

Jaffray Care Society

Jaffray Domicillary Care Services

Inspection report

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Date of inspection visit: 18 March 2019

Date of publication: 15 April 2019

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: Jaffray Domiciliary Care Services provides support to people living in a supported living scheme. It is part of the registered charity 'Jaffray Care', who provide support to people with developmental disabilities, in a variety of different settings. At the time of this inspection there was one person receiving a regulated activity (support with personal care) from this service.

Rating at last inspection: At the last inspection the service was rated as Good (7 July 2016).

Why we inspected: This was a planned inspection, in line with our inspection schedule, to check that the service remained Good.

People's experience of using this service: The service had been developed in line with the values that underpin 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. By following these principles, services can support people with developmental disabilities to live as ordinary a life as any other citizen.

The person receiving support was treated with kindness and respect. Staff knew them well, helped them make choices and decisions and encouraged them to be as independent as they could.

There were systems in place to recruit staff safely.

Staff received the training and supervision they needed to support the person with their specific care needs.

The management of medicines was carried out safely.

Staff had considered risks to the person's health, safety and wellbeing and had taken reasonable steps to prevent them coming to harm.

Health and safety checks ensured the person's home was well-maintained and safe to live in.

The service worked closely with other health care professionals and supported the person to access appropriate health care services when needed.

The service had a process for handling complaints and concerns. There had not been any recent complaints about the service.

The service was well-managed. The registered manager and chief executive officer provided good leadership. Audits and quality checks were undertaken on a regular basis to monitor and improve standards.

Follow up: We will continue to monitor this service and plan to inspect in line with our re-inspection schedule for services rated Good. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.	



Jaffray Domicillary Care Services

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 was carried out by one adult social care inspector.

Service and service type: Jaffray Domiciliary Care Services provides care and support to people living in a supported living scheme. Not everyone using Jaffray Domiciliary Care Services receives a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of this inspection there was one person receiving 'personal care' by the service. They received 24 hour care.

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: This inspection was announced and took place on 18 March, 2019. We gave the service 48 hours' notice of the inspection site visit. This was to ensure the registered manager would be present and to give them time to arrange for us to visit the person in their own home.

What we did: Before the inspection we reviewed information we held about the service and the inspection report from our last inspection. There had not been any recent notifications about the service. Notifications provide information on changes, events or incidents that the provider is legally obliged to send to us without delay. We contacted the local authority and asked if they had any concerns about the service. They did not

have any recent feedback.

During our inspection site visit we spoke with the registered manager, one member of staff, the chief executive officer of the provider, Jaffray Care and the person receiving support from the service. We also spoke with another member of staff on the phone on 25 March, 2019.

We reviewed a range of documents These included the person's care and support plans, staff recruitment information and supervision and training records. We also reviewed documents relating to the management of the service, such as 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

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

Systems and processes to safeguard people from the risk of abuse

- •The service had up-to-date policies for safeguarding and whistleblowing (this is when a worker passes on information concerning wrongdoing).
- •The staff we spoke with knew and understood their responsibilities to keep people safe and to protect them from harm.
- •The person receiving care and support was unable to tell us they felt safe. However, during our inspection we saw they appeared relaxed and comfortable in the presence of staff and the atmosphere in their home was warm and friendly.

Staffing and recruitment

- •The provider followed safe staff recruitment processes. These ensured people were protected from the risk of unsuitable staff being employed.
- •Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers.
- •There were sufficient suitably trained staff to provide 24 hour care to the person receiving support from this service. Support was provided by a small team of staff who were familiar and knowledgeable about the person's needs.

Using medicines safely

- •The provider had systems in place for the safe administration of medicines.
- •Staff had completed medicines management training and competency assessments. These were renewed annually. The provider's medicines policy provided staff with additional support and guidance.
- •A medicines risk assessment and detailed medicines care plans provided staff with information about how they should support someone with their medicines.
- •Monthly checks of the Medicines Administration Records (MARs) were carried out to ensure they had been completed correctly and medicines given as prescribed.

Preventing and controlling infection

- •The person receiving support from this service was protected as far as possible from the risks associated with cross contamination.
- •The provider had a policy that provided staff with guidance on infection control and all staff had received training in this subject.

- •Staff wore personal protective equipment (disposable gloves and aprons) when carrying out personal care tasks.
- •The person's home was clean and well-maintained.

Assessing risk, safety monitoring and management

- •Staff had considered risks to the person's health, safety and wellbeing and had taken reasonable steps to manage such risks.
- •There was an emergency evacuation plan which explained how the person should be evacuated from the building in the event of a fire or other emergency.
- •Fire fighting equipment was in place. Regular health and safety checks and servicing of equipment had been completed. These ensured the person's home was safe to live in.

Learning lessons when things go wrong

- •At the time of our inspection there had not been any recent accidents or incidents. However, the registered manager had processes in place that ensured all accidents or incidents would be thoroughly investigated and any 'lessons learned' passed to staff.
- •Lessons learned from accidents or incidents that occurred in the wider Jaffray Care organisation were cascaded to managers through the monthly managers meeting. This ensured best practice was shared throughout the organisation.



