

JAC Healthcare Limited

JAC Community 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

The inspection was announced and took place on 16 September 2016. JAC Community Care provides personal care to people in their own home. At the time of our inspection there were 30 people receiving regulated support from the service.

There was a registered manager in post at the time of our inspection. 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 felt safe using the service and were protected from the risk of harm or abuse because staff knew how to recognise and report concerns of potential abuse. Staff were aware of people's individual risks and how to minimise them. There were sufficient staff to meet people's needs and staff received the training and support they needed to carry out their roles. People's medicines were managed safely.

People were asked for their consent before care was provided. People received support with meal planning if required and were assisted to access healthcare services when required. People told us staff that were supporting them were kind and caring. Most people received support from a consistent team of staff. Staff supported people to make choices about their care. Staff supported people in a way that protected their dignity and privacy. People were supported by staff to maintain their independence as much as possible.

People felt able to raise any concerns they may have. People and staff told us the management team were approachable and supportive. Systems were in place to ask people their views about their care. Quality audit systems were in place and there was evidence actions plans were produced when improvements were needed.

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 was safe.

People were supported by staff who understood their responsibilities in protecting people from potential harm. Risks to people were assessed and procedures in place to manage risks. There were sufficient numbers of staff to meet people's needs. People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had the skills and training to meet their needs. People were asked for their consent before staff delivered care. People were supported with their dietary and health needs when required.

Is the service caring?

Good ●

The service was caring.

People said staff were kind and friendly. People's dignity and privacy was respected. People were supported to make choices about how they received their care and support.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff that knew their needs. Changes in people's needs were quickly recognised and prompt action taken. People were able to raise concerns and there were arrangements in place to respond to complaints.

Is the service well-led?

Good ●

The service was well-led.

People and staff felt the service was well led and the registered manager friendly and approachable. People were asked for feedback about the support they received. There was evidence the service used the feedback to improve the quality of care

people received.

JAC Community 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 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 16 September 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries. We also contacted the local authority and commissioners for information they held about the service.

During the inspection we spoke with five people who used the service and three relatives or friends. We spoke with five members of staff and the registered manager. We reviewed a range of records about how people received their care and how the service was managed. These included four care records of people who used the service, two staff records and records relating to the management of the service such as audit checks.

Is the service safe?

Our findings

People and their relatives told us they felt safe while receiving care in their home. One person said, "Yes, I feel safe. We have a chat. I feel that they're one of the family. I trust them with all my heart." A member of staff told us, "I would tell the manager if I had any concerns about people's safety." People and their relatives said they would be confident to raise any issues about their safety with the staff or registered manager and said they felt issues would be addressed appropriately.

Staff had a good understanding of how to recognise the signs of potential abuse and how to report it. One member of staff said, "I would speak with the manager, who would report [harm or abuse] to the local authority." Staff we spoke with said they had completed training in recognising abuse and felt confident if they reported concerns to the registered manager it would be dealt with appropriately. We spoke with the registered manager who demonstrated a good understanding of how to keep people safe and of their responsibility to refer any allegations of potential harm or abuse to the local safeguarding authority. This demonstrated staff knew how to recognise and report potential harm or abuse to keep people safe.

Assessments had been completed to assess any risk to people and to the staff who supported them. This included risks to people's health and support needs and checks of the environment. Staff we spoke with had an awareness of different risks to people and were able to describe how they would minimise risks people might have. For example, one person was at risk of fragile skin; staff we spoke with were able to tell us how they cared for the person. Staff told us the provider had recently introduced mobile technology which enabled staff to view people's risk assessments via a mobile device. This enabled staff and the provider to share information immediately about any new or potential risks to people. One member of staff said, "We can update any risks immediately and the manager will review the risk." Records we looked at showed reviews had been undertaken quickly where a new risk or a change in risk had been identified in order for staff to continue to support people safely. Where incidents or accidents had occurred these had been recorded including action taken by the registered manager to reduce the likelihood of them happening again. This showed the provider had systems in place to ensure people's risks were effectively managed.

