

JAAAN Services Limited

JAAAN Services

Inspection report

8th Floor, Grosvenor House
George Street
Corby
NN17 1QB

Tel: 01536333222

Website: www.jaanservices.co.uk

Date of inspection visit:

11 January 2024

12 January 2024

Date of publication:

06 February 2024

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

JAAN Services provides care and support to older people and people with a learning disability living in their own homes. At the time of our inspection the service was supporting 24 people.

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.

People's experience of the service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support

Risks to people were assessed and managed. Support plans were comprehensive and personalised to enable staff to provide person centred care. Risks assessments and support plan were kept under review to ensure guidance remained relevant to promote people's safety.

People received care and support from staff who knew them well and understood their individual needs and preferences. Staff supported people to have the maximum possible choice and control over their own lives. Policies and systems in the service supported this practice.

Right Care

Staff provided personalised care and support to promote people's wellbeing, enhance their quality of life and to achieve positive outcomes. People's support plans were comprehensive and reflected their current needs. Staff were well aware of the people's care needs including support with medicines and their choices and wishes were respected.

The service had enough appropriately trained and skilled staff to meet people's needs and to keep them safe. Staff were trained and understood how to protect people from poor care and abuse. The management team and staff worked with other agencies and professionals to promote people's safety and wellbeing.

Right Culture

People remained at the heart of their care. People were involved in reviews of their care to ensure their current needs were met. People's equality and diverse needs were considered and respected.

Staff recruitment process ensured only suitable staff worked at the service. Staff received essential training for their role including infection prevention and control. Staff understood best practice in relation to sensitivities to people with a learning disability and autistic people. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff felt well supported by the management team.

The registered manager understood their responsibilities and worked in a transparent way. People's quality of life was enhanced by the service's culture of continuous improvement. Systems and processes for monitoring and improving quality and safety were effective. The service worked well with external agencies and professionals to support people with their ongoing care needs and goals.

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

Rating at last inspection and update

The last rating for this service was good (published 19 March 2019). The rating remains good.

Why we inspected

This inspection was prompted by a review of the information we held about this service and prompted in part due to concerns received in relation to staffing and managing risks associated to people's needs.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for JAAN Services on our website at www.cqc.org.uk

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

JAAAN Services

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 completed by 1 inspector and an 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service provides care and support to people living in 24 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 registered managers would be in the office to support the inspection.

Inspection activity started on 10 January 2024 and ended on 22 January 2024. We visited the location's

office on 11 and 12 January 2024.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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

We spoke with 2 people who used the service and 7 relatives or representatives of people using the service on the telephone, about their experience of the care provided. We spoke to and communicated with a further 5 people at the office. We spoke with 11 members of staff including the registered manager, director of operations, directors, administrator, senior support staff and support staff. We reviewed a range of records. This included 7 people's care records and medication records. We looked at 4 staff files in relation to recruitment, staff rotas and monitoring system and a variety of records relating to the management of the service.

Following our visit we received feedback from a further 7 support staff and 3 health professionals. We continued to review information including policies and procedures, staff training, quality audits and management records.

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 this key question Good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse because systems and processes were in place, and staff understood and followed them. Safeguarding and whistleblowing was routinely discussed at staff meetings. Accessible information was given to people about how to report concerns.
- A person said, "I do feel safe, extremely safe. It is because the staff are all so good." Relatives told us their family member was safe with staff.
- Staff knew people well and explained how changes of behaviour and mood may indicate something was wrong. Staff knew how to report abuse and felt confident the correct action would be taken to protect people.
- Safeguarding referrals were made to the relevant organisations in a timely manner, consistent with local safeguarding protocols. The registered manager had collaborated with partner agencies, investigated allegations of abuse and took action to keep people safe. Support plans were updated to ensure guidance to promote people's safety remained relevant.

Assessing risk, safety monitoring and management

- People were protected from risks to their health and wellbeing by staff trained to promote people's safety, health and well-being.
- Risks associated with people's care, potential risks and risks within the home environment had been reviewed and monitored regularly to promote people's safety. Support plans had sufficient instructions to ensure staff met people's care needs and to promote people's safety. Additional person specific risk assessments were in place to manage specific health conditions, support with finances and managing people's tenancies.
- Staff recognised signs of distress early and followed the positive behaviour support strategies to reduce a person's anxiety. Following an accident or incident, risk assessments were reviewed and any changes made were communicated to staff to promote people's safety.
- People and relatives told us they felt confident that known risks were managed effectively. A person said, "When I get upset or angry staff help me to calm down and reassure me." Risks and support plans were reviewed to ensure they remained appropriate.

Staffing and recruitment

- Staff recruitment processes protected people from harm. Staff records included all required information to evidence their suitability to work with people which included right to work checks, and a Disclosure and Barring Service check. The information helps employers make safer recruitment decisions.
- Everyone we spoke with told us they had regular reliable and caring staff and no one had any concerns

with staffing. A relative told us staffing was well managed as their family member was supported by a team of staff every day.

