

Hyacinth Jarrett

Newjart Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook this announced inspection on 12 April 2017. Newjart Care is registered to provide Personal Care services to people in their own homes. The services they provide include personal care, housework and assistance with medicines. The provider is Hyacinth Jarrett. As the registration is in her name, Hyacinth Jarrett is not required to also have a registered manager. The provider manages the service.

At our last comprehensive inspection on 28 January 2015 the service we rated the service as "Good". At this inspection we found the service remained as "Good".

Since the last inspection in 2015, this service has moved their registered office to a new location in Barnet, London. The service provided care to only two people. The provider / manager was also the only carer providing care for the two people.

People who used the service had been treated with respect and dignity. This was also confirmed by health and social care professionals we spoke with. People were safe when cared for by the service. There was a safeguarding adults' policy and suitable arrangements for safeguarding people from abuse.

The service had a policy for the administration of medicines. However, the service currently did not administer medicines to people. There was an infection control policy. People informed us that the registered manager observed hygienic practices.

Only one care worker had been recruited. This carer was not working for the service at the time of this inspection as there was not enough work available. However, we noted that the necessary checks had been undertaken prior to this care worker being employed previously. Appropriate induction and training had been provided for this care worker.

People's care needs and potential risks to them were assessed and guidance provided on how to care for people. Appropriate and up to date care plans had been prepared which involved people and their representatives. People's healthcare needs were monitored where this was part of the care agreement.

There were arrangements for encouraging people and their representatives to express their views and make suggestions regarding the care provided and the management of the service. The registered manager was caring in her approach and knowledgeable regarding the individual choices and preferences of people. Reviews of care had been carried out to ensure that people received appropriate care. The service had a complaints procedure.

People expressed confidence in the management of the service. They stated that the provider / manager communicated well with them. A recent satisfaction survey indicated that people were satisfied with the services provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Newjart Care

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 checked 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.

The inspection took place on 12 April 2017 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection.

Before our inspection, we reviewed information we held about the service. This included notifications and reports provided by the service.

The service provided care for only two people. We spoke with both people who used the service. We spoke with the registered manager who was the only person providing care for people from the service. We spoke with two health and social care professionals who had contact with the service.

We reviewed a range of records about people's care and how the service was managed. These included the care records for two people using the service, one staff recruitment record, staff training and induction records. We checked the policies and procedures and maintenance records of the service.

Is the service safe?

Our findings

People told us that they were safe when cared for by their care workers. They stated that the provider / manager was reliable and diligent. No concerns were expressed by them. One person said, "I am satisfied with the care. I feel quite safe with her. She is hygienic, clean and thorough" The second person said, "I feel safe. She is very careful. " Two health and social care professionals informed us that people were well cared for and they were safe with the service.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. The provider / manager had received training in safeguarding people. She knew what action to take if she was aware that people who used the service were being abused. She informed us that she would report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were available in the office. No safeguarding allegations had been reported to us or the local safeguarding team.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with certain medical conditions, moving and handling, home environment and people's mental condition. We noted that the condition of people's skin was not always documented. The registered manager agreed that this would be done in the future.

We discussed staffing levels with the registered manager. She stated that at the time of inspection the service only had two service users who required small packages of care. She was able to provide care to these people on her own. When she was not available, relatives and other care professionals were able to provide the required support. People we spoke with stated that the provider / manager was able to provide the care they needed.

Only one care worker had been recruited. This care worker was not working for the service at the time of this inspection as there was not enough work available. We examined the records of this care worker recruited. We noted that this care worker had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to the care worker previously starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that this care worker was suitable to care for people.

The provider / manager informed us that the service did not administer medicines to people. This was confirmed by people we spoke with. The service had a policy for the administration of medicines. The provider / manager had received training on the administration of medicines.

The service had an infection control policy. The provider / manager was aware of good hygiene practices such as washing hands and using hand gel to protect against infection. She had a stock of protective clothing including disposable gloves and aprons. People informed us that the provider / manager followed hygienic practices.

Is the service effective?

Our findings

People informed us that the provider / manager was competent and they were satisfied with the care provided. One person stated, "I am satisfied. The manager usually checks with me and ask for my consent when needed. I have also signed my care plan." The second person stated, "I am happy with the service. The manager is usually on time and can be flexible if needed." Two health and social care professionals informed us that the service provided was reliable and the registered manager was professional in her approach.

People's healthcare needs were monitored by care workers where this was part of their care agreement. We noted that the care records of people contained important information regarding their medical conditions and healthcare needs. There was guidance on assisting people who may require special attention because of their medical conditions. This ensured that the provider / manager was able to support people with their healthcare needs when needed.

