

Jump 2 Independence Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Jump 2 Independence provide domiciliary care to people who live in their own homes and also provides supported living services. At the time of our inspection, there were 67 people using the service.

People's experience of using this service:

- People were protected from the risk of harm and abuse by suitably skilled staff who had received relevant and appropriate training to recognise and report signs of abuse and risk. There were sufficient numbers of staff to meet people's needs.
- Staff felt supported in their role by an approachable management team who worked well with each other to provide consistent care and support for people. The staff team worked well with other professionals and organisations to ensure people received effective care and support as needed.
- People were encouraged to maintain their independence and staff understood how to protect and preserve people's rights. People were treated kindly by a friendly and caring team of staff.
- Staff knew people well and were able to respond to people's individual needs and preferences.
- The service had systems in place to respond to complaints or compliments that were received from people or relatives.
- The registered managers had systems in place to drive improvement in the service.

The service met the characteristics of Good in all areas. More information is contained within the full report.

Rating at last inspection: The service was rated as Requires Improvement (report published 21 December 2017).

Why we inspected: This was a planned inspection based on the date and the previous rating of the service.

Follow up: We will continue to monitor the service through information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Jump 2 Independence Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Jump 2 Independence are a domiciliary care agency who provide personal care support to people living in their homes in the community and within a 'supported living' setting.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection site visit activity started on 13 March 2019 and was announced. We gave the service four days' notice because the location provides a domiciliary care service and we needed to be sure that people's consent was gained for us to contact them for their feedback.

What we did:

Before the inspection we reviewed the information we held about the service. We reviewed the Provider Information Return (PIR). This is information we ask the service to send to us to give us key information such as what it does well and any improvements they plan to make. We looked at notifications we had received

for this service. Notifications are information about important events that the service is required to send to us by law, such as serious injuries, safeguarding concerns and deaths. We considered feedback we had received from the Local Authority and used this information to formulate our planning.

During the inspection we visited the office location to see the manager and office staff; and to review care records and policies and procedures. The expert by experience made telephone calls to people who use the service.

We spoke with twelve people, three relatives, three members of staff and the two registered managers. We looked at five care records, five staff files, medication administration records, accidents and incidents records, complaints and compliments and records that related to the management and running of the service such as audits and improvement action plans.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At our last inspection, we rated the safety of the service as Requires Improvement. At this inspection we found that improvements had been made and the rating has now changed to Good.

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- There were enough staff to meet the needs of people.
- People told us that they received their care calls on time and by the correct amount of staff. However we received a mixed response in relation to people receiving continuity of calls from the same member of staff. We raised this with the registered managers who stated that they were aware that some people, particularly on weekends did not always have the same staff to support them. The registered managers were looking into making improvements to see how this could work more efficiently for people.
- A staff member said, "There is enough staff; there has been an increase of staff and it is much better now." Another staff member told us, "There was a time a while ago where staff struggled, but we pulled together as best we could. Now, there are many more staff and we have enough travel time between calls and can stay with people for as long as is needed."
- The service had a robust recruitment policy in place that meant staff were recruited in a safe way preventing anyone unsuitable from working with vulnerable people.

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place.
- Staff told us how they used the risk assessments to help them to support people to reduce the risk of avoidable harm.
- Where people had specific health conditions such as diabetes, there was a detailed protocol in place with clear guidance for staff to follow to meet the needs of the person.
- Staff knew people well and could identify people's individual risks and told us the actions they took to support people and to keep them safe.

Using medicines safely

- People told us that they received their medicines on time and as needed.
- Protocols had been put in place for medicines that were needed on an 'as required' basis. This enabled staff to correctly administer these medicines in a safe way.
- Medication Administration Records (MAR) evidenced that people had been administered their oral medicine as well as any topical creams and ointments.

Systems and processes to safeguard people from the risk of abuse

- Staff had received sufficient training to enable them to recognise and respond to forms of harm and abuse.

- One person said, "I feel safe with them [staff], they know what they are doing." Another person told us, "I feel very safe with the staff. I am confident they [staff] know what they are doing."
- A staff member said, "We support some very vulnerable people so this is something that is really important."

Preventing and controlling infection

- People were protected from the risk of the spread of infection.
- Staff told us that they wore Personal Protective Equipment (PPE) when supporting people.
- One staff member said, "The company is one of the best I have ever worked for ensuring that we have enough PPE; they don't scrimp at all." Another staff member said, "Infection control is taken very seriously. Even if we are working in a rural area and we run out, the management team will even drive out to us to give us more."

