

Jireh Homecare Limited

Great Hampton House

Inspection report

10A Great Hampton Street
Birmingham
B18 6AQ

Tel: 01214481180

Date of inspection visit:
13 March 2019
21 March 2019

Date of publication:
16 May 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: Great Hampton House is a domiciliary care agency that was providing personal care to five people aged 65 and over at the time of the inspection.

People's experience of using this service: Relatives and people told us that there were enough staff to meet people's needs and that staff had been recruited safely.

People's need were met by staff who received the right levels of training.

Relatives and people said staff were kind, compassionate and respected people's independence and privacy.

People's nutritional and physical health needs were monitored and met by staff.

People received their prescribed medicines safely. There were systems in place for managing people's medicines and risks to people's safety.

Procedures for responding to safeguarding concerns had been used effectively.

There were systems and processes in place for managing complaints. Relatives and people said they were confident they could approach the registered manager with any concerns.

The registered manager had relevant qualifications and experience. They used quality assurance processes to monitor and improve the service.

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

Rating at last inspection: This was the service's first inspection. The service was registered in September 2017.

Why we inspected: This inspection was part of our scheduled plan of visiting services, to check the safety and quality of care people received.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Great Hampton 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: This inspection was carried out by one inspector.

Service and service type: This service is a domiciliary care agency. It provides personal care to older people and people with a learning disability living in their own homes.

The service has 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 we needed to be sure that the registered manager would be available to speak with us.

What we did: We visited the office location on 12 March 2019 to see the registered manager and office staff, and to review care records and policies and procedures. Between 12 and 21 March we contacted people, relatives and care workers.

Before the inspection: We reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service. We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us when requested to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan the inspection. We also sought feedback from the local authority safeguarding team and Healthwatch to gather their views of the service. Healthwatch is an independent consumer champion for people using health and social care services.

During the inspection: We spoke with one person who used the service and two relatives. We spoke with the registered manager. We reviewed four people's care records, four staff personnel files, audits and other

records relevant to the management of the service.

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.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to investigate and report abuse. The registered manager made safeguarding referrals and investigated safeguarding concerns appropriately.
- Staff had received training in safeguarding vulnerable adults and the registered manager was able to describe how they would take steps to protect people at risk of abuse.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed. Measures were in place to remove or reduce risks. For example, using safe moving and handling techniques and completing accurate records.
- Risk assessments covered a range of areas, including environmental risks, communication, falls and skin damage.

Staffing and recruitment

- The provider followed appropriate recruitment procedures. Staff files contained application forms, professional references, proof of ID, criminal background checks and interview notes.
- There were enough staff in place to meet people's needs. People and relatives told us staff arrived on time. One relative said, "They are always regular. On very infrequent occasions they have rung to say we might be a little bit late but this is because of an incident. I am really impressed with the set-up".

Using medicines safely

- People were supported to take their medicines safely. Staff were trained in medicines administration.
- People's needs were assessed and described in their care plans. Medicines administration records were completed by staff and showed when medicines were given. Medicines administration records were audited by the registered manager.

Preventing and controlling infection; Learning lessons when things go wrong

- Staff received training in preventing and controlling infection. Spot checks included monitoring whether staff used appropriate handwashing techniques.
- There was an adequate stock of personal protective equipment, such as gloves and aprons, available in the office location.
- There were policies and procedures in place for recording and investigating accidents and incidents. There had been one incident which was investigated appropriately following the provider's procedures.

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.

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

- People's needs were assessed before they began using the service. Relatives were also involved in this process, where appropriate. One relative confirmed, "They asked us what worked and didn't work with the previous care company we used. [Name] has a couple of social visits so they worked their visits around those".
- Assessments included people's individual preferences about their daily lives, health and wellbeing.

Staff support: induction, training, skills and experience

- There was a comprehensive training schedule in place for staff. This was monitored by the registered manager. Relatives we spoke with said staff had the right skills and training to meet their needs. Comments included, "I don't know who teaches them, but they are very good" and "They have the right training. There is nothing in staff's behaviour or attitude to make me concerned".
- New staff completed an induction which included the Care Certificate; staff shadowed experienced staff before working alone.
- Staff received regular supervisions for support. Random spot checks were conducted by the registered manager, to make sure staff were meeting the required standards.

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

- People were supported to eat and drink enough nutritious food which matched their personal preferences.
- Staff recorded what food and drink people had in food and fluid monitoring charts where required.
- Staff worked with district nurses and other healthcare agencies where necessary. Staff followed professional advice to ensure people's needs were met.
- One person told us, "They (staff) will make whatever food you want, how you want it to be done not according to them". One relative we spoke with said, "They have got my relative back interested in food and they make [Name] part of the process".

