

Jakaranda Home Care Solutions Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 12 and 13 December 2018 and was announced. This was the service's first inspection since the service registered in June 2015.

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

There was a registered manager in place who had registered in June 2015, who was also the registered provider. 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.

People told us they felt the service was safe. People were supported by regular, familiar staff and received their calls on time. Although people told us they received appropriate support including with medicines and equipment use, systems and processes were not robust to ensure people would always receive safe support. Gaps in people's medicines records had not been identified and risk assessments were not always in place in relation to people's equipment use.

People told us they were happy with the support they received. People were supported by staff who received relevant guidance for their roles. People were supported to access healthcare services when needed to help promote their health. People were supported to have maximum choice and control of their lives and were supported in the least restrictive ways possible.

People told us staff were kind and caring. People were supported to express their views and decisions about their care. People told us they felt treated with care and respect. People's independence and dignity were promoted.

People gave us consistently positive feedback about the service and confirmed they received the support they needed. Systems were in place to help ensure people's needs and wishes would be gathered and met. There was a process in place to support people and relatives to complain if they needed to. People told us they would feel comfortable complaining about the service, but that they had not needed to.

The registered manager regularly provided care in addition to their management role, along with a director of the service. This helped the registered manager oversee the quality of the service. Whilst we received consistently positive feedback about the quality and safety of the service from people, relatives and professionals, we often found systems and processes were not in place to ensure this would be consistently maintained. Improvements were required to systems and processes to ensure the continued safety and quality of people's care. We have made a recommendation about this.

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.

Although people told us they received appropriate support, systems were not robust to ensure people's risks were always safely managed, including medicines support.

People told us they felt safe using the service. People were supported by regular, familiar staff and received their calls on time.

Is the service effective?

Good 

The service was effective.

People told us they were happy with the support they received. People were supported by staff who received relevant training and guidance for their roles.

People were supported to access healthcare services when needed to help promote their health.

People were supported to have maximum choice and control of their lives and were supported in the least restrictive ways possible.

Is the service caring?

Good 

The service was caring.

People told us staff were kind and caring. People told us they felt treated with care and respect.

People were supported to express their views and decisions about their care.

People's independence and dignity were promoted.

Is the service responsive?

Good 

The service was responsive.

People gave us consistently positive feedback about the service and confirmed they received the support they needed.

Systems were in place to help ensure people's needs and wishes would be gathered and met.

There was a complaints process in place. People told us they would feel comfortable complaining about the service, but that they had not needed to.

Is the service well-led?

The service was not consistently well led.

The registered manager regularly provided care in addition to their management role, along with a director of the service. This helped the registered manager oversee the quality of the service.

Whilst we received consistently positive feedback about the quality and safety of the service, systems and processes were not in place to ensure this would be consistently maintained. Improvements were required to systems and processes to ensure the continued safety and quality of people's care.

Requires Improvement ●

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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 12 and 13 December 2018 and was announced. Inspection site visit activity was carried out on 13 December 2018 and included a visit to the office location to see the registered manager and a staff member, and to review care records and policies and procedures. We contacted people using the service, people's relatives, staff members and healthcare professionals for feedback about the service from 12 December 2018 as part of our inspection processes.

This inspection was carried out by one inspector. As part of our inspection planning, we used information the provider sent to us in the Provider Information Return. This is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also sought feedback from the local authority quality monitoring team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We referred to other information we held about the service to help inform our inspection planning. This can include notifications, which contain information about important events which the provider is required to send us by law.

As part of our inspection, we spoke with two people using the service, two relatives of people using the service and two staff members who regularly supported people, including the registered manager. We also spoke with two professionals involved in people's care. During our inspection site visit, we sampled records related to four people's care and additional documentation related to the quality and safety of the service including staff training records and two staff recruitment files.

Is the service safe?

Our findings

This was the service's first inspection since the service registered in June 2015. We asked, 'Is the service safe?' and rated this key question, 'Requires improvement'. This was because systems were not always safe to ensure people's risks would always be effectively managed.

