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JRH Support - Head Office

Inspection report

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Ratings

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

Summary of findings

Overall summary

We carried out an announced inspection of the service on 30 November and 1 December 2016. JRH Support - Head Office is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing the regulatory activity of personal care to 25 people living in their own homes and nine people living in supported living.

On the day of our inspection there was a registered manager in place who was also the provider. 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 were supported by staff who made them feel safe when they were in their home. Regular assessments of the risks to people's safety were conducted and regularly reviewed. Care plans were in place to address those risks.

Staffing levels were adequate to meet people's needs however, we received mixed feedback about the consistency of staff. Appropriate checks of staff suitability to work at the service had been conducted prior to them commencing their role. People received the level of support they required to safely manage their medicines.

Staff received appropriate induction, training and supervision. People's rights were protected under the Mental Capacity Act 2005. People received the assistance they required with their meals. People's day to day health needs were met by the staff and where appropriate referrals to relevant health services were made where needed.

People and their relatives felt staff supported them or their family member in a kind and caring way. People were provided with the information they needed that enabled them to contribute to decisions about their support. People were provided with information about how they could access independent advocates to support them with decisions about their care. People felt staff maintained their dignity when they supported them with their personal care.

People's care plans were written in a person centred way. People and their relatives where appropriate, were involved with planning the care and support provided. People's care records were regularly reviewed. People felt supported to take part in a range of hobbies and interests that were important to them and were provided with the information they needed if they wished to make a complaint.

The registered manager understood the responsibilities of their registration with the CQC. Staff understood the values and vision of the service and had a clear understanding of their roles and responsibilities. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

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.

People were supported by staff who made them feel safe when they were in their home.

Regular assessments of the risks to people's safety were conducted and regularly reviewed. Care plans were in place to address those risks.

Staffing levels were adequate to meet people's needs however, we received mixed feedback about the consistency of staff. Appropriate checks of staff suitability to work at the service had been conducted prior to them commencing their role.

People received the level of support they required to safely manage their medicines.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate induction, training and supervision.

People's rights were protected under the Mental Capacity Act 2005.

People received the assistance they required with their meals.

People's day to day health needs were met by the staff and where appropriate referrals to relevant health services were made where needed.

Is the service caring?

Good ●

The service was caring.

People and their relatives felt staff supported them or their relation in a kind and caring way.

People were provided with the information they needed that

enabled them to contribute to decisions about their support.

People were provided with information about how they could access independent advocates to support them with decisions about their care.

People felt staff maintained their dignity when they supported them with their personal care.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were written in a person centred way.

People and their relatives where appropriate, were involved with planning the care and support provided.

People felt supported to take part in a range of hobbies and interests that were important to them. People were provided with the information they needed if they wished to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The registered manager understood the responsibilities of their registration with the CQC.

Staff understood the values and vision of the service and had a clear understanding of their roles and responsibilities.

There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

JRH Support - Head Office

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 30 November and 1 December and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff and the registered and general manager would be available.

The inspection team consisted of one inspector and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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 information the provider had sent us including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and Healthwatch Nottinghamshire and Healthwatch Nottingham to obtain their views about the quality of the care provided by the service.

During our inspection we spoke with eight people, three relatives, five members of the care staff, a care coordinator, two service managers, the general manager and the registered manager. After the inspection we spoke with three social care professionals for their feedback about the service.

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

Is the service safe?

Our findings

People we spoke with us told us they felt safe when staff were supporting them. One person said, "Of course I am safe the staff are really good." Another person said, "I feel safe all the time with my help." A third person said, "My carer always makes sure I am safe especially if we go out." A relative said, "I have no concerns about [relatives] safety."

All the social care professionals agreed. One social care professional said, "No concerns" about people's safety. Another social care professional said, "I cannot recall anything that I've had concerns about."

People were provided with user friendly information within their service user guide which explained to them who they could contact if they had any concerns about their safety or the safety of others. Contact details for external agencies such as the CQC or Local Authority were included.

The risk of abuse to people was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they believed a person had been the victim of abuse. Staff had attended safeguarding adults training and understood how to use what they had learned to ensure people were kept safe. Staff were also aware of who they could speak with both internally and externally if they had concerns. All staff spoken with said they could report concerns to their manager, but also to the local authority or the police. Staff told us that they would be confident to raise any issues, concerns or suggestions about people's safety.

