

PJ's Community Services Limited

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Inspection report

CVA Resource Centre
82 London Road
Croydon
Surrey
CR0 2TB

Tel: 02082531275

Website: www.pjsgroup.co.uk

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

PJ's Community Services Ltd is a domiciliary home care agency. It provides personal care to people living in their own homes. At the time of our inspection 15 people were receiving personal care from them. Most people were older adults who had a range of physical disabilities.

Five other people who also received a home care service from this agency did not receive a regulated activity from them. This included companionship and cleaning services. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; 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

People's experiences of using this service had improved in the 12 months since their last inspection. The overall rating for this service has therefore increased from 'Requires improvement' to 'Good'.

This was because we found at this inspection the provider had followed the action plan they had sent us. For example, they took appropriate steps to review and revise people's care plans and risk management plans to ensure they contained all the information staff needed to manage risks appropriately.

People using the service and their relatives told us they were happy with the service provided by PJ's. People told us, "They are very good, we've had them for some time now and are happy with the support we have received," and "We haven't had any problems, we have regular staff who visit us and they are all kind and caring."

The service had safeguarding procedures in place and staff had a clear understanding of these procedures. Appropriate staff recruitment checks took place before new staff started working for the service. Staff administered medicines safely and they told us they were provided with appropriate equipment to reduce the risk of the spread of infection.

Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005.

Staff supported people to make choices and decisions about their care.

People were supported to stay healthy by staff who were aware of people's healthcare needs and through regular monitoring by health and social care professionals.

People and professionals told us staff were consistently kind and caring and established positive relationships with them. Staff valued people, treated them with respect and promoted their rights, choice and independence.

Care plans were recently reviewed and revised, detailing how people wished to be supported and were produced jointly with them. People and relatives told us they were involved in making decisions about their support.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager if they needed to.

The provider's quality assurance processes had improved since the last inspection. Areas covered by the audit process were comprehensive. However, since this had only been implemented in the last month prior to this inspection we could not be assured the process has been fully embedded in practice. 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 has improved and is now Safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service has improved and is now Effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service remains Caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service has improved and is now Responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service remains as Requires Improvement.

Details are in our well-led findings below.

Requires Improvement ●

PJ's Community Service Limited

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One inspector carried out this inspection.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes some of whom may have physical disabilities.

The service continued to have the same registered manager. 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 48 hours' notice of the inspection. That was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection. Inspection activity started on 3 June 2019 and ended on 7 June 2019. We visited the office location on both dates.

What we did:

Before our inspection, we reviewed all the key information providers are required to send us about their service, including statutory notifications. We use the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our

inspections.

During our inspection we spoke with the registered manager, the care co-ordinator, the quality assurance officer, the agency's lead for safeguarding and two care workers. We also looked at a range of records including five people's care plans, four staff files and various documents relating to the overall management of the service.

After our first visit we made telephone contact with five people receiving a service from this agency and two of their relatives. We also spoke with two health and social care professionals at the local authority.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. People were safe and protected from identified harm. Legal requirements were met.

Assessing risk, safety monitoring and management

At the last inspection care staff were knowledgeable about the risks to people's safety and how to manage and mitigate those risks, but this information was not included in people's care records. This presented a risk that any new staff supporting people would not have the necessary information to help keep people safe. The provider was found to be in breach of regulation 17 of the HSCA 2008 (Regulated Activities) regulations 2014. The provider sent us an improvement plan as we had requested stating how they would become compliant with this regulation.

At this inspection we found the provider had taken appropriate steps to meet this regulation. People told us their care plans were reviewed recently and they said they had copies in their homes. New staff were able to read and to follow the care and support plans as they included relevant information about managing associated risks.

- Staff told us they would report any concerns they had to do with the care and support provided to people by other staff. One staff member said, "I would definitely report anything I was concerned about to the manager. People's safety is more important than anything else." The registered manager showed us the whistleblowing policy and procedure. Staff were aware of this and they told us they discussed the policy in team meetings. They said they were confident any concerns would be investigated and taken seriously by the registered manager.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. One person said, "I have the same carers each week and I feel safe with them because I know them." A relative said, "The carers are very nice to my [family member] and they do help her to feel safe when they support her."
- People said if they had any problems with the service they received they would raise them with the staff or with one of the managers. One person told us, "I would raise a problem with the carers first and then if nothing happened with the manager."
- The provider had appropriate safeguarding policies and procedures in place that were linked with those of the local authority. Staff were able to describe the signs of potential abuse and they knew what action to take if they came across concerns when they were working with people supporting them. The provider had records of concerns that arose and we saw they were reported appropriately to the right agencies. PJ's recruited a manager who took the lead with any safeguarding concerns. We were assured by him that the policy and procedure for safeguarding people was robustly followed in all cases. This all meant risks to people's safety were minimised and people were safeguarded from potential abuse.

Staffing and recruitment

- Safe and effective recruitment practices helped to make sure all staff were of good character and suitable for the roles they performed at the service. The provider's recruitment process included interviews, criminal records checks, proof of identity and taking up two references. This meant people were supported by staff whom the provider assessed to be safe to deliver care and support.