Although people told us they received safe support, people's risks had not always been effectively assessed and monitored to ensure their safety, including people's support to use equipment such as bedrails and hoists. The registered manager confirmed one person had bed rails fitted to help reduce the person's risk of falls. The registered manager told us, "I haven't carried out an actual risk assessment on paper for [person], more of an informal risk assessment." Current good practice guidelines advise that the use of bed rails can present other risks and harm to people, and that risk assessments are required to ensure equipment is safe and suitable for people. In another example, some people required support to use a hoist, however our sample of their records showed risk assessments were not sufficiently detailed to ensure staff would always know the specific support people required. We also found that although the registered manager often supported a person to use a hoist, they had not updated their own training in this area. Although the registered manager told us they worked closely with other staff who had all received moving and handling training, this did not ensure the registered manager would always be aware of current good practice guidelines when providing this support.

Improvements were also required to ensure people were always supported safely with their medicines. One person told us they always received their medicines on time and they commented, "They look after my legs, they're very good at washing them and helping with cream." However, our sample of records found some people's medicines and care records had gaps, for example for all medicines over three consecutive days. This indicated a risk that people had not always been given their medicines as prescribed. The registered manager had no regular audits in place to monitor people's medicines support, which meant these recording errors had not been identified and addressed. The registered manager was not able to demonstrate people had received medicines safely on those occasions because people's care records were also not available for those dates. Although people told us they always received safe support with their medicines, systems failed to demonstrate people would always receive safe support with their medicines.

People and relatives told us they felt the service was safe and people spoke positively about the support they received. Staff showed awareness of people's risks and how to help keep people safe, for example how to promote people's health and to respond when people were unwell. Risk assessments helped identify how some people's risks could be safely managed. For example, one person confirmed staff used a key safe to access their home. The person was happy with this arrangement and told us this felt safe.

People confirmed staff were usually on time to support them, and people told us they experienced no concerns such as late or missed calls. People told us they were kept informed if staff were going to be late. One person told us, "If staff do happen to be a bit late, they ring me and tell they're going to be a couple of minutes late. It's not their fault [when they are late]." Another person confirmed staff stayed with them as long as the person needed. The person commented, "If they're going to be late and they're held up somewhere, they'll give me a call and let me know." Records we sampled showed people received their calls

for the lengths of time planned and to have their needs met. The service made sure there were enough staff to provide people with a consistent and reliable service.

Recruitment systems were in place to help ensure people were supported by suitable staff. A staff member confirmed they had completed recruitment checks before they started their roles. Records we sampled confirmed relevant checks were carried out. This included application and interview processes followed by character reference being gathered and checks through the Disclosure and Barring Service (DBS). The registered manager told us they had commenced these checks for two potential new staff members. This helped reduce the risk of people being supported by staff who were unsuitable. People were supported by regular, familiar staff and received their calls on time and as planned.

Is the service effective?

Our findings

This was the service's first inspection since the service registered in June 2015. We asked, 'Is the service effective?' and rated this key question, 'Good'.

We received consistently positive feedback about how people were supported. People told us they were supported by regular staff and confirmed they were supported how they wanted to be. One person told us, "They're very good." Another person told us, "Staff are good, they do their jobs well." A relative told us, "They've been really good for [person], we're very happy and pleased with the service, it feels like [person] is being well looked after."

People were supported by staff who had received relevant support and training to effectively meet people's needs. Staff showed awareness of people's needs and had received relevant training to ensure people received effective support. For example, in relation to the care of one person living with dementia, a relative commented, "They're wonderful with [person]." A staff member told us they felt supported in their roles and provided examples of how they had applied their training to develop further in their roles and meet people's needs. For example, the staff member told us one person enjoyed listening to music and that music was beneficial for people's experiencing and bringing back memories and familiar emotions.

