Jasmine Care (South East) Limited

Jasmine Care South East Limited

Inspection report

The Maltings, The Old Brewery
Bakers Cross, Dorothy Avenue
Cranbrook
Kent
TN17 3AL

Tel: 01580713533
Website: www.jasminecaresoutheast.com

Date of inspection visit:
31 October 2018
07 November 2018

Date of publication:
12 December 2018

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

Summary of findings

Overall summary

The inspection was announced and carried out on 31 October and 7 November 2018.

Jasmine Care South East is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults. The service provides additional services such as cleaning and shopping. Not everyone using Jasmine Care South East receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, the service was supporting 11 people.

At the last comprehensive inspection on 5 and 7 March 2018 the overall rating of the service was, 'Requires Improvement'. We found four breaches of the regulations; Regulation 12, medicines had not been handled safely; Regulation 13, people had not always been protected from the potential risk of harm and abuse; Regulation 17, the provider had failed to operate effective quality assurance systems and Regulation 19, safe recruitment practices had not been followed to make sure people were protected from the risk of unsafe staff.

We made six recommendations for good practice; to make sure the data recorded regarding staff training is accurate; the provider addresses and records any concerns that are raised by staff, during supervision; the provider to obtain up to date information about the Local Authority Safeguarding protocol and procedures; the provider to make sure that the requirements of the Mental Capacity Act 2005 have been understood by the staff and complied with; the provider to develop a system to ensure people's daily care records are available and audited on a regular basis; the provider uses concerns or complaints as a way to improve the quality of care they provide to people and the provider reviews the policies and procedures to ensure they are readily available for staff to access.

Following the last inspection, we asked the provider to complete an action plan stating what improvements they intended to make and by when to address our concerns. After the inspection the provider wrote to us to tell us they had made the necessary improvements

At this inspection we found that improvements had been made.

The provider had suitable processes in place to safeguard people from different forms of abuse. They knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The provider recognised the signs of abuse and what to look out for. There were systems in place to support staff and people to stay safe.

The provider assessed people's needs on their first visit to the person, and then by asking people if they were happy with the care they received. People were supported to plan their support and they received a service that was based on their personal needs and wishes, however records of support. The service was flexible

and responded positively to changes in people's needs. Some people were supported by their family members to discuss their care needs, if this was their choice to do so. People could express their opinions and views and they were encouraged and supported to have their voices heard.

Care plans contained information about people's likes, dislikes and personal histories. People told us the staff were friendly and kind. Staff understood the importance of maintaining people's privacy and dignity, whilst encouraging people to do as much for themselves as possible. People were supported to remain as healthy as possible. People were encouraged to make everyday choices about their lives. Staff asked people for their consent prior to offering care and support.

People were supported with meal planning, preparation, eating and drinking if and when required.

Staff supported people, by contacting the office to alert the provider, to any identified health needs so that their doctor or nurse could be informed.

The provider followed recruitment procedures to check that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

The provider deployed sufficient numbers of staff to meet people's needs and provide a flexible service.

Staff had received training as is necessary to enable them to carry out the duties they are employed to perform. All staff received induction training at the start of their employment. Refresher training was provided at regular intervals.

Staff followed an up to date medicines policy issued by the provider and they were assessed against this by the provider. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

People said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues.

Management systems were in use to minimise the risks from the spread of infection, staff received training about controlling infection and had access to personal protective equipment like disposable gloves and apron's.

Working in community settings staff often had to work on their own, but they were provided with good support and an 'Outside Office Hours' number to call during evenings and at weekends if they had concerns about people. The service could continue to run in the event of emergencies arising so that people's care would continue.

The provider was putting processes in place to monitor the delivery of the service with the support of an external consultant. As well as talking to the provider at spot checks, people could phone the office at any time. People's views were obtained through meetings with the person and meetings with families of people who used the service. The provider checked how well people felt the service was meeting their needs.

People's personal information had been stored securely within the registered office, this protected people's confidentiality.

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.

People were protected from the potential risk of harm.

People experienced a service that made them feel safe. Staff knew what they should do to identify and raise safeguarding concerns.

Staffing levels were flexible and determined by people's needs. Recruitment procedures aimed to make sure people were only supported by staff that had been deemed suitable and safe to work with them.

Systems were in place so that medicines were administered safely.

