JPRV Limited

JPRV Limited t/a HCPA

Inspection report

22-24 Eastside Road
Temple Fortune
London
NW11 0BA

Tel: 02089055599
Website: www.hcpaltd.com

Date of inspection visit:
24 November 2015

Date of publication:
17 December 2015

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

This was an announced inspection that took place on 24 November 2015.

JPRV Ltd trading as HCPA provides a domiciliary care service to people in their own homes. Its services focus mainly on the care and support of people who have a physical disability and adults over the age of 65. At the time of our visit, the agency was providing personal care for one person.

There was a registered manager in post. 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.

At the last inspection in September 2013, we found that the service met the regulations we inspected against. At this comprehensive inspection the service was also meeting the regulations.

There was positive feedback about the service provided. Staff were caring and the support provided met needs and expectations.

We found that privacy and dignity were respected and promoted, and caring approaches were embedded with the service's procedures.

The service was customer-focussed. Personalised care was provided that addressed needs and preferences.

Attention was paid to health and nutritional needs, and service delivery risks were adequately managed.

The service had enough suitable staff. Staff were supported to develop appropriate skills and so provided care and support in a caring way that was focussed on the individual.

Safeguarding procedures were embedded and used appropriately, action was taken to resolve complaints, and staff recruitment processes included all necessary checks to ensure that safe staff were supplied.

The service was working within the principles of the Mental Capacity Act 2005. The registered manager knew people as individuals, and demonstrated competency at running a business.

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. Safeguarding procedures were embedded and used appropriately, and staff recruitment processes included all necessary checks. The service had enough suitable staff. Service delivery risks were adequately managed.

Is the service effective?

Good

The service was effective. Attention was paid to health and nutritional needs. Staff were supported to develop skills appropriate to their work. The service was working within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. We received feedback about positive staff approaches. Privacy and dignity were respected and promoted. Caring approaches were embedded with the service's procedures.

Is the service responsive?

Good

The service was responsive. Personalised care was provided that addressed needs and preferences. The service was customer-focussed and action was taken to resolve complaints.

Is the service well-led?

Good

The service was well-led. The registered manager knew people as individuals, and demonstrated competency at running a business. The service's culture was inclusive and customer-led.

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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 was an announced inspection and took place on 24 November 2015. 48 hours' notice of the inspection was given because the service is a small domiciliary care agency and we wanted to ensure the registered manager would be present.

Before the inspection, we checked any notifications made to us by the provider, safeguarding alerts raised about people using the service, and information we held on our database about the service and provider.

The inspection was carried out by one inspector. There was one person using the service and one staff member at the time of our inspection. During the inspection process, we spoke with one representative of the person using the service, the involved staff member, and the registered manager.

During our visit to the office premises we looked at various management records along with the care file of the person using the service and the personnel file of the involved staff member.

Good

Is the service safe?

Our findings

The agency had risk assessment processes for care delivery in people's homes. This covered a range of safety considerations, for example, access arrangements, medicines management, fire risks and equipment checks. A separate manual handling assessment was available where needed. The care plan consequently documented the key risks that staff were to be mindful of. The registered manager told us that reassessments took place on an as-needed basis, for example, when someone had returned from hospital. There was adequate risk management documentation for the person using the service, and their representative had no concerns about their safety. The involved staff member told us of ways in which they minimised hazard risks when supporting this person.

Safeguarding procedures were embedded and used appropriately. Safeguarding arrangements were summarised within the contract in place for the person using the service. There was documented evidence of staff training on safeguarding processes. The involved staff member knew how to raise safeguarding concerns, and told us information on this was in the handbook they had been provided with. Staff supervision records had evidence of discussion on safeguarding and whistle-blowing processes. We saw copies of staff identification cards that could be shown to new people using the service for security purposes. The registered manager described two circumstances since our last inspection when staff had raised concerns about matters that may have constituted abuse. These were reported to the relevant authorities and we saw records of actions being taken as a result of this to ensure people's safety.