We found there were adequate numbers of staff available to keep people safe. However some people had varying views about the punctuality of staff. One person said, "No missed calls. I just accept that sometimes they'll be late, up to five to ten minutes it's not a problem." A second person said, "Pretty punctual actually. They ring if they are going to be late." A third person said, "They never let me down. Sometimes they are a bit late but they always ring to let me know." While another person said, "I really do get a bit annoyed about the timing. This morning it was 9:30 am when [staff] came sometimes it can be later. All the calls vary greatly. The evening call can be an hour late the [staff] have to rely on the buses." A relative commented, "They should come between 8am and 8:30am by they have come quite late although they do usually call." We spoke with the registered manager about this who said that they were aware of the issue of late calls and were looking at ways to minimise these. They said they had looked at different options such as recruiting additional drivers to support calls where public transport was difficult. They were also trying to recruit care staff from particular geographical areas and only accepted new care packages from post code areas where they were able to provide staff. They also said they had reviewed the communication procedures so they

were able to contact people to let them know if their call times were going to be later than expected. Although we saw staffing was reviewed regularly and action taken to address concerns regarding late calls; we found improvement was still required to ensure people's needs were met in a timely manner.

People we spoke with said they usually received visits from regular staff and changes to calls were when the regular staff were on leave. One person said, "It's nice to have regular [staff] so I can get to know them." Another person said, "They [staff] never let you down. I've had the same three [staff] all the while." People we spoke with said the consistency of staff had improved but there were sometimes issues at the weekend when the service was short staffed. People told us their care was provided by the registered manager when regular staff were away. Staff we spoke with felt there were enough staff to cover all the calls. One member of staff said, "I feel there is enough staff." Another member of staff commented, "I think there is enough staff sometimes we cover different calls if people are off." The provider had a computerised system for calculating the number of staff they needed to cover all calls. We saw that they had adequate numbers of staff to cover the current level of calls and all calls were allocated to a member of staff to ensure calls were not missed. This meant there were systems in place to cover for staff absences and provide consistent staff.

We looked at the provider's recruitment systems and found pre-employment checks such as reference and Disclosure and Barring Service Checks were completed before staff started working for the service. One member of staff said, "I completed an application form, attended an interview and gave two references before I started the job." We looked at two staff member's records and saw relevant checks had been completed before staff started to work at the service. This included DBS checks which help the provider reduce the risk of employing unsuitable staff to work with vulnerable people.

People were supported to receive their medicines safely. One person said, "They give me a fresh glass of water with my tablets. They record it every-day. They've [staff] got a new system where all the records are kept on [mobile technology] so they don't write it down any more." One member of staff said, "I have had [medicine] training and feel confident with supporting people to have their medicines. The manager also come out and completes competency checks to make sure it is done right." We looked at the systems used to manage medicines and saw the registered manager completed regular audit and competency checks. This meant people were receiving their medicines as prescribed and in a safe way; by staff who were competent in this procedure. People's records we looked at gave details of people's individual medicines including medicines that were given as required. We saw guidance was available for staff to refer to this helped to reduce the risk of staff administering medicines incorrectly. This showed the provider had systems in place to manage medicines safely.

Is the service effective?

Our findings

People we spoke with told us staff had the right skills to meet their needs. One person said, "They're able to do the things they're supposed to." Another person said, "I think they're very well trained because they go on courses to keep up to date. I'm confident they know what they're doing." Staff told us they received training and shadowed experienced members of staff before they supported people on their own. Staff who were new to working in care had the opportunity to work through the Care Certificate. The Care Certificate sets minimum standards that should be covered as part of induction training of new care workers. We spoke with one member of staff who had been recently employed by the service who said, "I am waiting to start work with [JAC Community Care]. I have started to complete the Care Certificate. When I start with them I will be shadowing experienced staff before I deliver care on my own." Another member of staff said, "I have had training and am able to meet the needs of people I care for." Staff also said they had their competencies regularly checked by the registered manager to ensure they had the skills to support people safely. All staff we spoke with confirmed they received one to one meetings and had regular contact with the registered manager. Staff said during their individual or team meetings they felt they could discuss their own personal development along with any care or support issues they thought were relevant to the role.

