

Jacaranda Healthcare Limited

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 27 and 29 June 2016 and was announced. This is the first inspection since the service registered in July 2014.

Jacaranda Healthcare limited is a domiciliary care provider based in Barnet providing personal care and support to people in their own homes. At the time of this inspection 39 people used the service.

There is a registered manager in post. 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 were supported in their own homes and told us they felt safe and satisfied with the service provided.

The provider had some systems in place to monitor the quality of the service, however improvements were required to ensure that all areas of care delivery were audited to identify any areas of concerns or weakness, so that people benefitted from a safe and reliable service. We saw that the provider was working closely with the local authority to improve the quality of the service.

Risks to people's safety and welfare were not always identified or action taken to reduce the risk. Care plans did not always reflect the care and support being provided by carers.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. However, some staff did not have an understanding of what safeguarding means.

The provider followed the principles of the Mental Capacity Act 2005 (MCA 2005) and ensured that people consented to or were supported to consent to their care and support.

People were supported to choose what they wished to eat and drink and felt care staff understood their needs.

People were treated with dignity and their privacy was respected. People were encouraged to be as independent as they were able to be.

There was a complaints procedure and people knew how to use it. The provider took the appropriate action when complaints were raised.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were relating to risk assessments, safe care and treatment, staff training and governance.

You can see what actions we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding procedures

Assessments were undertaken of risks but these did not document how risks should be managed.

There were processes for recording accidents and incidents.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective. Staff received supervision and felt supported by management. Staff training had not been effective in ensuring that staff understood safeguarding protocols. Staff knew the importance of asking people for their consent before providing personal care. People were supported with their dietary and healthcare needs.

### Is the service caring?

**Good** ●

The service was caring. People told us they were supported by carers who were kind and caring in their approach. People were treated with dignity and respect. People were encouraged and involved in decisions about their individual level of support and care needs.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive. People's needs were assessed before their care commenced, however this was not recorded. People did not always receive care and treatment that met their needs due to missed calls or care staff not attending. People's choices and preferences for personal care were taken into account. People felt able to make a complaint and felt listened to.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well led. Systems to monitor the quality of the service required improvement to ensure people

received the safe and consistent care and support. The provider worked with other stakeholders to improve the quality of the service. People who used the service felt the service was not always well managed.

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# Jacaranda Healthcare Limited

## **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 22 and 29 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service because we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors who visited the provider's premises and an expert by experience who spoke by telephone to people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 39 people using the agency. We spoke on the telephone with 10 people who used the service and four relatives and visited four people in their homes. We spoke with five members of staff, including the registered manager and a care coordinator. We spent time looking at documents and records that related to people's care and the management of the service. We looked at care records for five people including care plans, risk assessments and daily records of activities carried out by care staff. We also reviewed records related to audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Before the inspection we looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted commissioners for health and social care, responsible for funding some of the people who

used the service and asked them for their views about the agency.

# Is the service safe?

## Our findings

People told us they felt safe using the service and felt listened to. Comments from people who used the service included, "Yes, absolutely," "Yes, they [care staff] are really good," and "Yes, they [care staff] listen." Most relatives told us that they felt their relative was safe. One relative told us, "Yes, they [care staff] make such a difference." Another relative said, "They are always willing to listen."

Safeguarding procedures were in place and records showed that staff had received safeguarding training. We noted that the registered manager had worked closely with the local authority safeguarding team where this was required. Some staff knew the types of abuse and the actions to take, including reporting any concerns in the first instance to the care coordinator or registered manager, as well as the local safeguarding team and/or Police.

Assessments were undertaken by the care coordinator and registered manager to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments were not always individualised and did not indicate how to mitigate the risk posed to people. For example, in three of the six care records reviewed the risk assessment stated that the person was at high risk of falls due to their health condition, but the risk assessments did not state how to minimise the risk of people falling. In another risk assessment it stated that the person 'found it difficult to communicate on the phone, so carer assist.' This did not indicate what if any risks were posed. Risk assessments covered areas such as physical health, moving and handling and the home environment. In another example, we saw that the risk assessment stated that care staff were to prepare meals due to risk of dehydration. We spoke with the person who told us that meals were not prepared by care staff.

