

J&C Healthcare Ltd

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Inspection report

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Date of inspection visit:

24 May 2023

25 May 2023

26 May 2023

Date of publication:

26 July 2023

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

J&C Healthcare - Main office (hereafter called J& C) is a domiciliary care agency which provides support and personal care to people living in their own home. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 126 people were receiving a regulated activity from the service.

People's experience of using this service and what we found

People were placed at the heart of the service and received care personalised to meet their needs. People described numerous occasions staff went above and beyond to support people to live fulfilled lives.

People were extremely complimentary about the caring, compassionate and kind nature of staff. People told us they felt safe and looked forward to the staff visiting them.

People said staff understood their likes, dislikes and preferences and went out of their way to treat them with dignity and respect whilst supporting them to maintain or improve their independence. Staff had developed friendly relationships with people and knew them well.

The management and staff team went above and beyond to learn about people's life experiences to ensure they delivered care that was extremely person centred.

People were placed at the centre of their care and their risks were assessed and reviewed regularly to ensure care remained reflective of their needs. There were sufficient numbers of trained staff to support people. Staff had the appropriate recruitment checks to ensure they were suitable for their role.

People and their relatives were involved in all decisions about how they wanted their care and support needs met. People spoke positively about the professional relationships they had with staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were encouraged to give their feedback and views about the quality of the service they received. Communication systems used to share information about people's care and support needs was extremely effective and responsive.

Staff had an excellent understanding of what was important to people and delivered care in a way they wished to receive care. Care records were personalised and regularly reviewed. When people's needs changed, this was identified quickly and appropriate action taken promptly to ensure people's well-being

was promoted,

People said the service was exceptionally well run. The leadership within the service was strong and an open and positive culture was promoted. The provider was passionate about providing person centred care. Staff said they felt valued and were listened to by the provider. Staff were confident in their roles and were aware of their responsibilities and said they had access to support and training they needed.

Effective quality audit checks were in place and completed regularly to monitor the quality of the service provided. People and their relatives felt any concerns or complaints would be handled appropriately. People were happy to recommend the service to family and friends based on their own experiences

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

Rating at last inspection

This service was registered with us on 23 December 2021, and this is the first inspection.

Why we inspected

This was the services' first inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below

Outstanding ☆

J&C Healthcare Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector, 1 assistant inspector and 2 Expert by Experiences. 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key

information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 14 members of staff which included the registered manager. We spoke with 15 people and 15 relatives of people who were receiving personal care and support. We contacted 5 health and social care professionals for their feedback. We reviewed 8 people's care records and risk assessments. We looked at medicine administration records, 3 staff files in relation to recruitment, training, and staff supervision. We also reviewed other records relating to the management of the service, including audits.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Robust systems and processes ensured people were protected from the risk of abuse or avoidable harm.
- Everyone told us they felt safe with staff from the service. One person said, "[Staff] know me and look after me well, so I feel perfectly safe with them". Another person said, "I am very comfortable with all the [staff] and know I am safe with them".
- All the staff said they had been trained about how to protect people from the risk of abuse and felt confident in raising any concerns. They told us the management team reinforced their knowledge and learning regularly around the actions to take. One staff member commented, "I would contact the office to inform them of my concerns. I would go to adult social services if nothing was done." Another staff member said, "I would phone the manager and report it to them. I would put it all in my notes. I would phone adult social care if I needed to."
- Records demonstrated referrals were made to the local authority safeguarding team, as required.

Assessing risk, safety monitoring and management

- Exceptionally clear and individualised risk and care records were in place which provided guidance for staff to manage people's assessed risks in a consistent way.
- Risks that went beyond the remit of people's planned care calls were also identified and dealt with quickly. One relative commented, "There was a full risk assessment including [person], the house, aids that were needed, in fact anything to keep [person] safe."
- Thought was also given to risks that might be one off concerns, such as outings, these were also taken into consideration.
- The management team regularly used social media to provide people and relatives with updated information to ensure people remained safe and care delivered reflected individual needs.

Staffing and recruitment

- People confirmed they received a consistent service and generally had the same staff visiting them, which provided continuity of care. They told us staff did not rush them. One relative commented, "The carers do stay the time and the agency do their best to ensure it is a regular carer". One member of staff said, "Staffing is amazing here and you feel under no pressure and 100% we are able to cover with our own staff team."
- Staff told us and systems demonstrated travelling time was factored in between care calls, which meant they did not need to cut calls short to get to their next client.
- People were kept informed if staff were delayed. One person said, "They do call to let me know if they can."
- The provider carried out background checks to make sure staff were safe to work at the service, including

DBS (Disclosure and Barring Service) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Where the service was responsible for people's medicine, people received them as prescribed.
- Staff confirmed they received training, had their competencies checked and were confident to administer medicines.
- Medicines were managed via an electronic care planning system. This ensured the correct medicine was offered at each care visit and validated to confirm administration. Missed or refused medicines were alerted to the management team and where required, action was taken such as seeking medical advice.

