

Jankan Enterprise Limited

# Jankan Care

## Inspection report

2-4 Eastern Road  
Romford  
Essex  
RM1 3PJ

Tel: 03330907324  
Website: [www.jankancare.co.uk](http://www.jankancare.co.uk)

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Jankan Care is a domiciliary care agency registered to provide personal care. At the time of the inspection, 2 people were receiving support with personal care. 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 received care and support that met their needs because staff had completed initial assessments before they started using the service. People had risks assessments which identified possible risks to them so that staff could manage the risks effectively. There were enough staff to provide personal care. The provider's policies and practices ensured that staff employed were checked properly to ensure they were safe and had the necessary skills to care for people. Staff received training and support to help them deliver care and support which was safe and effective.

People received care and support that met their needs. Care plans were based on people's needs and were regularly reviewed. Details such as people's religious, dietary, health, communication and social needs were reflected in care plans and staff had a good understanding of equality and diversity and how to treat people with respect and dignity.

People were supported to maintain their independence, for example, by being supported to go to work or by making various decisions such as taking their medicines or choosing their meals for themselves.

The provider had various policies and systems such as complaints, recording and reviewing of incidents and accidents, and obtaining of feedback to ensure the views of stakeholders were listened to and helped improve the quality of the service. The provider also worked with local social and healthcare professionals.

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. People's consent was sought when care was provided.

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

This service was registered with us on 17 November 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

## 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Jankan 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 72 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 4 May 2023 and ended on 5 May 2023. We visited the location's office on 4 May 2023.

#### What we did before the inspection

We reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us

about by law.

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection.

We spoke with the registered manager and the provider. We reviewed 2 people's care files, 1 staff file and the provider's policies, procedures and documents relating to management such as audits and quality assurance records. We spoke by telephone with 1 person who used the service, 1 relative and 1 support worker.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. The provider had a safeguarding adult's policy in place. This detailed the provider's responsibility to report any allegations of abuse to the local authority and Care Quality Commission. The registered manager told us there had not been any allegations of abuse since they started providing service, and we did not find evidence to contradict this.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report any suspicion of abuse. A member of staff told us, "I would report [any suspicion of abuse] to my manager. I know also that I can report it to the local authorities or the CQC."
- Relatives felt people were safe in the service. One relative said, "I do feel [person] is safe [in the service]".

Assessing risk, safety monitoring and management

- People had risk assessments which set out the risks they faced and guidance for staff on how to manage those risks. The risk assessments covered risks related to accessing the community, health, environment and mobility.
- Risk assessments were subject to regular review which meant they were able to reflect current risks to people. Staff had a good understanding of the risks people faced and how to support them safely. One person told us, "I feel safe; [staff] transfer me safely."

Staffing and recruitment

- The provider had enough staff. There had been no late or missed visits and staff told us they had enough time to carry out their duties.
- The registered manager told us they would recruit new staff for future emergency cover and to expand the service. They told us they had identified an agency which they could use if urgent staff cover was needed.
- Systems were in place to help ensure only suitable staff were employed. Various checks were carried out on prospective staff, including obtaining employment references, proof of identification and a criminal record check.

Using medicines safely

- People received their medicines safely and as prescribed. A relative told us they felt "safe and confident" about how staff managed medicines.
- People's records contained current information for staff about their medicines and how they should be supported to take these. One person told us they managed their own medicines.
- Medicines records showed people consistently received the medicines prescribed to them. Medicines

were stored in a safe and appropriate way.

- The registered manager audited medicines stock and records and staff's competency was checked at regular intervals, to make sure they were managing and administering medicines in a safe way. We saw no gaps in the medicine records.

#### Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infections. Staff had received training on infection prevention and control.
- Staff competency was checked on using Personal Protective Equipment (PPE) safely and a COVID19 risk assessment had been completed to ensure staff were safe when supporting people.
- Staff confirmed they had access to PPE such as gloves, aprons, shoe covers and used this when supporting people with personal care.

#### Learning lessons when things go wrong

- The service had systems in place for staff to report and record accidents and incidents.
- The provider investigated accidents and incidents and took action to ensure they were not reoccurred.
- Lessons learnt from accidents and incidents were shared with staff to help them improve the quality of the service.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Staff completed a comprehensive assessment of people's physical and mental health before providing care. The registered manager told us they completed a pre-assessment of needs before people started receiving care. This ensured people's care was reflected and met people's needs.
- People and relatives were involved in the pre assessment and review of their needs. This ensured information about people's needs was recorded and reviewed so that people received suitable care. A relative told us, "I was involved in the review of assessments."

Staff support: induction, training, skills and experience

- The provider ensured that staff had received training relevant to their roles. This included training in moving and handling, dementia, basic food hygiene and first aid. This meant people were supported by trained staff.
- New staff had received induction when they started work. This helped staff understand the policies and procedures of the service and gave them time to know the support needs of people.
- The service had a training plan. The registered manager told us they used the staff training plan (training matrix) to help manage and keep an eye on staff training. A member of staff told us, "I attended a lot of training such as infection control, adult safeguarding and medicine administration. I am a qualified nurse."
- Staff received support in the form of continual supervision. A member of staff said, "Yes, I have regular supervision." Records showed staff had received regular supervision. The manager told us as the service had started providing care a few months ago, they had yet to complete staff annual appraisal. However, they said they would do this by the end of the year.

