

JHN Healthcare Limited

# JHN Healthcare Ltd

## 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

JHN Healthcare Ltd is a domiciliary care agency which provides support and personal care to people living in their own home. Not everyone using JHN Healthcare Ltd received a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection 18 people were receiving a regulated activity from the service.

### People's experience of using this service and what we found

People were supported by caring, well trained staff that had been subject to a thorough recruitment and induction process.

People told us they received safe care and were confident that if they raised concerns, the management team would act promptly to address these. People received their medicines as prescribed and infection control risks were managed effectively.

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.

Care plans were person-centred for staff to know each person on an individual level. People were supported by staff in a safe way and risks were well assessed, managed and monitored.

Staff supported people to access healthcare professionals when they needed them and worked alongside social care professionals to ensure a joined-up approach to people's care.

People, their relatives and staff felt confident to raise any concerns or suggestions to the registered manager. Evidence was seen of action being taken in response to improve the care of people being supported by the service.

The registered manager kept in regular contact with people by visiting them in their homes, checking if they were happy with the service they received and if any changes were needed.

The registered manager was open and transparent. They understood their regulatory responsibilities. A quality assurance system was in place to continually assess, monitor and improve the service. The service worked well with other partners, organisations and commissioners.

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 26 March 2020 and this is the first inspection.

#### Why we inspected

This service had not been inspected since their registration in March 2020, therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

#### Follow up

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?

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.

# JHN Healthcare Ltd

## 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 inspection was completed by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Notice of inspection

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.

Inspection activity started on 24 May 2020 and ended on 27 May 2021. We visited the office location on 25 May 2021.

#### What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We reviewed additional information previously received from the service. We sought feedback from the local authority and professionals who work with the service.

We spoke with four people who used the service, one relative about their experience of the care provided and one staff member via telephone.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with the registered manager and office manager. We reviewed a range of records, including six people's care records and four staff files in relation to recruitment and staff supervision. We looked at records in relation to the management of the service, such as policies and procedure.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with three staff members via the telephone.

# 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.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with said they felt safe with all aspects of the service and the care they received. People's comments included, "Oh, yes I feel very safe" and "I feel very safe with the staff, I don't worry about that at all."
- Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns.
- Staff were confident that action would be taken by the registered manager if they raised any concerns relating to potential abuse. One staff member said, "If had a safeguarding concern I would follow the services safeguarding policy and report concerns to the registered manager who would act, definitely. I would report concerns to safeguarding and CQC, if I needed to."
- There were robust processes in place for investigating any safeguarding incidents.

Assessing risk, safety monitoring and management

- There were systems and processes in place to minimise risks to people. Care plans included relevant risk assessments which identified potential risks to people and how these risks should be managed and mitigated. These covered a range of areas, including, medicine management, moving and handling, skin integrity and catheter care.
- Risk assessments had been completed of people's homes and living environment to promote the safety of both people and staff.
- Risk assessments were reviewed regularly by the registered manager and updated, where required to ensure staff had up to date information to support people safely.
- The service had sought input from external healthcare professionals, where appropriate, with regard to mitigating actions for staff to take, to safely support people and reduce the risk of harm.
- Staff understood where people required support to reduce the risk of avoidable harm.
- The service had an electronic logging in system. This meant when staff arrived at a person's home the registered manager and office manager would be alerted. This system allowed the registered manager and office manager to monitor calls were met in a timely way and helped ensure the safety of the staff and people.
- There was a lone working system in place to promote staff safety.

Staffing and recruitment

- There were sufficient numbers of staff available to keep people safe.
- People and their relatives told us their care calls were reliable and staff were usually on time. Comments included, "No concerns at all, always on time and stay the appropriate length of time", "They [staff] are

usually on time, it really depends what has happened on the call before mine. It's mostly alright though" and "They [staff] never rush me, they give me the time I need." A staff member told us, "There are appropriate staffing levels, I don't feel we need to rush people and have time between care calls."

- Staffing levels were determined by the number of people using the service and the level of care they required.
- Short term staff absences were managed using overtime from existing care staff, as well as additional support provided by the registered manager.
- Safe and effective recruitment practices were followed. We checked the recruitment records of four staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigation of any gaps in employment. This helped to ensure only suitable staff were employed.