Preventing and controlling infection

- Staff were trained in effective infection prevention control practices. This included specific processes for the use of Personal Protective Equipment (PPE). One person said, "I feel perfectly safe with [staff] as they are always changing their gloves in between doing [different] things."
- The provider ensured staff had access to PPE such as gloves and aprons for personal care.
- The provider had infection control policies and procedures in place.

Learning lessons when things go wrong

- The provider had in place a system to analyse incidents and accidents and were able to explain the actions they had taken to reduce the risk of re-occurrence in the future.
- Staff confirmed there was an open learning culture within the service when things went wrong. They confirmed they felt confident to report any concerns to the management team and incidents would be addressed in a timely way and used as an opportunity to learn.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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's needs, preferences and choices were comprehensively assessed to ensure the service was able to meet individual needs. This included consideration to people's protected characteristics as part of the Equalities Act 2010 which includes age, disability and religion. One relative said, "The co-ordinator came to the house at the beginning [of service] to go through everything thoroughly. She was brilliant and organised aids to be fitted. She went thoroughly through [person's] background, likes and dislikes and left me feeling confident". A person commented, "They did ask a lot of questions at the first meeting, and I felt that they were interested in me as a person".
- Care records were regularly reviewed to ensure people's care and support needs were continually being met.

Staff support: induction, training, skills and experience

- People and their relatives told us staff had the skills to carry out their roles effectively. One person commented, "I think all the staff are well trained."
- The provider ensured staff had the skills and knowledge to meet people's varying needs by providing thorough training and support to staff.
- This included induction, shadowing more experienced staff, regular supervisions, and observations to check staff learning had been translated effectively into day to day working practice. One member of staff said, "I done induction and a few shadow shifts and met the staff. I went through everything really and I felt like it was nice to meet the clients and get introduced to them before you start on your own". Another member of staff said, "I think the training is brilliant, I have just started my NVQ 3 and [provider] has offered that to everybody."
- Staff told us the management team were supportive and constructive when providing feedback following an unannounced spot check.

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

- Where the service was responsible, people confirmed staff supported them to have enough to eat and drink. One person commented, "The carers give me prepared meals from the freezer after I decide what I want. I have never been given a meal that wasn't cooked properly."
- Staff knew people's nutritional needs well and explained the role they played when supporting people with their food and hydration.
- Where people required support with eating and drinking, care records detailed people's individual likes, dislikes, support needs and dietary requirements.

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

- Care records contained essential information about a person's health and well-being to inform and guide staff on how best to support each person.
- The provider's electronic care system enabled staff to record any changes in a person's needs and report these to the management team who contacted relatives or healthcare professionals for input.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us they were involved in decisions about their care and support needs. They confirmed staff asked for their consent before supporting them. One person said, "The carers are always asking me if it is ok to do something."
- Staff told us they understood the importance of involving people in decisions about their care. One member of staff said, "We always assume everyone has capacity unless paperwork says otherwise so any decision, they make they can make. It is not our job to stop people doing things that is their choice but if we have any concerns about someone and if we felt it was becoming unsafe, we will report any concerns and, in the meantime, would just advise and encourage people".

