Jump 2 Independence Limited

Jump 2 Independence Limited

Inspection report

Office 5 Synchro House
512 Etruria Road
Newcastle
Staffordshire
ST5 0SY

Tel: 01782346495
Website: www.jump-2-independence.co.uk

Date of inspection visit:
13 June 2016

Date of publication:
13 October 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 13 and 14 June 2016 and was announced. The provider was given 72 hours' notice which included the weekend, because the location provides a domiciliary care service and we needed to be sure that someone would be available to speak with us.

The service provides personal care to people who live in their own homes and also provides supported living services. At the time of the inspection there were approximately 50 people using the service to receive the regulated activity of personal care.

There were two registered managers 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.

The service did not always act in accordance with the Mental Capacity Act 2005 when people were unable to consent to their own care and treatment. This meant that people's legal and human rights may not always be upheld. This was a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Care plans did not always contain accurate and up to date information to ensure that staff had information they needed to provide personalised care that met people's needs. However, staff knew people well and care plans did contain life history information and details of people's preferences.

Quality assurance systems were not always effective to ensure that issues with quality were identified and acted upon in order to drive continuous improvement.

People felt safe and staff understood their responsibilities to keep people safe where abuse may be suspected.

People's risks were assessed and monitored in order to keep them safe and support their wellbeing. There were enough suitably qualified staff available to meet people's assessed needs and safe recruitment practices had been followed.

We found that people received support with their medicines when required and the registered manager was going to introduce protocols to ensure that staff knew when to give 'as and when required' creams and medicines.

Staff received training and supervision which ensured they had the knowledge and skills required to meet people's needs.

People were supported to eat and drink sufficient amounts and staff encouraged people to make choices about their eating and drinking.

People were supported to access health professionals and referrals for advice were sought by staff, which ensured people's health and wellbeing was maintained.

People received care that was caring and compassionate and they were enabled to make choices about their care. People's privacy and dignity was maintained when they received support from staff.

People told us they knew how to complain and the provider had an effective system in place to investigate and respond to complaints.

People's relatives and staff had confidence in the registered managers and felt they were approachable.

The service worked in partnership with key agencies to help ensure that people received holistic support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People received support with their medicines, however, when they needed support with creams, there were no specific plans in place for staff to follow to ensure creams were applied as prescribed. Care plans did not always detail exactly the level of support people required which meant there was a risk they may not receive the support they needed. People felt safe and staff knew how to recognise and report abuse. People's risks were assessed and managed to keep them safe from harm. There were enough staff to meet people's needs and people had reliable, consistent support.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Some people were unable to make their own decisions. Assessments of their mental capacity did not show how people were involved and supported to make decisions. Not all staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the principles of the MCA were not being consistently followed to ensure people's legal and human rights were respected. Staff were mostly trained well to support people effectively. People were supported to eat and drink enough to maintain a balanced diet and they had prompt access to healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion by staff who knew them well. People were encouraged to make choices and decisions. People's privacy and dignity was respected and promoted and people were encouraged to be as independent as they could be.

Is the service responsive?

Good

The service was responsive.

People told us their preferences were met and care plans contained information about people's life history, likes and dislikes, to support staff in providing personalised care. People knew how to complain and complaints were dealt with in line with the provider's procedure. People were asked for their feedback by the service and it was acted upon.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality monitoring systems were in place but they were not always effective in identifying issues and driving continuous improvement. People, relatives and staff had confidence in the registered managers and felt they were approachable and responsive. There was an open and inclusive culture and the service worked well with other agencies and professionals to ensure people received a holistic service.

Jump 2 Independence Limited

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 inspection took place on 13 and 14 June 2016 and was announced. The provider was given 72 hours' notice which included the weekend, because the location provides a domiciliary care service and we needed to be sure that someone would be available to speak with us.

The inspection team consisted of two inspectors. We visited the office and we also carried out interviews with people who used the service or their relatives via the telephone.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information alongside information from the local authority and members of the public to help us plan our inspection.

We spoke with nine people who used the service and two relatives. We also spoke with five community professionals who had experience of working alongside the service, six members of care staff, a supported living manager, a home care manager and the registered manager. We looked at the care records for four people who used the service to see if they were up to date and reflected the care received. We also looked at seven staff files and other documents to help us see how care was being delivered, monitored and maintained.

Requires Improvement

Is the service safe?

