

Mrs Anna Marie Carey

# Jordangate House

## Inspection report

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### 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: Honnete Support Services is registered with Care Quality Commission (CQC) under the title of their address, 'Jordangate House'. They provide support with personal care to adults with learning disabilities who live in four houses within the Macclesfield area. They have a community enterprise shop and small farm that provide employment and activities for people using the service.

People's experience of using this service: People and their relatives told us they liked the kind and caring staff. Relatives told us that the staff and registered manager went over and above what they would expect from a care agency.

People were kept safe, potential risks to safety were thoroughly assessed and managed. Risk assessments were regularly reviewed and updated.

Medicines were safely managed. Staff received thorough training in medication administration and their competency was regularly assessed. Medication records were comprehensively completed and regularly audited.

Staff were recruited safely. People and their relatives told us there was always enough staff and they were well matched to the people they cared for. The majority of staff had worked there a long time. Staff told us they were very happy and enjoyed the company of the people who used the service.

Staff understood and worked in line with current legislation and best practice guidelines.

People were supported to live with privacy and dignity. Their individual needs and preferences including around equality and diversity were known, respected and promoted.

The service actively promoted people's independence. Relatives told us that since being cared for by Honnete Support Service, they had seen their loved one's independent living skills improve.

The service ran a community enterprise farm and shop. This provided employment and meaningful activities for the people using the service.

People, their relatives and staff all spoke very highly of the registered manager. They all told us she was fair, approachable and supportive.

The registered manager worked closely with the local community.

Rating at last inspection: At their last inspection the service was rated good. (Published September 2016)

Why we inspected: This was a planned comprehensive inspection. No information of concern had been received prior to the inspection.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Jordangate House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection team consisted of one adult social care inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case, caring for people who have a learning disability.

**Service and service type:** The service is a domiciliary care agency. They are registered to provide personal care to up to 14 people with learning disabilities or autistic spectrum disorder. At the time of this inspection they were providing care for 12 people.

The service had a manager registered with the Care Quality Commission. 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.

**Notice of inspection:** We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity was conducted on 13 March 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

**What we did:** Before our inspection we looked at information we held about the service. The provider had completed a Provider Information Return form (PIR). A PIR is a form we ask providers to submit annually detailing what the service does well and what improvements they plan to make. We reviewed information stored on our database, such as notifications that the registered manager is required, by law, to submit to us as and when incidents may have occurred. We also spoke to the local authority and commissioning team to gain feedback about the service. The information gathered was utilised to plan the inspection.

During the inspection we spoke with four people who use the service, six relatives of people who use the service and five members of staff, including the registered manager. We reviewed three people's support plans, records relating to safeguarding, accidents and incidents, staff recruitment, quality assurance, minutes of meetings and service user diaries.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- Relatives of people using the service told us that their family members were kept safe. Comments included, "[relative] is perfectly safe, I used to worry about going on holiday and leaving [relative] before but I don't worry now we have this care." Another relative said, "When [relative] was in hospital they spent so much time visiting and making sure [relative] felt safe, it was truly amazing."
- Each person using the service had detailed risk assessments documented in their support plans. These had been regularly reviewed and updated if there was a change in their needs or preferences.
- Staff were aware of the potential risks to people's safety and how best to manage these. Risks were managed without restricting people's freedom to live a full and active life.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The service had comprehensive safeguarding and whistleblowing policies. All staff we spoke with were knowledgeable about the different types of abuse, how to spot these, when and how to report them. Where safeguarding referrals had needed to be made, they were done so appropriately. Accidents and incidents were managed and thoroughly recorded. The registered manager kept a detailed log of safeguarding referrals, accidents and incidents. Outcomes were recorded and lessons learned were cascaded amongst staff to reduce the potential risk of the same thing happening again.

