Jump 2 Independence Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service in June 2016 and a breach of a legal requirement was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this inspection to check that they had followed their plan and to confirm that they now met the legal requirement. We found that improvements had been made so the regulation was no longer being breached.

The office inspection took place on 11 October 2017, with a visit to people in receipt of a supported living service on 12 October 2017. Follow up phone calls to people, relatives and staff took place after this up to 26 October 2017. We gave the provider 48 hours' notice. This was to ensure that someone would be available in the office as it is a domiciliary care service. At the time of our inspection there were approximately 46 people using the service with a range of support needs such as people living with dementia, learning disabilities, a physical disability and older people.

There were two Registered Managers in post at the time of our inspection. 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's medicines were not always recorded. Instructions were not always available for staff to follow and there were not always explanations when medicines had not been recorded as administered.

Staff were not always deployed effectively to cover all calls, however people were overall very happy with the punctuality of the staff.

Some guidance for staff was not always present, for instance in relation to supporting a person with becoming agitated or some health needs like diabetes or continence care.

Audits were not always effective at identifying when information was missing. New audit systems were being introduced and a new role had been created to focus on quality assurance however this was not yet embedded.

People were asked for their opinion about their care but timely action had not always been taken to incorporate this into the service improvement plan.

People told us they felt safe. People also told us they were supported to move safely around their home and there were risk assessments in place.

Staff wore gloves and aprons to ensure infection control guidelines were met.

Safe recruitment practices were followed to ensure appropriate staff were working with people who used the service.

The principles of the Mental Capacity Act (MCA) 2005 were being followed and staff were checking consent prior to supporting people.

People felt staff were well trained and were knowledgeable about their role. Staff confirmed they received training.

People were supported to maintain their nutritional needs appropriately.

People had access to other health professionals and the service worked with them to support people to maintain their health and wellbeing.

People and relatives told us staff were kind and caring. Staff ensured people maintained their dignity and were supported to remain as independent as possible and make decisions about their care.

People and relatives told us they felt involved in their care and care plans contained personal detail and preferences about how people liked to be supported.

People know how to and felt about to make a complaint. Complaints were acted upon and responded to appropriately.

People, relative, staff and other health professionals had confidence in the staff team and in the registered managers. Staff also had their competency checked.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Peoples' medicines were not always recorded as they should be .

Staff were not always deployed effectively although people were generally happy with the punctuality of staff.

Some information about risks was missing from people's care plans.

People and relatives told us they felt safe and staff understood their safeguarding responsibilities.

Safe recruitment practices were followed to ensure appropriate staff were working with people who used the service.

Is the service effective?

Good

The principles of the Mental Capacity Act 2005 (MCA) were being followed.

People felt staff were trained sufficiently and staff confirmed they had received training.

People were supported with their nutritional intake when necessary.

People had access to health care services and were supported by staff where required.

Is the service caring?

Good

The service was caring.

People told us the staff were kind and caring.

Privacy and dignity was respected and people were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People felt involved in the planning of their care.

People knew how to complain and felt their concerns were addressed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality monitoring systems were not effective to ensure the service was being managed appropriately and safely.

People, relatives, staff and other professionals had confidence in the management.

Staff had their competency checked.

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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.The office inspection took place on 11 October 2017, with a visit to some people on 12 October. Follow up phone calls to people, relatives and staff took place after this. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

We looked at information we held about the service including statutory notifications submitted. Statutory notifications include information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also asked commissioners if they had any information they wanted to share with us about the service.

We spoke with seven people who used the service, six relatives, six members of staff that supported people, and the two registered managers. We also received feedback from ten health professionals who had liaised with the service. We reviewed the care plans and other care records (such as medicine records) for eight people who used the service. We also looked at management records such as quality audits. We looked at recruitment files and training records for four members of staff.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we found that there was not always guidance about 'as and when required' medicine and the application of creams. It was also not always clear the level of support people required with their medicines. At this inspection we found the provider still did not always have clear guidance available regarding some medicines.

People told us they were supported with their medicines. One person said, "They know what I have and I take them myself but they do open the blister pack and put them in a bowl for me with a glass of water to take with them." A relative said, "The staff put cream on my relatives dry skin on a daily basis and also put their eye drops in three times a day." However, some medicine is applied or taken as and when required, sometimes called 'PRN medicine'. Some of the MAR charts that we checked had missing information such as the dosage, where a topical medicine should be applied and it wasn't clear if a medicine was PRN or a regular prescription. One member of staff we spoke with said, "We generally ask people about their PRN medicine as people can say. I am unaware if there is any guidance to follow." There was no personalised information for staff as to how to identify when PRN medicine was required for the person they were supporting.