Our findings

People told us and records showed that when staff helped them with their medicines, they got their medicines when they needed them. Medicines administration records showed that people got their medicines as prescribed. We saw that some people needed to have creams applied 'as and when required' (PRN). Although we saw that staff regularly supported people to apply their creams, there were no specific plans in place to guide staff on when or where they needed to apply these creams. This meant people could not be assured they were getting their creams as prescribed as there were no specific instructions for application. We discussed this with the registered manager who told us they would implement these plans to help ensure that people always got their PRN creams and medicines when required.

In the care plans we looked at, it was not always clear exactly the level of support people needed. In two care plans it was not clear about whether one or two members of staff were needed to support people. It was also unclear in one care plan whether the care workers should be supporting someone with medication or not. The records did not always reflect how people were being supported by the care workers, so if a new member of staff attended, they would not know what support to offer. This meant that people may not get the level of support they needed and could put people at risk. We asked the Registered Manager to ensure that care plans were improved so they were accurate and up to date.

People told us they felt safe when they were being supported by Jump 2 Independence Limited. One person said, "Yes I feel safe, they do everything for me that I can't do myself and they attend to me." A relative said, "There is no issue with safety."

Staff had a good understanding of safeguarding adult's procedures and were able to demonstrate that they understood the types of abuse that could occur, how to recognise these and how to report their concerns. One staff member said, "I'd ring and speak to a manager to report it. I wouldn't write in the person's notes in their home in case someone saw it that shouldn't do." We spoke with the registered manager who had a good understanding of local safeguarding adult's procedures and they told us they would call and discuss any concerns with the local safeguarding adult's team if they were unsure about anything. We saw that local safeguarding adult's procedures had been followed when required and that suspected abuse was reported to the local authority and investigated when needed.

People's risks were assessed and planned for to protect their safety and wellbeing. People had individual risk assessments for each risk that was identified and we saw that they were routinely evaluated and updated when required. When risks were identified, action was taken to minimise them. For example, one person was at risk of developing pressure sores and there was a risk assessment in place which included regularly checking the person's 'at risk' areas and recording findings. We saw that when redness to the skin was identified, staff applied prescribed creams and alerted the person's family to speak with healthcare professionals, in line with the risk management plan. Another person needed help to move and we saw that a risk assessment and management plan was in place that had been developed alongside an occupational therapist to ensure the person was supported to move safely.

People told us there were enough staff available to support them and that staff always arrived for their visits and were usually on time. One person said, "They are on time unless they have an emergency." Another person said, "They are very good time-wise." Staff told us they felt there were enough of them to meet the needs of the people they supported and that the managers organised staff well to ensure that people had consistency. One staff member said, "You don't get hounded to cover calls all the time like other companies I've worked for" and "We are always on the same run so all the people know us and they get consistency." People and professionals confirmed that people had consistent support. The registered manager told us there were enough staff employed to cover the hours that people needed and a 'bank staff' rota was always in operation to cover any emergencies. This helped to ensure that people always had the support they needed from staff that had been suitably trained and were familiar to them. The registered manager said they were always looking to recruit additional staff but that it had to be "the right person" with a suitable character and values.

Staff told us and we saw that safe recruitment practices were followed. This included requesting and checking references and Disclosure and Barring Service (DBS) checks for all staff to make sure that they were safe and suitable to work with the people who used the service. The DBS is a national agency that keeps records of criminal convictions.

Requires Improvement

Is the service effective?

Our findings

People told us that staff asked their consent before they supported them. One person said, "They always check with me how I want things done." When people were able to consent to their care and treatment, we saw that they had signed their care plan to agree and consent to their care. However we found that the service did not always act in accordance with the Mental Capacity Act 2005 (MCA) when people were unable to consent to their own care. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that people had care plans in place in relation to their mental capacity. One person's care plan said they needed support with all decisions and that their son supported them with all decision making. There was no specific mental capacity assessment in relation to care planning so we could not see that the person's capacity to make this specific decision had been assessed or that the service had tried to involve and encourage the person to be able to make their own decision. It was recorded in the person's care records that their son had given consent to care on the person's behalf. There was no evidence that the son held any legal decision making power under the MCA. We saw other examples when relatives had signed consent on behalf of people without the necessary legal powers to do so. When we asked the registered manager about this, they told us that family members had told them they had the necessary powers but they had not asked for the relevant documentation to evidence this. This meant that the service was not acting in accordance with the MCA to ensure that people's legal and human rights were respected and upheld.

We spoke with some staff who did have some understanding of the MCA and were able to talk about the principles of the Act. However, some staff told us they could not remember anything about the MCA, some were not sure whether they had received training and another staff member said, "We've only done online training about it, there's not a great deal I know about it." The registered manager told us that staff had completed online training and records showed that training about consent and MCA had been provided, however this had not been effective to ensure that staff understood their responsibilities in relation to the MCA.