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was a strong person-centred culture at the service. People told us they were able to build positive and caring relationships with the staff who supported them and with the provider. Care provided exceeded expectations and led to consistently positive outcomes for people.
- People described the exceptional kindness shown by staff who went above and beyond to enhance the quality of people's lives.
- For example, one person said, "I got talking about Christmas lights to one carer and the next time she came, she turned up with some for me. [Staff] do whatever they can to make your life easier". One relative said, "I lost my dad; they came to his funeral and brought my uncle who they knew was desperate to be there. The carers took time to share with me how excited my uncle was about coming out with me the other day. I was so touched, because sometimes he says very little and if he is having a bad day with his dementia, you don't always know what he is feeling. It meant a great deal to me." And "[Carer] was talking with Dad about his favourite song, she found it on her phone so that if he wakes in the night, she can play it to him. They really do care." Another relative commented, "One of Mum's regular carers was chatting with her about food, and they got talking about fish and chips. Mum said she hadn't had real fish and chips for years and the carer offered to bring her some as she went past the chippy on her way there. Mum loved them. It was very kind of her and just shows they do care".
- Other examples of the provider and staff going above and beyond included staff and the management team completing tasks in their own time such as, buying cards or gifts on behalf of people so they could give their family members birthday or thank you presents. Another member of staff supported a person to visit the zoo which benefitted their mental health. Whilst another member of staff supported a couple to attend their relative's wedding, by helping them in their own time prepare for the event.
- When talking to people about the care they received they were full of praise; everyone wanted to tell us about everyday acts of kindness they had received from the staff or provider. Comments included, "I think they [staff] are all wonderful and I am indebted to them all." "You couldn't wish to meet a nicer lot of carers". "The carers treat me like a real person rather than like an old lady. I appreciate that". A relative commented, "I just wanted to let you know, how amazing and thorough we feel [care staff name] is. They were absolutely outstanding with my parents today. My dad was on the floor when [staff] arrived and [staff] dealt with it so professionally. Even the Ambulance Crew praised [staff] actions and said how thorough and caring they were. She really cares about them." Another relative said, "All the carers go the extra mile every day. They get [Mum & Dad] laughing if they are having a down day. Mum and Dad really look forward to seeing them each day." And "[Staff] has discovered Dad's favourite biscuits and always brings him some. He really perks up when she arrives. This attention to detail supported people's well-being and helped them to remain

comfortable and maintain their independence.

- Descriptions of the service used by both people and staff were of a consistent theme; the provider and staff care for people in a way they would expect their relatives to be treated.
- The management and staff team demonstrated genuine empathy for the people they cared for. They understood the impact of social isolation for people living alone and went out of their way to reduce the impact. For example, the registered manager often visited and spent time with people outside their call times to avoid people feeling isolated in their homes.
- The management and staff team spoke passionately about people and demonstrated a desire to improve people's health, well-being and care experience. They told us they treated people as they would like their own family members to be treated.

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

- The service was exceptional at helping people to express their views so that staff at all levels understood their views, preferences, wishes and choices. This led to the development of meaningful relationships based on trust and mutual respect. Staff worked with people to make sure they felt empowered when making choices and decisions.
- Without exception everyone said they were involved in the planning and any decision-making about their care needs and requirements.
- Regular communication between people, family members and professionals occurred which meant important information was shared about people's well-being or changes in a person's needs.
- Staff championed people's rights and were skilled in exploring different options for people. They utilised support from relatives and health professionals to support people with their decision making. One person said, "The carers talk to me, ask me how I am and what I would like. We have good conversations which I love." And "I have had a couple of calls and I definitely feel that they are responding to what I say."
- Feedback was exceptionally positive and demonstrated people were placed at the heart of everything the service did. Comments included, "I can't think of anything that they could improve." "I would recommend them wholeheartedly and to anyone. They are the Best", "The whole family would 100% recommend them. Their service has made all the difference", "I really feel welcomed and happy to be looked after by them" and "I wouldn't change anything and would have no hesitation in recommending them." This meant there was a proactive approach to understanding the needs and preferences of people using the service in order to deliver care that was truly person centred, which was accessible and promoted equality.

Respecting and promoting people's privacy, dignity and independence

- The management and staff team were passionate about respecting people's privacy, dignity, and independence. This was fundamental to the culture of the service whose aim was to 'keep putting smiles on faces' and treat everyone with dignity and respect along with promoting independence to keep people in their own homes.
- Staff recognised support could be intrusive and worked hard to develop relationships with people to ensure a person's privacy and dignity was respected and they felt comfortable with staff.
- People confirmed staff treated them with sensitivity and respect and said they felt listened to in relation to their protective characteristics, individual choices, and preferences. One person said, "The staff treat me with respect. When helping me to wash they will wash a certain area, then cover me up, they will help me with my clothes and never leave me feeling embarrassed". This meant people were empowered to take control of their care, express their views whilst being supported to increase their independence.
- People's independence was understood to be a central part to a person's care routine. All the staff knew people well, including their personal histories and what was important to them. One relative commented, "The carers know exactly how to get round situations where [person] has to have a shower but doesn't think they need one. They will let it go for a day, by getting [person] to have a little wash, but then [person] knows

they won't get away with it again. There is no forcing them to do anything, they just respect each other and know how to talk to [person]". This meant people's independence was maximised as they were empowered to have control of their own lives.