Is the service effective?

Good

The service was effective.

People's needs were assessed.

People were cared for by staff who knew their needs well.

Staff encouraged people to eat and drink enough.

Staff met with the provider to discuss their work performance. Staff received on-going training and regular supervision.

The Mental Capacity Act 2005 was understood by the provider and staff received training about this.

Is the service caring?

Good

The service was caring.

People had good relationships with staff so that they were comfortable and felt well treated.

People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account.

People were treated with dignity and respect. Staff understood how to maintain people's privacy.

Is the service responsive?

Good

The service was responsive.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

The service was flexible and responded quickly to people's changing needs or wishes.

Information about people was updated with their involvement so that staff were aware of people's current needs.

Is the service well-led?

Good

The service was well-led.

The provider had implemented quality assurance and monitoring procedures, in order to provide an on-going assessment of how the service was functioning.

There were structures in place to monitor and review the risks that may present themselves as the service was delivered.

There was an open and positive culture which focused on people. The provider sought people and staff's feedback.

Jasmine Care South East Limited

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.

This inspection took place on the 31 October and 7 November 2018 and was announced. We gave the service six days' notice of the inspection visit, as we needed to be sure that the office was open and the provider would be available to speak with us. The inspection team consisted of one inspector and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection had experience in care for older people.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the agency, what the agency does well and improvements they plan to make. We looked at other information we held about the service, such as, notifications. Notifications are changes, events or incidents which the provider is required to tell us by law. We used all this information to plan our inspection.

As part of the inspection, we spoke with the provider who was also the registered manager and three care staff. We spoke with four people that used the service and four relatives of people who used the service to gain feedback about the service they received.

We reviewed a range of records. This included three people's care planning documentation, risk assessments and medicine records. We looked at documentation that related to staff management and staff recruitment including four staff files. We also looked at records concerning the monitoring, safety and quality of the service.

Good

Is the service safe?

Our findings

People described a service that was safe and said they felt safe receiving care from the staff. They told us that they felt safe with the staff that visited them in their own home and had no cause for concern regarding their safety or the manner in which they were treated by staff. One person said, "I say I do not need carers but my son likes to know that someone comes in. I am very unsteady and if I fell, I could be there all day. I do feel safer because someone is coming in". One relative said, "It is really to make sure she gets in and out of the shower safely. There is no way she could do it without help".

At our last inspection on 5 and 7 March 2018, we found breaches of the regulations. Regulation 12, Safe care and treatment, as medicines had not been managed safely; Regulation 13, Safeguarding service users from abuse and improper treatment, as people had not always protected from the potential risk of harm and abuse, and Regulation 19, Fit and proper persons employed, as safe recruitment practices had not been followed to make sure people were protected from the risk of unsafe staff.

At this inspection we found that improvements had been made.

People were protected from the risk of receiving care from unsuitable staff. The service had safe 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.

People were protected from abuse and mistreatment. The provider confirmed the steps they would take should they need to report an incident to the local safeguarding team. The provider told us that there had been no incidents or allegations of abuse reported since the last inspection. Staff were able to describe the potential signs of abuse and had received training in safeguarding adults. Staff were able to tell us who they could report concerns to outside of the service, for example, the local authority safeguarding team. Staff had access to the local authorities safeguarding protocol.

The provider confirmed that there had been no accidents or incidents since the last inspection. They said that any future accidents or incidents would be recorded with any lessons learnt and the steps put in place to reduce any potential risks.

People were supported to manage their medicines safely and at the time they needed them. Checks were carried out to ensure that medicines were stored appropriately, and support staff signed medicines administration records (MAR) for any medicine when they assisted people. Staff had been trained to administer medicines to people safely. Staff were informed about action to take if people refused to take their medicines, or if there were any errors. One person said, "I have got some tablets. They (staff) get them out and put them in a dish ready for me to take". One staff member told us, "I complete the medication administration record, when I have supported the person to take their medicine in the morning".

Risks to the safety of people and staff had been assessed and recorded. There were separate risk assessments in place for specific activities, such as moving and handling. This included the person's risk of falls, and the control measures put in place by staff to address the risk. For example, the moving and handling risk assessment for one person showed that staff had taken into account the need for a shower chair, to reduce the risk of falls. Each risk assessment included a measure of the person's capability and if they needed support from one or two members of staff. Where people had particular health needs, this was reflected in their risk assessment. For example, staff were to encourage fluids for one person, to maintain their hydration.

