

AJ's Homecare Limited

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Inspection report

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Wigan
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Tel: 01942515952

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06 June 2016
07 June 2016

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
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| Is the service safe? | Requires Improvement ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

This was an announced inspection carried out on 06 June 2016. 48 hours' notice of the inspection was given so the manager would be available at the office to facilitate our inspection.

AJ's homecare is a domiciliary care service located near Wigan town centre. The service provides care to people living in their own home. The agency currently provides support to people living within a five mile radius of the office. At the time of the inspection the service provided care and support to 23 people.

The service was last inspected on 14 April 2014 and was meeting all the regulations assessed at that time.

During this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regards to good governance. You can see what action we told the provider to take at the back of the full version of this report.

There was a registered manager in post. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People and their relatives spoke highly of the service and staff. They told us staff visited as near to the scheduled time as possible.

We saw missed visits were analysed and detailed the circumstance why the missed visit had occurred. However, we found the call monitoring system in place was not sufficient to manage the risk or prevent re-occurrence of missed visits.

We reviewed a sample of recruitment records, which demonstrated that staff had been safely and effectively recruited.

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. Staff demonstrated a good understanding of local safeguarding procedures and how to raise a concern.

Medicines were managed safely and people did not raise concerns regarding the support received.

The service used a matrix to monitor the training requirements of staff. Staff received an induction, appropriate training and additional specialist training to meet the needs of the person they supported.

Staff had attended mental capacity training and demonstrated a good understanding of people's needs. Staff sought consent prior to providing care and offered people choices to encourage people to make their

own decisions.

People and their relatives told us they were happy with the care provided. People told us staff treated them with dignity and respect and promoted their independence

People engaged with an initial assessment and were involved in the planning of care. Regular reviews were conducted with people, their relatives and a health care professional if involved to continually monitor and adapt care to people's changing needs.

People received a service user guide on commencement with the service which detailed the complaints procedure. People told us they were confident that if they were required to make a complaint, the management would respond and resolve their issue promptly.

We found there were systems in place to monitor the quality of the service provided to people which ensured good governance

The management were making changes to the agency which had caused some unrest amongst some of the staff team. We found the management team were transparent, open and honest about the current difficulties they faced. The measures they were undertaking to resolve the issues were required in order to maintain the financial stability of the agency progressing forward.

Without exception, people and their relatives spoke highly of the management and voiced that they would not hesitate to recommend the agency to people needing support in their own home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was safe.

Recruitment was robust and the agency followed safe recruitment practices.

Medication was managed safely, there were no omissions of signatures and people were happy with the process.

The staff we spoke with displayed a good knowledge of safeguarding adults and could describe the process they would follow if they had concerns.

Is the service effective?

Good 

The service was effective.

New members of staff completed the care certificate and shadowed experienced staff as part of their induction.

Supervision was effective and completed on a regular basis.

People told us the staff sought their consent before providing care. This was documented in people's support plans which people had signed.

Is the service caring?

Good 

The service was caring.

People and their relatives told us they thought the staff were caring.

Staff maintained people's privacy and dignity and people's independence was encouraged and valued by staff.

Is the service responsive?

Good 

The service was responsive.

People's care was personalised and delivered in accordance with people's preferences.

People's care was regularly reviewed in conjunction with them, their relatives and relevant health care professionals.

The service user guide detailed the complaints process. People and their relatives told us if they needed to complain they were confident their complaint would be dealt with thoroughly.

Is the service well-led?

The service was well-led.

People, their relatives and the majority of staff spoke highly of the management and regarded the agency to be well-led.

Systems were in place to monitor the quality of the service and action had been taken to make the required improvements.

Good ●

AJs Homecare Limited

Detailed findings

Background to this inspection

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

This inspection took place on the 06 June 2016 and was announced. We gave the provider 48 hours' notice of our inspection. This was to ensure the manager would be available to facilitate the inspection. The inspection team consisted of two adult social care inspector's from the Care Quality Commission (CQC).

We asked people for their views about the service and facilities provided. During our inspection we spoke with the following people:

- We visited two people who used the service at home and spoke to a further four people by telephone.
- Two relatives by telephone
- 11 members of staff, which included; the managing director, registered manager, deputy manager, care coordinator, six care assistants and a domestic assistant.