- Staff provided examples of how they promoted people's independence and enhanced people's well-being. Staff recognised the impact on a person's well-being when losing their independence and looked for ways of overcoming any obstacles to their independence. They explained how they supported people to pursue different interests and how this had made a positive impact on their wellbeing because they were partaking in pastimes they enjoyed.
- The registered manager and staff we spoke with all knew people well, including their personal life histories and what was important to them. One staff member said, "With a new client I go in and introduce myself and sit down with them and have a little conversation with them and ask what they would like and try not to take away any independence they have. I believe they should keep that for as long as they can, we have all the information on our phones to read before we go in." One person said, "They (carers) know I like to be independent, so they will let me try things and just step in if I am struggling. They never take over though."
- This personalised approach impacted positively on people's well-being which resulted in people being more engaged with receiving care, as well as increasing their independence. For example, 1 person who required 2 care calls a day due to lack of confidence following a health condition; has now regained their confidence with the support of staff. As a consequence, this person now only requires 4 calls a week.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service promoted a strong person-centred culture that was committed to making a positive difference to people's lives. The provider and all the staff team were extremely enthusiastic and passionate about providing care and support that reflected people's wishes and preferences. One member of staff said, "I am building trust up with [person]. We are working up to having a shower. [Person's name] is now going into the bathroom and is washing their hands. It is about working with people at their own pace". This demonstrated the person was empowered to be a part of and in control of every part of their life.
- People and their relatives praised the responsiveness of the service. The registered manager explained it was important staff responded quickly to people's changing needs to ensure people received timely care. For example, one relative commented, "The carer noticed that Mum was having tooth pain, which was bothering her, so she found the dentist number and organised for them to visit." Another relative said, "On two occasions [staff] have spotted skin which was pre-sore stage and cream was applied which averted anything nastier." A further relative commented, "[Staff] recently were very worried about a growth on [person's] foot so the Chiropodist was called." Whilst a person said, "My carer stayed with me after I had got back from the hospital [catheter fitted] as I was in a lot of pain. She said it shouldn't be like that. Turns out it wasn't fitted right, and the District Nurse had to come and sort it out." This demonstrated the service was extremely responsive to people's changing needs.
- Health and social care professionals told us the service was focussed on providing great care that was attentive on people's needs and wants. Comments included, "I feel that J&C are a very professional company who work well with a wide variety of clients who all have various impairments that affect them differently. They are very person centred and I feel that they always seem to build excellent working professional relationships with each client and their families. Their focus appears to be firmly on ensuring the client's needs are met, and that if there are any issues or opportunities that arise, they make sure to communicate this to adult social care or any other services that seem to be involved" and "J&C have assisted numerous times on requests to help support packages of care often with very little notice, making sure that there is no disruption to the person's continuance of care."
- Care records were exceptionally personalised to the individual, not just containing important information about a person's life but specific details that would ensure people experienced outstanding care. For example, One professional said, "I worked alongside J&C with a client that had caused significant concerns to others. J&C took the time to gradually introduce themselves to the client, to know their history and understand the source of this presentation was firmly rooted in that history and by doing so, supported the client to meet specified outcomes." Another professional commented, "The records provided by the care staff are very good, they pinpoint what the client's needs are and explain when the client can or can't achieve a task. This gives me accurate evidence to inform whether the client needs that care long term. This

is very helpful."

- The provider used a computerised care planning system to assign care workers to specific calls. The system provided an overview of the number of calls a member of staff were allocated. This enabled the management team to allocate staff promptly when urgent requests for care were made.
- Staff commented on the benefit of having care records in an electronic format, because it meant they had opportunity to access updated information quickly. One member of staff said, "All information is on the app, I see what has been done on the previous visits and if there are any extra notes like [a person] needs any medicine or if there is any washing in the machine to get out. Things are updated immediately and if we go in and see someone has been prescribed something new, we let the office know, they update immediately and then it is all on our phones." This meant any changes to people's care and support needs could be actioned straight away to ensure continuity of care.
- Care records including daily visit notes were detailed and were accessible to a person's relatives with the consent of the person receiving care. Relatives could see via an app what happened during their relatives call and whether anything needed following up. It also provided relatives with the opportunity to be involved in their family member's life from a distance.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were identified at the point of assessment. Staff worked closely with people, their relative's and relevant health and social care professionals to develop clear guidance on how to best meet people's needs. Any needs were clearly recorded for staff to refer to. For example, staff supporting people to use hearing aids or glasses when needed.
- Staff understood effective communication was essential to ensuring people had a positive experience of care. One relative commented, "[Person] has no speech, but the carers have found a way to communicate safely with them."
- Printed care plans were available alongside electronic records for those people who chose not to use the electronic system.
- The registered manager told us all documents and information could be provided in different formats such as large print if requested.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The management and staff team strived to learn about people's lives and experiences and used the information gathered to support people to live fulfilled lives. Although people did not always require support from staff with hobbies or interests, staff took the time to identify people's interests to stimulate conversation and support them as much as possible.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise concerns should they need to and said they felt confident these would be resolved quickly. One relative commented, "I have spoken with [registered manager] and he seems very professional and follows things up."
- The registered manager told us concerns were taken seriously and used as an opportunity to improve the quality of service provided.