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

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

- •A full needs assessment had been completed. This included consideration of their physical and emotional support needs and provided detailed information about their background, things that were important to them and how they wished to be supported.
- •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. We found the service was working within the principles of the MCA.
- •Staff described to us the approaches they took when providing support. These discussions demonstrated that the person was involved and encouraged to make their own decisions about everyday matters, that staff listened to them and respected their wishes.
- •The registered manager demonstrated a clear understanding of the MCA and steps they needed to take to ensure support was always provided within its principles.

Staff support: induction, training, skills and experience

- •Staff received the training and support they needed to carry out their roles. One member of staff told us, "They are good with their training. There is a rolling programme and you can also request if there are any topics you are interested in."
- •New staff completed a comprehensive induction programme which helped prepare them for their role and responsibilities. All new staff worked a three month probationary period.
- •A training schedule was used to monitor when refresher training was required. This helped ensure people kept up-to-date with the required training.
- •The registered manager held supervision meetings with staff every two months. Staff told us they found these helpful.
- •Staff received an annual appraisal. This gave them the opportunity to discuss their overall yearly performance, things that had gone well and those that needed improvement and any training/development needs.
- •Staff told us they felt supported by the registered manager and their colleagues.

Adapting service, design, decoration to meet people's needs

- •The environment met the needs of the person living there.
- •There was a large lounge and kitchen, adapted bathroom and a bedroom. The rooms had been attractively decorated and furnished in accordance with the person's taste and wishes. There was a well-maintained garden with wheel-chair access.

Supporting people to live healthier lives, access healthcare services and support: staff working with other agencies to provide consistent, effective, timely care: Supporting people to eat and drink enough to maintain a balanced diet

- •A health action plan was in place to guide staff on managing health needs and provided information about health professionals involved in the person's care.
- •Involvement of different professionals ensured their health and well-being was monitored and action taken promptly when there were any changes.
- •Staff prepared meals that the person chose. Guidance was provided for staff about a particular food allergy and about how food should be served to minimise a risk of choking.



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

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

Ensuring people are well treated and supported; respecting equality and diversity: Respecting and promoting people's privacy, dignity and independence

- •The person using this service was unable to tell us how they were treated by staff. However, during our inspection we saw and heard many kind, caring and respectful interactions between staff and them.
- •The person received support from a consistent staff team who knew and understood their needs and preferences well. The wishes of the person were at the heart of all care and support provided to them.
- •Treating people with respect, dignity and kindness was one of the core values of Jaffray Care. During our inspection we saw that staff had embedded this value in their day to day work.
- •Staff promoted independence and supported the person to do as much as they could for themselves. This included accessing groups and activities within the community.

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

- •The person supported by this service was involved in all decisions about their care.
- •With the support of staff, the person had completed a satisfaction survey. Questions asked included, 'Is my home a nice place to live?'; 'Do I always make my own choices?' and 'Is my flat comfortable and how I like it?'. All the replies in the survey were positive.



Is the service responsive?

Our findings

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

Good: ☐ 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

- •Staff knew the person they supported well. They were aware of their preferences and interests, as well as their health and support needs. This enabled them to provide a personalised service.
- •Care records contained detailed information, including information about the person's background, communication needs, support plans and likes and dislikes.
- •Although care records had been reviewed regularly and amended when needed, the care file contained some old documentation, which meant it was not always easy to see what was current. The registered manager told us they would remove or rewrite this documentation.

Improving care quality in response to complaints or concerns

•The service had a complaints policy and a process for managing and responding to complaints. At the time of the inspection the service had not received any complaints for some time.



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

Good: ☐ 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

- •The service had a registered manager. They worked closely with the charity's chief executive officer and together they provided knowledgeable and committed leadership of the service.
- •The registered manager has good oversight of the service. They were aware of their regulatory responsibility to report events to the CQC by statutory notifications. However, there had not been any recent notifiable events.
- •There was a positive culture where staff and management were passionate about the care and support they provided.
- •The service had up to date policies and procedures to guide staff on their conduct and best practice.
- •Quality assurance systems, including regular audits and health and safety checks ensured people were kept safe and the quality of service was monitored.

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 service and provider had a clear set of core values which described how they supported people with developmental disabilities in a non-discriminatory way. We saw these values were put into practice.
- •The registered manager had won the 2018 'registered manager's award' as part of the National Learning Disabilities Awards. These awards 'celebrate excellence in the support for people with learning disabilities and aim to pay tribute to those individuals or organisation who excel in providing quality care'.
- •Staff felt the service was well-led. One person told us, "I do like how the service is run. They put the service users first."

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

- •Staff meetings were held regularly. This ensured staff were given the opportunity to raise any concerns and for information about the service to be shared.
- •Staff spoke highly of the support they received from the registered manager and their colleagues and told us staff morale was high. One person told us "She's (the registered manager) is always on the end of the phone if I need her." Another said, "I felt at home when I came here. Other staff made me feel comfortable and made it easy for me."

- •The service valued it's staff. One care worker had received a cash reward and letter from the chief executive officer because they had worked for a year without any recorded absences.
- •Surveys were used to gather feedback from staff and from the person who used the service. The recent (April/May 2018) staff survey had been analysed and where areas for improvement had been suggested the service had taken steps to implement them.

Working in partnership with others

•The service worked alongside other agencies, such as the local authority and other health and social care professionals, to support people's care needs and share information where needed.