

Jasper Conrad Group Ltd

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Inspection report

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Date of inspection visit:
23 March 2022
24 March 2022
25 March 2022

Date of publication:
27 April 2022

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

About the service

Jasper Conrad Group LTD is a domiciliary care agency based in Sittingbourne, Kent. The service provides personal care to people living in their own homes or flats. At the time of our inspection there were four people using the service who had care and support needs relating to their age or were living with physical disabilities.

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

Feedback on the care provided was positive with people and their relatives telling us, "I think the service is brilliant, excellent." And "I'm so glad we have this service; we have heard some bad things about receiving care at home, but this company is excellent."

Following our visit to the office we were made aware of some concerns by a person's relative. We fed this back to the provider and we were assured this would be dealt with and implemented quickly. The provider told us that a review of the care being provided will be completed and will send us evidence of this.

People felt safe with care and support provided by regular staff who had been recruited safely. Staff had completed a comprehensive company induction, mandatory training and shadowing. Staff were monitored and checked by the provider regularly to ensure they were completing all tasks and meeting people's needs. Risks to people were identified and actions taken to reduce the risk of harm to people.

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. People's needs were assessed by the provider before or immediately on the first visit when beginning with the service and these needs were reviewed. Staff followed guidance which had been put in place by external health and social care professionals such as GPs and community nurses to ensure people received effective care.

People and their relatives told us they felt the provider and the care staff were caring when completing support. People were treated with respect; dignity was maintained, and independence was encouraged. Staff told us they like to get to know who they are supporting as a person. Feedback from people and their relatives told us all people supported were treated as individuals and supported in a person-centred way.

Care plans were written from the person's perspective and were detailed so new staff could easily support people on their first visit. Details included what people like to eat, what they wish to wear and locations of preferred cleaning items and towels to use. All people who were receiving new staff had introductions from the provider to ensure new staff were appropriately matched with people being supported.

Feedback on the service included confirmation the service would be recommended to others and the service on the whole was well run. The provider worked closely with the staff teams and staff told us they

can always contact the provider if they need something. Checks and audits of the service were appropriate for the level of support being provided and were completed to ensure people were receiving good care and support. The provider had developed appropriate policies and procedures which provided guidance to staff and people using the service. Staff told us they felt valued and supported by the provider and staff we spoke with were happy working for the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 7 September 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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 safe.

Details are in our safe findings below

Good ●

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 well-led.

Details are in our well-Led findings below

Good ●

Jasper Conrad Group Ltd

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

This inspection was carried out by one inspector.

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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post who was also the provider.

Notice of inspection

We gave the service 48 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 23 March 2022 and ended on 25 March 2022. We visited the location's office on 23 March 2022 and spoke with people, their relatives and staff on 24/25 March 2022.

What we did before the inspection

We reviewed information we had received about 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 three people who used the service and their relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and care workers. We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives we spoke with told us the staff from Jasper Conrad Group Ltd keep them safe. One relative told us, "My [loved one] feels very safe with the carers, I have been told this. They make sure everything is done and they have everything they need."
- People were protected from the risk or abuse and harm by staff who knew how to recognise signs of abuse. Staff understood how to report concerns.
- The provider had not had to raise safeguarding concerns at the time of inspection, however, demonstrated what actions would need to be taken to ensure these were reported to the appropriate authorities.

Assessing risk, safety monitoring and management

- Risks to people being supported were assessed, identified, monitored and reviewed. Risks were scored low, medium or high with actions detailed for staff to take.
- Care plans included in depth guidance on people's specific needs to assist staff to reduce the risk of harm relating to these, such as guidance on caring for a person who had a urinary catheter or applying creams to protect people's skin.
- Actions were taken where risks had been identified and appropriate healthcare professionals such as community nurses or therapists were contacted to find ways of minimising the risks reoccurring.

Staffing and recruitment

- People were supported by staff who had been recruited safely. Full employment history was checked, and gaps in this history were discussed and recorded.
- References from previous employers and character references had been obtained to ensure staff were of good character and safe to support people in a community support setting.
- Applicants had disclosure and barring service checks completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives told us they received care from regular staff who arrived on time, stayed the duration expected and had built good relationships with them.

Using medicines safely

- People received their prescribed medicines on time and in a safe way.
- People's own abilities with medicines were assessed and recorded so staff only administered if people could not achieve this themselves.

- If medicines were administered by care staff, records were kept of what medicines were required and how they were to be given as per the manufacturer's instructions.
- We saw evidence of a person requiring controlled drugs to be administered. The provider had worked with the person's GP and community nurses to obtain written authorisation and guidance so staff could assist with these in a safe way.