- The service had a complaints policy which was in an easy-to-read format and was made available to everyone. The process for handling any concerns was clear; we looked at the records of complaints and found issues raised had been investigated and responded to in a timely manner.

End of life care and support

- The management team aimed to provide extremely person-centred End Of Life Care [EOLC]. One social care professional commented, "[Registered manager] and the team feel very passionately about supporting EOLC, we have seen evidence from feedback on how their compassion and response has helped in these times. Staff have been trained under the St Luke's 6 steps program to support EOLC meaning they can be confident and competent when delivering care to individuals with often complex health needs."
- At the time of the inspection, 1 person was receiving end of life care from the service.
- Staff worked closely with people and healthcare professionals to understand and support a person to have the death they wanted as well as to experience a dignified, comfortable and pain free death.
- Care records demonstrated meaningful discussions had occurred with people around their end-of-life preference, where they were happy to do so.

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Through the exceptional leadership of the registered manager a dedicated and motivated staff team had been formed. It was clear the provider's values and ethos of putting people at the heart of the service was embedded in everything the management and staff team did. Staff consistently went above and beyond expectations. This was because the leadership continually demonstrated their values in all aspects of service delivery for example, how staff were recruited, trained, and supported. Staff continually demonstrated people had choice and control of their care and nurtured high levels of engagement with people. This resulted in excellent outcomes for people which were person-centred around their individual needs such as supporting people to maintain or improve their independence as well as developing a motivated staff team.
- The registered manager told us the culture of the organisation was one of continuous improvement and a desire for people to receive the best care. The service was family run with members of the family involved in the day to day running of the service. The provider and management team were visible and led by example. People and staff said they were extremely friendly, caring, and approachable. Everyone knew who they were because they were hands on in the running of the service, attending care calls as needed. This approach had resulted in a dedicated staff team whose focus was to continually develop their skills and perform their role to the best of their ability. This meant family values and culture were embedded within the organisation.
- The management team not only empowered people, but encouraged staff to continuously improve, think outside of the box and treat every person as an individual. The registered manager truly believed that anything was achievable, and this approach positively influenced staff. For example, staff's attitudes, values and actions enabled people to be fully involved in their care and making choices about how they wanted to receive it. People had choice and control over their life and how they wanted to live it. As a result, this had led to high levels of job satisfaction and excellent care provided to people.
- We saw how they drove continuous improvement within the service by working with people and staff to steer development in relation to staff practice and people's experiences. Feedback around how much staff cared about people using the service and one another demonstrated staff felt recognised, supported, and valued and showed how staff worked together to provide the best care for people. Governance processes supported this and were well established and, focussed on the provider's values of delivering tailored person-centred care and continuous improvement. For example, staff told us they frequently had observed practice by a member of the management team which they welcomed; these focussed on engagement, communication and the quality-of-care staff gave people. Staff explained these created better outcomes for

people. Staff received feedback after these observations immediately and any areas for improvement were discussed during their supervision. Information was also utilised to identify staff performance and achieve best practice. This was key to continually adapting the service and to improve a person's experience of care.

- Staff were empowered by the registered manager to go the extra mile for people to provide care that made a difference to people's lives. People's quality of life improved because of the high-quality consistent care they received. Comments included, "I wouldn't change anything and would have no hesitation in recommending them." "I would recommend them wholeheartedly and to anyone. They are the Best." "They haven't failed at anything yet, so I can't think of anything that they could improve."
- Staff successes were celebrated and promoted which created an environment to encourage staff to be the best they could be. One member of staff said, "We have the 'employee of the month' and the 'above and beyond' certificate, any instance when staff go out of their way. The winners are congratulated by other staff and go to the office for a voucher and certificate, so you feel very much appreciated." Staff told us they received regular thanks and praise which they appreciated. This encouraged continual high-quality performance from staff and consistently high outcomes for people using the service.
- External agencies said the service was very well-led. One healthcare professional said, "The [registered manager] is very responsive and engaging and supports the local authority well. He holds the Carers Emergency Response Service and has vastly improved the effectiveness of this service".
- Open and appropriate communication processes were in place with people, relatives, staff and health care professionals. The registered manager understood their responsibility to be honest and open if things went wrong.

