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Jalloh Private Care

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

This inspection took place on 28 June 2017. The inspection was announced. We gave the provider 48 hours' notice of our inspection to ensure we could meet with the provider of the service on the day of our office visit.

Jalloh Private Care is a domiciliary care agency which is registered to provide personal care support to people in their own homes. On the day of our inspection visit, the service was supporting one person. As we could not answer all the key lines of enquiry (KLOE) against the regulated activity we were not able to award a rating for the service.

This was the first inspection of Jalloh Private Care following their registration with us in October 2016.

The service had a registered manager. 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. The provider is the registered manager of this service and will be referred to as 'the provider' throughout this report.

The provider had completed training to enable them to support the person effectively and understood how to protect them from abuse. Relatives told us they felt their family member was safe using the service.

Relatives were involved in planning their family member's care and were invited to share their views about the service provided. Relatives knew how to raise any complaints.

The provider did not have established policies and procedures. Checks to monitor the quality and safety of the service provided had not been completed. The provider told us this was being addressed.

The provider's systems to manage risk associated with people's safety and well-being and to ensure medicines were managed safely required improvement.

Some care records lacked detail and were not fully reflective of the person's current needs. However, the provider had a comprehensive knowledge of the needs and preferences of the person they supported.

The provider supported the person using the service to meet their nutritional needs and ensured the person saw health professionals when needed. Care calls were provided at the times planned and for the agreed length of time, to provide the care and support the person required.

Relatives told us their family member received care and support in a dignified, caring and sensitive way. The provider understood the importance of respecting the person's privacy and independence.

The provider had an understanding of the Mental Capacity Act 2005 (MCA), and supported the person in line with the principles of the Act. Care records included details of relatives who had the legal authority to make decisions on behalf of the person.

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 consistently safe.

The provider knew how to keep people safe from harm. Relatives told us the service provided kept their family member safe. Systems to manage risks associated with people's care and to ensure the safe management of medicines required improvement.

Inspected but not rated

Is the service effective?

The service was effective.

The provider had some understanding of their responsibilities under the Mental Capacity Act (2005) and ensured consent was sought before care and support was provided. The person's nutritional and health care needs were met. Relatives told us the provider had the knowledge and skills needed to support their family member.

Inspected but not rated

Is the service caring?

The service was caring.

Relatives thought care and support was provided in a caring and sensitive way. The provider respected people's privacy and dignity and encouraged independence. Relatives were pleased with the service provided.

Inspected but not rated

Is the service responsive?

The service was responsive.

Some care records did not provide detailed, accurate information about the person's support needs. However, the provider had a comprehensive knowledge of the person and how their care needed to be provided. Care calls were consistently provided at the times agreed. Relatives were involved in planning their family member's care needs and knew how to make a complaint.

Inspected but not rated

Is the service well-led?

Inspected but not rated

The service was not consistently well led.

The provider did not have systems and processes in place to assess and monitor the quality and safety of service provided to people. Relatives were very satisfied with the service provided and the way the provider communicated with them. Relatives were able to share their views about the service.

Jalloh Private 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.

Our inspection took place on 27 June 2017 and was announced. We gave the service 48 hours' notice of the inspection because the provider is out of the office every day and we needed to be sure that they would be available to speak with us.

The Inspection was carried out by one inspector.

Before we visited Jalloh Private Care we reviewed the information we held about the service, for example, the Provider Information Return (PIR). A PIR 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. We were able to review the information in the PIR during our inspection and found it reflected our inspection findings.

At the time of our inspection there were no staff employed by the service. All care calls were undertaken by the provider.

During our visit we spoke with the provider. We reviewed the care records for one person to see how their care and support was planned and delivered. We also looked at other records related to people's care and how the service operated; including checks management took to be assured that people received a good quality service.

Following our inspection we spoke with two relatives to obtain their views about the service provided to their family member. This was because their family member was not able to speak with us themselves.

Is the service safe?

Our findings

Relative's told us they felt their family member was safe because the provider was 'safety conscious'. One relative explained the provider had arranged for their family member to have a 'hospital style bed' to ensure they were safe when sleeping. They said, "[Provider] rang the doctor and the bed was delivered in four days. It was very good."

The provider had attended safeguarding training and understood the importance of keeping people using the service safe. They told us, "I remain vigilant for any signs of abuse. I look for bruises and changes in behaviour..." They added, "If I was concerned I would report it to Coventry City Council."

There was a procedure to identify potential risks associated with people's care, such as risks in the home or risks to the person. However, we found risk assessments did not include details of how to minimise identified risks and some risk assessments contained inaccurate information. For example, 'Falls and mobility' risk assessment incorrectly stated the person had diabetes. The provider told us they were planning to 'develop' their risk assessment form and to complete risk assessment training. Despite omissions in records the provider had a good knowledge of managing risks related to the person's care.

We looked at how medicines were managed. Where medicines were prompted or administered a medicines administration record (MAR) sheet was being used to show when the person was given their medicines. We found some MAR sheets had not been accurately completed. For example, those dated March 2017 (latest records available to us) had gaps on 28 and 30 March for some medicines. The provider told us, "The family probably gave it [medicine] on those days." This meant we could not be sure the person received their medicine consistently and safely.

Where the person's medicine was prescribed 'as and when required' [PRN] MAR sheets did not contain guidance about when and why these medicines should be given. This information is important to ensure people do not receive too much or too little of these types of medicine. PRN medicines are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. We asked the provider how they knew when the person needed their PRN medicine. They said, "Because I know [person's name] very well."

The provider told us they had completed medicines training as part of a 'City and Guilds' qualification. Records confirmed this.

