

JohnJasper Associates Ltd

# JohnJasper Care

## 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

JohnJasper Care is a domiciliary care agency providing personal care to nine people at the time of the inspection. 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 using this service and what we found

People were treated in a caring manner and staff knew them well. People and their relatives were involved in decisions about their care. People's dignity was maintained, and their independence was promoted.

People felt safe while being cared for. The provider had processes in place to safeguard people. Staff were confident in raising concerns if they needed to.

Staffing was consistent and helped to maintain a continuity of care. New staff were recruited safely. Medicines were administered safely, and staff followed good infection prevention and control (IPC) practices.

Care was person-centred and responsive to people's needs. Concerns were acted on appropriately and the service learnt from mistakes, taking action to improve the service.

People's care records were accurate and accessible. Staff were trained appropriately and were well supported. People were supported to maintain their independence and make choices about their care.

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.

The provider demonstrated good governance practices. Staff understood their roles and there was an open culture, meaning information was shared and acted upon.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 21 May 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date of registration.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

## 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 caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# JohnJasper Care

## **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 Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

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

The service had a manager 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

We gave the service short notice of the inspection due to it being a small service.

#### What we did before the inspection

We reviewed the information received about the service since its registration with CQC. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with two people who used the service, five relatives and one person's social worker about their experience of the care provided. We spoke with four members of staff including the provider, registered manager and two care workers.

We reviewed a range of records. This included three people's care and medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 for 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

- People were cared for safely. The provider had policies to keep people safe from abuse. All the people and relatives we spoke said the care was safe.
- Safeguarding concerns were dealt with appropriately. Staff were aware of the safeguarding process and had access to the safeguarding policy and procedures. These were up to date and had regard to areas of risk people may face.
- Staff had completed safeguarding training. Staff knew about the service's whistleblowing procedure and confirmed they would use it if needed. One staff member said, "I know where the policies are in the office, I am confident in how to raise an issue if I needed to."

Assessing risk, safety monitoring and management

- The provider assessed and monitored risks to help keep people safe.
- Appropriate risk assessments had been carried out for people receiving care. These covered a range of areas including the person's home environment, moving and handling, and epilepsy.
- Risk assessments were audited regularly to ensure they were up to date.

Staffing and recruitment

- The provider employed sufficient staff to provide care when people needed it. People received care from a consistent and reliable team of care workers. People told us they did not experience late or missed calls. One relative commented "They are nearly always the same carers, they know [person] well."
- New staff were recruited safely. The provider completed the required checks to ensure new staff were suitable for employment in a care role.

Using medicines safely

- Medicines were managed safely. Staff were appropriately trained in medicines administration and had their competency reviewed by experienced staff.
- The provider checked staff followed medicines procedures via audits, supervision and spot checks. Medicine administration records confirmed which medicines people had received from staff.

Preventing and controlling infection

- The provider had appropriate procedures to promote safe IPC practices.
- Staff had received IPC training and used PPE equipment appropriately. Staff members said, "I received lots of training" and, "My training is up to date and there's lots of it."
- The provider carried out spot checks on staff which included checking whether their PPE was

appropriately used.

#### Learning lessons when things go wrong

- The provider had systems to investigate incidents and accidents and then learn from them.
- The provider responded to feedback to ensure issues were resolved and did not happen again. One relative said, "We had to raise an issue, [registered manager] dealt with it promptly and we've never had that issue again."



# 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 were involved in assessing their needs and deciding how their care was provided. This was reviewed periodically to ensure care reflected people's current needs.
- Care plans were person-centred, staff had recorded people's care needs in detail. They were based on people and their relative's own wishes and included information about people's protected characteristics. One relative said "When [person] started using the service they were in touch regularly to make sure the care package fitted [person's] needs."

Staff support: induction, training, skills and experience

- Staff were appropriately trained and supported. They had the skills and knowledge needed to provide good care to people.
- Staff confirmed they received a detailed induction on joining JohnJasper care. Staff had regular supervision sessions and team meetings.

Staff working with other agencies to provide consistent, effective, timely care

- Staff ensured people had access to timely, effective care. Staff worked with other health and social care services that were involved in people's care. One health professional said, "[JohnJasper Care] are absolutely brilliant, they regularly communicate with me to ensure they provide the best care they can to [person]."

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their healthcare and nutritional needs. Staff supported people to go shopping, collect medicines and spend time in the community. People were supported to attend appointments with health professionals.
- Staff encouraged people to eat and drink a balanced diet. One relative said, "Staff encourage [person] to eat a healthy meal rather than just sugary snacks."

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.

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

- The provider followed the requirements of the MCA. Staff asked for consent before giving care to people.
- People confirmed staff supported them to make choices. One person said, "[Staff member] gives me choices for tea and then makes it for me."

# 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 good. This meant 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

- Staff treated people well and supported them with kindness and compassion. One social worker told us, "They have worked really hard to understand [person's] preferences, [person] is very happy with the care she receives."
- People and relatives told us care staff knew them well. One relative said, "The carers get on really well with [family member], they have a really good rapport with him and the family."
- Care plans included details about people's diversity and how best to support them in line with their wishes.

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

- People and their relatives were supported to make decisions about their care. This included regular reviews to check their care still met their needs. One relative said, "The staff ring me to discuss [person's] care plan regularly."
- Relatives and social workers were actively involved in people's care and advocated on their behalf, where appropriate.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One relative commented, "Yes, very much so", when asked if their family was treated with respect.
- Staff gave people the opportunity to be independent where possible. A person said, "I choose what I wear, they [care staff] help me put it on." One staff member said, "If the person can do the task I will let them, but I always stay close to provide assistance if needed."

# 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

- People's care had been planned around their own needs and preferences. Care plans for each person were person-centred and detailed how they wished to be cared for.
- People told us that staff knew their likes and dislikes. One relative said, "[Person] usually has the same two carers who know [person] well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. Information about the service was available in accessible formats such as large print or electronically.
- In one person's home, staff had placed signs to help the person understand how to use their household devices.
- Staff were trained to use the Picture Exchange Communication System (PECS), they used this to communicate with a person to give them choices about their care.

Improving care quality in response to complaints or concerns

- The service investigated complaints and concerns thoroughly in line with their policy. The registered manager took action and learnt lessons from investigating complaints.
- People and relatives knew how to raise concerns. One relative said, "I made a complaint and they investigated it quickly, I would recommend JohnJasper Care to anyone."

End of life care and support

- Staff were appropriately trained in end of life care. The provider were not providing a service to anyone receiving end of life care.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider created a positive culture focused on providing person-centred care. The provider recognised the benefits of people receiving a continuity of care and ensured this happened. One person said, "[The carers] know what I like and it's usually the same carers too." A staff member said, "We get to know people and their families very well."
- People, relatives and staff said the registered manager and other office staff were very approachable. One visiting professional said, "They are really good at keeping in touch and updating me about [person]."

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

- The service had a registered manager who understood the duty of candour and the need to be open and honest if anything went wrong. They were proactive in submitting the required statutory notifications for significant events to CQC.
- Staff understood their roles. They were able to explain the procedure when something goes wrong and how they would approach the situation.

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

- The provider engaged with people and staff to gather their views. Relatives told us they received questionnaires about the quality of the service.
- People's equality characteristics were taken into account when care was planned.

Continuous learning and improving care

- The provider had systems to monitor the care people received. A range of areas were checked including care planning, risk assessments, medicines and spot-checks on staff. The findings were used to improve the service.

Working in partnership with others

- The provider worked with others to promote good outcomes for people. Visiting professionals gave positive feedback about working with the provider.