Staff should sign to state when medicine had been prompted, administered or applied. We found this was not always being completed. For example, one person administered their own medicine, however the care plan stated staff should prompt the person to make sure they did not forget. Staff were not recording they had prompted the person on a MAR. If medicine had not been given then an explanation as to why it had not should be recorded. In another example, one person was prescribed creams to help protect their skin. The MAR lacked detail as to where, how and how frequently it should be applied and on occasion some of the cream was not listed on the MAR chart, when it should have been. In another example, one person was prescribed an inhaler and it was included on their MAR however it had never been signed as given for a four-week period. However, when we asked a member of staff about this, they told us that the person had their inhaler every morning. There were gaps in the recording in people's MAR charts and there were no explanations so we could not be sure that all people were consistently having their medicines as prescribed. Therefore the recording of medicine administration was not consistent. When we spoke to a registered manager about this, they explained that they had noticed more detail was required on topical MAR charts and they showed us a new MAR chart that had been developed, which was due to be used shortly. This meant that action was being taken to improve the recording and the guidance relating to medicines administration, but until this was embedded, we could not be sure that all people were having their medicines as prescribed.

We had mixed feedback about staffing levels. People and relatives told us staff were generally on time. One person said, "Well they are usually on time but will call me if running late for any reason. No, no missed calls ever" and another person said, "They are normally on time but do call if running late. I have never had a missed call." Another person said, "I make allowances for time due to traffic etc but having said that they are normally there or thereabouts on time." A relative said, "Sometimes they come a bit earlier sometimes a bit later but staff never not come." However, the feedback from staff was that rotas were not always effective.

One member of staff said, "Calls sometimes overlap but you can't get to them. Some people don't mind calls being a little late. Another member of staff may be able to pick up the call." The same member of staff went on to say, "It is definitely common to have overlapping calls, especially at weekends. I asked the care coordinator about it and they told me to cut my break short. We just get on with it." Another member of staff said, "I don't think there is enough staff in the company. I don't have overlapping calls but it has been known on other rotas. We have to use some of our break as travel time to get to calls." Another staff member told us, "We're not given enough gap between calls. Calls do sometimes overlap. I'm probably on time for one and late for the other. It's not good. I tend to ring the care coordinator and they do try to sort it." Another member of staff said, "They're struggling at the moment. I'm not asked all the time but sometimes there is a need to cover sickness and staff leaving." We did see some examples whereby some calls overlapped on the rota so the carer would not have sufficient planned time to get to the next call. When we asked the registered manager about this they explained it was due to last minute cover if a carer had gone off sick or there had been some errors. A new call monitoring system was being introduced that would not allow this to happen which would be used shortly. This meant that despite people feeling their calls were generally punctual staff were not always deployed effectively to cover all calls at the correct time.

We saw some people's risks associated with their conditions were not always clearly documented and there was insufficient guidance for staff. For example, one person could sometimes become agitated however there was no information about what may cause the person to become upset or what staff could do to try and calm the person down again. This meant staff did not have the guidance to know how to avoid making the person agitated or how to calm the person down, so the person may become more agitated. There was a risk that the person may receive inconsistent care. In another example, one person was supported to monitor their blood sugar levels for their diabetes. There was no guidance available in the care file about what a safe range the blood sugar reading should be for that person. There was also no guidance about what action to take should the reading be outside of any range. This meant timely action may not have been taken to prevent the person form becoming unwell. A person needed assistance with exercises in order to help maintain their health and wellbeing. Staff and relatives confirmed these exercises were taking place and working well, however this was not consistently recorded in the person's care plan. This meant that if new or different staff attended there was a risk that the exercises may not be carried out, or not carried out correctly which could affect the person's wellbeing. In another example, we saw one person's continence needs were not reflected within their care plan and there was no guidance for staff to follow. We found an incident had previously occurred which left the person in temporary discomfort. We spoke to the person's relatives and confirmed staff now have a better understanding of how to support the person and our conversations with staff confirmed this. This meant some risks to people were not always assessed and planned for to keep people safe.