Relevant information regarding safeguarding had been shared with the local authority and CQC when incidents had occurred. The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe. Records confirmed staff had received safeguarding training.

Assessments of the risks to people's safety were conducted and we saw examples of these in the care records we viewed. All the records we checked contained risk assessments, which outlined any potential dangers and risks, and looked at ways to minimise these dangers in order to keep people safe. There was an emphasis on positive risk taking which enabled people to carry out the activities they wanted to with safety measures in place. Records showed risk assessments were completed about the environment people lived in; their ability to mobilise independently around the home; their nutritional needs and general health. Care plans were then put in place to ensure staff were provided with sufficient information to enable them to support people safely. Additionally, the provider had a plan in place that ensured in an emergency people were still able to receive the care and support they needed.

People were supported by sufficient staff to meet their needs. However we received a mixed response about the consistency of staff. One person said, "I like the same carers but they [service] keep changing them when I get used to them." Another person said, "I just get used to my carer and then someone new comes." A relative said, "I just wish [relation] could keep regular carers it unsettles them when they keep changing." One person disagreed. They said, "I usually have the same carers." We spoke to the general manager who

told us they were aware of the concerns. As a result they had implemented a more comprehensive recruitment process. This involved potential staff having to demonstrate how the services values would be implemented in any role they did. They told us we they wanted to ensure potential staff are more, "Passionate to encourage people to be independent." The general manger told us they have already seen an increase in the quality of people applying for positions and a reduction in people being offered the role and not starting. Additionally, the general manager told us the service had recently implemented a new staff rota which involved staff working in one of three areas. This had resulted in staff supporting different people which they felt was the main reason why people had experienced an inconsistency of staff However, in the future they felt the changes would help to, "Provide a good stable service to people."

The general manager told us, and records confirmed, an audit of staff took place every two weeks to make sure the service had enough staff available to support people. They also told us that they recruit new staff every four weeks and every two weeks if urgently needed to make sure they have enough staff to meet people's needs.

The general manager told us they carried out regular assessments of people's needs and ensured there were enough staff available to keep them safe. When people required more than one member of staff to support them, this was provided. They also ensured that where people required assistance from staff with specific skills or experience this was also provided. The general manager told us they continually reviewed people's needs and if they felt that more support was required, or a change of staff was needed, this was discussed with people before the changes were made.

The risk of people receiving support from staff who were unsuitable for their role was reduced because the general manager had ensured that appropriate checks on staff's suitability for the role had been carried out. We looked at three staff recruitment files. Their records showed that before they were employed, DBS (Disclosure and Barring Service) checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity.

In one of the records we saw a member of staff had started with a DBS that was not up to date. The general manager told us their recruitment policy states that they accept DBS that are three months old prior to the person starting. They told us they would change their recruitment policy so safer recruitment processes would be applied in the future. After the inspection the general manager sent us evidence that the recruitment policy had been changed.

People told us they were supported with their medication safely and effectively. One person said, "I am given my tablets every day and the carer signs for them in my file." Another person said, "I take my tablets myself and the carer checks I am doing it properly."

Staff had medication training as part of their induction and their competency had been assessed before they were able to support people with their medication. The general manager told us and we saw records that confirmed, medication administration and awareness was regularly discussed at staff meetings.

We looked at the medicine administration records (MAR) for three people. All of the records had been completed correctly. Photographs, allergies and people's preferences in relation to taking their medicines were also noted. We saw weekly audits for MARS had been completed for people living in the community and monthly audits had been completed for people living in supported living to assess if people have received their medication safely. The PIR, sent to us prior to the inspection, stated there had been three occasions where people did not receive their medication due to missed calls. The general manager told us

they used a new computer system which shows staff which medication they need to administer on a particular visit. The system automatically alerts a team leader if a dose is late or missed so they can ensure the appropriate action is taken in a safe and timely manner. This demonstrated the service was committed to making sure people received their medication in a safe and effective way. A social care professional said, "I have no concerns about medication being missed." Another social care professional said, "I have no medication issues."

Is the service effective?

Our findings

People told us they thought the staff who supported them had the skills, knowledge and experience to support them in an effective way. One person said, "The staff really know what they are doing."

Staff received an induction prior to commencing their role and the staff we spoke with told us they felt the induction equipped them with the skills needed to carry out their role effectively. Their induction included completing the Care Certificate. The care certificate is a set of standards that health and social care workers are expected to adhere to. One member of staff said, "My induction was helpful." A member of staff commented during a survey in 2016 that their induction was, "Very good." A variety of face to face and on line training had taken place which included but was not limited to, health and safety, medication and safeguarding adults. Staff said they also had the opportunity to shadow other members of staff and have a mentor. This meant staff received a detailed induction programme that promoted good practice and was supportive to staff.