We looked at documentation including:

- Six care files and associated documentation
- Staff records including staff rotas, recruitment, training and supervision
- Seven Medication Administration Records (MAR)
- Audits and quality assurance
- Variety of policies and procedures
- Compliments/complaints received

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding and incidents, which the provider had informed us about. A notification is information about important events, which the service is required to send us by law. We also looked at the Provider Information Return (PIR), which we had requested the registered manager complete prior to conducting the inspection. This is a form that asks the provider to give some key information about the

service, what they do well and improvements they plan to make.

Prior to the inspection, we liaised with the local authority and they raised no issues of concern.

Is the service safe?

Our findings

We asked people whether the service was reliable and they told us; "AJ's are as near to the expected visit time as can be and always ring if they are going to be late." "The staff are very much on time. If they are running late, they ring to let me know. I always know that they will come." "The staff are always on time. I've never been let down." "I've been with AJ's for 18 months and not once have I been let down."

Relatives told us; "The staff are usually on time, they were late once but that was due to a car breakdown." "The staff always arrive roughly around the time that you expect them. They can sometimes be delayed but the office staff ring to let you know."

Prior to our inspection, we had received information relating to a missed visit which we shared with the local authority and raised a safeguarding concern. The registered manager told us the visit had been erased from the system in error. As a result, the person had not received their evening visit and their family had not been informed. The person had received their bedtime visit but had subsequently gone seven hours between their lunch and night visit. The staff had visited the person the following day and had been concerned the person was lethargic, breathless and had swollen legs. The staff called an ambulance and the person was admitted to hospital. During the inspection, we looked to see how missed visits were managed.

We saw there had been five missed visits between March and May 2016. The registered manager explained that the service used a call monitoring system but the current system installed did not alert the registered manager when a missed visit occurred. The current system required staff to use the person's phone to contact the office when they arrived to deliver care and ring the office upon leaving. We ascertained that not all the people supported had a telephone to enable staff to do this. We found the registered manager was unable to demonstrate how the agency monitored missed visits or late calls and relied on people or their relatives contacting the office. The registered manager told us they were looking in to an upgraded system which would notify them if a visit was missed so they could contact the person and arrange for another staff member to pick up the visit.

This was a breach 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager contacted us to inform us that an upgrade had been installed on the call monitoring system. This meant that the registered manager and office staff would receive an email alert to notify of a missed visit. This would enable the registered manager to respond to the missed visit and deploy another member of staff to complete the visit. The registered manager also told us that the IT system had been updated to automatically record information to the person's electronic record which would also record the reason for the cancelled visit to enable effective monitoring.

We looked at the visits schedule for 14 staff and saw visit times did not overlap. However, travel time was not consistently factored in to the schedule to enable staff to arrive at each visit at the scheduled time. We also received mixed responses from staff as to whether there were sufficient numbers of staff to meet people's

needs. Staff said; "Calls and visits are managed well, no problem." "I have worked for a different company and this place is brilliant. I'm really happy here. All my calls are in a certain area so I'm not travelling a lot." "No concerns about staffing, everything is fine." "I mainly have the same clients and I just do one run. The calls are well spaced out and I have no concerns. I have no issues about staffing." "No concerns about staffing but we could always do with a few extra." "Personally and recently I have worked more hours than I actually want, but it is only a short term issue, I am really happy working here." "I have more or less the same clients. My rota is not bad. Generally I am OK but I can be late at times, but never more than 20 minutes." "I don't feel the rotas are arranged properly and they are changed daily. I am often rung up at home and offered extra work which I don't like."

We saw two new staff had been recruited in May 2016 and the registered manager was awaiting their recruitment checks before they could start providing support. In the interim the registered manager had contacted the local authority and returned some care packages. The agency had also stopped taking on new packages until the service had sufficient numbers of staff to meet people's needs.

People were protected against the risks of abuse because the service had a robust recruitment procedure in place. We looked at three staff personnel files and saw appropriate recruitment checks were undertaken before people started to provide care and this was clearly recorded. We saw that checks in each file included: two references and one reference had been obtained from a previous employer, identification checks, and a Disclosure and Barring (DBS) check. The DBS carry out a criminal record and barring check on people who have made an application to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps prevent unsuitable people working with this client group.

Staff members were aware of the principles of safeguarding and worked to keep people safe from avoidable harm or abuse. Staff told us; "If I suspected any abuse I would report it immediately. Wigan Council provided the training. I'm absolutely confident the office would report any concerns I had." "With safeguarding issues I wouldn't hesitate to contact managers." "I would report concerns to the office and I am confident the management would respond appropriately, I have no concerns on that front about the management." We looked at safeguarding records and saw that incidents had been reported appropriately and actions had been taken to reduce the risk of people being exposed to avoidable harm.