However, people and relatives told us and we saw there were detailed risk assessments to assist people to move around within their home. One person we spoke with said, "I feel very safe with them when they are moving me." Another person said, "Definitely safe. I can't walk at all and I have equipment. I definitely feel safe in their hands." A relative we spoke with said, "They [staff] have to hoist [my relative] and move them to and from their wheelchair and staff do that very safely ensuring they can't fall." Another relative said, "The staff handle [my relative] gently when moving them around and I have no complaints." When we spoke to staff, we asked them about people's mobility needs and their responses confirmed the information in people's plans and matched what relatives told us. For example if someone required equipment to help them move, this was detailed within their care file with information about the type and size of equipment to be used by staff. This meant people were being assisted to move safely.

People told us they felt safe. One person told us, "Yes I'm very happy with that [feeling safe]. If I am upset when they call they take time to talk to me and this makes me feel safe in the knowledge that they are there

for me if needed" Another person said, "They most certainly do [make me feel safe]. They are so careful with me, nice and chatty, never rush me so I never feel under any pressure with them at all." Staff we spoke with were able to tell us about the different types of abuse and the action they would take if they suspected someone was being abused. Staff also told us they had received training about safeguarding. We saw where allegations had been made or an incident had occurred it had been referred to the local safeguarding authority. This meant people were protected as people were supported by staff who knew and understood their responsibilities regarding safeguarding people.

People and relatives all told us that staff always wore gloves and aprons when supporting people, which meant staff were following infection control guidelines to try and keep people well.

The service followed safe recruitment practices. Staff files we viewed included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with people who used the service.

Good

Is the service effective?

Our findings

At our last inspection, we found that the service was not always following the principles of the Mental Capacity Act (MCA) 2005 and there was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the service was no longer in breach of this regulation, and the required improvements had been made.

The Mental Capacity Act (MCA) 2005 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. People and relatives confirmed staff always asked for their consent before supporting them. One person said, "They always ask my consent first in doing things like do I want my bed made for instance or my curtains open." Another person said, "Yes they will always ask before they do anything and then talk me about what they are doing." A relative said, "The staff do check permission, they tell my relative everything they do, step by step." Staff were able to tell us about mental capacity and how they supported people to make decisions, such as offering them a choice of clothing or a choice about how they were supported. A person who has Lasting Power Of Attorney (LPOA) for health and welfare has the legal right to make decisions and sign agreement on behalf of someone who has lost their capacity to make their own decisions. We saw evidence that LPOA had been considered by the service and saw some evidence of LPOAs in people's files. We saw that decision-specific mental capacity assessments were being carried out and the level of support people needed to make decisions were also been recorded. This meant the service was working within the principles of the MCA.

People told us they felt staff were well trained. One person said, "Most certainly they do. Due to my needs they [the staff] need to know how to move me and assist me to wash and get dressed. They are good staff and well trained." Another person said, "I couldn't manage without them. As I can't walk they help me around, talk and laugh with me and know exactly what I like and don't like." Staff told us they received mainly online training and records confirmed this. One member of staff said, "I had an induction with online training and shadowing. It did prepare me; a lot of it is common sense." Another member of staff said, "Training has been better than anywhere else I have worked" and another commented, "The training was very good online." Other staff commented, "The training is alright, it's hard to keep in my mind as it's not physically interactive" and another member of staff said, "It's online training. Anyone can just watch it but it needs to be more physical. I had two days shadowing but it went too quick." This meant that some staff felt they would have preferred more face to face training or a longer period of shadowing. However, people felt their care staff were knowledgeable and had confidence in their ability.

Staff felt supported in their role to effectively care for people. One member of staff said, "I've had at least three supervisions, they are useful" and they went on to say, "I've needed help in my personal life and they have been brill." Another member of staff said, "The seniors or the on call are always there who we can call" and they went on to say, "I have a supervisions about every six weeks." Another comment included, "I have supervisions. I can speak about how I feel and they sort it out for me." This gave staff the opportunity to meet with a more senior member of staff on a one to one basis to discuss their role. This meant staff felt they had the support they needed to work effectively and to continue to care for people.

Some people we spoke with were supported by relatives to make their meals. However for those who were supported, they told us the help was suitable. One person said, "I am not a big eater but they will make me breakfast, lunch or tea if I want them to. Lunch will either be a microwave meal or soup and tea - whatever I may fancy." Another person said, "The staff get me breakfast, whatever I want with a cup of tea and cook me lunch. Today I am having stew and they have prepared it in a slow cooker at my breakfast call and will get it me at lunch time. They will sometimes cook as well and prepare my tea again." A relative said, "Another relative usually supports [my relative] but the staff do help my relative to eat sometimes very slowly and carefully using special utensils." We saw a Speech and Language Therapist (SaLT) had been involved for some people who needed a specialist diet and we saw evidence that staff had been advised what the consistency of food and fluids should be following SaLT guidance. This meant people were supported to have their nutritional needs met.

