

J.A.D. Direct Ltd

# J.A.D Direct Limited

## Inspection report

Office 4, Nelsons Business Park  
Long Lane  
Aintree  
Liverpool  
Merseyside  
Tel: 07930 865059  
Website:

Date of inspection visit: To Be Confirmed  
Date of publication: 06/05/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We inspected this service on 14th and 15th January 2015. We gave notice of the inspection the day before the visit. This in line with our methodology for inspecting services of this kind.

There was a registered manager at the service at the time of our inspection. 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.

J.A.D Direct Limited is a domiciliary care agency that is registered to provide personal care to adults living in their own homes. The agency office is located in Aintree, Liverpool.

People who used the service were protected from avoidable harm and potential abuse because the provider had taken steps to minimise the risk of abuse. Clear procedures for preventing abuse and for responding to an allegation of abuse were in place. Staff

# Summary of findings

were confident about recognising and reporting suspected abuse and the registered manager was aware of their responsibilities to report abuse to relevant agencies.

There were appropriate numbers of staff employed by the agency to meet people's individual needs and lifestyle choices and to keep people safe. Staff recruitment checks were robust and staff were only employed to work at the agency when the provider had obtained satisfactory checks on their suitability.

The registered manager had a good knowledge and understanding of the Mental Capacity Act (2005) and their roles and responsibilities linked to this. They knew about their responsibilities to work alongside family members and relevant health and social care professionals if they needed to consider making a decision for a person in their best interests.

People were provided with care and support that was tailored to meet their individual needs. The service was person centred. This means that the way in which the service is delivered is based on the individual needs of the people who use it.

People who used the service had a support plan which was detailed, personalised and provided clear guidance on how to meet their needs. Risks to people's safety and welfare had been assessed as part of their care plan and plans to manage any identified risks were in place.

People were well supported to maintain their health and wellbeing. People had been supported to access a range of healthcare professionals as appropriate to their individual needs.

The provider had good processes in place to ensure people were supported appropriately with their medicines. Staff were provided with detailed guidance about how to support people with their medicines and information about what people's medicines were prescribed for.

Staff presented as caring and we saw that they treated people with respect during the course of our inspection.

Staff were well supported in their roles and responsibilities. Staff had been provided with relevant training and they underwent annual refresher training in a range of topics. Staff attended regular supervision meetings and team meetings.

Staff were aware of their roles and responsibilities and the lines of accountability within the service.

They told us they would not hesitate to raise concerns if they had any. They felt confident that any concerns they did raise would be dealt with appropriately. Throughout our inspection staff demonstrated how they supported the aims and objectives of the service in ensuring it was person centred, inclusive and promoted people's independence.

Systems were in place to regularly check on the quality of the service and ensure improvements were made. These included regular audits on areas of practice and seeking people's views about the quality of the service. The registered manager and registered provider were keen to develop the service in response to people's views and to changes in practice guidance.

# Summary of findings

## 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.

Practices and procedures were in place to protect people from avoidable harm and potential abuse. Staff were confident about recognising and reporting suspected abuse.

Staff recruitment procedures were robust to ensure staff were suitable to carry out their roles and responsibilities.

People's medicines were managed safely and in line with clear procedures.

Risks to people's safety had been assessed and were well managed. Procedures were in place for responding to emergencies and there was a manager on call to ensure staff could seek guidance, advice and support at all times.

Good



### Is the service effective?

The service was effective.

Staff had been provided with the training they needed to support people effectively and they received good support through regular supervision and attending team meetings.

The registered manager and staff had a good knowledge and understanding the Mental Capacity Act (2005) and the need to work alongside family members and relevant health and social care professionals to ensure decisions were made in people's best interests.

Staff referred to multi-disciplinary professionals for advice and support in order to ensure people's needs were met effectively.

Good



### Is the service caring?

The service was caring.

People who used the service told us staff were caring. Staff presented as caring and we saw that they treated people with respect during the course of our visit.

Staff had a good knowledge of people's needs and preferences. They were able to tell us about how they supported people to make choices and how they respected the choices people made.

The culture within the service was person centred. 'Person centred' means the individual needs of the person and their wishes and preferences are at the centre of how the service is delivered.

Good



### Is the service responsive?

The service was responsive.

Staff had a good knowledge of people's needs and preferences. People's support plans included information about their strengths and needs, wishes and choices.

People were supported to access work and pursue social and leisure activities as part of their care package. The activities were based on the needs, wishes and choices of the people who used the service.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

We found that the service was well managed and staff were clear as to their roles and responsibilities and the lines of accountability across the service.

Checks were carried out on the service on a regular basis. These were carried out to assess and monitor the quality of the service and ensure people were provided with safe and effective support. People who were supported by the agency were asked their views about the service on a regular basis.

