

Jaika Healthcare Limited

Administrative Office Jaika Healthcare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Administrative Office Jaika Healthcare, is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 7 people with personal care at the time of our inspection. At this inspection the service provided care for older people and people living with dementia.

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

Since the last inspection the provider had made improvements and there were now systems in place to give oversight of the service provided and to ensure that risks to people's safety had been identified and responded to.

The provider also had made improvements to their recruitment practices to ensure required checks were in place prior to staff supporting people.

People and relatives, we spoke with said they felt safe and records showed people were supported by staff who had the skills and knowledge to meet their needs.

The provider had systems in place to manage medicines and where people required medicines to be administered 'as and when required' there was guidance in place for staff to follow.

Provider systems were in place to check call durations and timings and the provider was in contact with people receiving care to review the care and check their experience of the care provided.

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 and relatives gave us positive views on the care and the provider's communication with them. Staff working for the provider told us they felt well supported in their roles.

Improvements had been made and the provider had audits systems to ensure an oversight of the service provided. However, we found further improvement was required to ensure systems were in place to ensure all information from other agencies was recorded consistently. Improvement was also required to ensure that a system was established to make sure all other required agencies were notified as required when concerns were identified by the provider and care staff.

We expect health and social care providers to guarantee people with a learning disability and autistic people

respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Rating at last inspection and update

The last rating for the service was inadequate (published 15 December 2022). There were 4 breaches of the regulations in relation to safe care, fit and proper persons employed, staffing and good governance, the service was placed in special measures. We imposed positive conditions, and the provider was required to send us a monthly report to show what they would do, and by when, to improve.

This service has been in Special Measures since December 2022.. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an announced comprehensive inspection of this service on 15 September 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, fit and proper persons employed, staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Administrative Office Jaika Healthcare 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 program. 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 safe.

Details are in our safe 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 ●

Administrative Office Jaika Healthcare

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 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. At the time of the inspection there were 7 people using the service.

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. The registered manager is also the provider.

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 would be in the office to support the inspection.

Inspection activity started on 01 June and ended on 29 June 2023. We visited the office location on 01 June 2023.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 3 relatives about their experience of the care provided. We spoke with 4 members of staff including the provider (who is also the registered manager), and 3 care staff. We also made contact with 1 healthcare professional.

We reviewed a range of records. This included 4 people's care records and medication records for 2 people. We looked at the 1 staff members file in relation to recruitment and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection provider systems were either not in place or robust enough to demonstrate people were always safe and received appropriate care and treatment, to evidence safe recruitment and staff induction and training. This was a breach of regulation 12 (Safe care and treatment) regulation 18 (staffing) and regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 12 (Safe care and treatment), regulation 18 (staffing) and regulation 19 (Fit and proper persons employed).

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- The Provider had made improvements and this inspection found clear care plans and risk assessments were in place to detail the support people required .
- Where people required support from staff with healthcare needs such as catheter care, the provider now had an accompanying care plan to guide staff how to safely support people with this aspect of their care. We also found that staff had received training in providing this care.
- People and relatives told us staff arrived at the right time and stayed for the agreed length of time. The provider also had audits in place to check this and take action where required.
- Staff had an understanding of how to safeguard people from abuse and they were able to explain how to protect people they supported. The provider had systems in place to raise any safeguarding concerns with the local authority.
- People and relatives we spoke with said they were happy with their care and felt safe with the support of staff. One relative said, " They [staff] know them well and keep an eye out for them. I feel they are safe with them. They really are very good."

Using medicines safely

- The provider had systems in place for the safe management of medicines.
- The inspection found there was now guidance in place for people's 'as and when required' medications. This helped to ensure people received their medicines when they needed them.
- The provider was no longer supporting people with controlled drugs (medication that is controlled in the way it is used, handled, stored and distributed), or medication patches. However, the provider told us since the last inspection processes had been put in place for the correct recording of these.
- People and relatives, we spoke with were happy with the medication support they received, and records showed staff had received medication training.

Staffing and recruitment

- We checked the recruitment file for a recently appointed member of staff and saw that references had been obtained prior to the member of staff commencing employment.
- We saw that a gap in the member of staff's employment history had been addressed and the reason recorded.
- Where DBS (Disclosure and Barring service) checks had been obtained for one member of staff that revealed disclosures, the provider had now completed a risk assessment in light of matters disclosed.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- Training records showed, and staff confirmed they had received infection control training.
- People told us that care staff wore the correct personal protective equipment during calls. Personal protective equipment (PPE) includes items such as gloves, aprons and masks.
- One relative told us, "They [staff] are very good with the aprons and gloves."

Learning lessons when things go wrong

- There were no records of any accidents or incidents, therefore we were not able to check records to see what action had been taken in response.
- The provider was in the process of completing a service user questionnaire seeking feedback on the service provided. Gathering this feedback provided the provider with information on how to improve the service provided. Initial feedback showed positive comments and feedback from the questionnaire.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and Care staff had completed MCA training.
- Staff told us and people confirmed they sought people's consent to care and respected people's choices and decisions regarding their day-to-day 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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

At our last inspection provider systems were either not in place or robust enough to demonstrate people's safety was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 (Good Governance).

Continuous learning and improving care

- Since the last inspection the provider had made improvements and audits and processes were in place to ensure the provider had oversight of the service provided. Audits implemented included care plan audits, medication audits and call time audits.
- However, further improvement was required to ensure systems were in place to consistently record all safeguarding's and quality information raised by other agencies.
- We found action had been taken to raise safeguarding concerns identified by the provider and care staff, however, further improvement was required to ensure a system was in place to make sure information was shared with all other appropriate agencies as required.
- People and relatives we spoke with confirmed improvements had been made in the service and told us they were happy with the care and support provided.

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

- The provider was unclear about their responsibility in notifying required agencies when safeguarding alerts were made or received. The provider gave assurances they would take action to address this and action was taken during the inspection to put a checklist in place to record when other agencies were notified as required..
- Staff were clear about their roles and said they felt well supported by the provider.

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

- People and relatives told us they had been involved in reviews of their care .
- Since the last inspection, the provider had also introduced an annual questionnaire to seek feedback on the care provided from people and their relatives.
- People and relatives described the provider as respectful and engaging. One relative commented,"

[Person's name] absolutely loves [provider]. He comes here often and they have banter about the two football teams they support."

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

- The provider understood their responsibilities about duty of candour and promoting an open and honest culture.
- People and relatives said they felt able to speak with the provider and care staff to raise any questions or concerns if and when needed and were assured action would be taken in response.
- Staff told us they felt provider was very supportive.

Working in partnership with others

- We contacted 1 health professional as part of the inspection. They confirmed the people they supported were happy with the care provided and confirmed that improvements had been made.
- Records showed the provider had sought the input of healthcare professionals such as GP's in support of people's well-being.