### Staffing and recruitment

- Staff were recruited safely. Each staff member had been subject to appropriate pre-employment checks including clearance from the Disclosure and Barring Service (DBS). DBS checks if there is any information held about a person that would suggest they are unsuitable to work with vulnerable people.
- People using the service told us they liked the staff. Relatives told us there were always enough staff to keep people safe and provide companionship. Relatives told us that staff appeared happy in their role and that there was a low staff turnover. We observed close relationships between staff and people using the service.
- The service did not use agency staff. They recruited 'relief staff' who were available to cover staff absence. Relief staff had undergone the same thorough pre-employment checks and training as the permanent staff.

### Using medicines safely

- Medicines were managed safely. There was a comprehensive medication management policy. Staff received regular training in medication administration and their competency was regularly assessed by senior staff.
- We reviewed Medication Administration Records (MAR) and saw these were thoroughly completed. The

registered manager audited MARs every month and no errors had been found.

#### Preventing and controlling infection

- We visited one of the four houses and the shop that the service runs. We saw these were very clean and free from malodours. Staff demonstrated a clear understanding of best practice guidelines to prevent and control the spread of infection.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People's relatives told us that the staff were well trained and knew how to care for people well. Comments included, "I am very satisfied with the support [relative] gets and pleased and thankful that we know [relative] is well looked after."
- Staff completed a comprehensive training schedule. Training was regularly updated. When new staff were employed they completed a thorough induction programme that included mandatory training and shadowing experienced staff for as long as was required to care for people effectively.
- Staff told us that they did lots of training and had regular supervisions and appraisals which they found helpful and supportive.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any 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 and found that they were. Staff understood that people are assumed to have mental capacity unless there is a reason to think otherwise.
- All the people using the service had capacity to make decisions for themselves. Where necessary best interest decision meetings were held. People using the service were not restricted or deprived of their liberty.

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

- People who used the service independently decided what and when to eat. We saw in support plans that staff were reminded how to suggest people make healthy choices with their food and drink without restricting their independence.
- People had their weight monitored monthly to assess for the risk of malnutrition or obesity related illnesses. This was done with people's consent and their weights were discussed with them.

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

- People were supported to access all the healthcare services they required. On the day of the inspection, one person was accompanied by a member of staff to the opticians. Staff assisted people to contact GP services as and when required. One relative said, "[service] are really good with health stuff, they sort out the dentist and optician appointments and we don't have to worry about anything."

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

- People who used the service lived independent lives. They could give verbal consent to any acts of assistance with personal care and daily living.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- The service actively promoted the independence of the people they supported. Relatives told us that they had seen their family member's independence improve since using this service. Comments we included, "They [service] have improved [relatives] independent skills, I've seen such a change since [relative] came here." Another relative said, "They recognise all the little bits that enable [relative] to get to work, there is always someone there, they just understand [relative] so well."
- The service had a community enterprise shop that sold groceries to the local community. People who used the service told us they enjoyed working there. We visited the shop and saw people happily preparing grocery bags ready to be delivered. The service also ran a small farm with animals and producing produce. This enabled people to have safe place to work and gave them a sense of achievement of planting, growing, picking and selling the produce.
- People lived independent lives and as such, staff were knowledgeable in ensuring their privacy and dignity were not compromised. People had their own private spaces in their own homes and staff were aware of professional boundaries.

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

- People using the service told us they were happy. Relatives told us that the staff were kind and caring. Comments included, "Staff are top class, they really care for the people they support." Another relative said, "[relative] has a great relationship with staff, one staff member has a great sense of humour, she just gets [relative]."
- One relative told us of the peace of mind they experienced knowing that if anything happened to them, their relative would continue to be cared for by this service. They said, "I know [relative] would be so well cared for if I wasn't here anymore, that is very important not just for [relative] but also for us as parents."
- During the inspection we saw numerous examples of staff having close and caring relationships with the people they support. We saw people approaching staff for a hug and happily engaging in meaningful conversations. One relative told us, "The staff have their whole heart in the job, that's why they're so good."

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

- People using the service were encouraged to express their views and opinions. There were regular house meetings, feedback and complaint forms were readily available and provided in which ever format people preferred. Some people preferred text, others preferred pictorial symbols. Service user guides and meetings of minutes were also provided in whichever format the person preferred to use. This met the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to ensure that people with disability and sensory loss are provided with information in a way they can understand.