The provider told us they were able to cover all planned care calls. Relatives agreed. One told us their family member has received all their care visits and no care calls had been missed. They added, "[Provider's name] is very reliable and flexible."

We were unable to assess if the provider followed safe recruitment practice as no care staff were employed at the time of this inspection.

Is the service effective?

Our findings

Relatives told us that in their opinion, the provider had the skills and knowledge needed to support their family member. One told us, "[Provider] is very knowledgeable." They went on to explain how the provider had shared their knowledge about specific medical conditions which had assisted the relative to develop 'a better understanding'. They added, "[Provider] has taught me so much."

Training certificates showed the provider had completed training they considered essential to develop the skills and knowledge needed to meet the needs of the person who used the service. This included training in safer people handling, safeguarding adults, equality and diversity and health and safety. The provider told us they planned to do further training in September 2017, including risk management and safer people handling refresher training. Since our visit the provider confirmed this training had been booked.

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 when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. The provider had an understanding of the Act. They told us people were assumed to have capacity to make decisions unless it was established they did not have capacity. We saw information recorded in care records where relatives had the legal right to make complex decisions on the person's behalf and to consent to care and treatment.

A relative told us the provider always sought their family member's consent before providing care and support. They said, "[Provider] always asks [person's name]. Often [person's name] refuses so [provider] is very patient and goes away. Then tries again later." The provider told us, "I start every visit by asking [person's name] what they would like me to do and I respect their decision."

Relatives told us their family member's health had improved since they had been supported by Jalloh Private Care. One explained this was because the provider ensured their family member was given choices at mealtimes which encouraged them to eat. The relative added, "[Provider] contacts the doctor or anyone [person] needs."

Is the service caring?

Our findings

A relative described the way in which their family member's care and support was provided as caring, compassionate and sensitive. They added, "[Provider] understands [person] and has been very helpful to me as well."

The provider demonstrated they had a detailed understanding of the person's needs, preferences, likes and dislikes. They told us, "I take time to get to know people because the more knowledge you have the more you can help them." They added, "The knowledge I have about [person] is very precious because I am responsible for their health and well-being."

A relative told us their family member's privacy and dignity was respected. They gave a number of examples, including the suggestion made by the provider to cover a 'kylie sheet' (washable protector) on a lounge chair so it was not obvious to visitors. The provider understood the importance of promoting people's dignity and privacy. They told us, "I always make sure people outside can't see in. I ask family to knock before they come in and I ensure any exposed parts of the body are covered."

The provider told us they understood the importance of supporting people to maintain their independence. They said, "I remind [person] of all the things they can do and encourage them by saying remember you can do this or that. Let's do it together." They added, "Reinforcing the things they [person] can do helps them feel better."

A relative told us they were involved in making decisions about their family member's care and the support they received was flexible to their needs. They said, "We were involved right at the beginning." The provider told us, "I am very flexible with the calls. It all depends on the situation." They gave the example of changing the time of the morning call if the person had been late going to bed because the person needed to 'get enough sleep'.

Is the service responsive?

Our findings

A relative told us they knew how to make a complaint if they needed to. They told us, "I feel I could speak with [Provider]. We have a good relationship." The provider told us no formal complaints had been received.

The provider kept a record of compliments. We saw two had been received from relatives both 'thanking' the service for the care and support provided.

Relatives told us their family member received their care calls at the times agreed and for the length of time needed to provide the care and support required. One relative told us, "[Person] is never rushed. [Provider] makes sure everything is done and more."

We looked at the care plan for one person. The plan included information about the person's needs, preferences and history. Some parts of the plan included instructions about the way in which support should be provided at each care visit. For example, one plan stated 'carers need to prepare a bowl of water and soap'. However, other part of the plan lacked detail. We saw the plan stated the person had difficulties eating and drinking but there was no information to explain how or if this affected the way the person needed to be supported.

Records showed care plans had been reviewed with the involvement of relatives. The provider told us, "If a relative can't make the review then we discuss everything before or after and then they sign to show they have had an input." Relatives confirmed this.

However, we found information from reviews had not been used to update care records. For example, a review dated 30 March 2017 showed the person had been discharged from hospital with damage to their skin. The review detailed that district nurses had advised the service needed to apply cream to the person's skin at specific times. This information had not been added to the person's care plan and there was no information recorded to show this instruction had been followed.

We discussed care plans with the provider. They told us, "I do need to improve on my care plans so they are more detailed. At the moment it is just me working and I know everything about my client."

Is the service well-led?

Our findings

Relatives told us in their opinion their family member was in receipt of a very good quality service which was well-led. One said, "The service has been very good all along from the beginning to now." Another relative told us the provider made time to sit and talk to them. They added, "Communication is very good. We are kept updated and informed."

Relatives told us they had been invited to share their views about the service provided to their family member and to make suggestions about how the service improved. One told us, "I got a questionnaire about 10 months ago and I was encouraged to say what I think. I said everything was good." We saw the provider had written to relatives thanking them for completing the questionnaire and the positive feedback provided.

The provider told us they were in the process of establishing policies and procedures. They said this included devising audits and checks to monitor the quality and safety of the service. The provider told us, "I know what I'm doing but I need to be able to demonstrate it." Since our inspection the provider had forwarded a number of their policies and procedures. However, those provided were generic and had not been personalised to Jalloh Private Care.

The provider did not have a procedure for documenting accidents and incidents which could affect the safety of people who used the service. They told us, "I've not had any so I haven't any records." They added, "I have not identified a record to use but I would make a form for it."

We asked the provider about their responsibility to submit statutory notifications because we had not received any notifications since the service was registered. A statutory notification is information about important events which the provider is required to send to us by law. The provider had some understanding of the requirements. During our inspection we did not identify any events which we needed to be informed of.