These issues demonstrated a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt staff mostly had the knowledge and skills to support them effectively. One person said, "They are well trained. The older ones tend to be better trained. The young girls are still learning." Another person said, "Most are well-trained." Staff told us they had received an induction when they started at the service and had received ongoing training in a number of areas, both via an online system and some through face-to-face training. Some staff felt that they would have benefitted from face to face moving and handling training so that they could be shown how to physically support people, though they had not raised

this issue with the registered manager or provider. One staff member said, "The manual handling training is done online and it should be face to face, that would be much better." This meant there was a risk that people may not be supported effectively, as staff had not been physically shown the correct way to support to move safely.

Staff told us and records showed that they received support and supervision from managers to enable them to be effective in their roles. One staff member said, "I've had some supervision and am due one. It's useful; they ask if you are happy with everything, if you need any extra training, they are very supportive." Records showed that staff were able to discuss their personal development and the registered manager told us that all staff had completed or were in the process of completing a health and social care diploma, which the service supported them through. We also saw that staff were given feedback about their performance from managers and also feedback from people who used the service, to enable them to reflect on their practice and work on improvements where required.

People told us that staff supported them to eat and drink sufficient amounts and involved them in making choices about their food and drinks. One person said, "They do all my food at dinner time and get it ready for me at night. They always ask me what I want." Another person said, "They get my breakfast for me and usually do me a sandwich for tea time, or whatever I fancy, I have the choice."

Staff told us that they monitored people's food and drink intake when they supported them with their meals and that action was taken when concerns about nutrition were identified. One staff member said, "It's our responsibility to check the food and fluid charts. I support one person who needs lots of prompts to drink. I support them with continence care too so I know if their pad is dry, they are not drinking enough. I'd report it to their doctor." Another staff member said, "I support one person to eat their meal. I sit down with them; I still give them choices and follow what is in their care plan." A speech and language therapist who worked alongside the service said, "They are absolutely fantastic. [Person who used the service] had a PEG tube fitted and they organised training themselves, weeks in advance to make sure they could meet their needs." PEG stands for Percutaneous endoscopic gastrostomy which is a medical procedure where a tube is passed into a person's stomach to provide a means of feeding when they are unable to take food by mouth. This showed that people's nutritional needs were understood and monitored by staff and action was taken when required.

People were supported to maintain good health and were supported to access healthcare professionals when they needed them. Records showed that staff supported people to attend health appointments, including chiropody and opticians. We spoke with a number of community professionals who worked alongside the service including a speech and language therapist and social workers and they told us that staff supported people to maintain good health. One social worker told us that staff had acted swiftly and appropriately to involve a person's community psychiatric nurse when their mental health deteriorated which ensured the person got the healthcare support they needed.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received and that staff treated them with kindness and compassion. People's comments included, "Oh they are caring, it's their mannerism, how they talk to us as if we're part of their family. It's as if I am talking to my own daughters. I don't have to hide anything", "I am very happy with the care I get, they are very caring people. They know me well" and, "Everything is perfect when they attend in the morning. They are first class and perfect, they do what I ask. I'd give them ten out of ten." A professional said, "I can tell [Person who used the service] likes the staff, they are relaxed around them."

We observed positive and caring interactions between staff and people who used the service. These showed that staff knew people well. For example, we saw a staff member hold a person's hand and say their name when they wanted to talk to them. They waited for the person to respond before asking them a question. This showed that staff knew how to best communicate with the person in order for them to listen and understand the question.

People told us they were offered choices and were involved in making decisions about their care. Staff told us they always involved people in decision making, even when people needed additional support. One staff member said, "I give choices, I tell people what is available, or I show them. I ask if they want the radio on or not." Another staff member said, "People are able to make their own decisions, advocates can support people to make decisions if they need it." A senior staff member told us they were referring one person to have advocacy support to help them get the best outcomes, as they wanted to go on a holiday.

People told us their privacy and dignity was respected and promoted. One person said, "I need help to get to the toilet and [staff] are very respectful." Another person said, "I can be shy whilst unclothed but I rely on [staff] and they make me feel more comfortable." A staff member said, "We respect people and treat them with dignity all the time. We always knock before going into their homes and give people privacy if they want it. I treat people the same way I'd like to be treated."

People were encouraged to be as independent as they could be. We found that people's care plans encouraged independence. For example, one person's care plan stated, "I should be encouraged to do the things that I can. I can dress myself but I need staff to prepare my clothes at night time for the next day." A staff member told us, "I try and encourage independence, even if it's just fastening a button, whatever people can do for themselves I encourage them to do."

