

Jump 2 Independence Limited

# Jump 2 Independence Limited

## 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

### About the service

Jump 2 independence is a domiciliary care agency and supported living service providing personal care to people living in their own homes. At the time of the inspection 44 people were receiving personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of the service and what we found:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support

People were safeguarded from abuse and avoidable harm. The provider ensured there were sufficient numbers of suitable staff. People were supported to receive their medicines safely. The provider learned lessons when things had gone wrong. The provider had systems to provide person-centred care that achieved good outcomes for people.

### Right Care

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. People were protected from the risk of infection as staff were following safe infection prevention and control practices.

### Right Culture

There was a positive and open culture at the service. The provider understood their responsibilities under the duty of candour. The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. The provider had created a learning culture at the service which improved the care people received. The provider worked in partnership with others.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 29 March 2019).

### Why we inspected

The inspection was prompted in part due to concerns received about people's safety. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm. Please see the safe and well led sections of this full report.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Jump 2 Independence on our website at [www.cqc.org.uk](http://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><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Jump 2 Independence Limited

## **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

The inspection team consisted of 1 inspector, 1 operations manager and an 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service also provides care and support to people living in 3 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### 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 regulations.

At the time of our inspection there were 2 registered managers in post.

#### Notice of inspection

The inspection was announced. We gave the service 24 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.

#### What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. 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 spoke with 4 people who used the service about their experiences of their care and 8 relatives. We visited 1 person in their supported living setting, with their consent, and spoke with 7 members of staff. This included both registered managers, 1 of which was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with office manager and care staff.

We reviewed a range of records this included 4 people's care records and medicines records. We looked at 3 staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# 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 remained good. This meant people were safe and protected from avoidable harm.

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

- People were safeguarded from abuse and avoidable harm.
- Staff confirmed the process they followed if they had any concerns including contacting the registered managers and documenting the information.
- People we spoke with confirmed they felt safe with staff. One person told us, "They tend to be the same staff, I always feel safe with them."
- We reviewed records which showed where action had been taken, including making referrals to the local authority safeguarding team for investigation.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People's care records contained risks associated with their care and treatment and clear guidance for staff to follow to monitor and meet their needs.
- People we spoke with confirmed staff monitored their risks and shared any concerns. For example, 1 person told us, "I'm lucky with my continuity of care. I get on with them [Staff] and they come on a regular basis. Because they know me it works well."
- Staff we spoke with knew people and how to meet their needs and monitor any risks they had.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff through monitoring their electronic call system.
- The provider operated safe recruitment processes. Staff completed an in-depth induction process with the completion of training requirements.
- There were mixed reviews in relation to staff arriving on time. Most people we spoke with confirmed staff arrived on time and stayed for the duration of their calls. Some people, however, told us they were not always sure what time staff would arrive. We raised this with the registered manager who confirmed they would look into this and take any required action.

Using medicines safely

- People were supported to receive their medicines safely.
- People's care records included information of their medicine records and clear guidance for staff to follow.
- Staff completed people's medicine administration records to show people received their medicine as prescribed.
- People we spoke with confirmed staff supported them with the medicines. One relative told us, "We are

happy with medicines, if something changes, I'll ring them [Provider] and they add it in."

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff confirmed they had access to personal protective equipment (PPE) and people we spoke with confirmed staff wore PPE when required during their calls.
- People's care records included information for staff in relation to preventing and controlling infection, including the use of PPE, hand hygiene and keeping people's homes clean.

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Staff reported any concerns or incidents and recorded the information. Records showed where required action was taken to reduce the risk of it happening again.
- We reviewed accidents and incidents records which included where required referrals were made, for example, to the local authority safeguarding team, General Practitioner (GP) or the falls team.

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's records contained information in relation to their consent and best interest decisions making in line with guidance.



# 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 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 which helped achieve good outcomes for people.
- Staff shared a passionate approach to supporting people and people and relatives we spoke with were complimentary of the staff group. One relative told us, "The staff treat [Person's name] with such dignity and respect overall and I can really tell they care."
- Staff confirmed the registered managers supported them and were approachable. The registered managers had identified where staff support was required to improve their wellbeing.
- The responses from a recent service user questionnaire were positive for the question 'staff protect my dignity and human rights and respect me as an individual'.

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 responsibilities under the duty of candour.
- Staff we spoke with confirmed they were encouraged to be open and share any concerns they had.
- People and their relatives confirmed staff were transparent and raised any concerns. One relative told us, "Staff do apologise when there are issues. The carers are really kind and helpful."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Staff had the opportunity to discuss their role and attended regular supervisions which they confirmed were of a benefit to them.
- The registered managers acted on any quality performance issues and procedures were in place for staff to report any issues they had. For example, staff supervision records contained an element for whistleblowing with concerns to be addressed.

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 and fully understood and took into account people's protected characteristics.

- Staff and people were involved in the running of the service. Staff attended regular meetings where they had the opportunity to make improvements to the care people received. People had the opportunity to regularly share feedback through questionnaires which were reviewed and analysed by the registered managers.
- People and relatives, we spoke with confirmed they were involved in people's care planning. One relative told us, "The care plan was put together with us all, [Person's name] was able to choose their level of involvement but staff will do what [Person's name] needs them to."
- People's care records showed where people and their relatives were involved in the service they received. One person's care plan informed staff of their religious beliefs and ways for staff to respect this when in their home.

#### Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The registered managers completed regular audits across the service to monitor and improve the care people received.
- Following the audit completion, the registered managers implemented a service improvement plan which included any actions identified from their auditing with required updates and completion timescales.

#### Working in partnership with others

- The provider worked in partnership with others.
- People's care records showed where referrals were made to health and social care professionals and guidance or advice was sought to meet people's needs.
- The registered managers had made improvements to the service in response to local authority quality assurance visits.