

J.A.D. Direct Ltd

J.A.D Direct Limited

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 20 and 23 November 2017 and was announced.

J.A.D. Direct is a domiciliary care agency that provides support to people with learning disabilities and complex needs in their own homes and communities. At the time of the inspection five people were receiving 24 hour care and support through a model of supported living. One person received care and support from their family home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

The service met all relevant fundamental standards.

The service had robust systems to monitor and improve people's safety without restricting their independence. Risk was effectively recorded and subject to regular review in conjunction with the person and other stakeholders. Staff were safely recruited and deployed in sufficient numbers to meet people's needs in a timely manner.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were trained to meet the needs of people and supported them to maintain good standards of health and nutrition.

We saw clear evidence that staff knew people well and respected them in the delivery of care and support. People were offered choice and had their independence promoted by the manner in which care was provided. People spoke positively about the approach of the staff and managers.

It was clear from care records and discussions with people that their care needs were met in a personalised way. Each person had different preferences and goals that were reflected in their care records. We saw evidence that staff had been successful in supporting people to achieve their goals. For example, in relation to securing work placements to improve skills and confidence.

People spoke positively about the management of the service and the approachability of senior staff. The service had a clear vision to provide high-quality, person-centred care.

J.A.D. Direct had a robust performance framework which helped to clearly define roles and responsibilities. A substantial and regularly updated set of policies and procedures provided guidance to staff regarding

expectations and performance.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. The health and social care professionals that we spoke with were complimentary about the quality and effectiveness of these relationships.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains 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 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 was a comprehensive inspection.

The inspection took place on 20 and 23 November 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service for adults who are often out during the day. We needed to be sure that they would be in.

The inspection was conducted by an adult social care inspector.

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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with people using the services, their relatives, health and social care professionals, staff and the registered manager. We also spent time looking at records, including three care records, four staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service.

During our inspection we spoke with three people using the service. We also spoke with the relatives of two people using the service. We spoke with the owners, (one of whom was also the registered manager), the deputy manager, a team leader and a support worker.

Is the service safe?

Our findings

People and their relatives told us that the service was safe. Comments included; "I like it here. I feel safe", "There's always enough staff" and "The service is safe. [Family member] has not had any incidents since they've been there."

The service maintained effective systems to safeguard people from abuse. Staff were aware of what to look out for and how to report any concerns. Information about safeguarding was clearly displayed.

Individual risk was fully assessed and reviewed. Positive risk taking was encouraged to improve people's skills and promote their independence. For example, in relation to activities and employment.

Staff were safely recruited and deployed in sufficient numbers to provide safe, consistent care and support. We saw evidence that the registered manager and the other owner completed regular shifts to monitor safety and quality and reduce the need for unfamiliar staff.

Medicines were safely stored and administered in accordance with best-practice. Staff were trained in administration. The records that we saw indicated that medicines were administered correctly and were subject to regular audit.

Procedures were in place to reduce the risk of infection. For example, fridge and freezer temperatures were monitored to ensure that food was fresh. Staff were clear about the need to use personal protective equipment when providing personal care. The homes that we saw were regularly cleaned.

We saw evidence that the service learned from incidents and issues identified during audits. For example, a recent quality audit highlighted that the service had not registered for the Herbert Protocol. This requires important information to be recorded in case people go missing. Action was taken in response to this finding.

Is the service effective?

Our findings

People's needs were assessed in sufficient detail to inform the delivery of care. We saw and were told about care being re-assessed as people's needs changed. Care and support were delivered in line with current legislation and best-practice. For example, the service made use of positive behaviour support models to ensure that behaviours were clearly understood and to reduce the use of behaviours that challenged.

The service ensured that staff were trained to a high standard in appropriate subjects. This training was subject to regular review to ensure that staff were equipped to provide effective care and support.

People were supported to eat and drink in accordance with their needs. Staff encouraged people to shop for and prepare their own food and drinks to promote their independence.

