a small agency created from a larger one, not sure if they have enough staff to cover when the carers are on holidays or are sick. I get that impression," "Yes I think so. Overall it's quite good," "I know who the main office people are; they are always willing to listen," and "They have to do a lot and I think they need more carers."

Relatives were on the whole very positive about the service," It's a very good service; I am very pleased with them. We have a good relationship; they are not abrupt or stand offish. The manager helps out from time to time also," "Yes it's well managed, I'm terribly impressed, the office are real hands on. They are very efficient, if there's a hiccup they will turn up on the doorstep immediately. We are very lucky to have them. We live an hour away and my [relative] didn't want to go into a home so it's ideal for us. She's at ease and so am I. They seem to have got it right. It's wonderful," and "Yes it's well managed. The company is good, I would recommend them. They need to have a rota for the carers so that we know which carer is coming. It can be quite stressful if they are really late; my only concern is if they don't turn up. I have a routine that works for me...."

People using the service and relatives told us they were able to contact the office and speak to senior management if they were not happy. One person told us "Yes, the office are very understanding. They phone to see if the carers have come on time." Another person said, "Yes of course, there is always someone there and they get back to you too." This was confirmed by relatives who told us, "Yes I am confident to do so. Julia is the manager and she's easy to get hold of. If I'm not happy of course I will call," and "Yes I can contact the office, I get through straightaway, I have seen the manager, the assistant manager comes out to help sometimes, there is open communication, it's exceptionally well managed. The caring profession is difficult and they have never let us down."