Jark Healthcare Limited

# Jark Healthcare - Ipswich

**Inspection report**

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires improvement |
| Is the service safe? | Requires improvement |
| Is the service effective? | Requires improvement |
| Is the service caring? | Requires improvement |
| Is the service responsive? | Requires improvement |
| Is the service well-led? | Requires improvement |

## Overall summary

This inspection took place on the 10 April 2015.

Jark – Ipswich provides domiciliary, personal care support to people living in their own homes. On the day of our inspection there were 37 people receiving support from the service.

On the day of this inspection there was a manager in place who told us they were in the process of registering with the Care Quality Commission. 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.

Although people told us they felt safe when being supported by the agency they did not feel safe when staff arrived late or when they missed their call and they went without support to meet their assessed needs.

# Summary of findings

Not all risks to people's health, safety and welfare had been assessed and monitored. Staff had not been provided with the guidance they needed to protect people at risk. For example, those people at risk of limited mobility and environmental risks.

Staff had received training in medicines administration during their induction training. However, staff had not been provided with the full range of training as described within the provider's statement of purpose. Staff had not been provided with training in safeguarding adults. The provider's policies and guidance to staff did not give them the information they needed should they need to report any concerns to the relevant safeguarding authorities.

Care plans had not been fully completed. This meant that staff did not have the guidance they required to meet people's health, welfare and safety needs.

The training staff received was limited and did not provide them with skills and knowledge they needed to support people with their assessed needs. Staff did not receive the training as specified within the provider's statement of purpose.

Staff did not receive regular, planned and recorded supervision but did however receive annual appraisals.

Staff sought people's consent when supporting them with administration of their medicines and when providing support with personal care.

Staff were positive regarding the support they received from their manager. They had a good relationship with them and were confident that any concerns they had would be addressed.

The provider did not have adequate systems in place to monitor the quality and safety of the service and evidence action taken to measure and review the delivery of care against current guidance.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 consistently safe.

Risk assessments were brief in detail and did not always contain the action staff should take to mitigate risks to people's health, welfare and safety. Health and safety assessment of risks associated with the environment had not been completed.

Staff had not received training in safeguarding adults from the risk of abuse. Staff did not have the required knowledge to respond is they suspected abuse had occurred.

There was a system to enable staff to access support outside of office opening hours.

**Is the service effective?**

Requires improvement

The service was not consistently effective. The training staff received was limited and did not provide them with skills and knowledge they needed to support people with their assessed needs. Staff did not receive the training as specified within the provider's statement of purpose.

Staff did not receive regular, planned and recorded supervision but did however receive annual appraisals.

Staff sought people's consent when supporting them with administration of their medicines and when providing support with personal care.

**Is the service caring?**

Requires improvement

The service was caring but staff did not always take action to protect the confidentiality of people's information.

Care plans described people's daily routines according to their choices and preferences.

People were treated with dignity and respect.

**Is the service responsive?**

Requires improvement

The service was not consistently responsive. People had an initial assessment of their needs but were not provided with the opportunity to have their care plans reviewed and updated on a regular basis.

The provider did not routinely listen and learn from people's experiences, concerns and complaints as they did not have any formal system in place to regularly enable people to share their experiences.

# Summary of findings

**Is the service well-led?**

The service was not consistently well led as the provider did not have robust systems in place to monitor the quality and safety of the care that people received.

There was a manager in place who was in the process of registering with the Care Quality Commission (CQC).

Staff were positive regarding the support they received from the manager. They had a good relationship with their manager and felt comfortable raising concerns with them.

**Requires improvement**

# Jark Healthcare - Ipswich

**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 10 April 2015 and was announced.

The provider was given 48 hours' notice of the inspection because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of two inspectors.

The manager sent us a list of people who used the service. We spoke by telephone to 12 people who used the service and two relatives. We also spoke with five care staff.

We visited the agency office and spoke with the manager and the quality and compliance manager. We looked at four people's care records and three staff recruitment files. There were no records available to evidence that the provider monitored the quality and safety of the service.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we looked at information we held about the service, for example, from notifications. We also contacted the local authority who commission services from the provider to find out their views of the service provided. Their views were consistent with what we found at this inspection.

