

J.A.D. Direct Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

J.A.D direct is domiciliary care service supporting people to live independently in their own houses and flats. At the time of our inspection 5 people were in receipt of personal care.

People's experience of using this service

Right Support

Recruitment of staff was safe and robust. People could choose how they wanted to spend their time, whether they wanted to be in their own rooms or in a shared living space. Staff supported people to take their prescribed medicines and to access healthcare services when needed. People's individual risk assessments were reflective of the support they were receiving and took additional measures to keep people safe. Audits and checks identified when some improvements were needed to records or processes. People received safe care and they were supported by staff who knew how to protect them from harm.

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.

Right Care

People had dedicated 1-1 time to ensure opportunities for social engagement took place. Personal care was delivered in people's own rooms, to ensure privacy and dignity. People were involved in choices around their care and support and were part of the community.

Right Culture

Staff advocated for people to ensure they had equal access to services, such as healthcare and appointments to follow up on any health concerns. Staff told us they liked working at the service and enjoyed supporting people.

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

Rating at last inspection The last rating for this service was good (published 20 December 2017)

Why we inspected

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

This inspection was a focused inspection to review the key questions of safe, and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for J.A.D Direct Ltd on our website at www.cqc.org.uk.

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

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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.

The inspection team

The inspection was undertaken by 1 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with.

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

Notice of inspection

The inspection was announced. We gave the service 24 hours of our inspection to ensure people could consent to a visit from us. We visited people out of usual hours when they were home.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We looked at the care plans and associated documentation for 3 people. We checked audits and quality assurance reports, incident, and accident records, as well as 3 recruitment records for staff. We visited 3 people in their homes, and looked at their care records and spoke to staff. We spoke to 4 staff, including the provider, deputy manager and 2 care staff. We spoke to 1 medical professional about the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has select option Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- There were risk assessments in place which were reviewed every month or when people's needs changed.
- Staff had undergone additional training where needed to enable them to support people safely.
- One person we visited told us they enjoyed their support from the staff, and liked planning their day. They had their own paperwork which they showed us.
- A medical professional we spoke with told us staff were always 'one step ahead' and understood people's needs well.
- A relative we spoke with said they could not 'praise' the staff enough, and said "I feel [family member] is safe. The staff understand their needs."

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff knew the correct course of action to take if they felt someone was being harmed or abused. This included contacting the local authority or the police.
- There was a safeguarding policy in place which was presented in different formats to support people's understanding.

Using medicines safely

- People were supported to receive their medicines safely.
- People had plans in place for medication required as and when needed, often referred to as PRN, which instructed staff when to give the medication and what it was used for.
- Staff underwent training and had their competencies assessed before they administered medicines.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- Staff were only offered employment once all recruitment checks had been undertaken.
- Rotas showed there were enough staff on shift to support people safely.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- We observed staff wearing gloves when they were supporting someone to prepare their evening meal.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- There had been no accidents or incidents, however the provider had identified one person was becoming unwell, and had arranged investigations to take place into the persons changing health needs.

Is consent to care and treatment always sought in line with legislation 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act
- The provider had a tracking system in place which reviewed anyone who required a DoLS. We saw the provider had sought support around contacting the Court of Protection to enable this to take place, and they had liaised with the relevant medical professionals.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained 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

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- People were involved in important decisions about their properties.

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 had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The provider understood their responsibilities under the duty of candour.
- Staff understood what was expected of them. All of the staff had been in post a long time, and worked well with the registered manager.
- The provider had been open and honest with people and their families and advocates when things went wrong.
- There was a robust quality assurance framework in place where improvements to service provision were identified and acted upon.

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

- People and staff were involved in the running of the service . The provider fully understood and took into account people's protected characteristics.
- Team meetings took place where staff were encouraged to discuss their views about the service. People were involved in discussions about their placements, daily lives and what they wanted to do.
- Staff told us they tried to encourage people to do things for themselves. We observed 1 person helping staff prepare and cook their evening meal and they told us about their day and what plans they had for the week.

Continuous learning and improving care ; Working in partnership with others

- The provider had created a learning culture at the service which improved the care people received.
- The provider worked in partnership with others, and had reached out to other professionals when needed.

- Staff worked flexibility with each other to ensure people's needs were put first. For example, if someone wanted to go for the day, or stay out late, staff would adjust their hours to accommodate this.