

## J24 Resourcing Limited

# J24 Resourcing Limited

### 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

J24 Resourcing Limited is a domiciliary care service. It provides care for people living in their own houses and flats in Derbyshire. People are supported in their own homes so that they can live as independently as possible. CQC regulates the personal care and support. There were four people who received personal care at the time of the inspection. 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 using this service and what we found

Arrangements were in place for medicines to be managed safely and care staff had their competency to administer medicines checked. Care staff understood any risks to people and what actions were required to keep people safe. Care staff recruitment processes checked staff employed were suitable for the role. Sufficient staff were deployed to ensure people received care from consistent staff members who they knew. Infection, prevention and control risks were managed in line with good practice. Systems were in place to help protect people from the risk of abuse and harm.

Assessment processes were in place to help ensure people received effective care and any equality characteristics assessed and met. Care staff received training and on-going supervision and support in areas relating to people's care needs. People's nutritional and hydration needs were assessed and provided for. The service worked with other agencies so that people could access the healthcare services and support they needed.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were well-treated and supported. People's views and decision about their care were known and respected. People's privacy and dignity was promoted, and people were supported to be as independent as possible.

People received personalised and responsive care. Their choices were respected, and they remained in control of their care decisions. Care was regularly reviewed to ensure it remained responsive. People's interests and hobbies were known about by care staff who helped people enjoy these. This helped to reduce social isolation for people. No complaints about the service had been received and there were system in place to manage any complaints should they be made. People's communication needs were assessed.

Systems were in place to assess the quality and safety of services. Staff understood about their job roles and the policies and procedures of the service. People, their relatives and care staff were engaged in the service. The service worked well in partnership with others. The service had policies in place, including for the duty of candour, to help ensure the service would be run with an open and honest approach.

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

This service was registered with us on 29 October 2020 and this is the first inspection. The service has not operated continuously since it first registered. It re-started providing personal care in December 2021.

#### Why we inspected

This was a planned inspection based on the date of registration.

#### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

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.

# J24 Resourcing 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 Care Act 2014.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

J24 Resourcing Limited is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing in Derbyshire. The service was supporting four service users with personal care at the time of the inspection.

#### Registered Manager

There was a registered manager at the time of this inspection, they were also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Both the provider and the registered manager 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 two days' notice of the inspection. This was because we needed to be sure that arrangements could be made for us to review records in the office.

Inspection activity started on 20 September 2022 and ended on 28 September 2022. We visited the office location on 20 September 2022. Phone calls were made to people and their relatives on 21 and 22 September 2022. We made phone calls to care staff on 22 and 23 September 2022. We continued to review evidence the provider sent us until the 28 September 2022.

#### What we did before the inspection

We used information received about the service since it registered with the Commission. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two relatives of people who used the care service. We spoke with the registered manager, who was the nominated individual and two care staff.

We reviewed a range of records including the relevant sections of four people's care records and two people's medicine administration record (MAR) charts. We looked at three staff files in relation to recruitment. We reviewed other records related to the management and governance of the service, including staff training records, meeting minutes, policies, audits and quality checks.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Arrangements were in place for people to receive their medicines safely. For example, one relative told us, "[Care staff] follow up with any medicines that get prescribed and they go and collect it." Medicines care plans and risk assessments contained some, but not always all of these arrangements. The registered manager took action to update these and sent them to us to review shortly after our inspection.
- Electronic medicines administration record (EMAR) charts were in place to record when care staff had administered medicines, including skin creams to people. We found a small number of occasions where a record had not been made as expected. Shortly after our inspection the registered manager sent us evidence that they had updated their system. This now alerted them if a record had not been made at an expected time and they were able to take immediate action. This helped ensure people received their medicines as prescribed.
- Care staff had been trained in medicines management and administration. Their competency to manage and administer people's medicines had been checked by the registered manager.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood risks to people and what actions to take to keep them safe. For example, a relative told us, "[Care staff] are very good at spotting if something is not right with their skin and they speak to their GP and describe it. They follow it up and monitor it. I can see it on their notes, they will say 'rash is getting smaller now'."
- Records of risk assessments varied. For example, one person's care records showed comprehensive risk assessments had been recorded. However, other people's risk assessment for their home or for medicines had not always been fully completed. The registered manager reviewed all risk assessments and sent these to us shortly after our inspection. This showed people's risk assessments had been fully completed.
- Care staff understood how to report any accidents or incidents however, none had occurred at the time of our inspection. The registered manager demonstrated they looked to learn lessons as they took prompt action to our feedback during this inspection to ensure records were fully updated.