Requires improvement

# Is the service safe?

## Our findings

People told us they felt safe with the staff. One person told us, "I feel safe with all of the staff, I have no concerns." Another told us, "They are all good and I do not worry with any of them." Where people required support with moving and handling transfers using a hoist they told us that staff carried out these procedures safely and provided them with reassurance.

Staff and the manager told us there was sufficient staff available to meet the needs of people who used the service. However, we noted that the manager was regularly required to provide hands on care to people when staff were absent from work. They did not have additional senior staff employed to carry out needs and risk assessments and this they told us impacted on their ability to fulfil the requirements of their management role.

Whilst people told us they felt safe with the staff that supported them, they told us they did not always feel safe when staff did not turn up or were running late for their call. The majority of people we spoke with had experienced recent incidents of staff not arriving on time. Four of the 12 people we spoke with had also experienced missed calls where staff did not turn up to support them. One person told us, "I spent the day trying to contact the office at a weekend and no one replied. It wasn't until 5pm in the evening that the manager arrived to help me. I felt so alone and helpless." Another told us, "If they are late, I worry that I will not have the help I need and there is no one to help me."

This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014)

We discussed people's concerns with the manager and the quality and improvement manager. They told us that the provider was considering recruiting a senior carer to support the manager. The missed calls were considered to be related not to shortages of staff but to the management of work programmes and staff organising their time.

Care plans contained risk assessments which identified hazards for some people with regards to the safe moving and handling of people who may be at risk of falls or could not mobilise without the support of staff. For people who required support from staff to mobilise not all risk assessments had been completed. Where two staff were required to carry out moving and handling manoeuvres, we found limited information to describe for staff how to carry out these transfers safely and not always a description of the equipment they were required to use.

People diagnosed with dementia and health related conditions such as diabetes and Parkinson's did not have assessments to identify any risks to their health, welfare and safety. There was a lack of information to guide staff in relation to people's medical health conditions.

Risk assessments were brief in detail and did not always contain the action staff should take to mitigate risks to people's health, welfare and safety. Health and safety monitoring of risks associated with the environment had not been completed. There was no evidence of any assessment of the risks associated with the person's personal care needs such as a poor diet or the risk of developing pressure ulcers.

This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014)

The provider's medication policy stated that medication could only be dispensed from original containers dispensed from a pharmacist. People we spoke with confirmed that care workers only dispensed from pharmacist supplied blister packs.

All staff we spoke with told us they had been trained in the safe administration of people's medicines as part of their induction.

Medicines administered by care workers were individually recorded on medication administration charts. People told us that staff signed a record when their medicines had been administered. The majority of people we spoke with told us they received their medicines as prescribed. However, one relative told us that on two occasions within the last month their relative had not received their medicines but care workers had signed administration records stating medicines had been administered. We discussed this with the manager who told us the relative had not informed them of this shortfall but they would however discuss this with the care worker involved.

The manager confirmed that although they occasionally checked medication administration records for errors this was not carried out on a regular basis and evidence of these checks had not been recorded. They also confirmed

Requires improvement

# Is the service safe?

that staff had not been regularly competency assessed. This had the potential to put people at risk of medication errors not being identified as staff had not been monitored to check that people were receiving their medicines safely from competent staff. Medication errors.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014)

Staff we spoke with told us they had not received any safeguarding adults training. Staff handbooks contained information which provided guidance for staff in how to recognise different types of abuse. However, there was no guidance provided for staff in what action they should take if they suspected abuse was happening. Staff told us that other than the manager, they were unaware of who they should report concerns. There was no contact information for the local safeguarding authority should they need to report any concerns.

The provider's policy on whistleblowing guided staff to only report concerns to the local authority and the Care Quality Commission if there was alleged malpractice concerning directors. However, no contact information was provided for staff.

This demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014)

The manager and staff confirmed that there was a system to enable staff to access support outside of office opening hours. Staff told us they were well supported by the on call system where the manager was always available if assistance or advice was needed.

