

Jadee's Nursing Agency Limited

Jadee's Nursing Agency

Inspection report

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Date of inspection visit:
25 May 2023

Date of publication:
16 June 2023

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

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.

About the service

Jadee's Nursing Agency is a home care agency providing personal care to 24 people at the time of the inspection. There were 2 people with a learning disability being supported by the service. The service also supported people with physical disabilities, sensory impairments and people living with dementia.

People's experience of using this service and what we found

Right Support: Improvements had been made to the model of care to maximise people's choice, control and independence, including in relation to the Mental Capacity Act. Visits were being organised, monitored and delivered safely through effective use of an electronic call monitoring system, which meant people could organise their day as they wished. 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.

Right Care: Staff were described as caring, compassionate, and kind. People told us they were involved in the planning of their own care, and feedback given to the service was listened to and acted on. Improvements had been made to care planning and risk assessments, although further development was still required as some language used was outdated. We have made a recommendation the provider consults best practice guidance as a result. Staff received training on how to meet people's needs, including specialist training in how to support autistic people and people with a learning disability.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff supported people using services to have good outcomes. There had been numerous changes and improvements made at the service since the last inspection, and the provider was committed to continuous development and working with others. Some new systems and processes still needed further development to show they were embedded and sustained in the longer term. We have made a recommendation about consistent analysis to identify and act on themes and trends. Whilst some regulatory requirements were not fully met, the provider acted promptly when this was raised.

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 this service was inadequate (published 28 January 2023). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection

we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 16 January 2023. 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

This inspection was prompted by a review of the information we held about this service. We also undertook this inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

Recommendations

We have made a recommendation on the consistent use of person-centred language in care records, development of end of life care plans, and a recommendation on the meaningful analysis of themes and trends to drive improvement.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive 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 ●

Jadee's Nursing Agency

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was also the nominated individual and owner. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 May 2023 and ended on 6 June 2023. We visited the location's office on 25 May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including an action plan shared with us by the provider. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people, and 4 people's relatives to gain their feedback on the care and support provided. We spoke with 5 staff members, including the registered manager, the manager (who is also a director of the company), team leaders / supervisors, and care workers. We sent out surveys and received and reviewed responses from 7 further staff members. We looked at 4 staff recruitment files, 4 people's care plans and multiple medication records. We also looked at a variety of documents relating to governance and oversight of the service, including audits, action plans, policies and procedures. A specialist CQC team analysed data from the provider's electronic call monitoring system, to check the duration and punctuality of visits.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

At our last inspection systems to assess and manage concerns and risks were not robust to keep people safe, placing people at the risk of unsafe care. This was a breach of regulation 12(1) 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 12.

- Improvements had been made to care plans and risk assessments since the last inspection, and risks to people's health and wellbeing were documented to keep them safe from the risk of harm. This included in areas such as mobility, continence and pressure area care, catheters, and anti-coagulants.
- We identified there was no epilepsy risk assessment held on file to guide staff on what to do in the event of seizures, in relation to one person. We raised this with the management team, who explained these concerns were historic and they would clarify this in care documents.
- Records showed improvements to the management and recording of care visits using an electronic system called 'Birdie', which meant there were no missed or very late calls. One person's relative said, "[My person] has a file in the house, and [the care workers] record what they have done and the time they arrive and leave."
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. The provider had introduced new medication audits and demonstrated good oversight of any reason why medicines had not been taken. One person's relative said, "[The care workers] are very responsible and professional about medication." Another person said, "I have never had any problems with my tablets."
- The provider had started completing practical medication competency assessments for staff, in line with national best practice guidance. More work was required to create an oversight system for this, to show which staff members had received assessments and when.
- At the last inspection, there was no effective oversight system recording incidents and accidents. This meant the service could not analyse concerns to reduce the risk of reoccurrence and share lessons learned with staff. The provider had introduced new systems, but as this was still in its infancy, further development was still required.

We recommend the provider develops the analysis of themes and trends across all areas of the service to

show actions taken, and how this is monitored to drive continuous improvement.