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed. Action plans were put in place when things went wrong to reduce the likelihood of any reoccurrence.
- Since the last inspection, the registered managers had improved practices and systems to provide better and safer outcomes for people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received a pre-assessment before receiving support. This ensured that the service could meet the needs of people effectively.
- Staff shared information in a variety of ways with each other to ensure people's changing needs were recorded and addressed.
- The service promoted the use of champions and had staff in post who promoted best practice in their area of interest such as 'dignity in care' to promote positive outcomes for people.

Staff support: induction, training, skills and experience

- Staff went through a period of induction before they commenced their duties which included reading documentation, policy and procedures and shadowing other experienced members of staff.
- Staff we spoke with told us that they had received training that was both mandatory and optional to suit their own learning and development needs. For example, some staff had been put forward to achieve a qualification in management and leadership.
- The registered managers told us that they supervised staff every four to six weeks. Staff we spoke with confirmed this and told us that supervision gave them a platform to discuss any problems or issues they have and to discuss their own developmental needs.

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

- Care plans we viewed contained information about people's dietary needs and preferences.
- For people who required specialist diets, or who had specific nutritional needs we saw that advice from relevant professionals had been sought and staff were supporting people in line with people's requirements.
- One person told us, "Staff prepare my meals for me. I have ready meals and the staff will always ask what I fancy that day. I am always left with plenty to drink too."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked well with other organisations to ensure people received care and support in a timely way. For example, staff liaised with social workers to enable people to receive reassessments when their care needs had significantly changed.
- One staff member said, "We attend care reviews for people." Another staff member said, "We support people to attend appointments and access the healthcare support they need." We saw that one of the registered managers was due to attend a care review for one person. This supported what we had been told by staff.

- The registered managers told us that they were in the process of completing 'health passports' for people which would be particularly beneficial for people with complex health needs but this was not yet something that was happening in practice.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working within the principles of the MCA. Staff demonstrated that they had a clear understanding of the MCA and its principles and people had mental capacity assessments in place.
- A staff member said, "Everyone should be assumed to have capacity unless it is proven otherwise and everyone has the right to make a decision to take a risk." Another staff member said, "Capacity is about whether somebody can make an informed decision based on the information they are given at that specific time. We can support people to help them make decisions."
- Staff we spoke with told us how they gained consent from people before supporting them with their care needs. Where people were not able to give consent, staff told us how they spoke with people to let them know how they were going to help them and how they issued instructions so people had some awareness of what was happening.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke highly of the service and told us that they were treated well.
- One person we spoke with said, "The care staff are lovely." Another person told us, "The staff are gentle and caring with me. We have a good rapport."
- Relatives also confirmed what people were telling us and we received comments such as, "There are no problems with the staff; they are all polite and caring" and "Staff are always great with my relative; staff ask how they [relative] is and do everything that is needed. The staff are all nice and ensure they chat to [relative's name]. I have no complaints."

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

- The service took into consideration the diverse needs of people and considered the protected characteristics under the Equality Act 2010 such as race, religion and sexual orientation when planning people's care. People were asked specifically about any needs and preferences and this was documented in people's care files.
- The registered managers promoted the use of advocacy services. An advocate is someone who can support people who have difficulty making decisions and expressing their feelings, wishes and opinions. We saw how one person had used an advocate and how this had benefitted them.
- People told us that they were involved in the planning of their care. One person said, "I have a care plan and the staff did an assessment. The care plan covers my needs and I am happy with it."

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their independence. One person said, "The girls are lovely and support me in such a way that keeps me independent." Another person said, "I can do things for myself and staff recognise that; we work together."
- Staff told us how they respected people's privacy saying, "I ensure that I close doors and curtains when I am supporting people with personal care. I use a towel to cover people so that they maintain their dignity."
- One person said, "They will give me a wash while I'm in bed. They make sure they look after my modesty by using towels. I have plenty of towels for them to use. They are always checking I'm alright and they aren't hurting me. They see to everything, they are marvellous." This evidenced what staff had told us and demonstrated people had their dignity respected.
- Staff we spoke with demonstrated that they were respectful of being in the homes of other people. One staff member told us, "We don't just walk into people's houses; we knock and say hello so people know that we are there."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were individualised and took into account people's preferences and wishes. People had their life histories documented and people received care that was tailored to meet their needs.
- Where necessary, people's relatives had been involved in developing a person's care plan. However, we received mixed opinions from people and relatives in relation to people being involved in reviews for their care and support.
- The registered managers understood their obligation in relation to meeting the Accessible Information Standard (AIS). The AIS places a responsibility on the service to identify, record, share and meet the communication needs of people with a disability or a sensory loss. Where people had communication needs, the service had adopted their practices to meet these needs. For example, interpreters had been working with people who did not speak English as first language.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. When complaints had been made, the registered managers had responded in line with their policy and we saw evidence of this.
- People told us that they knew that the complaints policy existed and would feel able to make a complaint should they wish to do so.
- One person said, "I would ring the office if I was worried about anything." Another person said, "If I had a complaint, I would ring the managers. They do listen to what you say and deal with any issues."
- We received some feedback stating that the registered managers were not always pro-active at returning calls when people or their relatives had contacted the office by telephone. We shared this feedback with the registered managers for them to address.