We saw in the six care files we looked at that appropriate risk assessments had been completed. These covered areas such as falls, medication, nutrition, mobilising and the environment. We saw where risks had been identified; a detailed plan had been developed detailing control measures to mitigate the risks. For example, one person required additional support with hydration. We saw that a fluid intake chart had been implemented and the support plan updated to provide guidance for staff promoting this area of need.

Medicines were stored, administered, recorded and disposed of safely. Staff were trained in the safe administration of medicines and records were accurate and up to date. People's support plans identified the level of medication support people received and provided clear guidance for staff to follow. We saw medication administration records (MAR) were consistently returned to the office each month and audited.

As part of the inspection we visited two people in their own home to ensure medication was given safely. We saw the MAR had been completed correctly and there were no omissions of signatures. One person told us staff applied their creams. We saw creams were recorded on the MAR and there was guidance as to where the cream was to be applied.

Staff told us they received medication training before providing medication support and regular competency assessments were undertaken with the care coordinator. People and their relatives told us they

had no concerns with how medication was managed and that they received their medicines at the correct time.

Is the service effective?

Our findings

We asked people and their relatives if they felt the staff had the correct knowledge and skills to provide effective care. People told us; "Yes, they have the right skills. One of the girls has a health and social care degree." "The carers definitely know what they are doing." A relative told us; "They appear to be well trained. I have no concerns or complaints about the staff."

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. We found the deputy manager at AJ's had an organised and effective monitoring system to oversee staff training requirements.

We saw the induction involved staff completing the care certificate and shadowing experienced staff. The care certificate assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care. It is awarded to care staff when they demonstrate that they meet the 15 care certificate standards which include; caring with privacy and dignity, awareness of mental health, safeguarding, communication and infection control. Staff told us; "I had an induction which included training in health and safety, confidentiality, safeguarding and reading policies and procedures. I shadowed staff for 20 to 30 hours before I started out on my own." "As part of my induction I did a load of training such as safeguarding, health and safety, infection control and medication. I was shadowing for a week with a more experienced staff member. I could have benefitted from another week shadowing as I hadn't worked in care previously." "I had an induction where policies and procedures were explained. I have training all the time. Last one was first aid. We get training every few months."

We looked at training and continued staff development. We found the agency had devised a matrix to monitor the training requirements of staff. We saw staff attended training in; emergency first aid, infection control, moving and handling, MCA and DoLS, safe handling of medication and safeguarding. Some staff had also completed specialist training in autism, epilepsy and managing challenging behaviour due to the needs of the people they supported. Staff told us; "I genuinely think I have had enough training to undertake this role." "I have done an NVQ 2, first aid, medication level 2, moving and handling, infection control, MCA/DoLS and end of life care. One thing AJ's is good at is that there is a lot of training available."

We found staff received frequent supervision, annual appraisal and competency assessments were undertaken by the care coordinator. We selected four staff personnel files at random and saw supervision had been conducted. The supervision focused on staff achievements, areas for growth, policies and procedures and training requirements. We ascertained staff received quarterly supervision. Staff told us; "I get supervision every three to four months." "I get one to one supervision with manager and deputy manager quite often. They are always available." "We have spot checks monthly, which allows us to raise any issues." "I have had supervision which included what training needs I had. I was then booked on to health and safety and infection control." "I get supervision every four weeks."

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. The application needs to be made to the Court of Protection for people living in their own home. At the time of our inspection, there was nobody receiving support that had a court order. We looked at people's care files and saw capacity assessments were only completed in circumstances where people were deemed to potentially lack capacity. We saw staff had attended MCA and DoLS training and the staff spoken with demonstrated a good underpinning knowledge.

We saw people's consent was obtained prior to their care package commencing and written confirmation of this was found in all the care files we looked at. Additionally, people had signed their own service contract which explained various processes in relation to medication, fees, confidentiality and terminating the care package. People told us staff asked for their consent before providing care. Staff told us; "I always get consent either verbally or through a positive action like the person nodding their head, I wouldn't do anything without people's consent as I know the implications if I didn't." "Some clients have dementia, but they can still give verbal consent, which I always get before undertaking any task."