On the day of our inspection we noted that one person had waited for an hour and 10 minutes before being found on the floor by care staff. Care staff were to arrive at the person's home at 10:30am but called the office at 11:40am to inform them that the person had a fall and an ambulance called. The registered manager told us that the staff member had not followed protocols for reporting no access. They further told us the care staff had visited the person as per the agreed time. However, the person did not answer the door and hence, the care staff assumed that the person was still in bed. This meant the person did not receive the care they needed at the appropriate time.

Therefore people's needs were not being met by the service because the service failed to make reasonable adjustments to enable people to receive the care and treatment they needed.

The registered manager told us that all staff received and signed 'New offence of ill-treatment and wilful neglect for care workers and providers' form to confirm that they have read and understood their responsibility and the law in respect of treatment of people using the service. He also told us that the emphasis made to care workers is that they, "Cannot miss a call."

The above was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)



People were protected from the risk of acquiring an infection. The service had an infection control policy which provided guidance for staff when working with people in their homes. We saw that staff were provided with a supply of disposable gloves and aprons kept in people's homes. People told us that care workers wore gloves and aprons when providing personal care. One person told us, "Oh yes, they always wear gloves when doing personal care and they change gloves when preparing meals." Another person said, "They always wear gloves before providing personal care." Relatives also confirmed that staff wore gloves and aprons.

Staff were aware of the reporting process for any accidents or incidents that occurred. The registered manager told us that incidents were recorded in the daily record logs. Staff told us that any incidents would be reported to the office immediately and the emergency services contacted if needed.

The care coordinator and registered manager told us that staffing levels were allocated based on the care package agreed between the provider and the local authority. The registered manager told us that the level of support could be adjusted at any point following a review by the funding authority. For example, one person whose needs had changed had their staffing levels adjusted to meet their needs.

People were prompted to ensure that they took their medicines as prescribed. The registered manager told us where staff were responsible for administering people's medicines they completed a medicine administration record (MAR). We saw evidence of this in people's homes. People told us that care staff, "Give me my medication and make sure I take these." Another person told us, "They write this down on a sheet in my folder." One relative told us, "It is recorded in a book." We saw evidence of this in people's homes visited during our inspection. For people who did not have support to take their medicines told us, "I take my meds," and "They don't do that, I do." This was confirmed by a relative who told us, "I take care of that."

There were recruitment procedures in place and required checks were undertaken by the agency. We noted that the provider had acted on an audit of staff recruitment files by the local authority monitoring team. This showed that there were a number of gaps in respect of documentation, including Disclosure and Barring Service DBS checks and missing references. We looked at the personnel files of five staff and saw that four of these contained information to show that the necessary checks had been undertaken. This included, proof of identity and address, verifying references from previous employers and Disclosure and Barring Services (DBS) checks to ensure that staff were safe to work with people using the service. The service had appointed staff to manage recruitment paperwork and were updating all staff files.

## Is the service effective?

### Our findings

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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. The provider told us that people using the service had capacity to make their own decisions. Consent to care and treatment was sought in line with legislation and guidance. Most staff understood the importance of obtaining consent before providing care, although some staff had difficulty understanding what they were being asked due to English not being their first language. Most people told us that staff asked their permission before providing care. One person told us, "We do things together." This was confirmed by some relatives who told us, "They always ask," and "...My [relative] has dementia, but they always ask." Other comments from people included, "A bit of both," and "No, they are just in and out as quickly as they can be."