We reviewed the provider's systems and processes for the recruitment of staff. We checked the recruitment records for staff recently employed by the service. Records showed that pre-appointment checks had been carried out and the required evidence was placed on file. Checks had been made with the disclosure and barring service (DBS) to confirm the person had not been registered as being unsuitable for the work they were to perform. References had been obtained from previous employers to confirm that the person had the required skills and was of good character.

Requires improvement

# Is the service effective?

## Our findings

People gave us mixed views regarding the skills and knowledge staff had to enable them to meet people's needs. One relative told us, "The training they receive does not seem to equip them to know what they are supposed to do. We had one member of staff phone us to ask how to put on a night time continence pad. They also don't seem to have much idea about cleanliness and safe disposal of continence pads. They don't always clean up after them. They should know these things and not rely on us to tell them." Another person told us, "The carers are all good, always nice to you but some of them lack experience and common sense. Not all of them know how to use the hoist properly and you have to tell them."

We received mixed responses from care workers about the training and support they had received to undertake their work. One care worker told us, "I have had years of experience working in care so I don't need much training now." Another told us, "I have only been in the job a couple of months and have had one day of training. Training provided did not cover how to provide personal care other than shadowing other staff for a couple of days."

Staff recently employed with no previous care working experience told us the only training they had received was one day training which included medication administration and safe moving and handling. They told us they had been provided with opportunities to shadow more experienced staff for up to three days. When asked if they had been provided with understanding the needs of people with dementia none of the staff we spoke with had been supported with this training by the provider. The manager confirmed that this training had not been provided.

The providers statement of purpose stated that, 'all staff are provided with training in health and safety, safeguarding adults and children, dementia awareness, Mental Capacity Act 2005, Deprivation of Liberty Safeguards, equality & diversity and specialist training to understand the needs of people with medical health conditions such as diabetes, Parkinson's and multiple sclerosis.' All of the staff we spoke with told us they had not been provided with any of this training and the manager confirmed this. One relative told us, "I do not have confidence that they [care workers] would know what to do for [my relative] who has diabetes.

Care workers told us they did not receive regular, planned and recorded supervision but had received two staff meetings in the last 12 months. Staff told us they had regular contact with the manager by telephone or when they supported them with care calls. Staff also told us and records confirmed that they had received an annual appraisal in the last year. This had provided them with the opportunity to discuss their training needs and applications had been submitted to enable them to work towards a formal social care, vocational qualification.

Staff were aware of people's day to day capacity but they had not received training in understanding their roles and responsibilities with regards to the Mental Capacity Act 2005. Staff and the manager did not demonstrate any understanding of what action should be taken to ensure people's best interest were assessed by people qualified to do so where there was a potential for a deprivation of a person's liberty. For example, if their freedom of movement was being restricted.

This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014)

People told us that staff sought their consent when supporting them with administration of their medicines and when providing support with personal care. One person said, "They always ask me if I am ready and ask me what I want them to do. They talk to you and give you time. They don't just rush in and take over." However, we saw that people had not been asked to sign and agree to their care plans and no formal consent had been recorded. For example, in relation to any agreement to access a person's home. There was no information provided within care plans that assessment of people's mental capacity to consent to their care and treatment had been carried out.

People were generally satisfied that staff would respond to any health issues if they arose. Staff told us they would inform the office and relatives if the health care needs of people caused them a concern.

We found people received food and drinks identified in their plan of care. None of the care workers were responsible for cooking meals. They were however, responsible for preparing breakfast, drinks and heating microwave meals. People told us staff supported them to eat and drink sufficient amounts according to their plan of care.

Requires improvement

# Is the service caring?

## Our findings

People told us staff showed concern for people's wellbeing in a caring and meaningful way. They told us care workers were caring and treated them with dignity and respect. All of the people we spoke with told us staff were approachable, would chat with them and they felt listened to. One person said, "The staff are always pleasant and treat me respectfully when helping me with a shower." Another person said, "The staff are all kind and friendly towards me."

Care workers described how they understood the importance of being caring and compassionate towards the people they cared for. Staff described how they would support people with personal care in a manner that respected them and promoted their dignity. One person told us, "The care workers are always professional. They respect my dignity always."

