

Jiva Healthcare Limited

Jiva Homecare, Highlands House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Jiva Homecare, Highlands House provides care and support through a Domiciliary Care Agency (DCA) to adults with a learning disability and people with a mental health condition who live in leased accommodation with tenancy agreements. These adults live in supported living accommodation and have tailored support packages with an aim to promote more independent living within the community. The supported living accommodation was within a house (Highlands House) with shared community facilities. The DCA office was also located within this house.

At the time of this inspection three people were receiving care and support from the DCA.

This inspection took place on 30 June and 7 July 2016 and was announced with 48 hour notice given. This was to ensure people and staff were available to provide feedback for the inspection process.

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.

All feedback from people regarding the service and the staff was very positive. They told us they received the care and support they needed, felt safe and the staff were caring and were well trained to do their work. People said they were listened to, their views were respected and acted on. Staff who knew people well provided them with the individual and personalised support they required.

Despite this positive feedback we found some areas for improvement.

The provider had not taken all necessary steps to assure themselves staff employed were suitable to work at Jiva Homecare, Highlands House. In addition some records did not support the staff to provide the appropriate care and support to people. The tenancy agreements were not clear and did not demonstrate that any care and support needs were provided separately from the accommodation, as required for supported living. These areas were identified to the registered manager as areas for improvement.

People's individual care and support needs were assessed before they were provided with a service. Care and support provided was personalised and based on the identified needs of each individual. People were supported to develop their life skills and increase their independence.

People's care and support plans and risk assessments were detailed and reviewed regularly. People told us they had felt involved and listened to.

People were supported to use health care professionals routinely and as required as a result of changes in health. Staff were aware of the processes they needed to follow to raise concerns about people's health. All

appointments with, or visits by, health care professionals were recorded in individual care plans. There were procedures in place to ensure the safe administration of medicines. People were supported to take their medicines and increase their independence within a risk management framework.

There were sufficient numbers of suitable staff to keep people safe and meet their care and support needs. The number of staff working enabled people to be supported to work and social activities and to develop their life skills to become more independent. People felt well supported, and were encouraged to be as independent as possible. We observed friendly and genuine relationships had developed between people and staff. People spoke positively about the registered manager and said that they could approach them about any issue they wanted to.

Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Training records were kept up-to-date, plans were in place to promote good practice and develop the knowledge and skills of staff. Staff demonstrated a good understanding of safeguarding procedures.

All staff had undertaken training on the Mental Capacity Act and had an understanding of consent and people's individual rights. Staff had a good knowledge and understanding of what constituted abuse and how to respond to any suspicion of abuse.

There were systems in place to monitor the quality of the service which included satisfaction surveys and meetings with the staff and people who used the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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 ●

Some aspects of the service were not consistently safe.

Recruitment records held did not demonstrate a thorough recruitment process was followed at all times.

Risk assessment were clearly documented with guidelines for staff to follow to mitigate the risk. There were sufficient staff numbers to meet people's care needs.

Medicines were stored appropriately and there were systems in place to manage medicine safely.

Is the service effective?

Good ●

The service was effective.

Staff had an understanding of the Mental Capacity Act 2005 and consent issues. Appropriate policies and procedures were in place for staff to refer to.

Staff had a good understanding of people's care and support needs. People were supported by staff who had the necessary skills and knowledge to help them develop their life skills and independence.

People spoke positively about their meals and the support they received in their preparation.

People had access to health care professionals for regular check-ups and support as required.

Is the service caring?

Good ●

The service was caring.

Staff treated people with understanding, kindness, and respect.

People were happy with the care and support they received. They felt their individual needs were met and understood by staff. They told us they felt they were listened to.

Staff protected people's dignity and treated them with respect.

Is the service responsive?

Good ●

The service was responsive.

People had been assessed and their care and support needs identified. These had then been regularly reviewed and changing needs were responded to.

Staff worked to support people to be as independent as possible and to enjoy life.

A complaints procedure was in place. People were comfortable talking with the staff, and told us they knew who to speak to if they had any concerns.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not consistently well-led.

Accurate and complete records were not maintained in all areas to ensure care delivery was effective and appropriate or that people were clear on the service provision.

There was an open and positive culture which focussed on people. The staff told us they felt supported and listened to by the registered manager.

Staff were clear about their roles and responsibilities.

Jiva Homecare, Highlands House

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 30 June and 7 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service.

