Jacaranda Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 22 January 2019. This service is a domiciliary care agency. It provides personal care to a range of adults living in their own homes with a broad range of physical and mental health needs. Not everyone using Jacaranda Healthcare Limited 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 the inspection there were 54 people using the service.

We last inspected Jacaranda Healthcare Limited on 8 and 19 December 2017 and the service was rated requires improvement. This was because we found four breaches of regulations. These related to medicines management, safe recruitment of staff, staff training and support and governance of the service.

At this inspection we found improvements and the service was no longer in breach of the regulations, and the service is now rated good overall.

The service had a registered manager in post. 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.

Since the last inspection the registered manager, together with external consultancy support had set up systems and processes to support the management of the service more effectively.

Medicines were safely managed by staff. Audits took place of medicines management and the quality of care provided by staff to people. Training and supervision were taking place regularly and the recruitment of staff was safe.

There was a complaints process in place and we saw that accidents and incidents were recorded. Staff understood the importance of safeguarding people from abuse and knew how to raise any concerns they had. The service had safeguarding processes in place.

Care plans were person centred, holistic in their approach to people's needs, up to date and comprehensive. Risk assessments were in place and gave staff guidance in mitigating risks to people. The service worked in partnership with other healthcare professionals to ensure that people's individual well-being was supported.

People told us staff were kind and caring and treated them with dignity and respect. There were enough staff who had time for their caring responsibilities, although staff were often late for calls. People told us staff were skilled in caring for them and understood their needs.

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, relatives and staff were positive about the registered manager and the management of the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Medicines errors were not always discussed with the local authority safeguarding team.

Some care visits were delivered later than the scheduled time.

Not all staff were practising safe infection control processes.

Risk assessments were in place to guide staff and minimise harm.

Safe recruitment processes were in place.

Audits showed medicine care plans and administration records were in place and were regularly monitored for accuracy.

Is the service effective?

Good

The service was effective. Staff were supported in their role through induction, training and supervision.

The service worked with health professionals to support people to have good health.

Staff understood consent and the importance of involving people in the provision of care.

Is the service caring?

Good

The service was caring. People told us staff were kind to them and treated them with dignity and respect.

Care records highlighted what people could do for themselves to promote independence.

Is the service responsive?

Good

The service was responsive. Care records were comprehensive, up to date and provided a full picture of people and their needs.

There was a complaints process in place and people and their relatives told us they knew how to make a complaint.

Is the service well-led?

Good

The service was well-led. The service had improved quality auditing systems since the last inspection and these were established and working effectively.

Most people and their relatives told us the service was well managed and they would recommend it to others.

Staff told us the management team were accessible and they felt supported in their caring role. □

Jacaranda Healthcare 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 19 January 2019. The provider was given 48 hours' notice because the registered manager may have been out of the office supporting staff or providing care. We needed to be sure that they would be available.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make. We also spoke to the main commissioning body for the service.

The inspection visit was carried out by one adult social care inspector and an assistant inspector. An expert by experience made telephone calls to people using their service and their friends and relatives, to get their feedback on 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.

As part of the inspection we spoke with five people using the service and seven relatives or friends. We also spoke with five care staff, the registered manager, the director and consultancy staff employed by the provider.

We looked at care records for six people using the service to see if they were up-to-date and reflective of the

care which people received. We also looked at recruitment and supervision records for four members of staff. We looked at the team training matrix, supervision log, and a range of quality audits, safeguarding records, staff meeting minutes and incident and accident records.

We did not receive any response to our request for feedback on the service from health or social care professionals.

Requires Improvement

Is the service safe?

Our findings

At the last inspection there was a breach of regulation as there were concerns regarding medicines management as not all staff had been assessed as competent to give medicines. At this inspection we found improvements and there were no longer concerns regarding medicines management. For example, all staff had been trained in medicines management and competency checked in the last 12 months.