Staff told us they supported the aims and objectives of the service in ensuring it was person centred and people were supported to use and develop their independent living skills.

Good



# J.A.D Direct 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 was 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.

The inspection was carried out as part of the new inspection process we have introduced for adult social care services. The inspection was carried out by an adult social care inspector on 14 and 15 January 2014. We gave notice of the inspection the day before our visit. This is in line with our methodology for inspecting this type of service.

At the time of our inspection the agency was small and provided support to three people only. We spoke with each person to gain their feedback about the service. We also contacted a relative of people who used the service to gain their feedback about the quality of the service.

We spoke with the registered manager of the service and four support workers. We also spoke with the registered provider.

We reviewed the information we held about the service before we carried out the visit. This usually includes a review of the Provider Information Return (PIR). However, we had not requested the provider submit a PIR. The PIR 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.

During the inspection we viewed a range of records including care records, staff files, records relating the running of the agency and policies and procedures.

# Is the service safe?

## Our findings

People who used the service were protected from risks to their safety. People told us they felt safe in how staff supported them in their homes. One person said “I feel safe, the staff are always here.” We asked people if staff treated them with kindness and respect and people told us they did. A relative we spoke with told us they had no concerns about how their family member was treated.

An adult safeguarding policy and procedure was in place. This included information about: how the provider prevented abuse from occurring, the different types of abuse, indicators of abuse and the actions staff needed to take if they suspected or witnessed abuse. The policy was in line with the Local Authority adult safeguarding policies and procedures. All staff had been provided with training in safeguarding vulnerable adults and were required to refresh this training on an annual basis. We spoke to support workers about safeguarding and the steps they would take if they witnessed abuse. They gave us appropriate responses and told us that they would not hesitate to report any incidents to the manager. The registered manager was aware of the actions they would need to take in the event of an allegation of abuse, included informing relevant authorities such as the Local Authority safeguarding team, the police and the Care Quality Commission (CQC).

Risks to people’s safety were assessed and plans were put in place to support people in a way that protected their health and welfare. People who used the service had a detailed support plan which highlighted risks to their safety and provided staff with guidance on how to support them to manage these. Risk assessments recognised risks but balanced these with people’s rights to choice and independence. As a result people were supported to take

risks as part of living a more independent lifestyle. During our discussions with staff we found they had a good knowledge about people’s needs and how to support people safely.

The agency employed an appropriate number of staff to ensure people were provided with the support they needed and in line with their assessed needs. We looked at the staff recruitment process and found that appropriate checks had been undertaken before staff began working at the agency. Application forms had been completed and applicants had been required to provide confirmation of their identity. References about people’s previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff commencing work. DBS checks consist of a check on people’s criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

Medication was managed appropriately and safely. All staff had been provided with training in medicines management. We found detailed and individualised information and guidance about how to support people safely with their medicines was being maintained. People who used the service had signed their consent for staff to maintain and administer their medicines. Staff carried out regular checks on the medicines in stock and the manager also carried out regular checks on medication practices to ensure they were safe.

Hazards to the safety of people who used the service and staff had been identified as part of a safe working practice risk assessment. Management plans were in place to control/manage any identified risks. Procedures were in place for responding to emergencies and there was a manager on call to ensure staff could seek guidance, advice and support at all times.

# Is the service effective?

## Our findings

We asked people who used the service if they felt listened to them and if staff asked them for their consent to matters. People told us they did. One person said “Yes, If I tell them something they listen.” Another person told us “The staff ask me everything.”

All staff had attended training in the Mental Capacity Act (2005). The manager demonstrated a good understanding of the principles of the Act. The Mental Capacity Act (2005) provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The manager told us they were aware of the need to work alongside family members and relevant health and social care professionals to ensure decisions were made in people’s best interests if it was deemed that a person did not have the capacity to make their own decision on a particular matter. A relative we spoke with told us the agency communicated well with them and involved them in supporting their family member to make decisions.

Discussions with staff and training records confirmed that staff had been provided with the training they needed to carry out their role effectively. Staff told us they felt well supported, trained and sufficiently experienced to meet the needs of the people who used the service and to carry out all of their roles and responsibilities effectively. Staff had undergone an induction programme when they started work at the agency and all staff had achieved a nationally recognised qualification in care.

The provider used the National Minimum Data Set for Social Care (NMDS-SC), which is a Skills for Care on line database, to update information on staff training on a monthly basis. This helps authorities to plan resources for the local workforce and commissioning services. We found

that staff had undergone annual training in topics such as: equality and diversity, care planning, risk assessment, medication management, challenging behaviour, mental health, autism awareness, safeguarding, confidentiality, the role of the support worker, communication, person centred care, fire safety, health and safety, food hygiene, infection control. Staff were required to undertake two training sessions per month and these included a mix of on line training, workbook training and face-to-face training.