#### Using medicines safely

- Medicines were managed safely.
- Information regarding the support people needed with their medication was recorded within their care plans and was clear, up to date and accessible to staff.
- Staff received training in medicines management and had their competency regularly assessed.
- Regular checks and audits of the medicines system were carried out to ensure they continued to be managed in a safe way.

#### Preventing and controlling infection

- There were suitable arrangements in place for the control and prevention of COVID-19 and other infections. Staff had received appropriate training in infection prevention and control and suitable policies were in place.
- Staff had access to personal protective equipment (PPE), such as aprons, masks and gloves to help reduce cross infection risks.
- People confirmed staff wore PPE as required. A person said, "When they [staff] come, they have their masks on." Additionally, the registered manager frequently worked alongside staff and completed unannounced spot checks of care calls to help ensure people were protected against the risk of infection and staff were wearing PPE as required.
- The registered manager and staff confirmed they were accessing COVID-19 testing appropriately in line with government guidance.

#### Learning lessons when things go wrong

- An appropriate system was in place to assess and analyse accidents and incidents.
- People and staff told us the management team responded quickly to make changes and deal with any emerging issues or problems.
- Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.



# 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

- People's needs were assessed prior to the service starting. This was to ensure their needs could be met. These assessments were completed with people and/or their families if required, and in accordance with the person's wishes.
- Information gathered during assessments was used to create individual plans of care and support. These plans reflected people's needs, including aspects of their life which were important to them.
- When required the registered manager liaised with health and social care professionals to develop the person's care plan based on best practice and current guidance.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Regular checks of staff practice helped to ensure people received high quality care.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. People made positive comments in relation to the skills and knowledge of the staff. Comments included, "All the staff are very good and know what they are doing" and "the staff seem very well trained."
- Staff completed training which included: moving people, infection control, medicines, and safeguarding and additional training was provided in relation to specific needs, such as catheter care and stoma management. Staff confirmed training had been received and demonstrated an understanding of this training and how to apply it in practice.
- There was a robust process in place to monitor the training staff had received and ensure training was updated in a timely way.
- New staff completed an induction to their role which included a blended learning program of training and a period of shadowing an experienced staff member. A staff member told us, "I completed an induction, which included a week of shadow shifts. When I completed this I still didn't feel 100% confident to work alone and discussed this with the registered manager who took this onboard and extended the shadow shifts, it really helped."
- Staff received regular one to one supervision with the registered manager. This enabled the registered manager to monitor and support staff in their roles and to identify any training opportunities.

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

- Where people required support with their dietary and hydration needs staff worked in accordance with their care plan.

- Information was documented in people's care records which provided guidance for staff on how to meet individual needs and preferences. Within each person's care plan there was information about any allergies to food which were to be avoided, specific dietary needs and details in relation to people's likes and dislikes.
- People told us they were happy with the arrangements in place to support them with food and fluids. One person said, "They will always check with me about what I want to eat and drink." Another person told us, "They get my lunch because I can't do it myself, they ask me what I want."
- At the time of the inspection no one using the service had risks associated with poor hydration and nutrition. The registered manager explained the actions that would be taken for people, should there be a concern in relation to weight loss or reduced food and fluid intake. These actions included, discussing with the person, the implementation of a food and fluid chart to allow monitoring of intake and refer to healthcare professionals if required.

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 well and effectively with external health and social care professionals. This was evidenced in people's care records and confirmed by professionals and people.
- People's care records included specific care plans and risk assessments in relation to people's individual health needs. Guidance was also available to staff to help them identify changes in people's health and detailed actions staff should take.
- People told us staff understood their health needs and would support them to access medical support if required. A compliment received by the service from a relative of a person said, 'when she needs a little extra, carers will do it, like phoning the doctors or community nurses.'
- People had 'Grab sheets' in place, which contained essential information, including information about their general health, current concerns, social information, communication needs, current medicine prescribed, and level of assistance required. This was shared appropriately if a person was admitted to hospital or another service and allowed person centred care to be provided consistently.

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.