Care plans were held securely in the office and another copy was kept within people's homes. Care plans described people's daily routines according to their choices and preferences. Care plans described where people may need encouragement to maintain their independence. Guidance was provided within care plans describing for care workers what action to take to promote people's independence and steps to take to provide people with choice for example, with regards to offering food and drink according to people's likes and dislikes.

People told us that staff were busy, but did not rush them. One person said, "They have a lot to do but they do find time to chat to you. My only complaint is that they sometimes talk about other people they care for and other staff and that is not right. I would not like them to do that about me." Another person told us, "They are all kind but not always professional, talking about other people as if you are not there." This demonstrated a lack of action taken by staff to protect people's confidentiality on information.

People and their relatives told us they had been involved in the initial assessment of their needs but they had not always been provided with any opportunities to review their care on a regular basis. One person told us, "My care plan is not up to date and does not mention the fact that I have diabetes." Not everyone we spoke with knew who the manager was and who they would go to if they had any concerns. Others told us when they had contacted the manager with concerns told us they felt listened to and their concerns had been responded to promptly.

Requires improvement

# Is the service responsive?

## Our findings

Care and support was not planned in sufficient detail to ensure that people received personalised care that was responsive to their needs. Care plans contained basic information about people's routine and preferences with regards to their care to be provided by care workers. However, people's health care needs had not been fully assessed and care plans not completed. For example, where people had been diagnosed with health conditions such as Parkinson's, diabetes and multiple sclerosis, information requested within the provider's process for planning people's care had been left blank. This meant that information as to how these conditions impacted on people's daily life and guidance for staff in responding to people's healthcare needs had not been provided.

People told us the manager visited them to plan their care at their initial assessment but they had not been provided with the opportunity to agree and sign their care plan. They also told us they were not provided with the opportunity to review their care needs and update to their care plan on a regular basis.

This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014)

Where people had consistent care workers they expressed satisfaction with the responsiveness of the service. One person said, "I have regular carers who know what I need. Other people told us they felt frustrated about not being contacted when staff would be arriving late or when a different care worker would be attending to their needs. One person said, "They don't ever contact me to let me know they are running late and you don't always know who is going to step through the door." Another told us, "There have been a lot of staff changes, they don't seem to be able to keep the same staff. They come and they go. You have to constantly tell me them what you want them to do for you."

All of the people we spoke with told us they were never offered the opportunity to sign staff time sheets even though staff handbooks stated that there was an expectation that staff do so. This would confirm the timing of calls and the time spent with people. People told us that staff recorded the time they spent with people on daily record sheets, One person told us, "the staff do not always record the correct time and say they have spent more time with you then they actually stayed for. I have questioned this with the manager who told me. 'Well if they have completed their work what is the problem' this has never sat right with me."

People and care workers expressed concerns about the time given to care workers to travel between calls. People told us that care workers did not always stay their allocated time. We saw from a review of work programmes that staff had not been always been allocated travel time between calls. Staff and people we spoke with told us this impacted on people receiving the full, allocated time for their call. One care worker said, "You can work out those people who don't need their full time and use that to make up your travel time. What choice do we have?"

We discussed this with the quality and improvement manager who acknowledged that staff had not been allocated travel time between calls. They told us they would be working to improve this and ensure that at least 15 minutes travel time would be allocated to staff. However, they also told us that this would not be paid time for staff.

We asked the manager and the quality improvement manager how they assessed the views of people who used the service. They told us there was a policy in place that the views of people would be assessed through satisfaction surveys sent out every three months. They also told us they had not achieved this target and the last survey was carried out in July 2014. We reviewed the satisfaction surveys received. The majority of responses from people recorded their satisfaction with the service. Other not so positive comments referred to not being notified of staff running late and changes in care workers not notified. One person had responded to the provider's survey by stating, "I would like to be notified if different carers are going to be sent. They are all very thoughtful and helpful."