We saw clear evidence of staff working effectively both internally and externally to deliver positive outcomes for people. For example, staff were part of a regular multi-disciplinary team which assessed and reviewed the care and support needs for a person with complex behaviours.

People were supported by staff to maintain their health and wellbeing through access to a wide range of community healthcare services and specialists as required. We saw evidence in care records of appointments with GP's, opticians and dentists. People had up to date healthcare passports (with information about them and their needs) and health action plans.

People told us that they had decided on the furnishings and décor of their homes. Where necessary, this had been adapted to improve safety and accessibility. For example, a lift and wet-room had been installed for a person with mobility difficulties.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). It was clear from care records and discussions with people that their consent was always sought in relation to care and treatment. The care records that we saw showed evidence of consultation and people had signed to indicate that staff could access information.

Is the service caring?

Our findings

People told us that staff treated them with kindness and respect and we saw this when we visited people receiving care. Comments included; "They [staff] take me out and speak to me nicely" and "I have different staff. They're all nice to me."

It was clear that senior staff and the directors of J.A.D. Direct were regularly present in people's homes and knew them well. Staff were vigilant in monitoring people's moods and behaviours and provided care in accordance with people's needs. For example, one person using the service had shown signs of anxiety following a bereavement. Staff were monitoring the person's behaviour in conjunction with a family member and were looking at options to secure additional, specialist support.

People were actively involved in decisions about their care. Staff took time to explain important information and offer choices. This was achieved by talking face to face and making use of easy read images as required. People's care records were extensive and personalised to meet their individual preferences and needs.

Each of the people using the service held their own tenancy or lived with family members. Staff were aware of the need to maintain privacy and dignity when providing personal care or when people communicated using behaviours that might compromise their dignity. Staff told us that they recognised people's personal space and were respectful when engaging with them. This was clear from our observations and discussions with people.

We saw numerous examples in care records of staff actively promoting people's independence. For example, in the preparation of food and choice of activities.

Is the service responsive?

Our findings

It was clear from care records and discussions with people that their care needs were met in a personalised way. Each person had different preferences and goals that were reflected in their care records. We saw evidence that staff had been successful in supporting people to achieve their goals. For example, in relation to securing work placements to improve skills and confidence.

We saw evidence that each person had an individual model of support which included activities that respected their preferences. For example, One person told us, "I go to the golf course. I go to [community activity] and I go to the pub."

None of the people that used the service had specific needs in relation to equality and diversity. However, we saw that people's needs were considered as part of the planning process.

We saw evidence of other planned activities where staff had fully considered individual needs. For example, in relation to a holiday, staff had noted that the person would require a mobile hoist and an adapted bedroom suitable for the size of their wheelchair.

We checked the records in relation to concerns and complaints. There were no complaints recorded. However, the complaints' process was understood by the people that we spoke with and was clearly displayed in the registered office and care records.

None of the people using the service was receiving end of life care, but staff were aware of the need to plan in this area should the need arise. Two people using the service had been supported to start planning for the future and had purchased funeral plans.

Is the service well-led?

Our findings

A registered manager was 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.

People spoke positively about the management of the service and the approachability of senior staff. Comments included; "Communication is brilliant. They are brilliant to work for" and "There's always a manager about. They're always popping-down."

The service had a clear vision to provide high-quality, person-centred care. The registered manager told us about their decision not to pursue an additional contract because they could not guarantee that they could deliver the same standards.

J.A.D. Direct had a robust performance framework which helped to clearly define roles and responsibilities. A substantial and regularly updated set of policies and procedures provided guidance to staff regarding expectations and performance.

Staff and managers spoke with clarity and enthusiasm about their roles and demonstrated a mature and transparent approach when questions were raised during the inspection.

People using the service and staff were actively involved in discussions about the service and were asked to share their views. This was achieved through meetings and regular surveys. The most recent survey yielded a very positive response. As a result of a recent discussion, the service was in the process of producing a newsletter to further improve communication.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. The professionals that we spoke with were complimentary about the quality and effectiveness of these relationships.