Each person's care plan contained a health and safety tour, which documented the environmental risk assessment completed at the person's home. This covered the physical environment, any equipment or machinery on site, electrical items, fire safety, housekeeping and working practices. The document was reviewed by the provider during 'spot check' audits. An assessment was completed for staff to follow when using chemicals such as body wash or soap. This covered how the substance was harmful, to whom, the control measures and action to take in an incident. People could be assured that any potential risk to them or others had been explored with action taken to reduce the risk.

Staffing levels were provided in line with the support hours agreed with the person and determined by the number of people using the service and their needs. There were enough staff to cover all calls and staffing numbers were 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 as required.

Staff had received infection control training. The provider had a supply of personal protection equipment and they knew how important it was to protect people from cross infection. Staff were provided with appropriate equipment to carry out their roles safely. For example, they were issued with gloves and aprons. One member of staff said, "I keep a supply of gloves and aprons in my car, ready for when I need them".

The provider planned in advance to ensure people's care could be delivered. The provider had policies about protecting people from the risk of service failure due to unforeseeable emergencies so that their care could continue. The provider had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time.

Good

Is the service effective?

Our findings

People told us staff were trained and attentive to their needs. One person said, "They (staff) do everything I need and they do what I say".

At our last inspection on 5 and 7 March 2018, we made recommendations for good practice in relation to the provider ensuring that staff training records were accurate; the provider addresses and records any concerns raised by staff, during supervision and the provider ensures that the requirements of the Mental Capacity Act 2005 have been understood by staff and complied with.

At this inspection we found that improvements had been made.

There was an induction process, this involved new starters working alongside the provider or more experienced members of staff until they were assessed as competent to work independently. The new starter was observed in their practice, to ascertain if they required more support or if they were able to work independently. The new starter was assessed during their induction by the provider across a variety of criteria, including equality, rights and independence, effective communication, health and safety, safe moving and handling and recording of care. New staff inductions followed nationally recognised standards in social care, such as, The Care Certificate.

Staff told us they had received the training to fulfil their role and to meet people's needs. Staff completed training courses in a range of subjects such as, safeguarding adults, fire safety, infection control, understanding dementia, moving and handling and equality, diversity and inclusion. The provider was a 'train the trainer' in a number of subjects and completed the induction process with staff. Train the trainer, is an education model whereby individuals are trained and assessed as competent to mentor, train and teach others. The provider used a training matrix to track staff's training and highlight when training courses required refreshing. The training certificates seen in staff files supported that the provider had reviewed and updated the staff training matrix.

Staff told us they felt supported by their supervisor, this could be the provider or the administrator. Staff had received regular supervision with their line manager. Sport checks were unannounced, and conducted by the provider, who observed the staff providing care and support to the person, in the person's home. The spot checks enabled staff to receive feedback from their line manager and gave an opportunity to discuss the staff member's development in their role and to identify any training needs. Other areas discussed during the supervision included the staff member's work rota and any workplace concerns, personal development, attendance and teamwork. The supervision session included general feedback from other staff members and the people who used the service. For example, one member of staff had requested a change in evening duty hours, and the provider had listened and taken action. The staff members hours had been changed the following week.

People told us they were asked for their consent before care was given and they were supported and enabled to make their own decisions. People consented to their care plan, as well as to the sharing of

information about their health with other healthcare professionals as necessary. There was a separate consent form for the provision of safe administration of medication, by trained staff.

People's care plans were based on information from the person's initial care assessment completed by the provider. The assessment covered specific areas where the person required support during the day. These included physical well-being, mobility, personal care, health, nutrition and continence. The assessment noted where people had equipment or aids to support their needs, such as a hoist or an air mattress on their bed. The assessment also noted how much the person could do for themselves, and where they needed specific support. Records showed that during the initial assessment the provider would recommend additional services that the person may benefit from, such as, occupational therapy.

There was a visit plan for staff, which detailed a step by step guide on how to support the person and best meet their needs. This included the person's own preferences on how their care should be provided, for example, when they wanted to get out of bed, what they preferred to wear, and how to approach their personal care needs. The visit plan included the time and length of the visit, the desired outcomes and any identified risks, including environmental risks for staff. For example, in one person's visit plan, it was noted that the approach to the front door was on uneven ground and in a poorly lit area, so staff were advised to use torches.