Staff received mandatory training in areas such as, health and safety, first aid, safeguarding, privacy and dignity, moving and handling and infection control. Other training included, dementia awareness, MCA and Deprivation of Liberty Safeguards (DoLS) and management of challenging behaviour. Staff confirmed they had received training and that the training had been good. We saw that some staff had completed the Care Certificate standards. These are standards used by health and social care workers in their daily working life. Some staff had achieved a professional qualification in health and social care and others were in the process of completing one. However, despite receiving training two of the five staff we spoke with did not have an understanding of abuse and the impact of this on people who used the service. Staff administering medicines were not assessed to ensure they were competent to continue administering medicines. Therefore training had not been effective in ensuring that staff were up to date with current good practice. The registered manager told us that refresher training was planned in these areas.

The above was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staff told us that they received supervision and they felt supported by senior management. We saw from records that most staff had received supervision and staff had signed a supervision contract. This also indicated when the next supervision would take place. The registered manager told us that staff appraisals were planned for July 2016. Prior to starting work staff had completed an induction. We saw evidence of this in staff records.

Most people we spoke with were able to prepare their own meals or had relatives who prepared them on their behalf. People who needed support in this area told us that care workers supported them with preparing their meals and they were given the food of their choice. One person told us, "I always pick out what I want." Another person said, "They [care workers] make sure lunch is put out for me." Other

comments from people who used the service included "Don't need any help. They [care workers] will get me a drink if they have time," and "No, I am able to do that." This was confirmed by relatives we spoke with, "I take care of all the food," "I deal with all food and drink," were just a few of the comments made by relatives.

The care coordinator told us that people who required support to attend health care appointments were supported to do so. Most people we spoke with did not require support to attend healthcare appointments. This was confirmed by staff who told us that relatives tend to assist in this area. Where staff do attend appointments, this is recorded in a communication book kept in people's homes.

## Is the service caring?

### Our findings

Most people who used the service told us that staff were caring and kind. Comments from people included, "Yes, very caring attitude. They are friendly, kind and they smile a lot." "They are helpful and never cross, very caring." "They always ask how I am and if there is anything else they can do. They don't rush me." This feedback was echoed by some relatives who told us, "They are gentle and caring and always talk to you." And "[Relative] is always handled with care and consideration."

People told us that staff treated them with dignity and respect. One person told us, "They [care workers] respect my feelings." Another person told us, "Definitely, 100%." Most relatives we spoke with confirmed that their relative had been treated with dignity and respect.

Staff were respectful of people's privacy and maintained their dignity. One staff member told us, "I always listen to them [people using the service] and ask them what they need."

People's needs were assessed before they started to receive a service from the agency. The registered manager told us that a package of care was agreed between the agency and the local authority commissioners. He also told us that he was responsible for completing the initial assessment of need, but this was not formally documented. This was taken from the initial referral, which would normally be an email from the referrer. The registered manager would then discuss the person's needs and arrange to meet with them. Therefore we could not be confident that people's needs had been accurately assessed and people received the care they needed.

Staff we spoke with understood people's individual needs and preferences. Staff gave us examples of how they would ensure they treated people with dignity and respect. Comments from staff included, "I always listen to them and ask them what they need," and "When in the home I knock the door and always close the curtain. I always ask permission."

People told us that they were involved in decisions about their care. Comments from people included, "I have had a review recently which has been discussed with me," "Very involved," and "They discuss things with me." We received mixed feedback from relatives we spoke with. One relative told us, "I have been involved....." Another relative said, "I haven't been involved really. My [relative] dealt with it. I'm not sure when the last review was."

## Is the service responsive?

### Our findings

People told us that the service provided care that was specific to them and was based on their needs. One person told us, "They follow the care plan and discuss things with me." Another person told us, "They are the best thing in my life." But one person told us, "Not really. They do the job as quick as they can. They are not professional. Not the right people for the job." A relative told us, "They know what to do and carry things out effectively. They will do extra things well."

People's preferences were taken into account as to whether they wanted a male or female carer when providing personal care. One person told us, "I have a female." Another person said, "Female, I prefer that." Some people told us they didn't have a preference and that care staff were all kind. The registered manager told us that people were asked their preferences during their initial assessment of need, however, the registered manager told us that people's initial assessment of needs were not documented. This included preferences and people's likes and dislikes. Therefore, people may not have received appropriate care and treatment. Care plans reviewed did not contain information about people's preferences and likes and dislikes. Therefore, people may not receive care that met their individual needs. The registered manager is aware of the improvements and is in the process of updating all care plans to reflect people's preferences and likes and dislikes.