There were arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for the provider / manager on meeting the dietary needs of people. However, the provider / manager explained that her duties amounted to just heating the food for people. This was confirmed by people we spoke with. The provider / manager was aware of the importance of encouraging people with healthy eating and ensuring that people had adequate nutrition. She stated that if there were significant variations in people's weight, she would inform the health and social care professionals involved.

The provider / manager and care worker employed had been provided with appropriate training. Copies of their training certificates which set out areas of training were provided. Topics included moving and handling, health and safety and the administration of medicines. The only care worker employed had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included safeguarding adults, staff conduct, infection control and health and safety.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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. The provider / manager informed us that both people using the service had capacity and could make decisions for themselves. She was aware that where they lacked capacity, people's representatives or close relatives such as people's spouses should be consulted. The service had a policy on the MCA.

Is the service caring?

Our findings

We received positive feedback from people regarding the manner they were cared for. They stated that they had been well treated and felt respected. They stated that the provider / manager communicated well with them. One person said, "The manager understands me. When I am anxious, she calms me down. She is completely caring. I would not go anywhere else. Another person said, "I am happy with the service. The manager protects my privacy when helping with me with my personal care." Two health and social care professionals informed us that the service communicated well with people and the provider / manager was caring and compassionate.

The provider / manager stated that she was aware of the importance of treating people with respect and dignity. She knew how to protect people's privacy and could describe to us how she did that. When providing personal care, she said she ensured that where necessary doors were closed and curtains were drawn. She would also first explain to people what needed to be done and gain their agreement.

We saw information in people's care plans about their background, life history, medical and mental issues which may affect them. This information was useful in enabling the service to understand people better.

There were arrangements for involving people in their care. Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. The provider / manager had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. The service had a policy on promoting equality and valuing diversity.

The care records of people contained information for care workers on how to communicate with people and any difficulties which may be experienced. People told us they got on well with the provider / manager and they felt supported by her.

We saw documented evidence that people's care was reviewed regularly with other social and healthcare professionals involved. The views of and feedback of people were reported. People informed us that the service listened to their views.

Is the service responsive?

Our findings

People informed us that the registered manager provided the care they needed and as stated in the care plans. They stated that the service was responsive and helpful. One person said, "I am satisfied with the care. The manager knows my special needs and can attend to them. I have no complaints." Two health and social care professionals informed us that people had benefitted from the service provided and the care plans had been followed.

The care documentation we examined was structured and contained essential information about the two people who used the service. People's needs had been carefully assessed before services were provided and this had involved discussing the care plan with people, their representatives and other professionals involved. The assessments included information people's health, nutrition, mobility, medical, and cultural needs. People told us they were involved in planning their care and support. This was confirmed in the records which contained people's preferences, choice of visit times and the support they needed. Care plans and agreements were then prepared and signed by people concerned. This ensured that people received care that was personalised and appropriate.

When we talked with the provider / manager about people she demonstrated a good understanding of the needs of people, their choices and preferences and any disability or medical conditions people had. People stated that the service provided care that met their needs. They were satisfied because the service was reliable and consistent. One person stated that they had made improvements as a result of the support provided.

We discussed the care of people who have specific mental health or mobility problems. The provider / manager was able to tell us what the particular care needs and potential risks people may be exposed to. She also informed us of what the service would do if people experienced difficulties or deteriorated. This included informing social care and healthcare professionals and summoning medical assistance.

Reviews of care had been arranged with people, their relative and social and healthcare professionals to discuss people's progress. This was noted in the care records of people. People confirmed that this took place and they had been involved.

The service had a complaints procedure and this was included in the service user guide. We noted that no complaints had been recorded since the last inspection. The provider / manager stated that none had been received.

Is the service well-led?

Our findings

The feedback we received indicated that people were satisfied with the management of the agency and the quality of the services provided. One person said, "The service is well managed. She knows what she is doing." Two health and social care professionals informed us that they had confidence in the service and they had no concerns regarding the management of the service.

Care documentation including care plans were well maintained and up to date. There was a comprehensive range of policies and procedures to ensure that any care workers employed were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding, safeguarding and health and safety.

The service had carried out a recent satisfaction survey of the two people who used the service. We saw that the two feedback received were positive and indicated that people were satisfied with the services they received.

The service did not have a system of checks and audits. The provider / manager stated that she was in the process of approaching another professional to audit the service. Although there was no system of audit, this had not affected the care provided for the two people who used the service. The feedback we received indicated that the service provided met the needs of people. Professionals also expressed satisfaction with the services provided. No complaints or concerns were brought to our attention.