People received support from staff who had received the appropriate on-going training for their role. Training records showed staff had received training in key areas that enabled them to carry out their role. Training had been completed for safeguarding adults, equality and diversity, mental health and first aid.

The staff we spoke with told us they felt well trained. One member of staff said, "Training is constantly on offer." Staff were also given the opportunity to complete external qualifications such as diplomas in adult social care. This ensured people were supported by staff whose training needs and professional development were continually reviewed and updated, enabling them to meet people's needs in an effective way.

Staff were positive about the support they received from the management team and said they received constructive feedback. They said that they had opportunities to meet with their line manager to review their work, training and development needs. One member of staff said, "My manager is very supportive." Another member of staff said, "If you need a meeting with the management team they always make time for you." A third member of staff said, "If you do something good they always tell you." The general manager told us, and staff confirmed, they sent staff 'well done cards' in recognition of the good work they do.

People told us, and we saw records that confirmed, people's consent to care and support was given before they received support from the service. One person said, "Yes they [staff] do ask me before they do anything." One member of staff said, "I explain who I am, do they [person] mind me being there."

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and all staff we spoke with had a good level of knowledge about their duties under the MCA and how to support people with decision making. People's support plans contained clear information about whether people had the capacity to make their own decisions. We saw consideration had taken place about people's capacity in relation to specific decisions, such as medication, finances and eating a healthy balanced diet. All the care plans we saw people had been assessed as having the mental capacity to make decisions.

People's nutritional and dietary needs were discussed with them before they started using the service. This included any cultural or religious needs that could impact on the types of food and drink they consumed. Care plans were put in place that ensured staff were provided with the information they needed to enable them to support people effectively with their dietary requirements. We saw guidance was in place to encourage a person to follow a healthy and balanced diet. We also saw people had a completed nutritional needs assessment where needed. The staff we spoke with were aware of people's dietary needs and would check to make sure people eat and drink enough. One staff member said, "I always offer people something to eat and say to people let me cook you something for later." Another member of staff said, "I always check in the fridge and if they need something I go shopping."

People's support needs in relation to preparing food and eating and drinking was documented in their care plans and daily logs. People spoke positively about the support they received. A person said, "We do meals together. I like it that way."

People's day to day health needs were monitored by the staff and any changes to people's health were recorded in their care plans. These were then reviewed and discussed with the person. If they agreed then referrals to external healthcare professionals were made.

The staff we spoke with gave examples of how they had supported people with their health needs. They told us they recorded people's day to day health in their daily records. If they noticed that there was a regular occurrence that caused them concern this was then reported to a member of the management team. Members of the management team told us they would discuss their concerns with the person and if they agreed, then referrals to external healthcare professionals were made.

People were supported to maintain good health. Records showed that staff involved external professionals where appropriate including speech and language therapists, dietician and GP.

We saw recommendations made by a dietician regarding eating and drinking were followed

We saw evidence people were supported to attend appointments with health care professionals where needed. A social care professional told us the service supports people to contact professionals when needed. Another social care professional told us a member of staff supported a person to visit an external professional so they could complete an application form.

Each person in supported living had a 'health action plan'. This document provided external professionals with important information such as the person's communication needs, physical and mental health needs and routines. Health action plans went with people when they were admitted into hospital. This demonstrated that people had been supported appropriately with their healthcare needs and the provider used best practice guidance.

Is the service caring?

Our findings

The people we spoke with told us staff were kind and caring. One person said, "My carers really care." Another person said, "I like all of my carers." A third person said, "Most of the staff are caring." A relative said, "I feel the carers really look after [relation]. I really trust them. They seem very caring. I am not in the room when they are doing things but I hear them speaking in a caring way." A social care professional said, "Everyone [staff] I have met has been empathetic."

Staff spoke positively, without exception, about working at the service. Members of staff said comments such as, "I absolutely love working here" , "I feel valued" , "I am happy to come to work. I am a happy worker" and "I absolutely love my job and being able to make a difference to somebody."

The staff we spoke with explained how they developed positive relationships with the people they supported. One member of staff said, "I like to do what's important for the person I'm supporting. What they want to do." Another member of staff said, "Everyone's different so I make sure people have what they want."