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

- Care plans included details of people's healthcare networks such as GPs, pharmacists and social care workers.
- Relatives told us the service worked with healthcare agencies to meet people's needs. One relative said, "[Name] is involved with the doctors due to their condition, staff always give feedback on things they have noticed".

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority. In the community these deprivations are called Court of Protection orders. We checked whether the service was working within the principles of the MCA.

- The registered manager was aware of the principles of the MCA. They understood when an assessment of mental capacity might be required the importance of gaining consent to care, and power of attorney responsibilities.
- We held a discussion with the registered manager around best practice when recording capacity assessments. They agreed to review and implement changes to their practice.
- Staff always obtained consent before delivering aspects of care. One relative said, "They are very structured, always checking what [Name] wants and asks what they would like".

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.

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

- People and relatives told us staff were kind, caring and compassionate. Comments from people included, "The staff are friendly, very good. They make me laugh and I love to see them. They cheer you up if you let them. They don't just do the job and go." A relative told us, "Staff always talk to [Name] and engage with them. They have a chat, a good balance between not so formal but also not being presumptive".
- Staff received training in equality and diversity legislation and practice. Care plans contained information about people's religious and cultural preferences.
- Relatives and people told us staff respected people's individuality and choices.

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

- Care plans contained information about people's communication preferences.
- Information was available in accessible formats if required. This was discussed with people and their relatives at the initial assessment before people used the service.
- When describing staff, one person told us, "They are respectful and listen to me".

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity when delivering care. One relative commented, "They are always kind and respectful, always checking what [Name] wants and what they would like".
- Care plans focused on respecting people's privacy, dignity and independence, prompting staff to always ask permission before delivering care. The registered manager described how they would protect people's dignity and privacy when delivering care.

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

- Care plans contained good person-centred information for staff to meet people's needs and ensure their preferences were considered. Care plans contained information around people's communication needs in compliance with the accessible information standard.
- Care plans contained people's preferences about food, dress and bathing.
- Care plans were reviewed annually or in response to a change in need.
- Relatives said the registered manager listened, and took account of, people's life histories, hobbies and cultural needs; these were included in care plans. One relative we spoke with said, "We sat down together with the registered manager and I was impressed. We went through [Name]'s background, things they like, their personal history and how they like to be addressed". Staff completed visit log books detailing what care they had provided and any relevant information about people's wellbeing and health.
- These were submitted to and reviewed by the registered manager.

Improving care quality in response to complaints or concerns

- Suitable policies and procedures for handling complaints were in place so that any complaints received could be responded to effectively.
- Relatives were confident they understood the complaints process. One relative said, "If there are issues I have the manager's number. I'd give them a call and say this is happening, can you sort it, but I haven't had cause to do that. I've spoken to them a number of times we've had dialogue around care. I feel relaxed. I feel confident I could go to the registered manager with any complaints."

End of life care and support

- There was training available for meeting people's needs at the end of their lives and the registered manager understood their role in ensuring good partnership working with healthcare professionals.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The registered manager had experience in delivering care and held management level qualifications.
- Relatives were confident in the leadership of the service. One said, "I wouldn't hesitate to recommend them, they are doing a fantastic job".
- There was a vision for the service which included further growth and recruitment, including the delivery of more complex care packages. There was a statement of purpose which matched the services delivered.
- The registered manager understood the requirements of the duty of candour regulation and there was a policy in place.

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

- Relatives felt the registered manager was approachable and friendly.
- There were quality assurance measures in place that were appropriate for the size of the service. These included spot checks and records reviews. There was evidence these checks picked up on issues and that they were subsequently resolved.
- The registered manager understood their role and responsibility to ensure incidents and important updates were provided to the appropriate authorities when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager contacted people who used the service to gather feedback about what the service did well and what they could improve on. There were three monthly and six monthly reviews of people's care when they first started using the service in place. Feedback about these reviews were positive.
- Staff and the registered manager communicated with a range of health and social care professionals to ensure people's needs were considered and met.

Continuous learning and improving care

- The registered manager conducted exit surveys with people who had left the service to review whether they were satisfied with the service or if there were any improvement that could be made. People had left the service because their health and wellbeing had improved. Comments included, 'The care you gave [Name] was excellent' and 'You provided a wonderful caring quality of service'.
- Policies and procedures were in place for investigating and learning from incidents.