- The registered manager and the staff were aware of their responsibilities under the MCA and the role this might play in care delivery.
- People consented to their care and treatment and were involved in decisions about their care.
- People told us the staff respected their views and asked for consent. A person told us, "They [staff] always check with me before doing things."
- Staff received training on the Mental Capacity Act which covered obtaining people's consent prior to delivering any care and the principles of the MCA.

# 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.

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

- The registered manager led by example, by working hands-on and motivating staff to deliver good care.
- Feedback from people reflected that staff treated them respectfully and in a kind and caring way. Comments included, "They [staff] are lovely", "They speak to me nicely and are very respectful" and "They [staff] are very kind and know me well."
- Staff were enthusiastic about their roles and told us they liked their job. One staff member said, "I love my job, its brilliant. I want to make a difference to people and make them happy, spending time talking to them, it's so rewarding and really helps people feel less lonely." Another staff member told us, "I really enjoy the job, we [staff] will always listen to people's concerns and support them."
- The registered manager closely monitored people's care in a variety of ways, including speaking to people and relatives, completing spot checks of care provided and the completion of quality assurance questionnaires. This helped to ensure people were treated in a kind, caring way.
- Individuality and diversity were respected. This was achieved by identifying where people needed support. Staff had received appropriate training in this area and were open to people of all faiths and belief systems. There were no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

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

- People and where appropriate those who were important to them were involved in decisions about their care. One person said, "They [staff] do what I need them to do, if I needed anything else, I would just ask, and they would do it." Another person told us, "If I want something done, they will always do it."
- People and their relatives told us they were frequently asked by care staff and the registered manager if they were happy with the care provided. They also confirmed that care arrangements were reviewed regularly to help ensure care was provided as required. A person said, "[Name of registered manager] comes into me regularly, she works alongside the carers and check up on them. She always asks me what I think about the care and if we need anything changing." A relative told us, "We are always kept informed."
- People's choices, preferences and routines were respected.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. A person said, "They [staff] encourage me to do what I can for myself, but always help when I need them to." Another person told us, "They [staff] don't take over." A staff member said, "I encourage people to do what they can for themselves but help them with the bits they find more difficult."

- Care records had detailed descriptions of people's needs and abilities and how staff should support them to maintain their independence. For example, one care plan stated, '[Person] is able to move position using their bedrails.' Another care plan stated, '[Name of person] needs full assistance with washing her back and lower body but can wash their face.'
- All people we spoke with told us staff respected their privacy and dignity. One person said, "They are all very respectful." Another person told us, "They never rush me and let me do things in my own time." A third person said, "They are always considerate and respect my privacy."
- People's care records reminded staff of ensuring people's privacy and dignity was respected and included comments such as shutting doors and curtains and covering people when providing personal care. A staff member said, when they support someone with personal care, they would, "Make sure doors and curtains were closed, we wouldn't want them to feel uncomfortable or worried that people could peep in."
- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.

# 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 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 care and support specific to their needs and preferences. Care plans contained person-centred information that focused on each person's individual needs and wishes. Care plans included information in relation to people's likes and dislikes, personal preferences, healthcare, social care needs, communication requirements and tasks they required support with during each visit. Daily records showed people received care and support according to their assessed needs.
- Staff and the registered manager were responsive to people's changing needs. Staff reported any changes in people's needs to the registered manager; they also documented this within the person's care records. This meant that all staff who provided care to the person could be kept up to date with any changes or concerns, and this could be managed and monitored effectively to enable timely interventions. A staff member told us, "[Name of the registered manager] is very good at keeping us [staff] up to date of any changes."
- People confirmed that staff knew them well and understood their needs.
- Staff confirmed if they were concerned about a deterioration in a person's health they would stay with the person and request medical support. One staff member said, "If I had to stay with someone longer, I would just contact [name of registered manager] and let her know. They [registered manager] would also step in and help."

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.

- People's communication needs were known by staff and clearly documented within people's care files to help ensure effective communication. Documents could be given to people in a variety of formats, for example, easy read, large print and pictorial, if required.

Improving care quality in response to complaints or concerns

- The provider had a robust complaints procedure in place which was understood by staff.
- Since the service registered with CQC in March 2020, one formal complaint had been received. The registered manager was able to demonstrate that this complaint had been investigated robustly and in a timely way and actions had been taken to address the concern raised.
- From discussions with people, it was evident they were aware of how to complain and confident that

appropriate actions would be taken. A person told us, "If I has any issues I would just talk to [name of registered manager], I know she would do something." Another person said, "I have no concerns at all, it is all very good. If I did have any concerns though, I would talk them through with [name of registered manager], she is always available.