There were processes in place that ensured people were provided with information about their care which enabled them to contribute to the decisions made. In each of the care plans we looked at there were examples where people's care and support needs had been discussed with them and their relatives, and where changes had been requested they had been implemented.

Information was available for people in their service user guide about how they could access and receive support from an independent advocate to help them make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

People told us they were supported to make independent choices and to remain as fully independent as possible. One person said, "I am encouraged to do what I can for myself and the staff make sure I am safe." Another person said, "They [staff] encourage me to do what I can in the shower. I wash as much as I can and they wash the rest." A third person said, "I go on the buses all the time. Sometimes my carer comes but more often I go on my own." People's care plans showed that people were encouraged to be independent. An 'Independence Outcome Tool' was used to identify what people can do for themselves and what support they required to maintain and promote their independence. A social care professional told us this resulted in a person needing less support once the service had initially started. One person's care plans showed they had been supported to use public transport so they could access hobbies and interests independently.

People's care plans contained guidance for staff on how to maintain people's dignity when supporting them with their personal care. The records also advised staff on how to encourage people to be as independent as they wanted to be when receiving support with their personal care.

People told us they felt the staff treated them with respect and dignity when staff supported them. One person said, "I am treated with the upmost respect at all times. They [staff] call me what I want them to."

The staff we spoke with were able to explain how they ensured they treated people with respect and dignity whilst maintaining their human rights. One staff member said, "Respect their privacy. Ask people if they want you in the bathroom or stand outside." Another member of staff said, "Not to discuss other people with other service users." A third member of staff described how they closed people's curtains, cover them up during personal care and knock on doors before entering.

In the provider's office we saw people's records were treated confidentially and were stored in a locked cabinet with the office. The staff we spoke with told us when referring to people's record within their own home they ensured they also treated people's records confidentially.

Is the service responsive?

Our findings

People's care plans were written in a person centred way that focused on how they wanted their care and support to be provided. Information about their personal preferences had been considered when support was planned for them and contained information about people's likes and dislikes and their personal life history. The care plans we saw provided clear information on the interventions required and the signs which might indicate a referral to other professionals was required. Care plans showed that these were then discussed with people to assess what progress had been made and if any changes were needed. For example, one person was unable to verbally communicate and their care plan clearly showed how they wanted to be communicated with; how they express their feelings; and how they get up in the morning, so staff could be responsive to their needs and wishes. This helped staff to deliver appropriate and safe care, based on individual needs and preferences.

People and their relatives told us they were involved in the assessment of people's needs before the service began. One person said, "We sorted my care plan together." One relative said, "When the carers started coming we planned [relations] care together and it is revised every 6 months."

All the staff told us there were enough staff to ensure people were supported safely and had time during calls to do what they needed to. One member of staff said, "I have enough time during visits." Another member of staff said, "Yes definitely." Staff told us they contact the office if they are running late. A person confirmed, "We always get a phone call if they [staff] are running late."

A person commented during a survey in 2016 that staff are on time and, "If [staff] are late it is only by a couple of minutes."

We saw the time people wanted the care staff to support them had been taken into account when people's care packages were planned. In each of the care plans we looked at we saw staff were provided with clear daily roles and responsibilities for which people had agreed staff would complete during each visit.

People's care plans showed that their religious and cultural needs had been discussed with them. The registered manager told us they were asked whether they required any additional support from staff in following their beliefs and if they did, plans would be put in place to do so.

The staff we spoke with had an in depth knowledge of people's care and support needs and how these had changed over time. Staff told us they were provided with sufficient information about people's needs and were updated when anything had changed. One member of staff said, "We always get a person's care plan before we visit anybody." Another member of staff said, "Care plans are great. [The service] always keeps them up to date." The general manager told us the new computer system would also allow the service to send updated information about people to staff even quicker.

People's care plans were regularly reviewed to ensure that they were satisfied with the overall care package provided for them. Records showed that people, along with their relatives if they wanted them to be, were involved in these reviews. If changes were required then these were implemented with the agreement of all

people present. For example, a care plan we saw gave staff a full description on how to move a person in a hoist including in pictures. This information had been updated when needed. This meant that staff had information in care plans to support people appropriately.

People told us staff supported them to take part in a range of hobbies and interests that were important to them which helped to avoid social isolation. One person told us enthusiastically that staff showed an interest and encouraged them to maintain their hobby by going out with them.