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

- The service was led by an exceptional management team all of whom had clearly defined roles and together had contributed to the success of the service.
- The registered manager ensured staff felt valued and offered staff flexibility with their individual work life balance. For example, adjusting staff rotas to accommodate religious observances or family events.
- All the staff we spoke with told us they felt extremely well supported by the registered manager and said they understood their roles and responsibilities.
- Staff told us morale within the organisation was high and every member of staff told us they worked well together as a team. They said they felt positive about working for the organisation and this impacted on how they delivered care to people. Comments included, "It is very well managed, and they are one of the best companies I have worked for. They are very understanding and very helpful and they are always there even if we are not working, they are there for advice." "100% it is well managed. I have seen nothing I think could be done better. They are very efficient and caring, and they know what needs to be done and they get it done. They are genuinely brilliant people; they are so approachable and run the company really well" and "I love it so much. Anything you need, someone is always on the end of the phone."
- Robust governance processes and procedures were in place. All areas of the service were regularly checked to ensure excellent practice and support. Where improvements had been required, the registered manager had immediately responded, and continually strived to improve the quality of the service delivered.
- The provider had prepared themselves and their staff for an inspection, this included discussions about the inspection process, mock inspections and conversations around processes and regulation. The registered manager and management team were present throughout the inspection process and were very responsive to all discussions about the service, staff practice and quality of care.
- The registered manager had a thorough understanding of the regulatory requirements of their role.

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

characteristics

- The registered manager regularly sought the views of people and their relatives about the quality of service provided; along with ensuring the care provided continued to meet people's needs.
- We looked at the provider's questionnaires and the responses. Feedback was thoroughly analysed to see if they could improve any aspect of the service further. Feedback was generally positive.
- The registered manager also sought the views of staff. Staff had regular supervisions and meetings where a variety of topics were discussed. This had resulted in a working environment where staff views and ideas were heard by the management team and had created a culture that had positively impacted on the care people received.
- People and their relatives told us they would recommend J&C Healthcare to others. One person said, "I would tell anyone about them if they needed a service like this."

Working in partnership with others

- The service had established effective links across various sectors to deliver joined up care, share information, offer advice, and provide support on delivering positive outcomes for people.
- For example, the provider and staff regularly worked with local authorities and health professionals to share their approach to care planning and positive person-centred outcomes. This showed how the provider shared and implemented high-quality, outstanding practice. One healthcare professional said, "J&C are a very capable, hardworking and friendly care provider who go that extra mile for their clients to provide an outstandingly high-quality service, and I have had nothing but positive experiences when working with them".
- The service was also actively involved in local charity work; including participating in a skydive to raise funds for St Luke's Hospice.

Continuous learning and improving care

- There was a strong focus on continuous improvement. The management and staff team strived to be the best they could be and looked for ways they could improve the quality of care provided.
- For example, some people raised issues in relation to call times not away's being set. We discussed how the service scheduled calls with the management team and found the service had implemented time slots rather than specific call times to address different priorities and risks. One health and social care professional commented, 'We discussed the efficiency of runs and how J & C combat the market wide issue of balancing client wishes and expectations against being sustainable and efficient, as commissioners we were very pleased with the proactive approaches J & C take. This included setting time 'slot's' rather than times and taking time to communicate and manage service users' expectations and working with them to make them feel heard and adjusting runs if required once service users are settled. It is a really good example of best practice.' This demonstrated the service was looking for innovative ways to deliver care in a difficult social care market.
- Staff performance processes were effective, spot checks were completed which looked at staff interactions with people, skills, and conduct as well as having conversations with people about the quality of care received. This demonstrated people's views were a key component of the quality and monitoring process.
- The electronic care management system, medicine management and incidents were regularly assessed. Learning outcomes from incidents, records and complaints were used as an opportunity to drive improvement.
- The provider and registered manager liaised with other organisations, explored best practice, engaged with the local authority, and accessed learning materials to continuously improve their care practice. This was evidenced through the exceptional quality assurance processes and continuous achievement of people's goals and aspirations.