We checked to see how people were supported to maintain their nutrition and hydration needs. People were supported with drinks and meals and we saw when there had been concerns about a person's fluid intake, the support plan had been updated and fluid charts were implemented. This would enable an accurate record to be maintained of the person's intake for the period of time staff were supporting the person.

People who used the service told us they were supported by staff to access various healthcare professionals within the community such as the doctors and opticians. One person told us; "The registered manager supports me to the opticians. I rely on them as I have no family support. We are always on time and I have never been let down." A relative told us; "The staff are very experienced. They picked up something with [person] that I hadn't noticed and advised me to call the doctor out. They're particularly helpful with things like that." Staff were able to tell us how they would raise a health concern and we saw evidence that action had been taken to call the emergency services when the concerns were more serious or life threatening.

The staff told us they reported health concerns to the care coordinator or management if a concern arose to seek direction. They also identified about the communication systems in place at the person's home where they recorded information about people's health to alert family members or the staff member of information that was important. This staff to monitor people's health effectively.

Is the service caring?

Our findings

We asked people and their relatives how they felt about the caring approach of the staff. People told us; "It's always familiar staff and I have always found them all to be alright." "All the girls are good. They're all lovely and I think a lot about them. I like them a lot." "All the staff are alright. They have a good manner about them." "They're good. All the girls that visit are very good." "The carers do care. They really do. There's no two ways about it." A relative told us; "No problems. The staff are very caring. They are great." Management told us; "The staff are absolutely amazing. They do go above and beyond."

We saw people were allocated a core number of staff to visit them to provide care which promoted continuity of staff and supported good relationships to develop. People told us staff offered them choice in relation to their care, with staff encouraging them to retain as much independence as possible. People told us; "The carers only support me with the things that I can't do for myself." "When I first received care, I couldn't do anything so the carers had to do everything. They supported me to build my strength and now I can do a lot more for myself and can get my things ready."

Staff told us; "With personal care I always encourage people to wash as much of themselves as they can. Obviously some people can't and that's when we would help." "I also give people choices around food and drink and support. I will guide them when eating or dressing. I have picked clothing out for people but I encourage the person to tell me what they want to wear."

We asked people whether they felt they were treated with dignity and respect by the staff who supported them. A person told us; "The carers always treat me with dignity and respect. They sometimes stay longer than they should so I'm not rushed. I didn't expect that or them to be so good." Relatives told us; "[Person] is always treated with dignity and respect. Mornings can be very difficult for [person]. If [person] is having a difficult day, they leave him and come back again a bit later. They know I couldn't manage [person] and they don't just leave them. They go out of their way to help you even if it means they've stayed a lot longer." "Oh yes, they always treat [person] with dignity and respect. [Person] doesn't particularly like that they need this level of support but they know the carers and they are comfortable with them. That helps."

Staff told us; "I always make sure curtains and blinds are closed if I'm doing personal care and make sure they are properly covered up and do one half of a person at a time. I make sure doors are locked so nobody can just walk in." "Promoting people's dignity is at the heart of everything we do. People can feel uncomfortable about personal care. We reassure people, we are chatty and maintain the conversation, it helps people to relax and forget that we're supporting personal care."

Without exception people and their relatives told us they would recommend the agency to other people. People told us; "I've been with AJ's a long time. I'd not hesitate to recommend to others." "I've spoken to other people who have been unhappy with the care they were receiving and I have recommended AJ's. They're very good." "I've experienced poor care twice. This agency is excellent. Relatives told us; "I wouldn't hesitate to recommend AJ's to other people looking for support at home. The company is great." "The staff don't behave like they want to just be in and out. I would definitely recommend the agency to others."

Is the service responsive?

Our findings

We saw in the six care files that we looked at that people's needs had been assessed prior to their care package commencing. We saw that some people had been referred to the agency through the local authority and in these instances a full assessment would be provided by the referring practitioner. However, people also approached the agency requesting support independently so the agency had a unified approach which involved completing their own assessment. This enabled the management to gain an understanding of people's needs and assess whether the agency could meet their requirements before care commenced. One person told us; "Yes, I was involved in the initial assessment to establish what support I needed and we discussed how that could be delivered."

Support plans were developed using the information from assessments and detailed people's medical needs, mobility, when people liked to get up, how they wanted their support to be delivered, personal care needs, hobbies and important information about them. We saw people had duplicate care files, one was held at the agency office and one file was in people's homes for staff to refer to when providing care.