The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the home. We considered information we held about the service this included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

On this occasion we did not ask the provider to complete 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. We also spoke to a commissioner of care from the local authority before the inspection.

During the inspection we were able to talk with two people who used the service. We also spoke with three staff members, this included the registered manager. During the inspection we spoke with a visiting social care professional. Following the inspection we spoke with two further social/health care professionals. We also contacted a family member for their view on the service.

We observed care and support in communal areas and spent time in the DCA office and listened to a staff

handover.

We reviewed a variety of documents which included people's care plans, three staff files, training information, medicines records, audits and some policies and procedures in relation to the running of the service.

We 'pathway tracked' two people who used the service. This is when we looked at people's care documentation in depth, obtained their relatives views on how they described the care at the service and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about people receiving care.

Is the service safe?

Our findings

All feedback from people receiving care and support said they felt safe and secure at all times. One person said "I feel very safe here, the front door and inside door are closed and locked." Visiting professionals and a relative were also confident that people were safe with staff responding to safety issues appropriately.

Despite this positive feedback we found some areas which could impact on people's safety.

The registered manager was responsible for staff recruitment and ensuring appropriate checks were completed on staff before they started working in the service. Records included application forms and references. However, records did not include all required information. For example full employment was not recorded and evidence that a disclosure and barring check (DBS) had been completed for one member of staff working for the service. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk and a full employment history allows for any gaps to be explored. Although staff records included evidence of identity they did not include a photograph for identify purposes. The provider had therefore not taken all steps open to them to assure themselves staff employed were suitable to work at Jiva Homecare, Highlands House.

The provider had not assured themselves as far as possible that all employees were of good character and were fit to work in their care home. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It was important for people who were receiving care and support from the DCA that they took their prescribed medicines regularly and in the correct dosage. The provider had appropriate arrangements which ensured staff were able to supervise and monitor people as necessary in regard to safe administration, receipt, storage and disposal of medicines. People were provided with individual storage facilities in their own accommodation for medicines. We looked at people's medicine records and found that recording was clear and accurate. Staff completed training on the safe handling of medicines and had their competency assessed by a senior staff member. During the inspection we saw staff assisting one person with their medicines and they demonstrated appropriate skills, for example they washed their hands before providing the support asked for.

Staff had completed training on safeguarding people. Staff were able to demonstrate a good understanding of their role and responsibilities and how to identify, prevent and report abuse. They gave examples of how people could be at risk when outside of their own accommodation and were vigilant for any signs and possible risk. For example, reminding people of possible risks when meeting people and socialising with people and how what they did and said would be responded to. Staff had a good understanding of the local multi-agency policies and procedures for the protection of adults.

Risk assessment documentation clearly identified hazards and risks and measures were put in place to reduce these as far as possible in an individual way. For example, risks associated with one person's behaviour when in shops was explored with strategies to minimise the behaviour and the risk. Risk

assessments were reviewed and updated to ensure staff responded to risks in the most appropriate way. One person told me "Staff are working with me to use the cooker safely." This risk was reflected within the care documentation with actions to be taken to promote safety.

Staffing arrangements ensured staff were available and to support and care for people when they needed this support. Staffing was co-ordinated and recorded on a staffing duty rota. Due to recent staff changes the registered manager was using agency staff to maintain suitable staffing numbers. Regular agency staff were used to ensure people were supported by people who were familiar to them and understood their individual needs. This was important to the people at Highlands House as consistency and routines made them feel comfortable and at ease. The registered manager confirmed that recruitment was being progressed in order to ensure a regular workforce. Agency staff used had completed a full induction and people were asked to provide feedback on the way they worked.

Staff knew when they were working and a handover took place when staff changed shift. Staff told us there were enough staff to provide the required support although changing needs of people could impact on the staffing needs. The registered manager told us the staffing arrangements were flexible and extra staff were provided if people's one to one support needs increased. The service was currently providing a 'sleep in' staff member at night who was available if required. The registered manager confirmed with the current people using the service she had felt this was necessary to ensure people's safety at night. People were able to either ring the staff phone or go to the staff room to ask for assistance.

The registered manager had systems in place to deal with any foreseeable emergency. Emergency procedures were available and staff knew what to do in the event of a fire. A member of the management team was available at any time for advice. Staff reported any issue with the building to the owners of the property who dealt with all matters quickly.

Is the service effective?