Staff we spoke with said they were able to obtain immediate advice or support if needed from the registered manager if they had any concerns about the people they cared for. Staff said there were clear communication systems in place to share information and the recent introduction of mobile technology meant information was up to date. They said this ensured people's needs were met appropriately.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 may lack capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. One person told us, "Staff ask me first, [before providing care]." Staff told us they had received training in the MCA in order to understand people's rights and choices; and how this might affect the way they cared for people. One member of staff said, "Always make sure [person] is happy and seek agreement before providing care." Staff we spoke with understood what their responsibilities were in respect of the MCA and how they sought people's consent prior to offering support or care. 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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that it was. The registered manager's demonstrated knowledge of issues in respect of people's ability to make their own decisions. They informed us they had not needed to make any applications to the Court of Protection at the time of our inspection.

People who received assistance with their meals were happy with the support they received. One person said, "I tell them [staff] what I want [to eat]. I have very simple meals, that's my choice and they always make sure I've got drinks." A member of staff said, "People choose what they want to eat but I do try to encourage people to eat a balanced diet. I always make sure I leave people with water a flask or juice. I keep checking people are having drinks." We saw where people required support with food or drink information was

detailed in their care plans and staff were aware of what support they needed to provide. This showed people were supported by staff to make choices about their meals and remain hydrated.

People told us they were confident staff would contact the doctor if they were not able to do so themselves. One person said, "[Registered manager] has gone to the hospital with me. [They] made sure I got to the right department." Staff said they knew risks to people's health and where required sought advice or support from people's families or the registered manager. One member of staff said, "I have done first aid training but if I had any concerns I would speak with the registered manager." Records we looked showed where required advice was sought from external healthcare professionals such as district nurses to ensure staff were caring for people in the best way possible. This showed staff supported people to meet their health needs when required.

Is the service caring?

Our findings

People told us staff were kind, pleasant and thoughtful. One person commented, "They are more like friends. They are very kind." Another person said, "They're all kind and they do listen." One relative said, "They're all likeable people." People and relatives also told us care was not hurried and at a pace which suited them. People we spoke with said staff listened to their wishes and did as they were asked in order for care to be delivered in line with people's expectations. One person said, "They [staff] don't rush me and always wait until I am ready."

Staff we spoke with were able to explain people's different care needs and spoke warmly about the people they cared for. Staff were able to provide us with examples of how people liked their care or support to be provided. They explained to us how they supported people with their individual needs and how they offered people different choices. For example, one member of staff explained how they offered a person a choice of different food by arranging them on a tray for the person to choose from. Staff said they got to know about people's lives and how they liked to be cared for by talking to people or their relatives and reading through their care plans. This showed people were supported by staff who knew how to support and meet people's individual needs.

Staff understood the importance of promoting people's independence. A person told us staff encouraged them to do as much as they could for themselves. For example, with their personal care. Staff explained to us how they supported people to be as independent as possible when completing tasks or making choices about their daily lives. One member of staff told us, "Support people where needed but don't do it for someone if they can do it themselves." This indicated people's independence was promoted.

Staff told us people had access to independent advocacy services if required. Although no one was currently using this service the registered manager told us of occasions where advocacy services were involved in supporting people to communicate their views or choices. Advocates are people who are independent from a service and support people to communicate their wishes and views.

People we spoke with said their dignity and privacy was respected. One person said, "They've always got a towel round me and they make sure the blind is down." Another person told us, "Draw the curtains, I don't feel embarrassed." Staff we spoke with gave us examples of how they maintained people's dignity and privacy when they provided care. One member of staff said, "I don't rush people and make sure they have everything they need to hand. I ensure they are covered up and people are happy with the way care is being given." Other staff said they made sure people were covered appropriately and made sure windows and doors were closed when care was being provided. This demonstrated people's dignity and privacy was respected.

Is the service responsive?