Staff told us, and records confirmed that they received supervision sessions with their line manager on a regular basis throughout the year. Staff also underwent an annual appraisal of their work with their line manager. Staff also had the opportunity to attend team meetings on a regular basis. These support systems provide staff with opportunities to explore their practice, to develop as workers and to communicate important information about their roles and responsibilities.

Following the inspection the provider confirmed that they had achieved a gold award from ‘Investors in People’ (IIP). IIP is an accreditation which recognises effective staff support and it signals that an organisation puts people first. Gold is the highest award of the accreditation by IIP.

We found that staff had referred to a range of health and social care professionals for advice and support to ensure people’s needs were met effectively. People who used the service had a support plan which detailed the support they required to maintain a healthy balanced diet and people’s strengths and needs for managing their own diet were documented in their support plan.

The agency office base is located in Aintree, Liverpool. We found the office was small but it was accessible for people who required disabled access. The premises were appropriately maintained, safe and secure.

# Is the service caring?

## Our findings

People who used the service gave us good feedback about the staff who supported them. We asked people if staff treated them with respect and if they listened to them and responded to their wishes. People told us that they did. People's comments included: "They are always nice" and "I like the staff." A relative we spoke with told us they felt the service was caring.

The culture of the agency was person centred. 'Person centred' means that people's individual needs, wishes and preferences are at the centre of how the service is delivered. We found that support was tailored to meet people's individual needs. During discussions with staff they told us the provider was clear that the ethos of the service was around providing person centred care and support. Staff told us the provider had made them aware of the standards of care and support they were expected to deliver when they commenced their employment.

The staff team consisted of a small number of established members of staff. People were therefore supported by staff who knew their needs well and with whom they had had the opportunity to build relationships. We found that staff were well aware of the individual needs of the people they supported and they told us they tried to provide the best quality of support they could to people.

During the course of the inspection we saw that staff interacted with the people they supported with warmth and respect. People who used the service looked comfortable and relaxed around staff and enjoyed friendly banter with them.

Staff spoke about the people they supported in a caring way and they told us they cared about people's wellbeing. Staff told us they listened to people and respected their wishes and choices and they gave us examples of how they did this. Staff told us they enjoyed their work and took pride in providing a good quality service.

Staff used terms such as 'support' and 'independence' when describing how they supported people. Staff told us they were clear about their roles and responsibilities to promote people's independence.

People's care plans were individualised and included details about the people's preferences and choices. We found that other records, such as daily reports, were written in a sensitive way that indicated that people's individual needs and choices were respected and that staff cared about people's wellbeing.

We saw that key pieces of information, such as the complaints procedure, had been written in plain language and included the use of pictures to make it more accessible for people who used the service.



# Is the service responsive?

## Our findings

People who used the service told us they were happy with the care and support they received. One person told us they were supported with work placements and social activities on a regular basis. They told us they would like to work more and staff were supporting them with this. At the time of our inspection people who used the service were being supported to go out for lunch and to the cinema to celebrate a friend's birthday. People told us they were supported to celebrate their birthday with their peers.

A relative we spoke with told us the service was responsive to the needs of their family member and that staff communicated with them on a regular basis.

Each of the people who used the service had an individualised support plan which included information about their spiritual, cultural or diverse needs. We found that support plans were detailed and provided clear guidance for staff on how to meet people's needs. They included information about people's likes, dislikes and preferences. They also included information about what was important to the person. People's support plans had a section entitled 'Plan about making sure I have a say in the way my life is and increasing the choices I make'. This provided information about how staff needed to support people to have as much control over making their own decisions as possible. People had been asked if confidential information in their support plans could be shared with other people and they had signed to agree who could have access to their information. People's support plans had been reviewed/evaluated on a monthly basis to ensure they contained up to date and accurate information about people's needs.

Staff worked alongside health and social care professionals to make sure people were provided with the care and support they needed to promote their health and wellbeing. We saw in people's records that they had been

supported to attend routine appointments with a range of health care professionals such as their GP, dentist and optician on a regular basis. We found that staff worked proactively in supporting people. For example, they ensured people were supported to identify potential health risks through annual well person checks and other regular checks on aspects of their health.

In discussion with staff they were knowledgeable about the needs of the people they supported. They were able to describe in detail what people needed and how they preferred to be supported. This assured us that the people's choices and decisions about their lifestyles were being respected by staff.

