

JAC Healthcare Limited

JAC Community Care

Inspection report

192 Prince Street
Walsall
West Midlands
WS2 9JG

Tel: 01922620640
Website: www.jachealth.co.uk

Date of inspection visit:
30 September 2019

Date of publication:
06 November 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

JAC Community Care is a service providing care and support to people in their own home. It provides a service to older adults and people with learning disabilities. At the time of the inspection the service was providing support to 15 people. All the people using the service received the regulated activity of personal care.

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

People told us they felt safe with the care staff who supported them. Staff told us they would report any safeguarding concerns but did not consistently know external agencies. Risks to people had been assessed in relation to them as individuals. However, where people required the support of staff or equipment to mobilise, their care records did not contain guidance to direct staff how to safely support people. Although there was a recruitment process in place, we found that the process was not always followed, and pre-employment checks were inconsistent. People told us they were supported by consistently reliable staff who did not miss calls. People were supported, when required, to receive their medicines as prescribed. The registered manager told us they had not had any accidents or incidents so could not share any examples of learning with us.

People felt staff had the skills and experience to care for and support them. However, staff had not received refresher training as identified by the provider. People were supported where required to eat and drink sufficient amounts to remain healthy and were supported to access healthcare professionals when required. People told us staff obtained their consent before supporting them with care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us staff were kind, friendly and caring. Staff supported people to maintain their independence and to remain involved in decisions about their care. People told us they were involved in their care planning and staff made sure they respected people's dignity and privacy.

People received personalised care from staff who knew their needs and wishes. Staff and the provider were responsive to people's individual needs and tailored the service where possible to support people. People knew who to make complaints to and were confident they would be listened to.

The registered provider did not have robust quality assurance systems or processes in place at the time of the inspection. They told us the service was very small and they did some of the care delivery themselves so had an overview of the service. However, there were no records or systems to verify any quality checks or audits. People told us they thought the service was well-led by approachable providers who went the extra mile to support them.

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

Rating at last inspection: The last rating for this service was Good. (Our last report was published on 28 October 2016.)

Why we inspected: This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for JAC Community Care on our website at www.cqc.org.uk.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

JAC Community Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector, one assistant inspector and an 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.

Service and service type

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

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

Notice of inspection

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

Inspection activity started on 27 September 2019 and ended on 30 September 2019. We visited the office location on 30 September 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority,

professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During our inspection visit to the office we spoke with the nominated individual, the registered manager and three care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also telephoned six people who use the service and four relatives to ask them about their experience of care and support provided by the service. We used this information to form part of our judgements.

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

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 Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People told us staff knew their risks and how to support them safely. One person said, "They help me safely to get showered and dress me which I struggle with doing, making sure I am safe and don't topple over."
- Risks to people had been assessed in relation to them as individuals and their home environment. However, where people required the support of staff or equipment to mobilise, their care records did not contain guidance to direct staff how to safely support people to mobilise. For example, slide transfer sheets and wheelchairs.
- One person had no risk assessment in place despite their assessment showing risks related to swallowing. We spoke with the one member of staff who supports the person. They described the person's risk and how to support them safely, this mitigated the impact for the person. The registered manager advised us this would be addressed immediately following our inspection.

Staffing and recruitment

- Although there was a robust recruitment process in place, we found that it was not consistently followed. For example, three applicant's full employment history were incomplete and gaps in employment history had not been explored. The registered manager advised that they would address this immediately following our inspection.
- People told us they were supported by regular care workers who they had got to know very well. One person said, "They are occasionally late but do let me know and never leave early. Not had a missed call ever." Another person told us, "They are good on time, not missed coming and stay my full time."
- People told us when two staff were required to support them they worked together throughout the shift, so people received punctual support for the whole of their allotted time.
- An electronic system and an 'app' on staff phones ensured managers knew the whereabouts of staff, to ensure the safety of both people and staff. No calls had been missed.
- There were enough staff deployed to meet people's needs and keep people safe.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe using the service and their relatives told us they had no concerns about their family members' safety. One person told us, "They make sure I am safely in bed at night and secure my doors for me." A relative said, "They guide him safely out of bed and into his stair lift downstairs and then support him out of it to his chair."
- Although the staff we spoke with said they would report any concerns, some were unsure of to report

concerns to external bodies and were unsure about the

- The registered manager understood their responsibilities to protect people from the risk of abuse and reporting concerns of abuse to the local authority safeguarding team and CQC.
- The registered manager told us they had not had any accidents or incidents since the service registered. They told us however, that if any occurred they would analyse them to see if they could have been avoided. We saw processes were in place to record and analyse any occurrences. The registered manager told us any learning would be shared in staff meetings.