Our findings

People told us they received care and support from staff who knew how to meet their needs. One person told us, "I work with the staff they calm me down and make sure I have my medicines." Another said, "Staff are there if you need them and always check on you to make sure you are." People felt that staff worked as a team to support them and responded to what they discussed during meetings with the health professionals, registered manager and with key workers. People told us, staff were available and knew what they were doing.

Staff knew the people they supported well and shared information on people on a regular basis so staff were up to date on any changes in people's needs. Staff told us there were good systems to maintain communication between staff with the registered manager involved in close communication with all staff.

Staff told us they felt very well supported by the registered manager and the provider who visited the home each week. They said the registered manager was approachable and would listen to them at any time and would take account of their views. For example staff views on risks associated with medicines not being taken were responded to and resulted in people maintaining as much independence as possible.

Records and discussion with staff confirmed that staff supervision was completed on a regular basis with the registered manager. Staff supervision was an opportunity for the registered manager to encourage staff to reflect on learning from practice, review performance, offer personal support and identify professional development opportunities.

New staff completed an induction training programme this included a period of shadowing and time to build a positive trusting relationship with people using the service. A staff training programme was in place and ensured staff undertook a range of training that supported them in their role. Essential training was identified and staff completed this within identified timescales. This included medication, safeguarding, mental capacity and DoLS. Additional specific training was provided to meet specialist needs of people. For example, training on autism and working with people who had behaviour that challenged. Staff told us this gave them the skills to respond to people's needs effectively.

People had access to the kitchen, and were encouraged in cooking and preparing their own food and snacks. People were supported with food shopping, menu planning which was completed with people on a weekly basis and the cooking of their own meals. People spoke positively about the food and how they were supported to plan their meals. One person described how staff worked with them to cook safely. They said, "I cooked a stir fry with (staff member) yesterday she reminded me to turn off the gas." People had their meals when they wanted to and this meant they mostly ate on their own. This was either in their own rooms or in the communal dining room or sitting room. Staff encouraged and supported people to eat a balanced and nutritional diet. For example one person was on a specific diet and information on this diet was displayed to remind him to how to make healthy choices. People were asked to weigh themselves and these were shared with staff to monitor any changes together.

Staff demonstrated an understanding and there were policies available that reflected on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). 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. Care staff we spoke with had a good understanding of mental capacity and informed us how they gained consent from people. We were told that people were able to make their own decision about care and support and had capacity to do so. Staff told us that if they had any concerns regarding a person's ability to make a decision, suitable professionals would be involved to assess and ensure any decision was made in a person's best interest following a capacity assessment. For example recent concerns around people's understanding of finances and spending had been referred to relevant professionals for review.

People were supported to maintain regular contact with health and social care professionals. Staff were aware that these links were vital and supported people with them. Two people had visits from professionals during our inspection. Staff were available to attend the meetings held if wanted and ensured people knew when they were taking place. For example one person wanted to visit a relative and staff reminded them of the planned appointment and how visiting a relative would not allow sufficient time to attend. Staff supported people to make appointments with health care professionals when needed. For example one person shared a health concern with a staff member and the need for monitoring and making an appointment with the GP was discussed. A weekly planner was used to record appointments arranged within Highlands House and outside. This ensured staff encouraged and supported people in attending and staffs were able to work with professionals to maintain people's independence and health and to prevent admission to hospital. Feedback from appointments were recorded within people's records and shared with staff to maintain on-going support from the staffing team.

Is the service caring?

Our findings

People told us they liked the staff that they were supported by and told us they were kind and could be relied on. Comments included, "The staff are good they help me a lot" and "The staff are great, really good." Interaction between people and staff was positive and staff supported people in a way that encouraged them to take responsibility for their own life and to complete daily life activities as independently as possible. People trusted staff and shared how they were feeling. Staff interaction was relaxed and natural and staff were friendly and polite. Feedback from a relative and visiting professionals confirmed staff were kind and took a positive approach to maintaining people's wellbeing. A relative said "They treat (person's name) as an individual they show him kindness and patience."

Each person had a named keyworker. A key worker is a designated member of staff with special responsibilities for making sure that a person has what they need and takes a specific interest in their individual care and support needs. People knew who their keyworker was and were encouraged to meet with them regularly to talk about individual support plans. These sessions were also used to develop trusting relationships with people and gave them the opportunity to discuss any worries they may have. They provided specific time for emotional and psychological support. One professional told us this approach worked well with one staff member working closely with a person on time management which reduced associated anxieties.