End of life care and support

- At the time of our inspection, no one was in receipt of end of life care.
- People were asked as part of the assessment process if they had any specific end of life wishes. Whilst not everyone responded in the same way, the registered managers acknowledged the sensitive nature of this topic and understood the importance of being aware of people's wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection, we rated the service Requires Improvement under the key question of Well-Led. At this inspection we found that improvements had been made and the rating has now changed to Good.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered managers were committed to providing high-quality care for people and new systems had been introduced to ensure this was happening.
- The registered managers said, "We are delivering care alongside staff and we are embedding best practice through leading by example."
- People told us that they knew who the registered managers were and spoke highly of them. One person told us, "I have met both of the registered managers as they have been to care for me. They are both very nice." Another person said, "[Registered manager name] is very nice and approachable."
- Staff we spoke with told us, "The managers have an open door policy and they have helped me so much. I have no complaints at all." Other comments we received from staff included, "The registered managers are approachable and will embrace any ideas I bring to the table" and "The registered managers lead by example; they just get out there and do it. I think they are brilliant and I really believe in this company."
- The registered managers understood their responsibilities in relation to Duty of Candour. The Duty of Candour is a statutory legal duty to be open and honest with people and their families when something goes wrong that appears to have caused or could lead to significant harm in the future. The registered managers told us that they had not had cause to respond to anyone under this duty but said, "We are open and honest and whistleblowing is an item on everyone's supervision agenda."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The ratings of the service were on display in the office and on the service website. Statutory notifications had been submitted to us, as required by law. This showed us that the registered managers understood their registration responsibilities.
- The registered managers had employed deputy managers who were receiving management training. This was to allow the registered managers to continue with their managerial responsibilities whilst deputy staff supported them to have an oversight of the day-to-day running of the service.
- Audits were completed on a regular basis. The registered managers had acknowledged that this was an area for improvement at the last inspection. Since this time, there was now a quality assurance officer in place who had the responsibility for improving and sustaining quality in practice and the service had worked alongside the local authority quality assurance officers to ensure the safety and quality of the service was

improved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us that they received surveys and questionnaires to complete as a way of providing feedback about the service. However, some people we spoke with told us that they did not always fill these in. Records we saw evidenced that surveys had been sent out and confirmed that the numbers of questionnaires that were returned was often low.
- The registered managers provided us with examples of how they had addressed feedback from the surveys that were returned. We saw that action was taken where necessary to provide better outcomes for people.
- The registered managers told us, "We tell staff to wear their uniform with pride and be ambassadors of our company. It has been a real nice experience to be able to get to know the service users and know the things that matter to them. We need to give staff the voice to say if something is good and to let us know if it isn't, we want to know that too."
- Staff were consistent in telling us that they received supervision with the managers. One staff member said, "I find supervision really useful as I can discuss things about me and my job role." This meant that managers engaged with staff and used this as a way to identify areas of good practice as well as areas for improvement and development.

Continuous learning and improving care

- The registered managers told us, "We are desperate to make improvements and staff go above and beyond to show how they care. Recording can sometimes be an issue so we are working hard on that too. We are so passionate about our service and want this to be recognised."
- The change of inspection rating demonstrated to us that the registered managers were committed to making and driving improvements to achieve effective, high-quality care and support for people.
- The registered managers used best practice initiatives to keep up-to-date with changes within the adult social care sector. They said, "We are always learning in this sector and as long as we are open to that learning, it can only promote best practice."

Working in partnership with others

- The service worked well with other agencies and professionals in the best interests of people and we saw evidence of how this had benefitted people. For example, the service had developed a good working relationship with another care company and were able to share their training facilities. As a result, staff received bespoke training about a specific health condition and this was put into practice in the community for a specific person who needed this specialised support.