Systems and processes to safeguard people from the risk of abuse

At our last inspection systems were not in place to ensure that appropriate actions had been taken following safeguarding concerns or allegations of abuse, placing people at the risk of harm. This was a breach of regulation 13 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 13.

- The management team had worked closely with the local authority to develop a more robust approach to safeguarding. Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us, "Safeguarding procedures are put in place to make sure clients are not harmed or abused, there is a feature on Birdie that allows us to report safeguarding incidents."
- Records showed safeguarding matters were now being logged and lessons learned explored. Further work was still required to embed this new process, and to show detailed analysis and actions.
- People told us they felt safe. One person told us, "[The care workers] know about my health and what they are looking for, so it gives me confidence in them."

Staffing and recruitment

At our last inspection recruitment procedures were not established and operated effectively to ensure the safety and suitability of persons employed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff recruitment and induction training processes promoted safety, including seeking references and information from the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Although all necessary documents were available at the time of inspection, some further action was required to ensure clear oversight of the dates of recruitment checks made prior to staff members commencing work. The management team told us they would review this going forward.

At our last inspection sufficient numbers of suitably qualified, competent and skilled staff were not deployed to ensure safe, good quality care. This was a breach of Regulation 18 (Staffing) 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 18.

- Since the last inspection, there were now sufficient staff suitably deployed to safely meet people's needs. People now had set times for their visits and told us staff were usually on time, providing consistent and unhurried care and support. One person's relative told us, "Once or twice [the care workers] were late but they always ring if that happens."

- The service had begun effectively using its electronic call monitoring system, following up promptly on any system alerts. This included any late visits, incidents, accidents, or medication concerns. The manager said, "Now the alerts are all connected to our phones from Birdie, so it comes to our phone, and we deal with it that very minute."

Preventing and controlling infection

- The service used effective infection, prevention and control (IPC) measures to keep people safe, and staff supported people to follow them. People told us they were satisfied staff wore personal protective equipment (PPE) appropriately and employed good hand hygiene.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection systems and processes were not in place to ensure compliance with the Mental Capacity Act where people may not have the capacity to consent to their care. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- For people that the service assessed as lacking mental capacity for certain decisions, staff recorded assessments and any best interest decisions. Whilst we identified 1 person's care plan which lacked some detail about the person's capacity to make decisions, staff could tell us this information and confirmed the care plan would be updated to reflect this.
- Staff received training on capacity and consent under the MCA. One staff member told us, "We have a client who lacks the capacity to make a decision so their [relative], being the power of attorney, makes the decisions that are in the best interests of the [person]."
- People told us they were given choice and control by staff. One person said, "They [the care workers] always ask me what I want to eat at mealtimes and also check out what clothes I want to wear."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received an assessment when they joined the service, which led to the development of a care plan. One staff member told us, "The fundamental source of every service user's care needs is their care plan. I read their care plans to know what their outcomes are and what I am required to do to provide person-centred, safe support to them. In the event people's care plans are reviewed, we are notified about those changes and encouraged to read the care plans."
- Care plans were held on an electronic system, covering areas such as personal care (including oral hygiene), everyday activities, social support, home environment, nutrition and hydration, medical conditions, mobility, and finances. Some care plans were clearly worded in the first person, setting out how people would like to be involved in their own care. For example, 1 person's care plan said, "I would like my care staff to respect my choices and give me the option to choose how I would like to be dressed."
- Whilst work had been undertaken since the last inspection to develop care plans, we found there was variable quality, with some being more effective than others. Some records also used task-based or outdated language to describe people and the care and support being provided. We have signposted the provider to develop their approach.

We recommend the provider consults national best practice resources and guidance to ensure the language used to describe people is consistently person-centred.

- Despite this, everyone we spoke with during the inspection told us they received good care and support following their initial assessment, ongoing care planning and reviews. One person said, "I have had [care workers] for a year and it was good from the start."