A professional involved with the service told us, "They are really professional, really helpful. They care about the people they support." Records we sampled showed staff had received feedback through spot checks about how they supported people. This helped review staff performance and promote good practice. A staff member commented, "We're usually asked how we've experienced working with people, how we're finding job." Staff had completed an induction before they started their roles. This included the Care Certificate, a set of minimum standards that staff who are new to care, must complete as part of their induction. Staff had received training in a range of areas considered mandatory by the registered manager, including fire safety, safeguarding, person-centred care, equality and inclusion, and life support.

People were supported to access healthcare services when needed. One person told us, "If they're very worried about anything, they'll get on to the doctor for you." Another person had been unwell on a number of occasions and their relative commented, "They've been wonderful with [person], as soon as anything is wrong they send for the doctor." Staff had also followed recommendations made by healthcare teams to help promote people's health. A healthcare professional told us, "They've been doing everything we've asked and I've always got the feedback about people's needs when I've wanted it. They're the best service I've come across for communication, I'd recommend them to anyone." A professional involved with the service told us, "I've found [staff] professional, observant and friendly. They've noticed when the person is struggling and called me in," for example if a person had lost their appetite or needed more support. Records we sampled showed the details of healthcare professionals involved in people's care had been gathered and their recommendations recorded and followed. People were supported to seek healthcare support when needed to promote their health.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found people received appropriate support. People told us they were supported to make their own choices. One person told us, "They always ask what we want," for example with meals. Staff had received MCA training and gave examples of how they supported people to make their own decisions. Staff described how they took people's best interests into account when some people lacked capacity to make certain decisions. For example, when one person was unwell, staff had considered the views of others involved in their care, however they had prioritised the person's best interests to ensure the person accessed healthcare support as needed.

Is the service caring?

Our findings

This was the service's first inspection since the service registered in June 2015. We asked, 'Is the service caring?' and rated this key question, 'Good'.

We received consistently positive feedback about the kind and caring approach of the service. One person told us, "Just their attitude, the way they go out of their way to support us." Another person told us they had a good relationship with staff and commented, "We have a laugh and a joke." A relative told us, "They are very professional, warm people and kind." A healthcare professional commented, "They're really caring, lovely people."

People were supported to express their views and decisions about their care. One person told us they had been asked about their experience of the service and how things were going. The person commented, "They ask if I'm happy with the care and yes I said I'm more than happy." The person told us they had been asked to do a survey about the service previously. This helped the registered manager gather views and feedback about the service to help ensure people's needs and preferences were met. The registered manager confirmed people were asked to complete surveys independently or with assistance when needed so people were encouraged to provide feedback openly.

People's feedback they shared with us, showed they felt treated with care and respect by staff. One person told us, "These carers I would recommend them to anyone, they're fantastic, they're lovely." A relative told us, "It's really nice of them that they go beyond their duty and go to the shop for [person] if they run out of things, they're very helpful for getting things [person] needs."

Staff showed awareness of the importance of promoting people's independence. One staff member gave the example that they encouraged a person to call the doctor independently: "We usually contact the doctor for people but because [person] is independent, we try to promote that for [person], we will call the doctor if [person] doesn't want to."

Is the service responsive?

Our findings

This was the service's first inspection since the service registered in June 2015. We asked, 'Is the service responsive?' and rated this key question, 'Good'.

People gave us consistently positive feedback about the service and confirmed they received the support they needed. One person told us, "I would recommend the service because they've got the personal touch, they do anything to please you." People's preferences and support needs had been gathered through care planning processes and people's care plans were updated as their needs changed. People received support as needed for example to take medicines, and to prepare their meals and drinks. A relative confirmed another person was always supported to arrange and get ready for healthcare appointments. People told us they were happy with this support and confirmed they were always offered choices.

Important information related to people's preferences, for example, the gender of care staff providing personal care and people's religious needs, had been gathered and recorded in their care plans. Staff showed an appreciation of the individual differences and beliefs of people they supported. One staff member told us, "I've come to be very open-minded, I respect that my experiences might be different to another person's, I go into their home environment with an open mind." Staff showed an understanding of people's communication needs although the level of detail they provided was not always reflected in people's care plans.