Using medicines safely

- Medicines continued to be managed in a safe way. People received their medicines, as prescribed. One person told us, "Sometimes I take them myself and other times they get them and give them to me to take with some water."
- People's care records contained clear guidance for staff to follow, which explained the support each person needed with their medicines.
- Staff were trained in medicines management and their competency to administer medicines safely was checked but not consistently recorded. We could not be assured of the frequency or findings as no information was recorded.

Preventing and controlling infection

- People and their relatives said staff always followed safe practice and wore protective equipment when needed. One person told us, "Yes [the staff] have always got gloves and aprons on."
- Staff had access to personal protective equipment which supported them to prevent the spread of infection.

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 told us they were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences. One person told us, "My care plan is up to date, I go through it with them and have it here." We found the protected characteristics under the Equality Act had been considered when planning people's care.

Staff support: induction, training, skills and experience

- People told us staff were well trained and had an excellent understanding of their needs. One person told us, "The carers are all good and well trained in what to do." A relative said, "Never had any issue with any training worries. All well skilled in my opinion."
- Staff told us they felt they had the right knowledge and skills to care for people they supported.
- However, at the time of inspection, we identified gaps in training the registered provider had identified as mandatory. This meant people were being supported by staff who had not received regular refresher training. We received information following our inspection to demonstrate the provider had addressed this.
- Ongoing support was also provided to staff through supervision, observations and appraisals. Staff told us they felt supported by the registered manager and the nominated individual.
- Staff said they received an induction before they started to provide care work. Staff told us they undertook shadowing shifts when they began work, whereby they shadowed more experienced staff carrying out care tasks until they felt confident to work alone.
- Newly appointed staff had completed the Care Certificate which is an agreed set of minimum standards that define knowledge, skills and behaviours expected within health and social care.

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

- People were happy with the support they received with their meals and drinks. They told us staff prepared meals of their choice and provided them with encouragement to eat and drink enough. One person said, "They get me toast or cereal with a drink for my breakfast. They then prepare me a sandwich of my choice to have at lunch time. In the evening will bring me a drink to have and sit and talk to me."
- Staff were knowledgeable about how to meet people's nutritional needs. For example, staff understood any risks for people eating and prepared food safely.

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

- People and their relatives provided positive feedback about how the service supported them with their health. One person told us, "I had a fall a while ago and the carer stayed with me until the ambulance and

paramedics came. She would not leave me until I had been checked so stayed quite a while over my time."

- Staff worked with other organisations to support people to maintain their health. Staff sought advice from health and social care professionals, such as GPs, social workers and district nurses, when required to ensure people's health and well-being improved.
- Staff knew what action to take in an event of a health emergency or if someone was unwell due to their health conditions. However, care plans did not always contain detail and guidance for staff to follow. For example, people living with diabetes. The registered manager advised us they would ensure care records were revisited to ensure they contained detailed guidance for staff to follow.

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.

- People were asked their consent before any support was provided to them and their rights were respected. One person told us, "They always ask me if I am ok and what I want doing before they proceed doing anything."
- People had signed their care records to show they consented to their care and support, if they had the capacity to make this decision.
- Staff understood the Mental Capacity Act principles and knew who would be involved to support people with decisions when needed.
- Assessments of people's capacity to make decisions about their care and support were completed, where this was appropriate.

Is the service caring?

Our findings

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

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

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

- The providers PIR stated, "We aim to recruit individuals who are able to demonstrate compassion, kindness, integrity, respect and promote independence."
- People and relatives told us staff were friendly, kind and compassionate and took time to have a chat while they were supporting people with their care. One person said, "The carers are all very nice and friendly and good whoever comes. Very caring all of them. Really happy with all of them." A relative told us, "They all care and are very kind and considerate with her. They never rush her with anything and will sit and chat to her after her personal care is all done."
- People told us their individual needs and wishes were considered when their care needs were assessed. For example, staff respected any cultural or religious preferences and observations. People told us they were given a choice about the gender of care staff who supported them.
- Staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights when discussing people, they supported. A member of staff said, "What difference does anyone's religion, culture or sexual orientation make, you just treat people equally and as an individual."

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

- People were fully involved in discussions about the care and support they required. Care plans were developed with meaningful input from people and their family members.
- People were supported by a small team of regular staff which meant they had developed meaningful relationships with staff who knew their preferred routines and preferences. One person said, "Yes they are all very good. They all know what they are doing and are very understanding and helpful with me."
- People's views and decisions about care were incorporated when their care packages were devised. This helped staff to support people in a way that allowed people to have control over their lives and make day to day decisions. For example, days and times of support were provided to suit the person being supported.
- Staff told us that they never made assumptions about people's routines or preferences and always checked how they wanted their support to be provided.

Respecting and promoting people's privacy, dignity and independence

- People told us their right to privacy and dignity was respected and maintained. One person said, "Very good they draw the curtains and close the door and also keep me covered with a towel so never left with nothing on when taking me to have a shower."
- Staff we spoke with gave examples about how they respected people's privacy and explained how they supported people to maintain their independence.