Staff spoke about the people they supported with interest and knew each person very well. People's personal histories were recorded in their care files to help staff gain an understanding of their personal life histories and staff were knowledgeable about their likes, dislikes and what was important to them. For example one person was interested in radio work and staff were aware of this interest and how he was involved in this interest. Staff spoke positively about the approach of the staff working for the service. The registered manager recognised the importance of recruiting the right staff team and had involved people in the recruitment process. For example introducing prospective staff to people as part of the process and including their questions within the interviews. In this way people were part of staff selection ensuring staff employed were the sort of person people would like and were able to relate to in a comfortable way.

People had a care and support plan which detailed their goals and progress for working towards being more independent. People had a great deal of independence. They decided where they wanted to be, what they wanted to do, when to spend time alone and when they wanted to chat with other people or staff

Staff were aware of the importance of maintaining people's privacy and dignity. People had been told what they should expect when living in Highlands House to ensure their privacy and dignity was considered. People had their own bedroom but other facilities in the home were shared with other people using the service and staff. Staff always knocked on doors and waited for a response before opening the door. Staff then checked if it was okay to enter the room before doing so, ensuring people were comfortable and giving their consent. Staff were very aware of maintaining privacy when talking to people, by closing doors and taking people to private areas to talk. When people had visitors they were able to meet them in private. Staff were conscious that the facilities in the house were for people and not for the staff. For example people were

asked before staff used the sitting room to hold a meeting. People were encouraged to have their rooms as they wanted them.

People were supported and encouraged to maintain close contact with family and friends. This was recorded on a weekly planner with planned events also being recorded within a staff diary. This was to support people in planning the contacts agreed when needed. Contact with family was important to people and staff were involved with planning week ends at home. For example when people had medicines to take with them staff monitored that these were available and stored in a way to promote safe administration while away from Highlands House. A family member told us contact with friends and family was given a high priority and some friends from a residential home were able to visit her son. People all had the support of their family, and had not had the need for additional support when making decisions about their care from an advocacy service.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. Staff demonstrated they were aware of the importance of protecting people's private information.

Is the service responsive?

Our findings

People were listened to and involved in making decisions and choices about their care. People were supported by staff with individual packages of care to develop their skills and increase their independence with agreed goals that people were working towards.

People and relatives said, "We get very good support, I can make choices about what I do." and "They live the lives they want to live." Visiting professionals confirmed people had been supported in meeting their goals in a positive way giving people a sense of achievement and promoting independence which impacted on the quality of people's lives.

Before someone was provided with a service and moved to Highlands House a pre-care assessment took place. This identified the care and support people required to ensure their safety. This enabled senior staff to identify if people's individual care and support needs could be met by the service. It took into account of the shared living accommodation and how people sharing a house would get on. The process included overnight stays for people at Highlands House and was completed over a number of months to ensure the assessment process was thorough.

Staff understood people's individual needs and there was an opportunity to build positive and supportive relationships. Staff were able to respond quickly to changes in people as they knew them well. For example staff were able to read early signs of anxiety or distress in people and take practical steps to respond. This has included providing extra one to one support and recognising the need for a medicine review. Any changing needs and changes to support and care were well communicated between staff verbally and within the care documentation. For example information on a health concern raised for further monitoring was shared during the staff handover when one staff member was going off duty. When changing needs meant staff could no longer meet people's needs within the supported living arrangements, the registered manager recognised this and worked with the people family members and the multi –disciplinary team to find an alternative appropriate placement.

Care plans were developed with people in conjunction with social workers during reviews. Staff supported people to identify care and support needs and to agree to suitable plans to respond. Staff told us that care and support was personalised and confirmed that people were directly involved in their care planning, goal setting and any review of their care and support needs. For example individual goals that had included household chores had been agreed with people with the goal documented and signed by the person involved. A visiting professional told us staff worked with them to develop appropriate support plans and had worked creatively with people to promote skills for independence and managing anxiety. People could and did refuse support and care at times and staff worked with them to find out if there is anything about the support or the way it is offered that could change in order to promote engagement with the planned support. A weekly planner was used to provide a flexible time arrangement to planned support with specific activity to promote engagement.

People's views were listened to on a daily basis and at regular one to one meetings that were held according

to people's wishes but at least on a monthly basis. 'House meetings' were held each week to address matters that came with communal living. This included some social interaction and practicalities about household chores. Records confirmed people had their views listened to by staff and each other. For example discussion took place around ensuring each person completed their own washing up.