The provider listened to people's views and experiences and acted upon feedback about the service. The service had a complaints procedure and an easy read version of this included the use of pictures. People who used the service told us they would be happy to raise any concerns they had and they felt they would be listened to and action would be taken in response. The provider told us they had not received any complaints about the service.

A relative we spoke with was positive about the care provided by agency and told us if they had any concerns they would be happy to raise them and they were confident they would be responded to and their concerns would be addressed.

We saw that a survey had recently been carried out to attain feedback about the quality of the service from people who used the service. People had been asked to rate a range of indicators including: staff conduct and professionalism, whether people felt they had choice and control, whether people felt safe and if staff supported to maintain their independence. We saw that the feedback was positive and high scores had been returned in all areas. Surveys had also been carried out with relatives and health and social care professionals. All feedback we viewed was very positive.

# Is the service well-led?

## Our findings

Systems were in place for assessing and monitoring the quality of the service and for making improvements and developing the service.

We found the service was well managed and staff were clear as to their roles and responsibilities and the lines of accountability. The service had a registered manager and it was managed in a way that ensured people's health, safety and welfare were protected.

One of the ways in which the provider was able to monitor the quality of the service was by regularly reviewing the support provided to people who used the service. People who used the service had a monthly review of their support plan and they attended an annual review meeting which included family members, who could advocate on their behalf and outside professionals (as appropriate to the person's needs). The review meetings considered what support was being provided to the person and whether this continued to be appropriate. The meetings also provided an opportunity to plan for future events or goals with the person. These then became a focus for people to achieve with the support of the staff team.

Staff told us they felt there was an open culture. The agency had a whistleblowing policy, which was available to staff. Staff we spoke with were aware of the policy and told us they would feel able to raise any concerns they had and would not hesitate to and they felt the registered manager would take action if they raised any concerns. The registered manager and provider were described as 'approachable' by all people who we spoke with including people who used the service, a relative and staff.

During discussions with staff they told us that the ethos of the service was very clear. This being that the service was person centred and they were very clear about the expectations that they were there in a capacity to support people and uphold their rights.

The provider had introduced an 'Employee of the month' to recognise when staff performed well and to reward good practice and encourage staff development. Staff told us they were highly motivated and enjoyed going to work. They told us there were high expectations on them and that they were made to be accountable for their work but

that they felt supported to achieve the high standards expected of them. Staff told us that communication across the service was very effective and one person told us it was "brilliant".

Following the inspection the provider informed us that they had achieved an 'Investors in People' (IPP) gold award. 'Investors in People' is a nationally recognised framework that helps organisations improve their performance and realise their objectives through effective management and development of staff.

The provider had a well-structured system in place for assessing and monitoring the quality of the service. This included a range of audits which were carried out at different intervals. For example, daily audits were carried out on medication, weekly checks/audits were carried out on medication, fire safety and communication diaries. Monthly audits were carried out on matters such as staff training and financial records. Quarterly checks were carried out on matters such as staff meetings, staff supervision and support planning. Annual audits were carried out on policies and procedures and service level risk assessments. The annual audit also included surveying people who used the service, relatives, staff and visiting professionals. We viewed people's feedback in surveys and this was positive in all areas.

Accidents and incidents were recorded and were used as an opportunity for learning and to identify risks to people's safety and wellbeing. The reports showed us that people were being provided with safe and effective care and support.

We saw that service level risk assessments had been carried out in relation to safe working practices and plans were in place to control risks to the safety of people who used the service, staff and visitors. Procedures were in place for responding to emergency situations and staff had ready access to this information and a manager was on call for advice and support at all times.

The provider also used the services of an external quality assurance provider. These were used to ensure all policies and procedures for the service were in place and updated when there were any changes in legislation or best practice. Staff were required to sign policies and procedures as having read and understood them and this was also the case when policies and procedure were

## Is the service well-led?

updated. The quality assurance provider was also used for human resources support, employment law support and to gain regular updates on developments within health and social care.

The provider had introduced a system of mock inspections of the service and had provided staff with information about the new inspection methodology the Care Quality Commission was inspecting to. The provider had an annual development plan and they shared information from this with us. The provider told us they felt the service was always developing and changing in line with new guidance and best practice. They told us they were registered with the Institute of Leadership and Management (ILM) and with the Information Commissioner's Office (ICO) which is an

independent body which provides advice on the responsibilities of holding information and rights of access to information. We found that all records we required were readily available to us and appropriately maintained and stored.

The registered manager and provider demonstrated throughout the course of our inspection that they were continuously looking at ways to improve the quality of the service for the benefit of the people who used the service. They were able to give us examples of how they were striving to support people to improve their quality of life and to have an active and inclusive lifestyle whilst also ensuring people were provided with safe, effective care and support.