Our findings

People and their relatives we spoke with were involved in discussions about planning their care and how they wanted support to be delivered. One person said, "The manager came to the house and we spent a lot of time talking about what I need." Another person told us, "The manager came and sat with us." Records we looked at showed people's needs had been assessed and care plans were in place. We saw records were updated at each visit using a mobile device. People told us the service was flexible when they required their call times to be changed at short notice. They said the registered manager as far as possible accommodated their requests. This meant staff and the registered manager had access to information immediately and was able to respond quickly to any changes in people's needs.

Records we looked at were written in a personalised manner and gave details of a person's preferences and what was important to them. Staff we spoke with had knowledge of the people they supported which included their likes, dislikes and personal histories. Most people we spoke with said they were cared for by regular staff, they said this was important as it meant the person got to know the staff. However one relative said they did not always have continuity of staff but said this had improved recently. This meant people received care that reflected their needs and preferences.

Some people we spoke with said they were unsure of the provider's complaint procedure but said they would speak with the manager if they had any concerns. One person said, "I don't know the procedure but I'd phone or email. They'd listen." A relative commented, "I'd speak to the manager." Staff we spoke with said they would support a person to make a complaint, if they needed to and said they would contact the registered manager to let them know about any concerns. We looked at the complaints procedure and saw there was a system in place to investigate concerns when they arose. However most people we spoke with said they would talk directly with the registered manager and issues would be resolved straight away. The registered manager told us any complaints received would be treated seriously, investigated and the complainant involved in any resolution. This indicated that people's complaints would be listened to, taken seriously and addressed by the provider.

Is the service well-led?

Our findings

People and relatives we spoke with said the service was well run and the registered manager friendly and approachable. One person said, "Excellent. I recommended them to my neighbour and [they are] happy to." People said they knew who the registered manager was and had regular contact with them.

The provider had a number of ways in which they gathered people's views. For example, views about the quality of the service provided were sought on an annual basis via surveys. Information was analysed and used to improve the quality of care provided. For example, feedback from survey's indicated some people received late calls. We saw the registered manager had taken steps to rectify this. People's views were also sought from regular contact with the registered manager either by telephone or visits. One person said, "I see the manager regularly" and "If we needed to change anything, we'd ring the office." Another person said, "The manager will come and see me." This showed people were able to share their views about the service.

Staff we spoke with understood their responsibilities and felt supported by their registered manager. They said the registered manager who was also the provider were always available to them should they need to discuss any concerns. They said any issues were listened to and addressed quickly. Staff were aware of the provider's whistle-blowing policy, including raising concerns to external agencies if required. Whistle-blowing means raising a concern about a wrong doing within an organisation. Staff told us they received one to one meetings to discuss their individual performance, training and any matter which might affect people who used the service. The registered managers demonstrated a good knowledge of the people using the service, staff members and their responsibilities as a registered manager. This included the requirement to submit notifications when required to CQC when certain events occurred; for example, serious incidents. The registered manager was committed to continuous learning for herself and staff. She had ensured her knowledge was kept up to date by attending training courses and researching internet websites to find out the latest developments in care and best practice and was enthusiastic about providing a quality service to people. She said she was constantly seeking information from different sources that would benefit people who received a service. For example, the service was investigating opportunities for people to participate in research projects being undertaken by the Alzheimer's society by raising awareness through a monthly newsletter.

Before our inspection we asked the provider to send us a Provider Information Return (PIR), this was a report that gave us information about the service. This was returned to us on time and was completed appropriately. Information provided was consistent with what we found during the inspection for example, observing staff performance by working alongside them and completing competency assessments.

We saw the provider had systems in place to assess and manage risks to people along with checks to review the quality of care people received. This included competency checks of staff for example, administering medicines. We saw changes to people's care and risks were recorded and monitored for trends and patterns. For example incidents were reviewed for any possible trends that would help improve a person's safety. We saw regular checks had been completed of medicines, care plans and health and safety. We saw where required action plans were produced detailing actions required or taken to improve the quality of

care people received. This showed the provider monitored the quality of the service people received.