Staff recruitment processes included all necessary checks. The file of the staff member involved in providing care included a copy of photographic identification, two written references, a criminal record check, and an employment history with reasons for leaving employment and explanations for any gaps. There was also an application form and interview record. The interview records included questions pertinent to the role, for example, on emergency situations and safeguarding scenarios. An employment contact was put in place once recruitment checks had been completed. It included responsibilities of the role, for example, for non-receipt of gifts, which helped safeguard people receiving services.

The service had enough suitable staff. The registered manager showed that the agency's website included an online application process that had a number of built-in checks to ensure that staff had six months' experience of working in care. There were further staff working for the agency in non-personal care roles. The registered manager explained that they could be available to provide personal care if additional people required those services.

Records showed that the person using the service was occasionally being supported with medicines. The involved staff member told us they had been trained in the person's specific medicines needs before being asked to do this. Their training record showed broader training in principles of medicines management.

Good

Is the service effective?

Our findings

Attention was paid to people's health and nutritional needs where appropriate. The representative of the person using the service confirmed that staff provided good support with food and drink. The care plan referred to providing support with meal preparation and eating. Care delivery records documented when this occurred. The involved staff member showed recognition of the person's preferred meals and how to respectfully encourage the person to have enough to drink.

Care delivery records made appropriate note of any health matters identified at the visits. For example, there were records when any concerns were noticed with the person's skin and the actions taken, and with staff providing support with repositioning. This supported the person with maintaining their skin integrity, which in turn helped to minimise the risk of pressure ulcers developing. This was in line with guidance arising from the agency's assessment of risks for this person. The involved staff member told us how they recognised potential health concerns with the person using the service, and appropriate action they would take including recognition of potential need for community healthcare professional involvement.

Staff were supported to develop skills appropriate to their work with people. Records showed that staff had completed an externally-purchased national training qualification that covered the skills and knowledge they needed for the work they were to perform, for example, on health and safety, safeguarding and consent principles. This began shortly after the involved staff member began working for the agency. The registered manager showed us emails confirming that refresher training had recently been purchased, which the involved staff member confirmed as imminently planned for.

There were records demonstrating quarterly supervision of staff. These used a standard format that prompted for discussion on, for example, support needs, policy updates, and work concerns. The supervisions provided opportunities for performance feedback. The involved staff member told us they could contact the registered manager at any time, and that they felt supported for their role.

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. We found the service to be working within the principles of the MCA. The involved staff member understood that they had to gain the person's consent before providing support, even if they judged that the support was in the person's best interests. They told us they would explain and encourage in such circumstances. Care delivery records made note of any refusals and actions taken, for example, that the person did not want breakfast at the usual time one morning and so it was provided later. The registered manager told us the refresher training would be covering principles of the Mental Capacity Act 2005 in more detail than that provided so far. We saw records confirming this.

Good

Is the service caring?

Our findings

The representative of the person using the service told us that the staff are "so lovely" and communicated well with the person. Records at the agency confirmed this, for example, from regular phone call feedback.

The representative was pleased with the consistency of staffing. Records confirmed to us that the same staff member had provided the support for a number of months. This helped to develop a positive and caring relationship with the person using the service. The involved staff member told us of how they had had to be patient when listening to the person, but had learnt to better understand the person's communications over time. They were able to give us information about people's needs and preferences which showed they knew the person well.

Privacy and dignity were respected and promoted. The involved staff member gave us examples of how they promoted the person's dignity, such as with ensuring any support with personal care took place behind closed doors.

The involved staff member gave feedback to indicate that the person using the service was enabled to make choices about the care provided to them. They told us it was important to listen to the person and give them time.

The representative confirmed that they had been involved in developing and agreeing the care package and that their views were listened to and respected. We saw that there was a signed contract in place, for the person using the service, which outlined what could be expected from the agency, ways in which support would be provided, and the agency's expectations of them.