There was a process in place to support people and relatives to complain if they needed to. The registered manager confirmed no complaints had been received. People told us they would feel comfortable complaining about the service, but that they had not needed to. One person told us, "I would complain to the staff, but I haven't got any complaints to make." A relative told us they would feel comfortable raising concerns if needed. The registered manager and staff demonstrated learning and reflection from previous issues over the time they had supported people. For example, the registered manager told us they had received feedback that stakeholders could not always promptly contact them if needed and the registered manager had amended their communication processes accordingly. People could be confident staff would learn and reflect from complaints and other feedback.

Is the service well-led?

Our findings

This was the service's first inspection since the service registered in June 2015. We asked, 'Is the service well-led?' and rated this key question, 'Requires improvement'. This was because although people gave consistently positive feedback about the service and the support provided by staff, systems and processes were not robust to always ensure the quality and safety of the service.

The registered manager and a director of the service regularly provided support to people alongside staff, which helped provide them with oversight of people's views and experiences of the service. However, although the registered manager had some oversight of the service, they confirmed audits were not carried out to help effectively assess, monitor and ensure the quality and safety of the service including in relation to medicines management, people's care records and support with finances. For example, although systems were in place to document the support people received with medicines, this was not monitored by the registered manager and several gaps in two people's records had not been identified. This suggested that people had not been supported safely with their medicines and this risk had not been identified and mitigated. In another example, people received occasional support to manage their monies. Although a relative confirmed one person was safely supported when they often asked staff to purchase snacks and items on their behalf, there were no systems in place to safely monitor people's support with their monies. This failed to ensure people were protected from the risk of financial abuse and that staff were supported through safe processes. The registered manager told us they had identified this as an area of improvement however this had not been done to ensure people's safety.

People and relatives told us they were satisfied with the support provided and our sample of records found some general guidance had been sourced to help staff understand people's care needs. However, people's care records did not contain specific care plans and guidance related to their known needs including for dementia care, asthma and epilepsy. Although one person had been considered as possibly lacking capacity to take some decisions, there was no evidence of an assessment or a care plan in relation to this. Although people's communication needs were understood and known to staff, this information was not clearly documented for example in a communication plan. This did not ensure people's communication needs were recognised and met in line with the Accessible Information Standards (AIS). Although people told us they received safe and appropriate support, records were not always accurately maintained in relation to people's specific health and support needs.

Although the registered manager and director regularly provided support to people alongside staff, their own training was not effectively monitored. Our sample of the training matrix found only two staff members' training was monitored and the registered manager commented this was, "Because we don't regard ourselves as staff as such." Although we saw evidence that both the registered manager had received medicines training, recent safeguarding training had not been provided and the registered manager had also not carried out moving and handling training. The registered manager had not maintained their own personal development to ensure they followed and met current good practice when providing care.

One person told us, "It's wonderful support, they go out of their way to support us, all the carers." A

professional commented that they had seen progress at the service over time and how the service had acted on previous feedback to improve the service. The professional commented there were some improvements required around documentation with the service however they felt that the care provided was safe and met people's needs. A relative told us they felt they could be open with the staff and that they would be open to feedback and improvements. The relative commented, "They listen and they're very on the ball with things." The registered manager regularly provided care in addition to their management role, along with a director of the service. People were often supported by the same small team of staff members who worked closely together. The registered manager's involvement in people's care helped them oversee the quality of the service and people's experiences, and we received consistently positive feedback about the care provided.

Whilst we received consistently positive feedback about the quality and safety of the service at the time of our inspection, we often found systems and processes were not in place to ensure this would be consistently maintained. The registered manager did not have robust systems and processes, or relevant documentation in place to help effectively assess, monitor and ensure the quality and safety of the service. We recommend the registered manager seeks support and resources to ensure they have robust systems and documentation in place to effectively assess, monitor and ensure the quality and safety of the service.