#### End of life care and support

- At the time of our inspection the service was not supporting anyone with end of life care. However, the registered manager told us they would work closely with the person, relatives and healthcare professionals, including GPs and the local hospice to support people at the end of their life.
- The registered manager provided us with assurances that people would be supported to receive good end of life care and be supported to help ensure a comfortable, dignified and pain-free death.
- The registered manager said end of life care plans would be developed with people and relatives to ensure their wished were followed and respected.
- End of life training had also been arranged for staff.

# 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 Good. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives praised all staff and management for their kindness, professionalism, and the consistent high quality and reliability of the service provided. On review of the services latest quality assurance questionnaire completed in May 2021, comments from people and relatives included; "The overall quality of the staff is excellent", "It's a 'first rate' service" and "Fantastic care and very good at keeping us informed."
- There was a person-centred culture within the service and people were placed at the centre of their care.
- The registered manager had clear vision, values and objectives for the service. These included; providing a high standard of care to all; ensuring people were treated with dignity and privacy; encourage and enable people to be independent and encourage each person to establish their own individuality and preferences in all aspects of their life. All staff worked in line with these visions, values and objectives.
- Staff felt listened to and spoke positively about the registered manager. They told us they felt fully supported by the registered manager and that they enjoyed a good working relationship with their colleagues. A staff member said, "The registered manager is definitely supportive." Another staff member told us, "I'm very happy working for JHN. It's a small company and puts people first. The registered manager is very good, she works hard and sees what's going on first-hand. She is always responsive and listens to the staff."
- Feedback was gathered from people using the service and their relatives in a range of ways; these included quality assurance surveys, one-to-one discussions with people and their relatives, and emails and telephone contact.
- Staff told us that they felt involved within the service and were kept up to date with changes.
- People felt confident to contact the registered manager and speak to them about their care package.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was also the director of the company. This meant that they were solely responsible for the running of the service.
- The registered manager was actively involved in the service and demonstrated a clear passion for delivering high quality care to people in their own homes. They had effective oversight of what was happening in the service, and when asked questions, were able to respond immediately, demonstrating a

good knowledge in all areas.

- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on, safeguarding, whistleblowing, complaints and infection control. Policies and procedures were also regularly shared with staff.
- There were robust quality assurance procedures in place to support continual improvement. These processes included the completion of audits for care plans and medicine administration records, spot checks of staff and the completion of quality assurance questionnaires, which were sent to people and staff every three months. The registered manager monitored all findings and feedback received and where issues or concerns were highlighted, these were discussed, and actions taken as required.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.
- There was an open and transparent culture within the service. People, relatives and staff were confident that if they raised any issues or concerns with the registered manager, they would be listened to and these would be acted on.
- The registered manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.

#### Continuous learning and improving care

- There were robust systems in place in relation to the monitoring of complaints, accidents, incidents and near misses. Although at the time of the inspection only one formal complaint had been received and no accidents, incidents and near misses had occurred, the registered manager was able to describe how these would be investigated, addressed and how they would identify themes and trends.
- During the inspection the registered manager demonstrated a proactive approach to make improvements that would have a positive impact on the lives of the people living at the home.
- Although the registered manager described how they wanted to continue to build on and expand the service, they were very clear this would be done in a controlled way so there was not a detrimental impact on the standard of care provided. They told us, "We want to get it right for people and ensure they receive the care they need. We need to ensure people are treated fairly, with dignity and respect, always."
- Staff performance was closely monitored by the registered manager who worked in collaboration with the staff team and completed regular spot checks of the service. The outcomes of these were recorded and shared with staff.

#### Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and other health and social care professionals to provide joined-up care. This was evidenced within people's care records and from discussions with people and staff.
- The registered manager had a positive relationship with external professionals and used them for support and advice when needed. This was confirmed by a social care professional who told us, "The manager is responsive to both myself and my team and able to communicate in a positive way to solve problems or issues." They added, "The manager of JHN is approachable, they have come across in a skilled and experienced manner."