People who were supported with medicines management had medicines care plans in place. These were up to date and contained details of people's current medicines. Staff told us that people usually had medicines in blister packs unless they were on short term medicines such as antibiotics.
We looked at medicines administration records (MAR) brought to the office for auditing purposes. We saw that from September to December 2018, 19 MAR had been audited. The majority were completed accurately and comments sheets attached showed that any issues identified as part of the audit were discussed with staff when they were invited in for supervision to discuss completion of the MAR.
Staff told us they felt confident giving medicines and the registered manager told us they checked people's medicines at each review to ensure the MAR was up to date. We also saw emails to and from pharmacists to request the service were updated on any changes in medicines.

There was a log of accidents and incidents and we could see that actions were taken and this included staff being invited in for supervision and additional training where this was relevant. We found two incidents that involved medicines errors and which the service should had referred to the safeguarding team for consideration as a safeguarding enquiry, although health professionals had confirmed no ill effects would have been felt by the person affected.

The registered manager told us they would make sure future medicines administration errors where staff were involved were notified to the safeguarding team for consideration. We could see other learning took place from incidents which was shared across the staff team.

People were protected from the risk of abuse because staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff told us they were trained in safeguarding adults and staff training records confirmed this was the case. Staff understood whistleblowing and the organisations they could contact if they were concerned. People told us they felt safe. Feedback included "No problem staff very helpful, I feel safe." And "Of course I feel safe with them if I did not I would complain to the office."

Safe staff recruitment processes were in place with appropriate criminal record and reference checks taking place prior to staff starting work with vulnerable people.

Staff told us they had enough time to get from one person to another. However, we found that over half the people and relatives told us that staff were late and of these, most people and relatives were not phoned to tell them staff were late. The registered manager told us they would address this immediately with care and office staff through a meeting. They also introduced a log to check staff actual arrival time against planned, and would see if there were reasons for the lateness.

We saw that the service now had a missed visit log and this showed there had been four missed visits in the past 12 months. The log showed the actions taken to address the issue with staff and the people affected. Staff logged into the system when they arrived at a person's house and again when they left.

We saw that this was still 'work in progress' as audits showed some staff logging in and out within a short space of time despite having provided personal care including hoisting a person out of bed. The registered manager could show us they were continually reminding staff to use the electronic system as intended. Office staff checked that the process was being followed and took action with staff who repeatedly failed to use the system correctly.

People told us staff had enough time to carry out the tasks, "They have enough time to do what they need to do for me" and "Yes enough time for care." Relatives confirmed this, "They have enough time to pick her up with the hoist, wash her, change her and put her in her chair" and "Always seem to have enough time, never seem to cut corners."

The service told us they protected people from the spread of infection through preventative means. Staff told us they had access to gloves and aprons as they could pick them up from the office, and we saw that infection control was assessed during spot checks. People told us that staff usually used gloves and aprons, but we found three out of twelve people or relatives told us either staff did not use gloves or did not change them between activities. The registered manager told us they would address this by holding a staff meeting, and discussing during supervision, spot checks and at refresher training.

Risk assessments were in place and were up to date and personalised. They covered a broad range of risks including environmental risks, falls, risk of choking, communication, physical and mental health risks. Staff could tell us how they supported one person who was at risk of choking and the records confirmed their approach.

Good

Is the service effective?

Our findings

At the last inspection the service could not show they were providing staff with suitable induction training and not all staff had sufficient knowledge to work with people with specific conditions.

At this inspection we found improvements had been made in staff training and support. For example, new staff employed had an induction which showed the training they had completed and the induction which included shadowing was signed off as completed. New staff were completing the Care Certificate if they did not have a recent nationally recognised qualification. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

New staff competency in areas such as medicines and provision of personal care was spot checked soon after they began work and records were on their recruitment folders to show this. We saw that regular supervision and appraisal took place with staff and the training matrix was up to date and showed staff received yearly training in key areas including medicines management, safeguarding, moving and handling, fire safety and infection control.

