

Mr John Richard Huthwaite

# JRH Support - Head Office

## 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

JRH Support – Head Office is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community, including older people and people living with dementia, learning disabilities, autism and other complex needs. At the time of the inspection 43 people received a regulated activity of personal care and nine people were living in supported living accommodation.

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 using this service and what we found

Systems were in place to protect people from harm and keep them safe. The service employed a safeguarding lead responsible for completing safeguarding investigations. Risks were assessed to manage known risks for people. Risk assessments were reviewed and updated on a regular basis. There were sufficient staff to support people. Rotas were planned in advance and robust recruitment was followed in line with the providers policy and procedures.

People were supported with their medicines in the way they wanted. Staff who administered medicines were monitored and competency tested to ensure they administered in a safe way.

Staff followed appropriate protocols for infection control. Lessons learnt were recorded for reflective learning to ensure action was taken to reduce risk and keep people safe.

People's needs had been assessed to ensure they had their choices and preferences met. Staff received relevant training to ensure they supported people effectively. People were supported with their dietary needs in line with their support plan. People were supported to attend healthcare appointments and received relevant support to maintain their health and wellbeing. People were responsible for maintaining their own environment to ensure they had relevant support equipment and a hazard free home. 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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People confirmed the staff were kind, caring and compassionate. Staff cared for people in a person-centred way. The service supported people to share their views and arranged advocacy services when needed. People were treated respectfully and supported to lead independent lives.

People were encouraged to make choices for themselves. Each person had their communication needs met.

People participated in hobbies and interests of their choice, which helped avoid isolation. Systems and processes were in place to monitor, analyse and manage complaints. People's end of life wishes were considered.

People were supported on their journey of life by staff who were hands on, approachable and empowered to suggest change. The provider understood their legal responsibilities and completed comprehensive quality audits that helped to improve care and support for people. Relationships were built up with healthcare professionals to ensure people receive the service they require to manage their condition.

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: Good (report published 27 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we 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?

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 ●

# JRH Support - Head Office

## **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

The team consisted of one inspector 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] [and] [specialist housing]. They also provided care and support to people living in their own homes at a number of 'supported living' settings, so 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.

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.

We gave the service 48 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This 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 six people, six relatives, three members of the care staff, a care coordinator, two service managers, the general manager and the registered manager. We also spoke with external social care professionals for their feedback about the service.

We looked at all or parts of the care records and other relevant records of three people, as well as a range of records relating to the running of the service. We also reviewed staff records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data quality assurance records, complaints and risk management for people who were responsible for their own medicines.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff that cared for them. One person said, "I am happy with the care and I do feel safe, the staff keep an eye on me when I am in the shower and will wash my hair." Other people confirmed they felt safe and where issues had occurred the service had been proactive to deal with issues and concerns and reported to the relevant local authority to investigate.
- Staff had received safeguarding training and told us how they supported people to keep safe from various types of potential abuse. For example, they supported people to make safe choices, without restriction and respected their choice.
- Systems and processes were in place, which included a safeguarding lead who was responsible for carrying out safeguarding investigations, monitoring themes and trends to make sure safeguarding concerns were reported in line with the providers policy and procedures.

Assessing risk, safety monitoring and management

- Risk assessments were in place to manage known risks for people. For example, risks assessments to enable care to be undertaken safely in people's homes. Assessments of people's moving and handling requirements to identify and ensure the appropriate equipment was in place.
- People had personal emergency evacuation plans in place which detailed how to assist them from their homes in the event of an emergency. Staff had training in fire safety, health and safety and first aid to keep people safe.
- Staff confirmed they had access to up to date risk assessments on the care planner, the system in place to document people's care needs. Risk assessments were reviewed and updated regularly to monitor people's changing needs and keep them safe.

Staffing and recruitment

- The service had sufficient staff to meet people's needs at the time of our inspection. One person told us they received care three times a week. Another person said, "Staff arrive on time and if they can't make it they will let me know." However, some people raised concerns and told us this was not always the case. We brought this to the attention of the registered manager. They completed an investigation during our visit and gave us reassurance that calls were monitored daily and coordinated in line with the providers policy and procedures. Where concerns had been identified this was no fault of the service.
- Rotas were planned to ensure staff were clear of when they needed to work. Robust recruitment processes were in place to make sure staff were safe to care for people. For example, checks made with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been

guilty of professional misconduct.

#### Using medicines safely

- Where needed, people were supported with their medicines, in line with their individual needs and preferences. Care staff had received medicine training and were regularly spot checked by senior staff to monitor staff knowledge and competence. Regular audits showed that medication errors were reported and investigated appropriately.
- One person told us they [themselves] were responsible for administering their medicines but said "Staff do pick up my medication from the chemist." This meant people received the support they wanted.

#### Preventing and controlling infection

- People were protected from infections, as staff had completed infection control training and were following the providers policy and procedures to ensure they prevented the spread of infection. For example, they used appropriate personal protective equipment, such as, gloves and aprons when providing personal care. People confirmed staff wore gloves and aprons. One person said, "They [staff] clean up after them and always look clean and tidy."
- Staff had completed food hygiene training, so they were able to support people to prepare food safely.