We looked to see how the agency promoted equality, recognised diversity, and protected people's human rights. We saw the agency captured important relationships to people, religious beliefs and people voiced that they were actively involved in their care planning. Involvement of people who used the service was clearly embedded into everyday practice.

People were given a service user guide when they commenced with the agency. The agency service user guide detailed 'Your charter of rights' which stated; "Each service user, as an individual, has the right to fulfil their potential for personal choice of lifestyle and opportunities. Each service user has the right to a care service that does not discriminate on the basis of race, ethnic origin, creed, colour, religion, political affiliation, disability or impairments, marital status, parenthood, sexual gender or sexual orientation." The views and opinions of people were actively sought through support planning and frequent reviews. The frequency of reviews depended on the person's assessment and their current care needs. We saw the care coordinator conducted the care reviews and invited people, relatives and health professionals involved to attend. The reviews clearly identified who had been in attendance at the review and detailed areas of discussion and actions to be taken. We saw that a person's care had been reviewed following their discharge from hospital and their nutritional needs plan had been updated.

We saw there was a complaints policy and procedure in place. The complaints process was also detailed in the service user guide and meant that people had the information accessible to them if they were unhappy with any aspect of their care. We saw there had been two complaints raised following missed visits which had been looked in to by the service and an explanation provided to the complainant regarding the action taken. All the people we spoke with and their relatives told us they had not had reason to make a complaint but felt confident in the management if they were required to make a complaint. People told us; "I've no complaints, I'd speak with the management if I had. I see them often." "I've not had a concern but I'd speak with the management if I did." A relative told us; "No, I've never had to make a complaint. I'd speak to the manager if I had an issue and I'm confident that it would be sorted."

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives spoke favourably about the management and told us they felt the agency was well-led. People told us; "No fault in the management. Agency is good. The evidence is in the fact that I have never thought about changing agency." "I would recommend this agency to anyone. I can't put my finger on anything that I've ever had an issue with since receiving support from AJ's. The support received is very good. I have been with another company before and I was really let down. That's never happened with AJ's." "I'd recommend this service to anybody needing care. It's very well managed and a good service. I've been really surprised. Nothing is ever a problem."

At the time of the inspection, the management were reviewing their financial viability and had purchased alternative premises to move in to in order to reduce overheads. The new premises would enable AJ's to complete training in house and the management were looking in to train the trainer to be in a position to achieve this. The management were also in consultation with some staff regarding a change in there working hours as the management had identified that they required an increase in care hours to deliver the care packages and were looking to reduce some of the office functions to achieve this. It was apparent that staff involved in this consultation were unsettled by the proposal and discussions were ongoing to reach resolution.

We received mixed responses from staff regarding the management and whether the agency was well led. Some staff told us; "I feel I'm not listened to by management. I don't feel supported in what I do." "The communication is really bad at the moment. A lot of the staff have left because of it and the rota's." In contrast to these experiences other staff told us; "I've no concerns about registered manager." "I feel 100 percent supported and the deputy manager is always available. On-call number out of hours, so someone is always available and it's a number people we support can use also." "The management are very friendly and polite." "Management are very approachable and always available." "The management is very approachable and I do ring them and they sort things straight away. I have no concerns, everything is fine." "Management are really supportive and always available on the phone to give you any guidance you need." "No concerns about management, someone is always available."

We found there were systems in place to monitor the quality of the service provided to people to ensured good governance. At the time of the inspection, the care coordinators conducted regular spot checks and audited; care plans, medication, MAR and communication records. There were also monthly medication competency assessments being undertaken to ensure people received their medications safely.

We looked at the minutes of recent team meetings which had taken place. Some of the topics of discussion included rotas, staff supervision, recruitment and completion of the care certificate and training. A staff

member told us; "Absolutely no concerns, really happy with the management team and we get plenty of staff meetings."

We saw up to date policies and procedures in place. Staff were required to cover the policies and procedures during induction and they were re-visited through supervision in conjunction with identified training needs. Policies covered; equality and diversity, disciplinary, safeguarding, whistleblowing, health and safety, medication, training/supervision, confidentiality and complaints. A member of staff told us; "We go through the policies regularly and they are always available if we need to look at them."

The agency had links with other care agencies in the Wigan area and could demonstrate how they had collaboratively worked with other agencies to deliver complex care packages and acted as a contingency for each other if either agency had staff shortage to enable continuation of service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: the current call monitoring system did not enable the provider to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>Regulation 12(2)(b).</p> |