People and relative's told us that other health professionals had been involved with people's care when necessary and we saw evidence of this in people's care files. One person told us, "I kept being sick and going cold. The staff were worried so they called the ambulance and made sure a relative stayed with me." Another person said, "The staff will let the nurse know if they find anything untoward so I feel very safe in their hands." Other comments included, "Due to my health condition the staff check me all over and will notify the doctor or nurse if they find something they think needs attention" and "Staff recently let themselves in to my house as I was not out of bed. They were worried but it was due only to me oversleeping after a late night so I know they would get help to me if required to." One relative we spoke with said, "My relative doesn't have any pressure sores at the moment, the staff are good with that. They always highlight if there is a change and let me know but generally we don't need to district nurses as the staff jump on it." Another relative said, "The staff are very quick, they've phoned for an ambulance before. They always keep a look out for different things." We saw in people's files that other health professionals were consulted to help maintain people's health and wellbeing. Examples of professionals involvement included opticians, occupational therapists, social workers and GPs. One professional we got in touch with said, "The organisation works well with health and social care colleagues." A social worker we had contact with told us, "Their communications with social care were always timely and appropriate." This meant people were being supported to access other health professionals to help maintain their wellbeing.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring. One person said, "The carers are nice and talk to me and I have no complaints." Another person said, "I could not do without them. The carers will do anything for me, are so nice and caring toward me in the way they do things, I am well pleased." A relative said, "They are all very good with my relative, even the newer ones that are now coming and all show a caring approach toward my relative." Another relative told us, "I am very pleased with the care my relative gets. The staff all get on well with them, are polite and chatty and they like them all." Other comments from relatives included, "I could hear the staff when I was in the hallway, they're so kind to my relative, the staff hold their hand" and, "My relative always gets their full time and carers sit and talk with them. Some are very chatty!" This meant people felt staff that visited them were kind and caring.

People's dignity was respected by staff. One person we spoke with told us, "They make sure the door is closed and that I am covered when washing me down." Another person said, "The staff are most respectful when assisting me on the toilet and making sure I am covered up where it matters!" Another person commented, "They close the down the blinds and when drying me make sure I am never without a towel to cover me." Relative also made positive comments which included, "They close the door when washing my relative and if my relative had any issues they would say but they say staff are very respectful" and, "Very respectful for my relative's privacy and dignity. They close the door when administering personal hygiene and even when helping my relative with their false teeth." A relative also said, "A male carer visits my [female] relative and he is good at holding up towel to keep her modesty. Staff always cover her with a blanket when being hoisted so nothing is on show." Staff were able to give examples of where they would help maintain a person's dignity such as keeping the door closed and keeping people covered during personal care. This meant people felt they were supported to maintain their dignity.

People and relatives also told us people were supported to maintain their independence and make decisions about their care. One person said, "I am involved with my care personally and talk with them about it as we go along." Another person said, ""They always ask what I want, stay their allocated time and never rush me." Someone else said, "I do have a say and they listen. " Another person told us, "In the time I have had them I feel fully involved in my care with them and well informed of other options I could have used." A member of staff gave us an example, "I always ask [person's name] if they want to wash their own face and top half." Another staff member said, "I ask people. I give them the information and ask what they would like." This meant people were encouraged to retain their independence and do what they were able to for themselves, whilst their dignity was maintained.

Good

Is the service responsive?

Our findings

People and relatives told us they were involved in their care and the writing of their care plans. One person said, "I feel fully listened to and involved with my care." Another person said, "I have full input to all aspects and fully aware of alternate options." A relative said, "We are fully involved in planning our relative's care with the company and any changes are discussed and agreed with them." One relative said, "They [a member of staff] did ask myself and my relative if we minded male or female staff." We saw that care plans contained detailed information for staff about people's preferences and how they liked certain tasks to be carried out. We saw that plans were reviewed and people told us they were involved in those reviews. One person said, "Yes they ask me about it [care plan] and if I am happy or any changes needed." Another person said, "Well in the time I have been with them there hasn't been any changes really but they do always ask if things are fine or has anything changed with me." Another person said, "Well as I have only been with them since [date] so nothing has changed as yet, but I am fully confident that they would respond to anything if it did." This meant people felt involved with developing their plan of care and were consulted about any updates or changes to their care.

