

Jacaranda Healthcare Limited

# Jacaranda Healthcare Limited

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Jacaranda Healthcare Limited is a domiciliary care service that provides personal care to adults with a range of support needs including people living with dementia. At the time of the inspection the service was providing personal care to 52 people living in their own homes in the local community.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they felt safe with the care staff that supported them. Staff were aware of signs of abuse and how to report them, they felt confident that management would respond to any concerns.

People told us that they received support from regular care staff who mostly arrived on time and stayed for the allotted time. People told us staff always wore Personal Protective Equipment (PPE) and safe infection prevention and control practices were followed.

The provider had systems in place to assess risks to people before undertaking their care and support. However, we found that risks were not always fully and comprehensively assessed within care records. People received their medicines safely, however, the provider was not consistently following national guidance in the management of medicines.

People were supported by care staff who were skilled and trained to meet their support needs. Care staff told us they were well supported through supervision and annual appraisals.

People were supported to eat and drink enough where this was an assessed need. Care plans were person centred and detailed peoples background history and preferences. The service supported people to access relevant health care services where required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had systems in place to monitor the quality and safety of the service. People and relatives spoke positively of the service and felt the service was well managed. The registered manager sought the views of people who used the service and people and relatives told us that the management team would respond to any requests or concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 2 March 2019).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Jacaranda Healthcare Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by two inspectors and two Experts by Experience who made telephone calls to people and relatives of people using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and other office staff. We reviewed a range of records including six people's care records and five people's medicines records. We looked at five staff files in relation to recruitment and staff supervision.

#### After the inspection

We spoke to 12 people who used the service and ten relatives about their experience of the care provided. We spoke with five members of staff including the registered manager and reviewed a variety of records relating to the management of the service, including training data, quality assurance records and policies and procedures. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with the care and support they or their relative received. One person told us, "Yes definitely. I don't have any problems at all. Yes, I don't have any concerns." One relative said, "Yes, there are two workers, they are very good with her, very professional."
- Staff had received safeguarding training and were aware of how to raise a concern and felt confident that it would be dealt with appropriately.
- The provider had an up to date policy in place which gave staff guidance on how to safeguard people from abuse and report any concerns.

Assessing risk, safety monitoring and management

- The provider had systems in place to assess risks to people before undertaking their care and support.
- Care records and risk assessments were available to staff electronically, so they had access to records when supporting people.
- For specific risks and health conditions, the service provided staff with reference documents which detailed information about the condition, signs and symptoms to look for and actions to take. These were attached to the person's care plan.
- However, during the inspection, we found some examples where risks to people had not been fully assessed and documented within care plans. We brought these to the attention of the registered manager and during the inspection these records were updated.
- Staff told us they had all the information they needed to support people safely. One staff member said, "We have all the information from the office or in the service user's folder."

Staffing and recruitment

- Systems and processes in place supported the recruitment of staff who had been appropriately assessed as safe to work with vulnerable adults.
- Pre-employment checks included the completion of an application form, DBS checks, evidence of conduct in previous employment and proof of identity. DBS checks inform the service if a prospective staff member has a criminal record or has been judged to be unfit to work with vulnerable adults.
- However, the providers application form did not ask potential employees for a full employment history and gaps in employment had not always been fully explored and documented. We also found that not all DBS checks had been renewed within three years in line with best practice.
- At the time of the inspection the provider was updating its recruitment systems and documents with the support of a consultant, the registered manager assured us they would address these issues as a part of this process.

- People and relatives told us that they received support from regular care staff who mostly arrived on time and stayed for the allotted time. Where staff were running late people were informed of this. One person said, "Yes they are very good at that. I usually get a text if they are going to be late. Ten minutes, that's not late." A relative told us, "Mum has two calls per week always on time always the same person, she likes the lady, any concerns and they contact me."

#### Using medicines safely

- People received their medicines safely and as prescribed. The service had an up to date medication policy in place and medicines administration records were completed with no gaps in recording identified.
- A monthly audit, spot checks and an electronic care planning system enabled the service to monitor and ensure people received their medicines on time.
- However, guidance in place for medicines prescribed 'as needed' (PRN) was not always sufficiently detailed for staff to know how and when to administer each medicine. PRN medicines can be prescribed to relieve pain or anxiety.
- Staff had received medicines administration training, however, we found that not all staff had their competency assessed within the past year in line with national guidance. We brought these issues to the attention of the registered manager who agreed to address them immediately.
- People and relatives told us they were satisfied with the support they received with medicines. One person told us, "Oh yes, they give me my medication, no problems with that."

#### Preventing and controlling infection

- Effective systems were in place for managing and controlling infection, including COVID-19.
- The providers infection control policy was up to date, staff had completed relevant training and had access to regular testing and PPE.
- People and relatives told us that staff always wore PPE. One person told us, "Yes, masks, gloves, apron and when it's wet, they put bags on their shoes with elastic round just to stop the dirt coming through." One relative said, "They do yes, shoe coverings, apron, gloves and masks." A member of staff told us, "We have done training online, we know what to do, washing hands, sanitiser, PPE."