A member of staff said, "Generally a lot of my time is talking to people about what they want to do."

Staff told us they take people swimming, to the gym, shopping, to day services, church, library and for a coffee. A social care professional told us the person they support attends a variety of outside activities such as the cinema and reading and walking groups.

The general manager and service managers told us they supported people with their hobbies and interests if they required. They told us they had supported people to attend local day centres to meet friends and people from within the local community. A social care professional told us a person they support had a carer with a similar interest and they would take part in this activity together.

People's care plans showed a variety of activities people took part in. One person's care plan had a 'Weekly timetable of activities' which was important to them. We saw photos of people visiting a zoo, at the cinema and playing on computer equipment.

People told us they knew how to make a complaint and that they would not hesitate to do so if required. One person said, "Yes I know how to complain." Another person said, "I have never complained. I have never had a problem."

People and their relatives were provided with the information they needed if they wished to make a complaint. Information was available for people in their service user guide about how to make a complaint. We saw details for the CQC were included if they wished to report their concerns to us.

Staff were aware of the provider's complaint procedure and were clear about their role and responsibility with regard to responding to any concerns or complaints made to them. One member of staff said, "I would give a person the telephone number of my team leader or ring the office on their behalf." The complaints log showed that 2 complaints had been received in the last 12 months. These had been responded to in a timely manner and all resolved.

Is the service well-led?

Our findings

The general manager told us they aimed to provide people with a person centred and positive experience when they received support from their staff or contacted the office to discuss their care needs. The vast majority of people and the relatives we spoke with were positive about the service. One person we spoke with said, "I am very happy with the care I receive."

The staff we spoke with had a clear understanding of the provider's values and aims for the service and they could use those to provide people with a high standard of service. We found a positive culture, which was centred on the needs of people who used the service and their relatives. Members of staff said comments such as, "Deliver high level of support that is person centred", "Promote independence in people and respect their dignity at all times", "Making sure people are doing what they want to do" and "To enable people to live their lives independently."

We saw the services policies and procedures which set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This again demonstrated the open and inclusive culture within the service.

Services that provide health and social care to people are required by law to notify the Care Quality Commission of important events that happen in the service. The registered manager had notified the CQC of all significant events which had occurred, in line with their legal responsibilities.

All the members of staff were positive about the leadership of the service. Comments included, "[General manager] is fantastic, very supportive and understanding", "They [management team] always listen" and "I know there is always someone at the end of the phone if I have any concerns." Staff commented during a survey in 2016, "Everything is brilliant" and "Team leader is outstanding with keeping staff happy."

All the professionals we spoke with agreed. Comments included, "[General manager] is really approachable. [Team leaders] are willing to talk to us and are very approachable" and "[Management team] respond to emails very quickly."

The registered manager told us they operated in an open and transparent way and welcomed the views of their staff on how to improve the service. Staff we spoke with, and the records confirmed, regular staff meetings had taken place. There were individual meetings for specific roles and locations staff worked in. Specific information important to staff's responsibilities and locations were discussed such as medication, people, how to improve communication between the management team and infection control.

Staff were updated each month through a newsletter with issues that would impact on their role. The

general manager and team leaders also wrote a blog on the services website to update staff on what was happening in the service, updates in social care and expectations of staff. We found staff had a clear understanding of their roles and responsibilities and good communication systems were in place.

The general manager told us that they felt well supported in their role and had regular meetings with the registered manager and provider. They said, "I am really passionate and proud of what the service does. I love working for this organisation." The registered manager told us they had a very good relationship with the general manager and visited the service most days to provide support where needed.

There were effective and robust systems in place to monitor and improve the quality of the service provided. Regular service audits were completed, such as care records, medication records and reviews of the individual support people received. During an audit in 2016 a service manager acquired feedback from people. One person commented, "I really like living at [name of service]. My room is very nice and I have all my own things." Another person commented during a survey in 2016, "Nice to talk to [staff]. Quite happy with my support." We saw regular 'spot checks' were in place where a team leader would arrive unannounced to observe a member of staff supporting people. This demonstrated the service was committed to improving standards and quality of service provision.

The general manager told us the new computer system would also allow the management team to monitor all visits by care staff and ensure they were aware if staff were late or missed a call. This demonstrated that the provider was able to monitor the quality of the service and take appropriate action when issues were identified.

The general manager told us that they were looking at developing the service over the next year to improve how they gain more people's feedback and by encouraging people to be involved in staff recruitment.