The service was not supporting anyone to maintain their nutrition, by preparing meals for people. Staff received training in food safety and hygiene as part of their induction. People's initial assessment covered whether any support was required from staff regarding nutrition. Staff encouraged people to drink fluids during their care call to maintain their hydration. People's care plans recorded specific tasks regarding nutrition and hydration such as, making a cup of tea. People could be assured that their nutrition and hydration needs would be met if this was required.

People were supported to remain as healthy as possible, if this was part of their assessed needs and care plan. A record was kept of any correspondence the service had with health care professionals such as, GP's. Records showed staff had contacted a person's doctor with their consent, when they were feeling unwell. One relative told us, "They keep an eye on her skin and tell me if there is anything they need me to get, for example creams".

Care records included information on the person's personal details, emergency contacts and medical history. There was a "patient passport" in place, with further details on the person's current abilities and areas requiring support, for a variety of activities of daily living, including preferred priorities if the person's health deteriorates. The patient passport included details such as whether the person normally wears a hearing aid.

Staff received training on the Mental Capacity Act (MCA) 2005, staff understood and had a working knowledge of the key requirements of the MCA. They put these into practice and ensured people's human and legal rights were respected. The staff had a clear understanding of people's rights in relation to staff entering people's homes.

Information cards on the MCA were displayed in the registered office, and provided information and guidance for staff in this area. The cards included the reasons for a mental capacity assessment, what should be involved, and how staff could ensure that any decisions were made in the person's best interests.

Good

Is the service caring?

Our findings

People spoke highly of the care staff that supported them. People said, "They (staff) are polite. They are alright. Some are very nice", "Things have improved over the last year or so. They (staff) sit down and have a chat with me" and "They (staff) are very good to me. They know me very well".

At our last inspection on 5 and 7 March 2018, we made a recommendation that the provider develops a system to ensure people's daily care records are available and audited on a regular basis.

At this inspection we found that improvements had been made.

People's care plan's contained information about their preferences, likes, dislikes and interests. People and/or their relatives were involved in the planning and delivery of the service they received. One relative said, "All the carers are good. They chat to my relative, who likes to see different people". Another relative told us, that the carer had recently found some exercises for their relative to do whilst sitting in her chair".

People's care plans informed staff how to meet their emotional needs if required. One person's care plan recorded that they wanted staff to sit and talk with them. The daily care records for this person showed that staff met this need during each care visit. People were encouraged and supported to remain as independent as they wanted to be. Care plans included details of what people were able to do for themselves and the support they required from staff. One person said, "I do as much as I can." The staff offered support with anything else.

A daily record of care documented all the care provided to the person, including personal care, medicines and housekeeping. People's care needs were reviewed appropriately. For example, one person was noted to be unwell, staff collected a urine specimen, and called the doctor on the person's behalf, resulting in a change of medicine. The provider showed us that records were now audited monthly, and we saw that records had been filed into monthly plastic pockets to assist the auditing process.

People could be assured their privacy and dignity would be maintained by the care staff as staff understood the importance of maintaining people's privacy and dignity. Staff gave examples of how they maintained people's dignity whilst meeting their care needs. For example, closing the doors, covering people up with a towel and encouraging people to do as much for themselves as they are able. One member of staff said, "I respect all the service users. I treat everybody like I would like to be treated. I am discreet. With personal care, I see what I have to do and make sure they feel comfortable. I keep their privacy".

The provider had an understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely in the office and only accessible to those authorised to view them. The provider was aware of the recent changes to Data Protection Law with the new General Data Protection Regulation (GDPR). This new law regulates how organisations protect people's personal information. People's electronic records were kept securely and computer equipment was password protected.

Good

Is the service responsive?

Our findings

People described their staff as being 'supportive' and 'caring'. One person said, "They (staff) respect what I do and do not want". People received personalised care and support. They and the people that matter to them had been involved in identifying their needs, choices and preferences and how these should be met. People's care and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided. People's plans were reviewed on a regular basis or sooner if their needs changed and they were provided with support that met their needs and preferences.