We saw that the service was not always responsive to people's individual needs. We noted that the service had acted promptly in response to one person who required specialist care. This involved the service developing a 'daily work schedule for care staff,' and involved the person receiving care. This was confirmed by the person who told us that they had been involved in making changes, "They keep me updated on any changes."

However, people also told us that care workers often arrived late and stated that they were not always contacted and informed if staff were running late. One person told us, "Yesterday evening lady was late. No they don't let you know." "Sometimes they are very unreliable and very often late and when they do arrive they do as little as possible usually stay 5-10 minutes," "It varies...They do not ring unless they are going to be really late." People also told us that care staff often missed appointments and in some cases nothing had happened. One person told us, "Yes, but no one let me know." Another person said, "Yes, but nothing happened." The registered manager told us that staff unable to attend an appointment are required to contact the office in advance of the appointment so that alternative arrangements can be made so that people receive the care they need.

People and relatives told us that they knew who to complain to and said that the manager listened and acted on their concerns. We saw that a copy of the complaints procedure had been given to people and was filed in care records kept in people's homes. People said they felt able to make a complaint. Comments from people included, "Yes but there has been no need," "Yes, it wouldn't worry me if necessary," and "I would get on the phone."

## Is the service well-led?

### Our findings

The registered manager who is also the director told us that they had received a quality monitoring visit by the local authority and had been working closely with them to improve the quality of the service. We spoke with the local authority who confirmed that they had visited the service on a number of occasions. They said there had been some improvements, such as updated care plans and risks assessments. They told us that further improvements were required in areas such as recruitment documentation and risk management information. We saw evidence that the provider had acted on a number of areas identified by the local authority. The registered manager told us that they would continue to work with the local authority as this had helped them to improve and introduce systems for the service.

The provider told us that they were in the process of appointing new staff to improve the service. This included the appointment of a new staff team to help manage staff recruitment and conduct needs assessments.

We received mixed feedback from people about how the service was managed. During our visit to people's homes people spoke positively about the care coordinator who they told us was, "very approachable," and "Really do a good job and they [senior management] support me to make sure I am getting the best service I deserve." However, other comments from people contacted ranged from, "Up to a point. ... They are often out," and "As far as I know." People also spoke about the difficulties in communication due to the language difficulties. Relatives commented, "It would appear so. They take safety and support seriously." "Yes, it seems to be, I haven't noticed any problems."

Although most people we spoke with felt the service was open to suggestions, comments and complaints, not all had been asked their views about the quality of the service. One person told us, "Yes recently, I have no problems with them that hasn't been addressed." Another person said, "Usually with tick boxes yes/no. I can't tick good because sometimes they are not good." One relative told us that someone comes out to obtain feedback about the service but didn't feel that they were very organised.

Systems were in place to monitor the quality of the service, but these were not effective in ensuring that staff arrived on time and provided the allocated hours of planned care. The registered manager told us that they were developing a system to allow them to better monitor care assistants time of arrival, but this had yet to be finalised. Therefore people did not always receive the care they needed because proper systems were not established. This put people at risk of unsafe care and treatment.

We concluded that the above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014.

Staff told us that they felt supported by the registered manager and care coordinator and kept informed of any changes. We saw that the working environment amongst staff in the office was friendly and professional. All staff said they would feel comfortable raising a concern with the senior management and most felt confident about whistleblowing.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure that care and treatment was provided in a safe way by assessing the risks to health and safety of service users of receiving care and treatment. Regulation 12 (1)(2)(a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure that systems were effective to improve the quality and safety of the service. Records relating to service users and staff employed by the service were not always accurate and up to date. Regulation 17 (1)(2)(a)(b)(c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure that staff training received appropriate training to enable them to effectively carry out the duties they were employed to perform. Regulation 18 (1)(2)(a)</p>