Good

Is the service responsive?

Our findings

If a persons' needs changed, their care plan should be updated to include this change to ensure up to date information was available for staff. A staff member told us that if they found that anything had changed with the care plan, they would report it and a senior member of staff would update the plan. We saw in people's files that when a person's needs had changed, the service had taken this into account. For example, a person had increasing needs with the care of their skin and the service had documented the change in need and the action they had taken. We were also told by a professional that the service had been responsive in acting upon changes in a person's care with limited notice. Another professional explained to us that the service had organised training very quickly in order to be able to continue supporting a person who's needs had changed, and we saw evidence of this training when looking at staff files.

We saw that care plans were personalised and included information about peoples' life history, their likes and dislikes, what was important to them and what they needed support with. Two people needed information to be presented to them in a more accessible way to assist them in being involved with planning their care and communicating their choices. We saw that their care plan had been written in an easy-read format which helped them to do this. The plans were person-centred and noted the hobbies and activities people enjoyed taking part in. When we spoke to people, they confirmed to us that they were supported to continue enjoying the activities they wanted to.

It is important that people are given choices about the care they receive and their preferences are met. A relative told us their family member's preferences were met and that the service checked they continued to be happy with their care. They said a member of staff had, "Been to see us to check everything is ok" and they were, "very pleased with it [the care], they do their best for [Person's name]". We saw that people were given choices and their likes and dislikes were catered for. Professionals also told us they felt people and their representatives had been involved in the planning of their care. One professional said, "[Person who used the service] and family have definitely been involved with the planning of care". Another professional told us that the person they worked with who had support from the service, had a visit from a manager so that the person's preferences could be discussed and documented. This meant that care workers would know how to support the person in line with their preferences. One care worker said, "The care plans are detailed, they're good". We saw that care plans contained information about a person's preferences, such as the name they liked to be called.

We saw that the service had a complaints policy and we saw evidence that any complaints and compliments that had been recently received had been dealt with in line with the procedures. There was also a complaint information leaflet available for people. We also saw that the service gathered feedback from people who used the service, their representatives and the staff by sending out questionnaires and visiting people to ask them about their care. One person we spoke with said, "We get team leaders come and ask us how we feel". Another person told us, "Yes I've had questionnaires which I fill in and I always give them a good report". The service analysed the results and acted upon the feedback received. For example, some people who use the service had said they didn't have enough information about safeguarding and being kept safe, the service addressed this by distributing a leaflet with further information.

Requires Improvement

Is the service well-led?

Our findings

Quality monitoring and auditing systems were in place, however they did not always allow the manager or provider to assess, monitor and improve the quality and safety of the services provided. For example, we saw that care plans and medicines administration record audits were completed but they did not clearly show which records had been reviewed as part of the audits. This meant we could not see whether they had been successful in identifying issues and driving continuous improvement. The audits that had been completed had not identified that some care plans did not contain up to date information or did not detail the specific support that people required. This meant the systems in place were not always effective.

There were two registered managers. People, relatives and staff felt supported by and had confidence in them. One person said, "There's two people in charge, they are very approachable." The registered managers were supported by a supported living manager and two home care managers alongside team leaders, office and finance managers, a trainee manager and administration support. They told us that this ensured there was support for the teams delivering care to people and helped to ensure that people received a quality service. One staff member said, "The managers and people in the office are very good. It's very well organised, I'd recommend them to anyone."

There was a positive, open culture and staff felt they could approach the management team with any issues. One staff member said, "You can go into the office, they give us feedback and we can raise any problems." Another staff member said, "I know I can ring and ask for advice anytime, [the registered managers] would definitely respond." We saw that managers regularly completed spot checks and observations of practice to ensure that staff were providing a quality service and staff were given feedback on this in order to learn and improve their practice when required. We saw that staff meetings took place and staff were provided with supervision where discussions included topics such as whistleblowing procedures. Staff we spoke with knew about whistleblowing procedures and said they would feel confident to use them if required

We saw that the service worked well with other key agencies to ensure that people were receiving holistic care. Community professionals that we spoke with said that the service worked well with them and other professionals to ensure that people received a quality service. Their comments included, "They are very professional", "They supported [Person who used the service] really well and got in touch with me when there were any issues" and "The manager is brilliant, we always get a quick response." We saw that action was taken quickly to work with other agencies when required. For example, when people received a supported living service, we saw that action was taken promptly to speak with a person's landlord when rodent droppings were discovered and the service ensured that necessary action was taken promptly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The Mental Capacity Act (2005) was not consistently followed when people lacked the mental capacity to consent to their care.