#### Learning lessons when things go wrong

- Systems were in place to monitor issues and concerns. Lessons learnt were recorded for reflective learning to ensure action was taken to reduce risk.
- The registered manager had an ongoing improvement plan that identified targets, implementation and progress in a traffic light formation. They gave examples of lesson learned to reduce travel times between calls. Smaller staff teams were created in geographic areas, so staff had less travel time, which gave staff more time to spend with the person.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- People's needs, and choices had been assessed. Records showed the service had established what care and support a person required then provided this in a person-centred way. For example, some people had been assessed as not being able to leave their homes or live independently. The support was put in place to ensure their needs were met.
- People felt happy with the care they received and choices they made. For example, one person told us they requested a female carer and the staff they have to support them was female. Another person was progressively supported to venture out of their house. The person now goes out regular in the community. The person said, "This has improved my quality of life." This meant people were supported to reach their goals and make positive choices about their life.

Staff support: induction, training, skills and experience

- People felt staff were trained in a way that reflected their needs. One person said, "They [staff] know what to do."
- One relative told us they were involved in training staff to care for their relation. They said, it was important to invest time in training the staff.
- Staff received an induction and spent time shadowing experienced members of staff. Supervision took place four times a year and included a knowledge test to ensure staff understood what they had learned when training. The registered manager told us senior staff also undertake staff observations to make sure they had the skills to care for people.
- Staff confirmed the training they had completed and that it was sufficient for them to do their job to support people. One staff told us they had received training for people that may self-harm. They learnt how to build a person's trust and work with them to ensure they provided the relevant care and support for the person's needs.

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

- Where required people were supported to have sufficient to eat and drink, which met their dietary needs. For example, one person said, "Meals were offered appropriately." One relative told us, "There is a special diet for [name] as they have a medical need that means they have to take care with what they eat." Staff supported the person with their dietary needs.
- People's dietary requirements, likes and dislikes were recorded in their nutrition support plan. Staff used nutrition and hydration support plans to monitor people's intake and output to ensure their health was

maintained.

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

- The service had systems and processes in place to ensure people received healthcare in a timely way.
- People told us they were supported to attend medical appointments. One person said, "if I have an appointment the support worker comes with me."
- Staff worked with health care professionals and external agencies to make sure people's complex needs were met. The service liaised with specialist teams, such as, alcohol services to support people who were alcohol dependent. For example, the service had supported one person to have their first alcohol free day in two years. The person confirmed this had helped to improve their quality of life.

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

- People were responsible for their own environment, which included adapting, design and decoration of their home. The service undertook environment risk assessments to make sure people had use of relevant equipment and a hazard free home.

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

- People's needs were assessed and delivered as reflected in their support plan. MCA was considered, and staff had completed relevant MCA training.
- Staff explained the support people needed and how they gave people choices and supported them to make decisions in their best interest. For example, when it was raining, and a person wanted to go out in shorts or no coat. Staff explained to the person how they would be affected by the rain in this situation.

# 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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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 told us staff were caring and companionate. One person said, "Staff are nice."
- Staff understood people's needs, and had detailed information available in support plans, which enabled staff to provide person-centred care in the way the person wanted.
- We heard staff speaking to people on the phone during our inspection. Staff spoke in a calm, caring way with positive interactions between staff and the person.

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

- The service supported people to share their views and make decisions about their care.
- Relatives told us they were aware of the support plans and often adjusted it when involved in the review of care. People told us staff filled in support plan electronically on hand held devices. This meant people care and support was updated in real time, if they had made a decision or change to their care it would be seen immediately.
- Where needed the service used an advocacy service for people who had no support network of family and friends in place. Advocacy services speak up for people on their behalf.
- Advocacy information was available for people in the service user guide.

Respecting and promoting people's privacy, dignity and independence

- People were supported in the least restrictive way possible. Staff described how they treated people with dignity and respect when providing personal care. One staff said, "I ensure people are covered at all times and make sure they are comfortable. I treat them with the same respect that I want to be treated."
- People confirmed staff treated them with dignity and respect. One person said, "Staff are just there to watch me when I am in the bath, yes they are respectful." Another person said, "If I can't do things the staff help me if I ask, my meals I can do but the staff help if I want some help."
- Staff encouraged people to be independent, such as, washing their face and hands to promote independence. The registered manager told us about a person that had lived in supported living, but with staffs help and support they were doing more on their own with minimal support. The person had learnt to cook their own meals, keep their home clean and tidy and use public transport to take part in their daytime activities. This empowered the person and gave them a sense of achievement in reaching their goals and aspirations to living independently.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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's needs had been assessed and most included people's preferences. However, one person told us, "I am middle aged and the staff are late teens early twenties; I do not shop in the shops they want to chat about, not on my wave length." We spoke with the care co-ordinator who was responsible for matching people and staff calls. The care co-ordinator said, "We try to match staff with the same interests as people, but sometimes if a staff member is off we have to find a replacement at short notice, so it may not be possible to ensure they have the same interests, but we do try."
- People were supported to live independent life styles where they made their own choices and were in control of their life. For example, the service supported a person who had a difficult time and no permanent address. The service helped submit housing documentation and now the person has moved into their own accommodation and started to settle down, which gives them stability.