We found that the caring approach was embedded within the agency's procedures. For example, the interview process for new staff included questions to help demonstrate a caring attitude, such as by asking how the applicant would feel if they were expecting a care visit but no-one turned up.
Training records demonstrated the importance of being caring. For example, through training on diversity and inclusion, principles of person-centred care, and effective communication.

Good

Is the service responsive?

Our findings

People received personalised care that addressed their preferences. The representative of the person using the service told us the registered manager went out of their way to provide a good service, and any requests were promptly dealt with. There were regular checks of how well the service was operating. Records of these checks showed these occurred at least quarterly. Positive feedback was always provided to the range of questions asked, for example, that staff were always punctual and capable, and that no changes were needed. There was evidence from one review that a change of visiting times was requested and addressed. This all matched one of the agency's stated aims, of meeting people needs, or as the registered manager put it, "They lead everything."

Records showed that a needs assessment process would take place at the person's home before the delivery of care started unless in an emergency situation, and would involve community professionals where appropriate. The registered manager told us that if the person had local authority funded care, they would also acquire a copy of the funding authority's plan. The agency's needs assessment covered a range of needs including people's communication abilities, health matters and mobility. A care plan documented the tasks staff were to provide support with at each visit and the anticipated outcome for the person using the service, along with overall aims of the service being provided to the person. This included guidance on personal care, manual handling and meals. Care delivery records adequately documented the care and support provided.

The service provided to the one person using the agency was primarily to support an already established care package. The registered manager was able to explain the needs and preferences of the person using their service in greater detail than the care plan. However, the plan provided adequate information to remind staff of the service to be provided and to guide any new staff. The registered manager clarified that new staff would ordinarily be supported by established staff, that the person's representative met new staff before agreeing to their involvement, and we noted that records showed new staff had not been needed for a considerable time.

The service was customer-focussed and action was taken in response to complaints. The agency had a form to document that the complaints procedure was signed as provided to the person using the service or their representative. Complaints processes were summarised within the contract in place for the person using the service. The registered manager showed us records of the only complaint received since our last inspection. The matter was resolved through a change of staff member.

Good

Is the service well-led?

Our findings

The representative of the person using the service told us, "It's a very good service as it's reliable and consistent." They informed us of having chosen to use this agency for a considerable time, and that they were kept updated about anything relevant. The small size of the service helped to make it more personal and so have a very individualised approach to monitoring the quality of care. We saw records of frequent phone contact with the representative of the person that helped to audit how well the service was meeting expectations.

The registered manager informed us that calls to the agency's phone number were diverted to his phone when he was not in the office, and so people using the service and staff had direct access whenever needed. This helped to ensure an open and inclusive service culture.

The registered manager demonstrated competency at running the service. He had been registered in that role since the agency began operating over four years ago, and had experience of running a number of businesses. A detailed contract of service was in place for the person receiving care, for example, on rights and responsibilities of both parties. It clarified what services the agency did and did not provide. It had been revised following the agency ceasing to use a care franchise. We saw appropriate insurance arrangements in place and registration with the Information Commissioner in respect of data protection. There was appropriate security of records. The registered manager could demonstrate an audit trail of records where he recognised the need for this in support of a complex situation that could have, for example, resulted in an investigation.

The agency had arrangements to be provided with updated policies that reflected changes in legislation. The most recent of these provided updates on criminal record checking procedures, medicines management and workplace stress. The registered manager told us these were discussed with staff on as as-needed basis during supervision, which we saw evidence of.

The registered manager explained that the service was only advertised by word of mouth and on the recommendation of a local general practitioner. There was a structure in place to accommodate additional service requests, as for example, the service additionally acted as an employment agency to supply personal assistants to people with physical disabilities. Whilst that aspect of the service was outside of our scope of regulation, staff could be supplied within minimal additional training should additional personal care services be needed. The service was operated from within the grounds of a registered care home. Whilst resources were not shared, this enabled a wider range of services to be offered to anyone who was unsure of whether their support needs could be met in their home or not.