None of the people we spoke with were aware of how to access the provider's complaints policy or procedure if they had concerns or complaints. Some people told us they would complain to care workers or the social worker who allocated their care package to the agency. One relative told us, "I have complained to care workers when my [my relative] has not been given their medication but I did not know who to contact in the office." Care workers told us they would refer people to the manager if they had any

Requires improvement

# Is the service responsive?

concerns or complaints. The manager told us and records confirmed that there had been two complaints within the last 18 months which they told us had been investigated and resolved.

Requires improvement

# Is the service well-led?

## Our findings

Discussions with people, staff and the manager demonstrated a strong culture which emphasised the need to build up the business and increase care hours. However, the provider had failed to implement systems to protect people from the risks associated with unsafe or inappropriate care. The provider did not have adequate systems in place to monitor the quality and safety of the service.

There was a lack of systems in place to record late, missed calls or systems to notify people when a different carer had been allocated. Care workers told us that no routine, unannounced spot checks on staff performance were carried out. However, they also told us that the manager would feedback to them any identified issues where concerns had been raised by people who used the service.

The manager told us there were currently no spot checks on the quality of care people received and no formal audits of records maintained by staff, for example of medication administration records and daily care records. This had the potential to put people at risk as action had not been taken to identify, assess and manage risks relating to the health, welfare and safety of people who used the service and others who may be at risk.

The provider had a system to record accidents, incidents and injuries. However, where accidents had been recorded investigations and outcomes had not been recorded. The quality compliance manager told us that there was no system currently in place to identity trends and learning from incidents but that they had plans to implement a system currently being used within other sectors of the organisation.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014)

We discussed our findings with the quality and compliance manager. They told us they had plans to implement quality audits to the service and improve systems to ensure planning for improvement of the service. Plans included providing staff with supervision and training relevant to their role as well as systems to ensure regular monitoring of care plans, complaints analysis and surveying the views of people who used the service. They also told us that they had recognised the need to provide further support to the manager. They acknowledged they did not always have time to cover the wide remit of their responsibilities as well as the expectation that they would provide hands on care to support people and cover for staff absences.

The manager was in the process of registering with the Care Quality Commission (CQC). The manager told us they had recently attended their fit person's interview and were waiting to find out if they had been successful in their application.

All of the staff we spoke with were positive regarding the support they received from the manager. They told us they had a good relationship with their manager and felt comfortable raising concerns with them. Comments included, "The manager is very hands on and supports us when we need them", "The manager is on call during evenings and weekends and always responds promptly when you need help or support" and "The manager shows you how to use equipment and comes out to see us if we need help or advice."

The manager had first-hand experience of delivering care. They had trained as a safe moving and handling trainer and risk assessor. Staff told us the manager responded promptly to requests for support in assessing risks to people and supported them with guidance in the safe use of moving and handling equipment.

Records and discussions with the manager showed us that staff meetings took place infrequently. Staff told us they would like to see these being held more frequently and used to discuss best practice and learning. The manager told us they were aware of the need to increase the frequency of staff meetings and also one to one supervision support to staff.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>The provider did not take steps to fully assess the risks to the health and safety of service users receiving care and treatment.<br><br>Staff administering medicines to people had not been competency assessed.<br><br>Regulation 12 (1) (a) (b) (c) (d) (g) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>The provider did not take steps to ensure systems and processes were in place and operated effectively to prevent abuse of service users.<br><br>The provider did not take steps to train staff so that service users were not deprived of their liberty. The provider did not take steps to fully assess the risks to the health and safety of people.<br><br>Audits and monitoring of staff administering medicines to people has not been competency assessed.<br><br>Regulation 12 (1) (a) (b) (c) (d) (g) |

| Regulated activity | Regulation |
|---|---|

This section is primarily information for the provider

# Action we have told the provider to take

| Regulated activity | Regulation |
| --- | --- |
| Personal care | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>Systems and processes had not been established and operated to assess, monitor and improve the quality and safety of the service provided.<br><br>Systems and processes had not been established and operated to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.<br><br>Regulation 17 (1) (2) (a) (b) |
| Personal care | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br><br>There were insufficient numbers of staff available at all times to meet people's assessed needs.<br><br>Staff did not receive appropriate training and supervision to enable them to carry out the duties they are employed to perform.<br><br>Regulation 18 (1) (2) (a) |