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training and supervision, including specialist training on how to support autistic people and / or people with a learning disability. Guidance was in place for staff to know what might cause people with a learning disability to become anxious, and what steps to take to address this.
- One staff member said, "I have completed the Care Certificate that the company mandates before we start work. It covers several topics for instance safeguarding, the Mental Capacity Act, first aid and food handling and preservation, to mention a few." The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- We received feedback from people they were satisfied with the training provided to staff. One person's relative said, "[Jadee's Nursing Agency] employs bright people that are well trained and know what they are doing."
- Spot checks were carried out in the field to ensure staff demonstrated good practice. The registered manager told us they had also begun commencing appraisals for all staff to support their development.

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

- People received support to eat and drink enough to maintain a balanced diet. Improvements to oversight of care visits since the last inspection meant people had their meals, drinks, and snacks at a time to suit them and to meet their needs.
- Staff received training in the importance of fluids, nutrition and food hygiene safety.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were referred to health care professionals to support their wellbeing and help them to live healthy

lives. One person told us, "[The care workers] will take to me to the doctor's surgery in my wheelchair if I have an appointment."

- Staff knew how to act promptly in requesting emergency care for people when required. One person's relative told us, "[The care workers] found [my person] on the floor last night and called an ambulance and then called me. They stayed with [my person] until the ambulance came and I arrived. They were very good and knew what they were doing."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People felt valued by staff who showed genuine interest in their well-being and quality of life. One person told us, "[The care workers] are extremely kind, they will do anything I ask." Another person said, "[Care workers] have been absolutely brilliant with me, so kind and caring."
- Equality and diversity characteristics were referenced in people's care plans, although this sometimes lacked detail, for example how to promote decision-making and independence. We discussed this with the management team, who told us they would continue to work with the local authority to develop and improve care records.
- All staff members actively providing care and support had up to date training in equality, diversity, dignity and respect. One staff member said, "It makes me happy to see [people] comfortable and happy after I have assisted them with day to day activities. This makes me happy because I know my effort makes a difference in someone's life."

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

- People, and those important to them, took part in making decisions and planning of their care and risk assessments.
- Although not always clearly recorded in care plans, we received feedback from people and their relatives to confirm they were involved in the planning and reviewing of their care. One person told us, "We work it out between us, and they [Jadee's Nursing Agency] do exactly as I ask."
- People had the opportunity to give feedback about the service during staff spot checks, reviews and satisfaction surveys.

Respecting and promoting people's privacy, dignity and independence

- Since the last inspection, improvements to systems and processes meant staff were enabled to deliver a more consistently caring service. This included arranging rotas so people knew when to expect their care visits. This supported people to independently organise their own day as they wished.
- One person's relative said, "[My person] likes to go out and they [Jadee's Nursing Agency] try and accommodate that by changing the time of their visits."
- Staff knew when people needed their space and privacy and respected this. The provider had begun to include guidance for staff on meeting people's needs for privacy and independence in care plans. One staff member told us, "I feel good to help people start their day and help them stay motivated."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection effective systems had not been established for identifying, receiving, recording, handling and responding to complaints. This was a breach of Regulation 16 (Receiving and acting on complaints) 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 16.