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.

- Each person had their communication needs met in a way that was understandable to them. The service met people complex communication needs by using different methods and formats, for example, easy read service user guides, pictures and sign language.
- Staff told us how they would support people whose first language was not English. They said they can use google translator to ensure the person understood what they were saying as well as body language. One staff said, "There is good support available."

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 to participate in hobbies and interests to ensure they were not left in isolation. Choices and preferences had been identified and recorded. One person had identified to a member of staff that they wished to learn a new activity. Due to the persons disability they were unable to use specific equipment needed to participate in the new activity. With staff support the person researched other options and found a piece of equipment to fit the person's ability. This meant the person could be involved with an activity of their choice.

- Staff confirmed they supported people with activities, such as, shopping or learning life skills like cooking and preparing meals.
- Where required people were supported to attend College to study English and Maths. With these new acquired skills, people found confidence and new goals to look for employment. This encouraged people to make new relationships.

#### Improving care quality in response to complaints or concerns

- Systems and processes were in place to monitor and manage concerns and complaints.
- People told us they knew how to complain. One relative said, "I would speak with registered manager." Family members involved in their relatives care and were in contact with the service if there were any issues or concerns. Staff were aware of the procedures to follow when raising complaints and who to escalate to if needed. One staff told us they would signpost people to the office and registered manager should they need to.
- Where complaints had been made we saw these had been analysed for themes and trends, where required lessons had been learned.

#### End of life care and support

- People's wishes, preference and choice at the end of their life was explored. Records contained preference relating to protected characteristics, such as, culture or religion.
- There was no one being supported at the end of life during our inspection.

## 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People were supported on their life journey, where they recorded their experiences and progression. We saw examples of the start of people's journey and where they are now.
- People told us the registered manager had a hands-on approach. Staff also confirmed the registered manager and their staff team were approachable.
- There was a positive open and transparent culture throughout the service. Records we viewed told us people and staff were included or inclusive approach? and empowered to make suggestions to ensure people received person-centred care. For example, one member of staff told us they had identified a person's living condition had deteriorated, so they raised concerns with the office and the person's social worker, where immediate action was taken to improve the living environment for the person. This told us the service worked together and listened to ensure a good outcome was achieved for the person.

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 registered manager understood the duty of candour. Records we viewed showed the provider had told us about significant events that had occurred. We also saw the provider had displayed the quality ratings we gave to the service at our last inspection and ensured this information was also available on their website.

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

- Staff told us the registered manager was supportive. One staff member said, "The service is brilliant to work for. It is a rewarding job, were I meet new people and create positive outcomes for them."
- Staff understood their roles and responsibilities. They received regular supervision and discussed what outcomes people had received through their support. For example, how people had engaged with independent tasks or gained confidence talking to others.
- Quality monitoring was in place, information was collated and cascaded down to staff. Best practice was shared at team meetings. One member of staff told us they had regular team meetings where they participated in discussions about the service and found the meetings informative. Agenda items were, wellbeing of the team, new forms and processes along with outcomes and actions.

- There was a comprehensive audit system that was consistently monitored, and information evaluated. The service manager gave us a break down of daily, weekly and monthly audits for the service.

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

- The service supported people living with a learning disability, this was in line with the values of Registering the Right Support, which promotes choice, independence and inclusion.
- People and families were supported to give their views via a survey that was available in various accessible formats and questions relevant to care and support provided.
- The registered manager reviewed all feedback and resolved any concerns identified. They produced a report and shared with service managers to follow up and take action.
- Surveys were completed each time a person had a care review and on an annual basis. One person said, "I had a phone call from the office who left a message about how happy I was with the service, it was for the six week review so not long ago."
- The registered manager shared plans to improve the service by implementing a user involvement project, which gave people the opportunity to influence the day to day running of their support, recruitment and auditing of the service. This gave us a good insight to how people would be involved with the planning and development of their care and support.

Continuous learning and improving care

- The service learnt from issues identified in various quality audits and used them to improve care. The registered manager produced a service improvement plan with traffic light progresses, so they could identify and monitor targets and implementation.
- The service used electronic handsets to update care and support in real time. This meant information was immediately relayed to the quality manager to update and analyse data.

Working in partnership with others

- The service created a more streamlined support service by combining their outreach and care at home service. They provided the right amount of support, so people could maintain and develop their independence.
- The service accessed and worked with outside trainers to train key staff who are now qualified and able to now train other employees within the team.
- The service worked with other professionals to support a person with dementia. They are currently working with the dementia pathway to support the person and staff, to manage and adapt support around the persons changing needs.
- Where people needed support from the local hospital for their complex needs, the service liaised and stayed in contact with healthcare professionals to ensure everyone was updated with relevant information in relation to the persons condition. Relationships were built up with healthcare professionals to ensure people receive the service they require to manage their condition.