People told us they were happy to make a complaint if they needed to. One person said, "I raise anything with staff as and when I need to." Another person told us, "The manager is easy to talk to and I would speak to her."

There was a complaints procedure in place and this was available for people to read. There was a complaints/suggestions/compliments/feedback box and forms available in Highlands House hallway. Anyone can use these at any time and people knew where they were located and they could use them if they wanted to or if preferred get someone to complete one for them. The service had not received any complaints to date. Annual surveys were used to gain people's views. Information and suggestions within these were acted on and feedback to staff people and the management team.

Is the service well-led?

Our findings

People said they felt the service was very well run and the management was very approachable. They felt they were listened to and could influence the service provision. A relative was also complimentary about the management of the service and told us the service was "Marvellous" and said "I can always talk to the staff and the manager about anything." Visiting professionals were confident that the service had a good management structure that responded to people's needs.

Despite this positive feedback we found some areas where the service was not consistently well-led.

We found that people's care plans did not always contain the information staff needed to look after people. For example when people were living at Highlands House with certain restrictions on where they could go or what they could do these were not recorded within the care documentation. In addition clear guidelines were not provided on how to respond to people following certain questioning that was part of the care and support provided by staff. This did not impact on people because staff had a very good understanding of people's individual needs. A video camera was used externally and in the hallway of the home. Although these were used mainly for security purposes and people knew about the cameras and where they were. There was no documentation in place to confirm their use and what they were used for. The internal camera was also used for monitoring people's movement in Highlands House. There were no guidelines in place to ensure cameras were used with the consent of people or that people's privacy was being protected. On the second day of our inspection the registered manager had spoken to people about the use of the cameras and obtained their consent for use. Further procedures need to be established to ensure appropriate use. Both these areas were identified to the registered manager for improvement.

Each person had a tenancy agreement and a terms and conditions of accommodation. We found the registered provider of the DCA was also the landlord and the documentation was not clear on the division between these two responsibilities. The information people were given did not make it expressly clear that they could choose a different care provider if they wished to. The registered manager made assurances that this was the case. Arrangements for accommodation and care and support must be separate and not reliant on each other and the provider may need to consider if the service provision is correctly registered if they are not. All agreements must be clear for the tenant and any representative. This is an area that requires improvement.

There was a clear management structure with identified leadership roles. The registered manager regularly worked with people and staff. In this way they had a good understanding of people's needs, staff skills and had a good overview of the service provision. They had fostered a culture that enabled open and clear communications within the team. Communication demonstrated during the inspection was respectful and thorough with staff respecting each other's views and comments.

Staff told us they felt the service was well-led and that they were well supported at work. They told us the registered manager was approachable and dealt with any issue immediately and effectively. They felt they were respected as a member of staff and as a person ensuring staff were able to work at their

best. For example when staff identified any personal issues that may affect work the registered manager worked with them to find solutions.

Team meetings were held on a regular basis and staff were able to share their views. They were used to support staff through difficult challenges, to share good news and achievements along with people's care and good practice. This included reflecting on practice and looking how the service could do things differently and learning from past experiences. Staff views were taken into account and used to make group decisions. For example, being part of the pre service assessment before providing a service to a person.

The service had a clear philosophy which was to enable people to be as independent as possible and move on to live a more independent life within the local community. It valued people and staff as individuals and worked to provide a safe and therapeutic environment where people could have the best quality of life as possible. These aims were shared with staff regularly and staff spoke positively about the goals people had achieved and were working towards.

The provider held management meetings that covered all the services within the organisation. The provider maintained regular contact with the service and used these meetings to share good practice across the services and to feedback on any regional issues. For example exit interviews for staff leaving employment were being introduced to review and reflect on any positive and negative feedback gained through this process to improve the service.

Surveys were used to gather feedback from people and their family about the quality of the care provided. Information received within these was recorded and reported on. Some auditing systems were used to monitor the quality of the care and support. The registered manager confirmed further quality systems were being developed.

The registered manager understood their responsibilities and consistently notified the Care Quality Commission of significant events as per the legal requirements of the Health and Social Care Act 2008.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>People who used the service were not fully protected against the risks associated with unsafe or unsuitable staff as effective recruitment and selection procedures were not followed and thorough checks were not undertaken and recorded.</p>