Additional courses took place every two years; these included pressure ulcer care, diabetes, consent and mental capacity and working with people with dementia or a learning disability. We also saw that on each care records there was information regarding medical conditions that people had so staff could understand the symptoms and impact of people's health on them.

Staff told us the training was a mixture of face to face and online training which they had to complete in the office. The registered manager told us they used the opportunity to ask staff what they had learnt following completion of online training and staff confirmed it was useful coming into the office as some training was more effective face to face, for example, moving and handling and catheter care.

People and their relatives were positive about the skills of the staff supporting them. We were told they, "Do what I expect them to do efficiently" and "The carers I have are good, very good, very thorough, work to a pattern." A relative told us, "Excellent, do the job properly; give them 11 marks out of 10."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of

Protection with the support of the person's local authority care team. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were no people using the service that were subject to a judicial DoLS.

Staff understood the importance of gaining consent from people before providing care. Staff were able to tell us how they gained consent from people who had limited or no speech through facial expression. Staff understood how important it was to understand the routine for people with limited communication.

Care records had people's mental capacity documented. We saw comments like "I am capable to make decisions about my life and care." Staff could distinguish between day to day decisions, like what to eat and wear, as opposed to important life changing decisions which sometimes people with dementia were less confident about. People told us, "Yes, always ask permission, very good ladies." A relative confirmed, "I have seen carers ask for permission before helping."

Care records noted if people had relatives or friends with power of attorney to make choices. On one care record we found there lacked an assessment of specific decision making for the person who had limited mental capacity due to dementia. The registered manager told us they were in the process of updating their documentation and showed us their new form they were about to implement which distinguished different levels of ability to make decision which would be useful for people with complex mental health or cognition needs.

The service assessed people's needs and ensured they had sufficient staff before taking on a referral. The registered manager was clear that unless he had sufficient staffing he would not take on new work. Once a referral was accepted the care co-ordinators undertook their own assessment of need including carrying out risk assessments.

We saw evidence of the service contacting health professionals and working under the guidance of district nurses, speech and language therapists and occupational therapists to ensure people's health and well-being need were met.

The service supported people with nutrition and drinks as part of their overall package of care. Where people were at risk of malnutrition or insufficient fluid, this was outlined in their care package. We saw that for people with memory problems there was more detail in these areas. For example, "[Person] likes coffee with milk in the morning with no sugar."

Good

Is the service caring?

Our findings

Staff were kind and caring. Feedback from people included, "Staff are caring and work together", "Very caring, help me to do things" and "They are all very caring and extremely kind."

Staff spoke caringly of people they worked with. Two staff worked together with people who required two staff for transfers. They told us they had some people they had worked with for years and when they had changed agency to work with Jacaranda Healthcare Ltd the people had changed agency as they were happy with their provision of care. Staff could tell us about people they cared for, their likes, dislikes and routines.

Staff told us they showed people dignity and respect by accommodating their requests. People told us, "I get privacy when I need it" and "They give me my privacy and help me protect my dignity." Staff also told us they give people options for help; working to their routine and accommodating any religious or cultural requirements.

One staff member told us, "Respect people's views and avoid discrimination as we are all equal." Staff showed awareness of equality and diversity issues, and told us care plans also highlighted people's religious and cultural needs and reminded staff of people's need for respect. One noted, "Important for [name of person] to retain her independence, and for carers to treat me with respect."

Care plans highlighted what people could do. For example, one care record noted "On a Thursday you will need to change the [name of medicine] patch on my back. I can do other medicines by self." Care plans and staff were aware of the importance of people retaining their independence skills. People told us they, "Help me sustain my independence", "Independence is the help I need and I get" and they "Keep me independent."

Care records gave a brief summary of people's work history and family and friends so staff could understand who was important to people and their life history, even if they could no longer tell staff themselves.