- There were enough staff to meet people's needs. Assessments identified the number of staff required to deliver care safely. Staff told us and rotas confirmed people were supported by a team of trained staff who understood the needs of people well.
- Staff had access to on-call management support outside office hours.

Using medicines safely

- Medicines were safely prompted to people by staff trained and assessed as competent to do so.
- Where people required support with medicines this had been assessed and plans included instructions for staff to support people with their medicines. A person said, "Staff remind me when it's time to take my tablets." A relative said, "Staff support with medication and if necessary, take [Name] to the GP. We are informed about what is happening and are kept informed."
- People's medicines had been reviewed by prescribers in line with STOMP (stopping over-medication of people with a learning disability, autism or both) principles.
- A medicine audit system was in place to check and provide assurance that medicine was taken as prescribed.

Preventing and controlling infection

- People were protected from the risk of infection as staff followed safe infection prevention and control practices.
- Staff training in infection prevention was up to date. Staff described the measures that were in place to protect people and confirmed they had adequate supplies of personal protective equipment.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Systems were in place to monitor incidents, concerns and the actions taken, which promoted people's safety and wellbeing. Any opportunities for learning to reduce further risks were discussed with staff.

Is consent to care and treatment always sought in line with legislation 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.

- The provider was working within the principles of the MCA. Appropriate paperwork was in place to ensure decisions were made in people's best interest and this was done legally.
- People had autonomy to make daily decisions in their lives. Staff told us they always sought people's consent and respected their 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.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider's quality assurance systems and processes to monitor and improve quality and safety remained effective. Continuous audits and checks were carried out by the registered manager and management team covering all aspects of the service. The improvement plan was monitored to ensure the required actions were progressed and implemented.
- There was a clear organisational structure. Staff understood their responsibilities, and who to report to or seek advice from in an emergency.
- The registered manager was accessible open, transparent and responsive to feedback. For example, they had strengthened record keeping in relation to monitoring people's physical health. Staff felt supported, they told us the registered manager was approachable and would listen to them.
- Staff spoke positively about the training, communication and they felt well supported by management. Staff practice was monitored. Staff had regular supervisions and feedback on their performance. Staff meetings took place regularly, which ensured information was communicated in a timely manner and feedback was encouraged.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was person centred and ensured people remained at the heart of their care. The management and staff team were motivated and shared the same values to achieve good outcomes for people. They knew people well and understood their needs. People were able to follow their goals and aspirations and led busy lives doing things they enjoyed.
- The service culture remained positive, open and inclusive. People were happy with the way the service was managed. Relatives said they would recommend JAAN Services to others.
- People's support plans were comprehensive and contained important information about people's life, interests, goals and what was important to them. Information was accessible for people to understand, express their wishes and decisions made. This enabled staff to understand, recognise and respect people's routines and provide person centred care and support to promote positive outcomes.

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

- The registered manager understood their responsibility in relation to the duty of candour; to be open, honest and apologise when things go wrong. Relatives told us and records confirmed they were informed

when incidents occurred, and actions taken.

- The provider had notified CQC about significant events, which they are required to tell us. This helps us to monitor the service.
- CQC inspection report and rating was displayed at the service and on the provider's website.

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

- People received consistent care and support from staff who respected their diverse needs, and their protected characteristics. Support plans were personalised and staff were well aware of the people's care needs and goals, and records confirmed their choices were respected.
- Relatives felt they were informed about their family member's care and progress. A relative said, "I would go to the manager if I had a problem, it is very early days and things are settling."
- People were actively involved in developing the service. People told us and records showed feedback about the quality of care was sought during spot checks, care reviews, complaints and surveys. The latest survey results from people, relatives, staff and external professionals were all positive.

Continuous learning and improving care

- The provider had a positive approach to continuous learning and improvement. They had invested in staffing and the service by transferring to an electronic care management system.
- Staff told us they felt valued and well supported by management. There were regular meetings and opportunities to discuss risks, improvements, and safeguarding and whistleblowing procedures. A staff member said, "We have discussions around what is working well, not working, lessons learnt, corrective actions and preventative actions and any proposed changes."
- The registered manager kept their knowledge up to date through training and various forums and shared learning with the staff team.

Working in partnership with others

- The management team and staff worked with external agencies and local commissioners to improve people's quality of life, wellbeing, safety and supported them with housing matters. We saw examples of how working in partnership with others enabled a person to maintain their independence.
- Health professionals praised the management, staff and the service provided to people. Feedback received included, 'I have never had any concerns about the care they provided, JANN services appeared to be well led' and 'since moving into supported living and being supported by JAAN Services [Name's] been most stable in years.'