Preventing and controlling infection

- People told us the staff who supported them wore appropriate personal protective equipment (PPE) such as gloves, aprons and face coverings when supporting them with personal care.
- The provider had an up to date infection prevention control policy which had been shared with staff. This had been updated to include latest COVID-19 guidance and information.
- Staff understood their personal responsibilities relating to infection control and were able to source extra PPE from the provider when required.

Learning lessons when things go wrong

- The provider understood their responsibilities to record, investigate and report any accidents or incidents which had happened.
- We reviewed records of a medicine error which was reported to the provider by care staff. The provider completed an investigation and alerted the relevant healthcare professional to ensure there was no impact on the person's wellbeing. Lessons which were learnt were communicated with staff. Staff told us, "I am confident that [provider] will feedback to us when something has been reported. We are always told what has been done about it and what we could do better."
- The provider completed people's care calls alongside staff, they told us they like to be part of the "Hands on care so if any of the people we support need to raise concerns I am there with them directly."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care plans contained information required to support the individual the way they chose to be supported. Guidance was very detailed containing information relating to completing people's personal care such as what people can achieve themselves, what toiletries are to be used, how people should be supported to dry and areas which require staff to take extra care with.
- Care needs were discussed with people before the service commenced to ensure they could be met, and the provider had implemented a referral matrix detailing the steps required to safely assess and commence services to people.
- Staff told us they are given time to read people's care needs assessments so they can understand what people require support with before they visit for the first time.

Staff support: induction, training, skills and experience

- People and their relatives told us staff knew how to support them or their loved ones in a personal and respectful way. One relative said, "They know everything my [person] needs to remain happy and healthy. They do it the way they want it to be done."
- Staff completed an induction when they started with the service which was based on the Care Certificate. 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
- Staff we spoke with told us they had shadowed experienced members of staff or the provider when they started with the service to ensure they got to know how to support people the way they wished to be supported.
- The provider introduced all new members of staff to people receiving support to ensure a relationship could be formed and people felt comfortable with new staff.

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

- People were supported to eat and drink enough to remain well and in accordance with people's care plans.
- Not all people receiving a service required support with meals as they had relatives who completed this, however drinks and snacks were offered and provided in between these times.
- Staff documented in people's care records what had been offered and what people had to eat and drink so intake could be monitored to ensure people were eating and drinking enough and report this information to healthcare professionals if necessary.

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

- People were supported to contact healthcare professionals such as their GP when required by staff.
- People's care plans included assessments such as moving and handling plans and assessments from community nursing teams which enabled staff to follow guidance set by healthcare professionals to provide joined up care and support.
- The provider had developed strong links with local community nursing teams and had accessed specialist support such as occupational therapists and speech and language therapists when needs were identified.

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

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met

- People's care plans contained information on whether they required support with making decisions. Details of relatives who could support with decision making or advocate on their behalf was clearly documented.
- People were asked for consent before completing care plans and assessments and these documents were signed and in place on people's care records. Daily notes of visits completed by care staff had records of them seeking consent before supporting people's needs.
- All people at the time of the inspection were able to make decision specific choices and did not require a legally nominated person to make these on their behalf. The provider understood what would be required if a person were unable to make decisions themselves.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Most people and their relatives we spoke with told us they had been involved in making decisions about their care. They were involved in initial planning and managing their care.
- One relative told us there had not been a written care plan until recently, we discussed this with the provider who gave assurances the person's needs were assessed with the person and the relative when they began providing the care.
- People and their relatives told us staff took time to get to know them and involved relatives, most who lived with the person being supported, in day to day care and support. One relative told us, "If they were concerned, they would come and tell me, and we would discuss the issue with my [person] to decide the best action to take."

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

- People and their relatives told us staff were caring and supported them in a personal way.
- Staff told us they treat people individually and like to get to know them more than just their assessed care needs. One member of staff said, "I like to get to know the people I care for as people. The small things, such as making their coffee how they would if they could. Making sure I get to know what they did for a living or their likes and dislikes. That's my favourite part of the job."
- Staff knew people and their preferences well, and the provider knew each person the service supported as they had completed care visits to them enabling them to guide new staff in promoting treating people in a personal way respecting equality and diversity.