People and relatives were all able to tell us how they would complain, that they felt able to and that their concerns were addressed. One person told us they had complained as they did not like the staff visiting them, they told us, "It showed that I was involved when I had those poor carers at the start that they changed for me after I told them I wasn't happy with them" and they went on to say, "I complained to the office, and they did sort it out and they have not been back since." A relative said, I am able to speak to staff if I am unhappy and they take it on board" and they went on to say, "I'm happy to complain and action has always been taken." Another relative told us, "Every time I find something I don't like I mention it and they do everything they can" and went on to say, "I feel comfortable to raise things; they don't seem to take offence if I raise things." We saw there was a complaints policy in place and that both compliments and complaints were recorded, action taken and were responded to. This meant the service was open to feedback and acted to improve care for people who used the service.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection, we found that systems in place to assess, monitor and improve the quality and safety of services were not always effective. At this inspection we found that new audit systems were being introduced but they had also not always been effective and had not yet fully embedded.

We saw audit systems were not always effective in identifying concerns. For example, an audit had been carried out on a person's daily notes, we found this did not identify the concerns we found regarding guidance for staff about care delivered by relatives. The medicines audits did not identify missing information regarding the medicine and poor recording about administration of medicine by some staff. The registered manager showed us an example of a new MAR chart, however as this was not yet in use we could not be sure it would be effective in addressing the issues we found.

Care plan audits were not always effective. For example, one person's plan did not guide staff how to support them when they became agitated. In another example one plan used the wrong gender description to in relation to the person or the incorrect name. We found some care plans had not been audited for several months and therefore some omissions had not been identified. When we asked the registered managers about this they said, "We can't audit all files every week for each person. I don't know why staff have not informed us so we could update the plan." They explained a new job role had just commenced which focussed on quality assurance, however the process was still being developed. We did find examples of effective changes within the audits, for example, one person's skin assessments had not been carried out in order to monitor the person's skin, the audit identified this and action was taken the following week. This meant people were at risk of receiving inconsistent care but steps were being taken to improve audit processes.

The provider was able to give examples of some people they supported who had religious needs were supported with these as staff assisted them to attend places of worship. However, the service also did not consistently collect or utilise information relating to people's sexuality. This meant the service could not always be sure they were effectively supporting people with maintaining same-sex relationships or ensuring people could be open regarding their sexuality, if they chose to.

Most people told us and we saw evidence that people were asked for their opinion about the service. One person said, "Yes had a survey sent in the post to me" and, "I have had one feedback survey request." A relative also confirmed, "Yes we have and sent it back to them." We saw that the results had been analysed and some action had been taken. However, a service improvement plan had been developed but the actions from the survey results had not yet been updated on the plan. This meant the service was proactive in seeking people's views but had not always taken timely action to use the feedback to improve the quality of the service people received.

People, relatives and staff had confidence in the way the service was run. There were two registered managers. Most people and relatives did not know who the registered managers were but they felt they could call the office and felt communication was effective. Comments from people included, "Very good,

very supportive, very helpful," "Very good, I am happy with the service and they keep us well informed" and "It is fine, in fact they are all brilliant and I think it is well managed." Another person said, "It has improved and management do listen if you have a complaint." A relative we spoke with said, "My relative is very happy with it and that is what matters most to us. Personally I would say it is very well managed, they are all very approachable and we feel fully involved throughout." This meant people felt able to approach senior staff to discuss things and felt the service was well managed.

Staff told us and we saw documented evidence they had their competency checked by having spot checks when they were visiting people. One person said, "They have occasionally been and carried out spot checks on the carers." A relative also confirmed, "Yes we have had spot checks." One member of staff said, "Yes I have spot checks, they ask us questions, ask us why we are doing things, check we do the medicine right and then speak to the people after we have left." Another member of staff said, "Managers come to observe me in a call. They give feedback at my next supervisions and it helps to know when doing things right." Staff also gave us positive feedback regarding the registered managers. One member of staff said, "They look after staff. It feels like a family company. I like it being small. I can go to both the managers." This meant staff felt able to speak to senior staff if they needed to.

Professionals we spoke with also told us the staff team worked well with them. One said, "I have always found the staff team to be professional and approachable" and another said, "They are approachable when you phone." Another health professional said of one of the registered managers they had come into contact with, "The manager is always approachable and when I have done a joint visit with her she responded well to people" and they went on to say, "Jump 2 Independence staff do appear caring and have always seemed very open minded and non-judgemental." Another health professional commented, "Staff appear committed, resourceful and tenacious in terms of securing good outcomes for people." This meant the service worked well in partnership with other organisations and health professionals found the service and registered manager approachable.