The initial assessment documentation was signed but we saw reviews and updated care records were not always signed by people as the document was completed back at the office following review. Signatures on care plans indicate people have been involved in the care planning process. The registered manager told us they would start taking out documents for signature when they did quality visits to evidence people's involvement in care planning.

Good

Is the service responsive?

Our findings

Care records were comprehensive, person centred and up to date. They covered a wide range of areas including personal care, moving and handling, skin integrity, nutrition and cognition. They provided detail which showed the assessor had clearly talked with the person and sought their views. For example, one care record stated there was a key safe outside and "When you arrive let me know" you have come in.

Another care plan gave information to staff on how to assist the person and how to place them on the sofa each day, propped up with a green cushion so they was steady and less likely to fall. Regular reviews of care took place and were recorded, and there was a spreadsheet to show when care plans needed updating and reviews were due.

People told us care was at their time and convenience. Feedback included, "They fit in with my time schedule" and "Fit in with my schedule." People were not routinely given a choice of male or female carers but some people had insisted on a particular gender of carer and this was respected.

The service had a complaints policy in place. Records were maintained of complaints, these were acknowledged, investigated and responded to in line with the policy. People told us, "If I needed to complain I would telephone someone at the office" and "I would phone the office and have a go." A relative said "I would complain to office, but I have never needed to." Another relative told us "I would complain to [staff name] in office. They are very responsive and reactive."

Nobody was receiving end of life care at the time of the inspection, but the service had an end of life policy in place. We also saw a 'do not attempt cardio pulmonary resuscitation' document on a care record and the registered manager told us there was a copy at the house. This was fully completed and signed by the appropriate people and professionals.

Good

Is the service well-led?

Our findings

At the last inspection we found a breach of the regulation in relation to the governance of the service, as quality audits did not effectively assess, monitor and improve the quality of the services provided. Complaints and safeguarding records did not contain all the relevant documentation and we found not all records accurately reflected the care provided.

At this inspection we found the quality systems were significantly improved and the service was no longer in breach of regulation for this reason.

We could see from records that from the last inspection improvements had been made. Training had taken place for staff and there were managements systems to monitor this and quality of care to people using the service was checked through a number of methods including spot checks of the skills of the staff when providing care, and quality questionnaires and visits to people to ask their view of the care provided. In between quality visits regular telephone checks were made to people to request feedback and a system logged who had been called, and who was due. Feedback from checks were acted on.

Many of the new systems had been fully implemented following additional management support being commissioned since September 2018. We asked the registered manager how they planned to sustain this level of quality assurance once they no longer commissioned additional support. They told us they now had the systems established and permanent office staff were implementing the checks. They were also in the process of recruiting another care co-ordinator who would support the registered manager and director with the existing office staff.

Eight out of ten relatives or people using the service praised the management of the service. Comments included, "I would recommend the service to anyone. I am happy overall", "I would recommend this service to anyone" and "Completely happy with it. It gives us confidence to go away and get on with our lives knowing she is being looked after." A person using the service and another relative told us they thought there was still room for improvement in the management of the service.

People and their relatives were not always sure they had been asked for feedback on the service; the registered manager told us they would make it clearer that quality check phone calls were opportunities to comment on the whole service not just the skills of the care staff. The registered manager also said that because of this information if people or relatives did not send back the annual survey form sent out, they would do a follow up telephone call and try to get people's feedback over the phone.

Staff told us the management of the service was supportive and the organisation was good to work for. Feedback included, "Jacaranda treat us really well. If we have a problem we phone the office and they sort it out straight away. We know we can come to them. We couldn't be any happier" and "We are encouraged to do a good job. And yes, there is always management support available; always someone there. "The registered manager told us, "We feel very positive about the changes we have made and we still want to recruit people, care and office staff and we will make further changes to support staff in their caring role. For

example, we are currently looking at shift patterns."

Staff meetings took place regularly and the electronic care recording system was also used by the management team to convey important information to staff. Staff told us this was helpful as they needed to read the messages from the office before they could log into the system to register they were at someone's house.