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded with details of the incident, immediate actions taken, the outcome and any lessons learnt.
- The registered manager explained how following an accident or incident they would share lessons learned with their team and how this would help prevent any reoccurrence.



# Is the service effective?

## Our findings

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

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

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

- People's needs were assessed, and care plans and risk assessments were developed using information gathered during initial assessment.
- Care plans were person centred and included details of people's background history and preferences. One relative told us, "I think they offer really good care, they use the care plan, set the standard of care, they know what she likes and how she likes it." Another relative told us, "They are good, very good, my mother in law does not speak English but they use cards to find out what she wants."
- People said they were involved in discussions about their care package and agreements about how their care was provided.

Staff support: induction, training, skills and experience

- People were supported by care staff who were skilled and trained to meet their support needs. One person told us, "I think so, yes, they know what they are doing." Another person said, "I'm no expert but as far as I'm concerned yes, they are." A relative told us, "Yes I do. They make sure they ask her questions; they are all nice and cheery."
- Staff completed an induction programme which included the provider's mandatory training, training to meet the needs of individual clients and time spent shadowing more experienced members of staff.
- Staff confirmed the induction programme and training was good and prepared them for their role. One staff member told us, "Yes, I had induction and shadowing for one week, it prepared me."
- Staff also identified that they would benefit from more training in supporting people with dementia. One staff member told us, "We could do some more training, refresher training on dementia and Alzheimer's." We brought this to attention of the registered manager, who agreed to address this training need.
- Staff told us they were well supported by management including regular supervisions and annual appraisals. One staff member said, "I have supervision with the care coordinator, I call her when I need her."

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

- People were supported to eat, drink and maintain a healthy diet where this was an assessed need.
- Staff received training in food hygiene and were aware of people's dietary needs and preferences which were detailed in people's care records.
- People and relatives told us staff assisted them with preparing meals. One person told us, "Yes, yes he gets my breakfast." A relative told us, "Yes, it's good and she does eat well. If she was anxious, she wouldn't eat. Generally, she eats well."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The service worked closely with other health and social care professionals when required, including speech and language therapists, occupational therapists and GP's. One professional said, "The registered manager is approachable, knowledgeable and fair, he is undertaking joint visits with social workers and he has a good insight of majority of issues within physical disabilities and older people user groups."
- Care plans included details of people's health conditions and provided information and guidance to care staff on how people were to be supported.
- People and relatives told us that they had confidence in the care staff that supported them and were assured that they would request assistance where required especially in an emergency. One person said, "Well they haven't done for some time, but I think they would."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. Care plans showed that MCA assessments were completed when required and included consent to receiving care and support.
- Staff had completed training and demonstrated an understanding of the MCA in line with the key principles.
- People and relatives confirmed that staff sought consent whilst delivering care and support and ensured people's wishes and choices were always considered. One relative said, "Yes they always tell him before."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team promoted a positive culture which focused on people receiving personalised care and achieving good outcomes for people.
- Staff told us the management team were approachable, supportive and always contactable. One staff member said, "They've helped me so much over the years" and another said, "Yes, such a nice company to work for. Nice environment."
- People and relatives spoke positively of the service they received and felt the service was well managed. One person said, "Well for me it is." Another person said, "It seems to be yes." One relative said, "Yes, I do especially when [manager] came on board and it's stayed like that too. They are always checking, really thorough." Another relative said, "They know how much I rate them, the care is really, really good, their communication excellent."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood their legal responsibilities in relation to being open and honest with people when something went wrong. Safeguarding records and statutory notifications confirmed this.
- The provider had systems to monitor the quality and safety of the service including medicines audits and spot checks to assess the competency of staff.
- Electronic management systems in place enabled the management to oversee the quality of care people received in real time. The service was able to check that care staff arrived at their care calls on time and people had received their medicines as prescribed.
- Staff described how they had good communication with the management team and other office staff. Staff said they had regular staff meetings to support learning and discuss the expectations of their role.

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

- The registered manager sought the views of people who used the service. This included regular surveys and discussions between people and the management team.
- People and relatives told us that they had been involved in the care planning and review process.
- People and relatives knew the management team and told us that they felt they would always respond to

any requests or concerns. One relative said, "[Manager] has a lot of time for me, so yes." One person said, "[Manager] is always very approachable so I would speak to them."

- All of the staff we contacted said they felt the management team was fair and approachable. One staff member said, "Yes, definitely." Another staff member said, "Yes, I feel that they are quite fair."

#### Working in partnership with others

- Where required the service engaged with other agencies and professionals to meet people's needs. This included local authorities, GPs, community nursing teams and other health and social care professionals.
- The service engaged with other local providers via a national care organisation, to access training and share best practice.