- The majority of the people using the service had family members who were very involved in the planning and delivery of care. At the time of the inspection there were no advocacy services in the area available to people using the service. The service had created links with an independent advocacy consultant. They aimed to ensure advocacy would be available in the future if anyone using the service could benefit from this.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Relatives told us that people received care that was personalised to them. Comments included, "[relative] gets a lot out of life which is nice to see, [relative] chooses what to do and when to do it."
- Care was personalised to the individual person. Each person's support plan contained detailed information about their lives, their family and support network. Staff knew the people they supported very well. Staff empowered people to join in activities that were tailored to their individual needs and preferences.
- The service ensured there was always enough for people to do, this included working at the farm and the shop, visiting the local day services, social events in the evening and assistance to live active, independent lives that were free from any restrictions.
- The registered manager actively researched activities in the local and surrounding areas that would be suitable to the needs and preferences of the people using the service.

Improving care quality in response to complaints or concerns

- The service had a comprehensive complaints policy in place. Very few complaints had been received. The ones that had been received had been handled thoroughly and without prejudice. Relatives told us they knew how to complain. One relative said, "I've never needed to complain, if I did I'd speak to the manager, she has a practical way of sorting everything, it would be dealt with straight away." Staff understood the complaints policy and knew how to respond if they were to receive a complaint.

End of life care and support

- The service was not currently supporting anyone who was identified to be approaching the end of their lives. They did however promote open discussions about people's wishes if they were to become unwell. The registered manager explained that they were in the process of instigating conversations with people using the service and relatives about their wishes should they become unwell. The registered manager explained that they respected that some people did not wish to discuss this and no-one was forced to have a conversation if they did not wish to.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Everyone we spoke with spoke very highly of the registered manager. We observed warm and friendly interactions between the registered manager and people using the service. Without exception, relatives told us the registered manager was open and approachable. Comments included, "[manager] is so brilliant, she is intuitive around individuals needs as she has so much experience, it gives you complete peace of mind." Another relative said, "[manager] has a permanent open-door policy including families."
- The registered manager was supported by a senior support worker and senior team leader. Staff told us they received regular supervisions and competency assessments but were also welcomed to speak to the registered manager and raise any concerns or suggestions.
- The registered manager completed monthly and annual quality assurance audits. These were analysed at regular management meetings and where necessary, plans were put in place to ensure lessons were learned from mistakes and the service continued to improve.
- The registered manager had plans in place to increase the amount of day care services for people in the local community and was actively seeking to engage with people and advocates.
- Each person using the service was assigned a key worker. This was so they had at least one member of staff with whom they could have a close relationship and go to for any extra advice or support needs that may arise.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was a visible presence in the lives of the people using the service. During the inspection we saw that people were comfortable to discuss issues with her and she knew people well.
- We saw how the registered manager trained staff to respect and promote a relaxed, homely environment. For example, staff were trained in different ways to communicate, they didn't say they were working, instead they would use the phrase "I will be visiting your house on this day."
- The registered manager is legally required to submit notifications to CQC when certain incidents have occurred. We reviewed their documentation around accidents, incidents and safeguarding and could see that all necessary notifications had been appropriately submitted.
- Regulations dictate that the service must advertise their latest CQC inspection report on their website. We checked and saw that this had been done.

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

#### characteristics

- People and their relatives were empowered to decide how their care should be planned and delivered. They were invited to regular review meetings that were held with a relaxed atmosphere. One relative told us it was also an opportunity to have a coffee, cake and a chat.
- People were involved in regular 'house meetings'. Here they discussed any issues in the home, how they could all work together to ensure everyone was as happy as possible. The registered manager explained that this had been successful as they dealt with potential issues before they could escalate and create any stress or anxiety within the home.

#### Working in partnership with others

- The service was an active part of the community. They engaged with many other local organisations. Community engagement was enhanced with the community enterprise shop and farm.