### Staffing and recruitment

- There were enough staff deployed to meet people's needs. People received care from consistent members of care staff and when people needed two care staff these had been planned into the rota. Relatives told us staff arrived on time. One relative told us, "[Family member's] location is quite remote, and the staff can always do the calls, all hours and all the travelling. If its bad weather they are still on time, you can set your clock by them, they are so punctual."
- Staff recruitment included checks on whether care staff were suitable to work in care. Care staff had provided full details on their employment history and references from previous employment. Disclosure and

Barring Service (DBS) checks had been completed prior to staff starting work. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

#### Preventing and controlling infection

- The registered manager took steps to ensure infection prevention and control was managed safely. Care staff had been trained in reducing the risks of infection. Policies and procedures were in place and available to staff to help support good practice.
- Care staff followed guidance to reduce the risks of transmission from infection, including from COVID-19. This included wearing the recommended personal protective equipment (PPE), of which the service had sufficient supplies. One relative told us, "I've been there on the calls and they do wear their facemasks and PPE."

#### Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt the service provided safe care and kept people safe. One relative told us, "I've not had anything at all that has caused disquiet; [Family member] is very good at speaking up if they were unhappy."
- Systems were in place to help keep people safe from abuse and avoidable harm. Care staff had been trained in safeguarding and understood how to identify and report any concerns. Policies and procedures supported this practice.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Risk assessments helped to ensure people received effective care. One relative told us, "I've been quite pleased, there was a proper assessment of [family member] and the house so they could carry on their duties." We saw risks had been assessed, for example, they identified if people were at risk of falls and what staff could do to reduce this risk. We made the registered manager aware of where the recording of some risk assessments varied in detail, and they reviewed these and sent them to us as shortly after our inspection.
- Assessment processes included and promoted people's choices and led to effective care delivery. For example, we saw call times were planned around people's preferences and other commitments.
- Assessment processes considered people's equality characteristics. This meant care could be planned to meet any specific needs.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of our inspection, the registered manager told us people had the capacity to understand their care. One care staff told us, "My clients do have capacity to understand, so if I say 'this is your medicine for pain,' they will understand that."
- Care staff had completed training on the MCA and understood how this related to people's care. Policies on the MCA were available to be followed should a person require a mental capacity assessment in relation to their care. This helped to ensure people's decision making was assessed effectively.

Staff support: induction, training, skills and experience

- Staff received on-going support to help them work effectively. Care staff met with the registered manager

throughout the year to review their work and identify any further learning or development required. One care staff told us, "The registered manager will keep pushing us to do well and we meet with them for supervision."

- Staff received effective training and support. Care staff had completed training in areas relevant to people's needs, such as in first aid, moving and handling, and nutrition and hydration. The registered manager had assessed staffs' competence in areas such as medicines and infection control. This helped to ensure staff had the skills and knowledge needed for their job role.
- From 1 July 2022 all care staff are required to receive training on how to interact appropriately with people who have a learning disability. Records showed care staff had been received training in learning disabilities and autism.

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

- People had their nutritional and hydration needs met. Care plans detailed people's assessed needs and how these were to be met. This helped people receive a balanced diet.
- People's dietary preferences were known, and people's choices promoted by care staff. For example, one care staff told us, "[Person] chooses what meal they will want in the evening and we get it out the freezer for them. We always give them options, and they will have chosen what meals will have been bought for them as well."

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

- The service worked to support and promote the involvement of other services and support to help ensure people received effective care and support. For example, the involvement of district nurses, other health professionals and charities working to promote people's health and well-being.
- People were supported to receive the healthcare support they needed. One relative told us, "The agency has really worked beautifully with the [healthcare professional] to get [family member] feeling confident." They told us the timings of care calls were planned to support visits of other professionals involved in promoting the person's health.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported to express their views and make decisions about their care. One relative told us, "[Registered manager] worked with [person and their relative] and me over which bits of the care plan needed tweaking. They asked [family member] what their goals were, and they are mindful of helping them work towards that." Care plans reflected people's views and decisions.
- People were involved in their care. For example, people decided on how they wanted their personal care provided and stayed in control. One relative told us, "Its only when [family member] says they are confident with [the care provided] that staff move on to the next steps."