At our last inspection on 5 and 7 March 2018, we made a recommendation that the provider uses concerns or complaints as a way to improve the quality of care they provide to people. The provider confirmed at this inspection that no concerns or complaints had been raised since the last inspection.

People told us they knew how to make a complaint if they needed to, and felt able to speak to the provider. One person said, "I have never had to complain". Another person said, "They have been very good. I have no complaints at all". The complaints policy included definitions of complaints, who could use the procedure, how to make a complaint, and the rights and expectations of the complainant. The policy also included key information on escalation of the complaint, including contact details for the local government ombudsman, regulator and commissioner.

People's care plans were individualised to meet the exact support the person wanted and needed. Each person's care plan recorded the specific outcome they wanted to achieve from the care and support they received. For example, records showed one persons' outcome was to ensure daily social interaction and to maintain independence and safety within their own home. The service offered people additional services such as, cleaning, shopping, visits to loved ones and social visits to avoid isolation.

Staff said they were informed about the people they supported as the care plans contained all the information they needed to provide individualised care to the person. The plans also included details of people's religious and cultural needs. 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 staff assisting new people, or for 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 service was flexible and responsive to people's individual needs and preferences. Relatives told us that the service was flexible and had provided additional support to respond to urgent changes in need. Staff worked enthusiastically to support people to lead the life of their choosing and as a result their quality of life was enriched and optimised to the full.

The provider was working closely with the local hospice and hospital in supporting people who were at the end or near to the end of their life. The provider followed the assessments undertaken by healthcare professionals when preparing the plan of care for the person.

The service was working according to the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place from August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. For example, using technology to ensure records were accessible to people with different communication needs.

Good

Is the service well-led?

Our findings

People and their relatives were positive about the service they received. They all knew the provider by name, mainly because they had delivered care at some stage to all of them. One person said, "The provider comes in regularly and checks everything is OK". They all told us they were happy with the service they received.

At our last inspection on 5 and 7 March 2018, we found a breach of Regulation 17, Good governance as the provider had failed to operate effective quality assurance systems. A recommendation was also made that the provider reviews the policies and procedures to ensure they are readily available for staff to access.

At this inspection we found that improvements had been made.

There were previously no systems in place to be able to assess and monitor the quality of service provision and ensure any concerns were addressed promptly. The provider told us that they had contracted with an external consultancy company who were providing quality monitoring tools. For example, a monthly complaints/concerns log; a monthly accident/incident log; medication audit and staff training audit. We saw completed medicine audits, together with other quality monitoring forms the provider said they were starting implement on a regular basis. The provider told us that an external consultant would be visiting them on a monthly basis to support them with all the documentation they needed to implement and maintain.

Policies and procedures had also been provided by the consultancy company and were being put in place 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 was also the registered manager. 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 2008 and associated Regulations about how the service is run.

Staff told us they were aware of their role and responsibilities, through their contract of employment. Staff were given an employee handbook when they started working for the provider. This covered an introduction to the organisation, general terms and conditions of employment and an overview of procedures such as, disciplinary, capability and health, safety welfare and hygiene. One of the newest members of staff confirmed that they had been given a copy of the staff handbook.

Staff said they liked working for the provider. Our discussions with people, their relatives, the provider and staff showed us that there was an open culture that focused on people. Staff told us that the provider had an 'open door' policy which meant that staff could speak to them if they wished to do so. Staff told us there was good teamwork amongst staff.

Staff knew they were accountable to the provider 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 provider had consistently taken account of people's and staff's views in order to take actions to improve the care people received. One member of staff said, "The provider keeps in touch with us, and I can contact her when I need to". Following a recent quality assurance survey in October 2018, seven people completed the survey. The overall answer to all questions about the service was ticked on the questionnaire as 'excellent', with an occasional 'very good'. Comments from people included, 'Many thanks for the excellent care', 'Very satisfied, we have no complaints' and 'First class service'.

People were invited to share their views about the service through one to one meetings, telephone calls from the provider and when the provider carried out personal care for people. The service worked in partnership with other agencies to enable people to receive 'joined-up' care.

The provider ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

The manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. We used this information to monitor the service and to check how any events had been handled. They were aware of the statutory 'Duty of Candour' which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The provider confirmed that no incidents had met the threshold for 'Duty of Candour'. This demonstrated the provider understood their legal obligations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the office area of the service.