- At the last inspection the service did not have good oversight of complaints, and there was limited information to show people had received an apology when things went wrong. The provider introduced a log of all complaints and compliments, showing action taken and lessons learned in each instance.
- At this inspection, people and those important to them could raise concerns and complaints easily and staff supported them to do so. Staff explained to people when and how their complaints would be addressed and resolved.
 - Whilst most people told us they did not have any cause to complain about the service, those who had raised concerns told us this was dealt to their satisfaction. One person's relative told us, "The care workers did come a bit too early, and we complained. The times were changed so it's alright now." Another person said, "I was phoned by [Supervisor] who understood and said they would deal with it (my concern), and they rang me again later to make sure it was all okay."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff made reasonable adjustments to ensure better health equality and outcomes for people. One person told us, "They [staff] talked to my daughter when I was in hospital to find out how I was doing, so that they knew when I was likely to be discharged so they could be ready to start my care." Another person's relative explained how care workers responded to planned healthcare appointments, and told us, "The care workers change their (visit) times to make sure [my person] gets there on time."
- Preferences were identified, and appropriate staff were available to support people, leading to good consistency of care. One person's relative said, "We have the same care worker coming who knows [my person] well and knows what [my person] likes. It's great that we get the same care worker."
- Improvements to visit timings and punctuality since the last inspection meant people were able to pursue activities and social interests without being delayed by late visits. Care records included information on people's mood and wellbeing, as well as recording any friends or relatives important to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand. Information on how to meet people's specific communication needs was recorded in care plans. For example, the care plan of 1 person with a learning disability said, "[Person] is able to nod their head for 'yes' and shake their head or answer 'no'. Care staff should speak calmly to [person] at eye level for full understanding and to be able to be clearly understood."
- People told us their specific methods of communicating were known and followed by staff, supporting them to express their preferences and needs. One person told us, "I have had a stroke and my speech is slurred, they [the care workers] ask me to speak slowly and we manage." Another person's relative said, "My person has had a laryngectomy so can't speak" but confirmed regular care workers meant good communication was achieved through continued relationship building.

End of life care and support

- At the time of inspection, the service was not supporting anyone who was reaching the end of their life. The management team told us they would tailor care plans to people's specific care needs as required.

We recommend the provider develop specific care plans setting out people's preferences and wishes for care and support when reaching the end of their life.

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.

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

At our last inspection systems and processes were not robust enough to demonstrate safety and quality were effectively managed. This was a breach of regulation 17 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.

- At the last inspection the provider could not demonstrate a practical understanding of the electronic systems in use. Improvements had been made, including seeking guidance and training for the management team. This had led to improved outcomes for people, and there were no longer significant numbers of unread alerts.
- One supervisor had taken on a lead role in compliance, effectively using electronic call monitoring data and system alerts to show how the service was working well and where improvements were required. The registered manager told us, "You have an overview of everything that happens in every corner of the organisation. You have an overview of every area in the company, we have data collected so we know exactly what has happened."
- This approach still needed to be fully rolled out into other areas of the service. For example, oversight measures for tracking supervisions, competency assessments and appraisals were yet to be established. The provider had not yet had time to demonstrate other newly introduced systems and processes were embedded and monitored or successfully sustained.
- Whilst there had been improvements, some regulatory requirements were still not being met. For example, the provider was not displaying their current CQC rating as required by law. The registered manager explained they had already contacted everyone using the service to discuss the rating, and confirmed it was promptly displayed following our office visit.

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

- Managers worked directly with people and led by example. One person told us, "They [management] have come out to see me a couple of times to check if I am happy with the care workers and I have the

supervisor's number if necessary." Another person said, "They [Jadee's Nursing Agency] ring me every so often to make sure everything is okay."

- We received positive feedback from people using the service. One person's relative said, "Definitely happy with the care. The social worker and the nurse from the virtual ward both said this is the best care agency in the area. We think they are brilliant." Another person said, "[Jadee's Nursing Agency] are far better than the other two care agencies we had."

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. Surveys showed increased satisfaction in the service across a range of areas.
- Regular staff meetings took place, including the opportunity to discuss any accidents, incidents and lessons learned. The provider had developed a meeting minute tracker to show the topics of discussion and any action required.
- Staff told us they felt supported by the management team and involved in the improvements being made. One staff member said, "We always have staff meetings, and we discuss how to perform our duties and work, how to raise concerns at work, any changes that the company is experiencing, our wellbeing and how to take care of ourselves so that we can perform well."

Continuous learning and improving care; Working in partnership with others

- The service worked well in partnership with other health and social care stakeholders, including the local authority, and were committed to continuous learning. One staff member said, "There have been some necessary improvements related to the service we provide."
- A Service Improvement Plan (SIP) had been developed and introduced to ensure oversight of continued change and growth.
- Whilst the provider invested in the service, embracing change and delivering improvements, it was acknowledged further work was still required to demonstrate sustainability. The manager told us, "We feel happier as now we know there are checks and balances in place. It is a long-term process, we are still embedding things, we are getting things in place. It is a learning curve."