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

- Care plans detailed the level of support people needed with meals or drinks. Staff knew the level and type of support people needed with nutrition and hydration.
- Relatives helped people with choosing food, shopping, and planning meals. A relative told us they did all the food shopping. One person told us they were independent in shopping and preparing their food and drinks.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health services to ensure they were in the best of health.
- Staff knew who to contact if people needed medical support. Contact details of health care professionals such as GPs were included in care plans, so staff could contact them if people did not feel well.

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 MCA 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.

- Where possible, people were supported to make choices for themselves. Relatives were also consulted to help gain an insight into what people's preferences and choices would be. Mental capacity assessments had been carried out, and where it was deemed people lacked capacity, best interest decisions had been made.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff had a good understanding of how to ensure people's privacy was respected. One member of staff told us, "I am mindful of the privacy of people when providing personal care or handling information; I make sure doors, windows or curtains are shut."
- Staff understood people's personal information was private and confidential. They knew personal information and documents should be kept securely.
- People were supported to be independent. One person told us, "I am able to go to work. I am able to manage my own medication. I do a lot for myself."

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

- People felt valued by staff who showed genuine interest in their well-being and quality of life. One relative said, "Staff are caring, they give a lot of attention. They are diligent and detailed in what they do."
- People were supported by staff who knew them well. A relative told us, "[Staff] know person well." A person told us, "I have the same carer, [the carer] and know my needs."
- Equality and diversity needs were detailed in care plans and staff understood their responsibility to treat people without any kind of discrimination based on characteristics such as people's age, disability, faith, sex and sexuality.

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

- People were supported to express their views and be involved in making decisions about their care. Staff worked with relatives to support people to express their views and to be involved in their care.
- Staff supported people to make choices. A member of staff told us, "[Person] makes decisions about [their] care. I offer them choices and explain to them so they can choose what they want or how they wish to be supported."
- Care plans detailed how people should be enabled to express their views. For example, a care plan stated, "[Person] can communicate verbally but has severe cognitive impairment due to dementia. Staff to speak clearly and slowly."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Support focused on people's quality of life and people's outcomes were regularly monitored. A relative told us, "[Staff] are able to support [person] well. They meet [person's] needs."
- Care plans were person-centred, and people had control over when and how to be supported. For example, one person's care plan stated their abilities, likes, dislikes and how they wanted staff to support them.
- People and relatives were involved in the review of care plans. This ensured any changes in people's needs were identified so that they received appropriate care.

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 people's communication needs and ensured people they had access to information in formats they could understand. The registered manager told us that, when needed, they would ensure key policies and procedures were available in alternative formats appropriate to people's needs to assist them easily to understand the information given to them.
- Staff assessed and recorded people's communication needs in line with the AIS and this was recorded in their care plans, including any assistance they required from staff.
- Staff had good awareness, skills and understanding of individual communication needs.

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 helped people to have freedom of choice and control over what they did. Care plans identified areas where people needed support from staff and relatives, and where they did not require support from others.
- People had arrangements for social and leisure activities. For example, one person's care plan detailed how they wanted to spend their time by being on their own, going to the cinema or visiting friends.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No complaints had been received since the service started providing personal care.
- A relative told us they knew what to do if they were not happy with any aspect of the service. They said,

"[Staff] gave me the complaints policy. We have not had a cause to complain."

#### Supporting people at their end of life

- At the time of the inspection the service did not provide support with end-of-life care. However, staff and management had knowledge of how good end of life care was organised and provided to people who needed it. The registered manager confirmed that they would ensure staff received relevant training before they started providing end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were positive about the management of the service. One person said, "I am satisfied about the service and how it is managed." A relative told us, "I am happy, very happy about the service and management."
- There was a clear management structure in place and staff understood who they had to report to.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. A member of staff said, "The manager is helpful, approachable and supportive."
- The registered manager had an open and positive culture to help achieve good outcomes for people. A relative told us, "I can contact staff; they also update me."
- Management and staff put people's needs and wishes at the heart of everything they did. People's care was tailored to their needs, and this ensured people received care that met their needs.
- The registered manager worked directly with people. This allowed the registered manager to have a close insight into how the service was delivered and what impact it had on people.

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

- The registered manager was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff sought feedback from people and relatives. One person said, "I had completed a feedback form; from time to time the manager asks me how I feel about the support I receive." A relative told us, "[Staff] ask me how I feel about the service."
- The registered manager sought feedback from staff. A member of staff said, "I discuss about the service with the manager."
- People's background information such as their beliefs and how they preferred to be supported were recorded in their care plans. This ensured people's equality characteristics were considered when providing personal care.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and

wishes changed over time.

- The registered manager understood the need for having a formal quality assurance system in place. They told us they would implement a system which they would use to drive improvement of the quality care people received.

Working in partnership with others; Continuous learning and improving care

- The registered manager had subscribed to care related publications and accessed online resources to keep up to date with current social care policies and practices.
- The provider worked in partnership with health and social care professionals when needed to ensure people received care and support that met their needs.
- The registered manager had embarked on training leading to a qualification in management of care.