- People's confidentiality was maintained; records were kept securely in the office of the service.

Is the service responsive?

Our findings

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

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

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

- People told us the service was flexible and responded to their individual needs as they arose. A relative said, "It is the flexibility they give as sometimes if I am going to be away mother will need five calls a day, but only the one when I am here. They always accommodate my requirements."
- Staff told us they were able to provide personalised support tailored to the needs and wishes of each person.
- Information had been gathered from people and their families to build a detailed picture about each person's support needs, preferences and history.
- People said they were involved in their care planning, along with regular reviews to check if there have been any changes or establish if things were still suiting their care needs. However, this had not consistently been recorded and we were unable to see the frequency of reviews.

Meeting people's communication needs

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

- Staff knew how to communicate with people to understand their wishes. Staff found different ways to ensure they understood people's needs. For example, understanding facial expressions and body language.
- The provider was aware of the accessible information standard and was able to provide information to people in alternative formats if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff provided social support visits to people and supported some people to access the community. Care plans contained information about people's families, cultural needs and their personal interests and hobbies. This supported staff to meet people's individual needs.

Improving care quality in response to complaints or concerns

- All the people we spoke whilst had not made a complaint, knew how to and were confident to do so. We reviewed the complaints log and found the service had not received any formal complaints.
- The provider had a complaints procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.

End of life care and support

- The service was not providing end of life care to anyone at the time of this inspection.
- The registered manager was in the process of exploring people's wishes to make their end of life care plans more comprehensive to ensure people's end of life wishes were respected.

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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider confirmed, and we saw there were no formal quality assurance systems or processes in place to monitor the quality of care plans, risk assessments, reviews, staff training and competence or recruitment. This would help demonstrate how the service monitored the quality of care being provided.
- The registered manager frequently worked alongside staff observing their practice. However, these observations were not consistently recorded so we could not assess how effective they were and there was not a system in place to monitor when staff were due for a spot check.
- The provider told us they had an overview of the service because they regularly provided hands on care to people in their own homes. However, there were no records to demonstrate if this was effective or how this helped to identify potential areas which required improvement.
- There were no systems in place to capture people's feedback about their experiences of the service they received and how it could be used to drive improvement.
- There were no systems in place to ensure recruitment processes were robust and followed.
- There were no systems in place to ensure reviews of people's care plans and risk assessments had taken place and that care plans were current following changes to people's needs.

We could not be assured that the quality assurance monitoring currently being undertaken by the service were effective without robust systems and records in place. This constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

- Whilst there were no effective quality assurance processes and shortfalls in record keeping this had not had a negative impact on the people who used the service.
- The registered manager completed regular audits of the medicine management system to ensure staff continued to support people with their medicines in a safe way.
- Any notifications that the registered provider were obliged to make such as those alleging abuse, had been made to the CQC and local authority.
- The latest CQC inspection report rating was on display in the office of the service and on their website.

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

- People told us they had opportunities to give feedback about the service. People were

regularly visited at home by staff who asked for their feedback about the service and the care they received. However, these were not recorded or evidenced.

- The service was small with only a few staff who worked well as a team and understood their responsibilities. Staff we spoke with felt valued and supported by the provider. One staff member said, "I would recommend this organisation to my relatives."
- The provider had plans to have staff meetings but at the time of the inspection this had not been implemented. This meant there was a missed opportunity for staff to share good practice.

Continuous learning and improving care; Working in partnership with others

- People told us the provider was flexible and adaptable and listened to their views. Relatives were confident to discuss any areas for improvement.
- However, this was not recorded or evidenced. The registered manager was unable to demonstrate any learning or improvements to the standard of care as a result.
- The registered manager worked in partnership with other health and social care organisations to achieve better outcomes for people using the service. For example, they worked with people's social workers and district nurses.

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

- People and their families said they had confidence in and a good relationship with the provider. One person said, "No complaints at all. Exceptionally well led and managed." A relative told us, "I speak to [name of registered manager] who is the manager. So nice and friendly and helpful with anything."
- Person-centred care was promoted, and people told us the staff knew them well and responded to their needs in a person-centred way. One person told us, "[name of registered provider and manager] run it. Both lovely and very approachable for anything at all." A relative said, "Absolutely over the moon and would most certainly recommend them."
- Without exception all staff spoke with passion about the service and their commitment to delivering high quality and safe care.

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

- There had not been any serious incidents at the service; however, the registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.
- The registered manager and provider were receptive to feedback and proactive in making improvements with their systems and records.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems and processes were not sufficiently robust, established or operated effectively to ensure risks to the quality of the service were identified and minimised to provide a good quality service to people.</p>