Respecting and promoting people's privacy, dignity and independence

- All people and their relatives told us staff treat them with respect, dignity and promoted independence. One relative said, "They treat my [loved one] like a human, like a person."
- One relative we spoke with told us the care has improved their loved one's wellbeing. They said, "I didn't think [loved one] would return home even though they were determined. They did not always follow instructions from the hospital, however with the carers coming every day and doing what they do, they have improved dramatically."
- People's care records were kept in the person's home and stored securely in the office to ensure people's information was kept confidential and in line with General Data Protection Regulations.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives had been involved in initial care plans when starting with the service. This ensured people were able to choose how they wished to be supported.
- People who had specific care needs had guidance contained in their written care plan to aid staff to meet their needs in a personal way. For example, one person had guidance on caring for someone using a urinary catheter.
- One relative told us that the service is responsive to changes in need of their loved one or supporting them in a personal way. They told us, "When my [loved one] was taken into hospital the provider was in constant contact with me to see how they were. They were discharged in the early hours of the morning, but the provider was able to rearrange the carers and they were there promptly to see to my relative. I think that's excellent management and very good care."

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.

- People's communicational needs were highlighted on the care plans emergency 'grab sheet'. This is all relevant information required in an emergency or when speaking with external health and social care professionals.
- The provider had appropriately liaised with external professionals to ensure people had access to specialist input in their care. For example, referrals and training from speech and language therapists.
- The provider told us the Accessible Information Standards is in process and would be adapted for any future people that require information in a more accessible form.

Improving care quality in response to complaints or concerns

- People and their relatives we spoke with told us they knew who to talk to if they needed to raise a complaint. The provider's complaints procedure was included in the care records kept in people's homes. The provider had a clear process in place to record, investigate and resolve complaints.
- The provider completed care and support visits to people. We discussed the potential of a conflict of interest with the provider, with people or their relatives feeling unable to raise a complaint about the provider to the provider. The provider had ensured their complaints policy included clear details of how to raise a complaint outside of the organisation, such as to the Local Government Ombudsman and the Care

Quality Commission (CQC).

- The CQC had not received any concerns about Jasper Conrad Group Ltd before or since this inspection.
- Following the inspection, we were informed of some concerns a person's relative had, however they were clear these had not been raised as a formal complaint. We fed back to the provider who told us they would address the concerns.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- The provider had an end of life care policy and procedure in place and this had been sent to all staff when they started working for the service.
- Following the inspection and discussions with the provider, all staff have attended and completed training in supporting people with a dignified, comfortable and pain free death and evidence of this was sent to the inspector.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Feedback on the service was positive. People and their relatives felt the service was well led, they told us, "There's never been a time where I have not been able to get hold of [provider] even if they are busy they will make contact later and help me with what I need. This service has been good from the very first call."
- The provider explained to us there was a clear vision for the service and its growth. We were told by the provider, "We want to remain a small service for the moment. We want to know what is working well and what is not. We wish for feedback to get things right. Only when we have things right will we look to grow to support more people."
- The provider was a registered mental health nurse. They had set a high standard for themselves and have cascaded this down through the staff teams. The provider told us they will continue to keep providing hands on care themselves to enable them to keep up their practice and remain monitoring the service closely.
- Communication within the management and staff teams was good. Staff told us they speak with the provider daily to ensure there were no concerns.

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

- The provider understood their regulatory responsibilities. They understood they had to inform the Care Quality Commission (CQC) and the local authority of important events in line with guidance.
- The provider had completed regular effective checks and audits on the quality and safety of the service.
- Staff we spoke with demonstrated a clear understanding of their roles and responsibilities. The staff told us they, "Appreciated [the provider] doesn't ask us to do something they wouldn't do themselves. The company is different to others I've worked in, it's more personal and I can see myself being here for a long time."

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

- People, their relatives and healthcare professionals were asked to provide feedback about the service.
- The provider regularly completed people's care visits and told us they encourage feedback outside of the regular quality survey periods. We fed back to the provider following the inspection potential concerns from a person's relative and have asked for these to be addressed. The provider assured us this would be completed immediately.

- Reviews had been documented as completed and the provider demonstrated changes which had been identified with people's needs or changes to the care durations or times. We made suggestions to the provider to improve the documentation to more accurately reflect this had been completed.

Continuous learning and improving care; Working in partnership with others

- The provider kept up to date with changes in legislation and best practice. Had developed relationships with the local authority, NHS Continuing Healthcare and the community nursing teams.
- The provider and staff worked closely with health and social care professionals to provide effective and joined up care and support.
- A relative told us, "With the care Jasper Conrad Ltd have been providing to my [loved one] we have been able to reduce the need for the community nurses. They had been visiting daily however now they are only visiting three times a week. This has really improved my [loved one's] life."