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

- People were well cared for and well supported. One relative told us, "Staff look after [family member] as if they were their own family; staff give the level of care they would want for their own families." They added that staff were caring saying, "Staff are sensitive to [family member's] worries and anxieties and comfort them." Another relative told us, "The care staff do treat [family member] very well." People were supported by caring staff.
- Equality and diversity was promoted within the service. Assessment processes provided opportunities for people to share any faith, cultural beliefs and what was important to them. Equality and diversity policies were in place along with other policies aimed at supporting people's rights.

Respecting and promoting people's privacy, dignity and independence

- Care was provided with respect to people's privacy and dignity. One relative told us, "Staff treat them with so much kindness, dignity and friendship." Care staff told us the steps they took to ensure they promoted people's dignity. One care staff member told us, "For privacy and dignity I always make sure [care is] private, so only me and [name of person] for example in the bathroom."
- People's independence was supported. Assessment processes focused on what people could do for themselves, what they wanted to work towards achieving as well as what support they required from care staff. This promoted people's independence.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised and responsive care that gave them choice and control. One relative told us, "Staff will ask [family member], 'what do you want to wear today?'" Care staff we spoke with understood it was important to respect promote people's choices and control. One care staff told us, "[Person] chooses what meal they will want in the evening and we get it out the freezer for them. We always give [person] options.
- Care remained responsive as it was kept under review. One relative told us, "A meeting with the social worker has been arranged for a formal review of the care plan in the next six weeks or so." People's care was regularly discussed at team meetings. This helped to ensure care was reviewed regularly and any changes identified. Care plans were kept up to date with any changes needed. This helped to ensure people received responsive care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported in their interests and hobbies. One relative told us, "They've matched [family member] to the right staff. [Family member] likes a laugh and a joke and [the carer does a quiz on her favourite TV programme.] It keeps [family member's] brain ticking over and gives them a laugh. [Carer] notices what [family member's] interests are and that helps the bonding. [Family member] can relax as they have a friendship with the care staff.
- Care staff understood how they could help reduce social isolation for people. One care staff told us they enjoyed talking with the people they supported. They said, "[Person] will talk about their kids, their life, what they've been through, what the war was like."
- Care plans detailed what was important to them, including faith or cultural beliefs. Relatives told us care visits were planned to allow other activities, such as visits from the person's religious community to take place. This helped people follow their social and cultural activities.

Improving care quality in response to complaints or concerns

- Systems were in place to ensure any concerns or complaints would be investigated and responded to. For example, there was a complaints policy in place. No complaints had been made at the time of the inspection and no-one we spoke with raised any concerns. Relatives told us they had confidence in the registered manager to investigate any concerns raised with them if this was needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Assessment processes identified people's communication requirements. The registered manager was aware of the need to provide information in different formats if required. At the time of inspection this had not been required.

#### End of life care and support

- No-one was receiving end of life care at the time of our inspection. However, assessment processes were in place to enable care to be planned to meet this need should it be required.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance processes were in place. These checked on the competence and skills of care staff and people's experience of care, including checks to ensure care was provided with dignity. Medicines audits were in place however, we identified where these could be further developed. A small number of care records as detailed in our 'safe' section required review. The registered manager was able to show us how they had implemented these changes shortly after our inspection.
- Staff were clear on their roles. Regular team meetings and supervision meetings were held with staff. These included checks that care staff understood policies and procedures used in the service and the training they had completed. Care staff team meetings discussed the care plans in place for people and helped care staff clearly understand their role.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager took steps to fully engage people, their families and care staff in the service. One relative told us, "They use an App and I can see the care notes. I've been on the phone quite a bit as well and their communication is great." One care staff told us, "[Registered manager] is easy to talk with, they are very open to our views and they will always listen to us." This approach helped to promote a positive person-centred inclusive service.
- The registered manager looked to continuously learn and improve care for people. Minutes of staff meetings and care staff supervision showed time was given for care staff to reflect and identify any changes or learning in their work.
- The registered manager had provided people with feedback survey forms; none had been received at the time of our inspection. The registered manager told us they would continue to ask if these could be completed to help to continuously improve the service.

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

- A duty of candour policy in place. This helped to ensure that if needed, any investigations into when things had gone wrong would meet the legal requirement to be open and honest.

#### Working in partnership with others

- The service worked in partnership with others. Care plans detailed the involvement of relatives and other health, social care professionals. The registered manager had liaised with partner agencies to help co-ordinate care for people.