Using medicines safely

- People told us they received their medicines at the right times and as prescribed.
- Staff received regular training in the safe management of medicines and they knew how to administer medicines to people safely.
- Risk assessments were completed and this helped to minimise any risks to the safe management of people's medicines.
- Protocols were in place for staff to follow when administering 'as required' medicines. Staff recorded medicines administration appropriately on records (MAR). We discussed how the provider assessed staff's competencies for administering medicines. The care co-ordinator told us they monitored staff practices with medicines administration, stocks and records when undertaking 'spot checks'. The registered manager said they planned to introduce an annual 'medicines competency check' within the next month for all staff who administered medicines to people. This was to ensure staff competencies remained appropriate to meeting people's needs.

Preventing and controlling infection

- Appropriate policies and procedures were in place for staff to follow when supporting people. This helped to ensure both were protected from the spread of infections and that best hygiene practices were carried out.
- Staff told us they had access to necessary protective personal equipment such as gloves and aprons.
- All staff received training with food hygiene. This helped to ensure best practices were followed when assisting people with meal preparations.

Learning lessons when things go wrong

- The registered manager told us where lessons had been learned through areas such as accidents, incidents, complaints or investigations these were shared with the staff team through team meetings and staff supervisions. We saw evidence of this in minutes of meetings with staff and from what staff told us. This has helped to minimise the re-occurrence of similar problems.

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found people did not always receive personal care from staff who were trained in the provider's mandatory training courses. For example, staff had not had training to do with the Mental Capacity Act 2005, safeguarding people and the safe administration of medicines. Staff supervision and appraisal for staff also needed to be improved in terms of frequency. Some staff had not received regular supervision in the 12 months leading up to the last inspection, nor had they received an annual appraisal. The provider sent us an improvement plan stating how they would comply with this breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had taken appropriate steps to improve the training staff received. However annual appraisals for staff had still not been introduced. We spoke with the registered manager about this. They told us that the process of staff supervision was under review with the aim to introduce annual appraisals for all staff within the next month. We will monitor the progress of this to check supervision processes have been improved as agreed.

- People told us staff who visited them at home knew what they were doing and seemed to be suitably trained. One person said, "They [staff] know what they are doing for me, they do it well. They know how to help me." Another person commented, "The carers who I have are really good, they provide me with the help and support I need."
- Records showed people received their personal care from staff who had the appropriate skills and support. Staff had completed training that was relevant to their role. This included a wide induction training programme. The induction was followed by a period of shadowing experienced staff.
- Staff told us the training they received had improved a great deal since the last inspection. They said it was helpful and relevant to their roles and responsibilities. Typical comments we received from staff included, "The training has got so much better recently, and we do loads of it. It does help me to do my job better," "We have e-learning and also [classroom based] training here in the offices. It's very good now," and "There's plenty of training that covers every part of my job."
- The registered manager explained that staff were supported with individual supervision meetings with their line manager, spot checks, telephone calls and group meetings with other staff. We saw some evidence that supported this. The registered manager told us they arranged for additional spot checks to be carried out in order to monitor more often the direct work staff carried out with people.

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 as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. The registered manager told us that all of the people they supported had capacity to make their own decisions.

- As part of the assessment process people's capacity to make decisions was assessed to see what decisions they could make for themselves.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests.
- Staff were aware of their duties and responsibilities in relation to the Mental Capacity Act 2005. For example, staff told us they always asked for people's consent before commencing any personal care tasks.

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

- People's needs were assessed by the care co-ordinator before they received support. They told us expected outcomes for their care and support packages were identified with them. People told us their individual care and support needs were recently reviewed.
- From our inspection of people's care files we saw the care and support they received was planned and delivered as described above.

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

- People were supported to eat and drink appropriately to meet their needs. They said they were able to make choices when they asked staff for support with this. One person said, "They prepare a meal for me as part of the support I get, it's good."
- Staff monitored the food and drink where people were assessed as being at risk of malnutrition or dehydration to ensure people received appropriate support to eat and drink as required.

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

- People's care plans identified how staff should provide support to them with regards to their health care needs. This meant that people with staff support were enabled to access healthcare services promptly and to lead healthier lives.
- We saw appropriate referrals were made to health and social care professionals to ensure people received the support they required. For example, we saw for one person a district nurse was contacted when their health care needs changed. Another person needed the support of an occupational therapist and the referral was made accordingly.

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

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. People were supported and treated with dignity and respect; and involved as partners in their care.

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

- All the people we spoke with were 'happy' with the care and support they received. They said they were treated with dignity and respect. People's comments included, "I get a regular group of staff each week and they are very caring", "I am very happy, staff are kind and caring", "They come on time, they do a good job and they are polite and respectful."
- Staff also spoke about people with kindness and compassion and demonstrated a high level of commitment and passion for their work with people.
- Staff knew people's preferences to do with the way they wanted their care delivered. People were treated with compassion, kindness, dignity and respect.

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

- People were able to discuss their views and to make appropriate decisions about their care. People told us they were involved in drawing up their care and support plans. Relatives we spoke with also said they were consulted appropriately. Staff told us they encouraged people to make decisions for themselves about their care and knew when people needed help and support from their relatives.

Respecting and promoting people's privacy, dignity and independence

- People told us they received care which was dignified and respectful. When we asked people and relatives whether privacy and dignity was respected by staff during visits, they all agreed it was. Relatives told us staff took a positive approach and encouraged people, so they could make choices and do as much for themselves as possible. When personal care was provided, staff explained they maintained people's privacy and closed bedroom doors and curtains in people's homes.
- People said they were asked by staff for their consent before being provided with support. Comments included, "Staff are always positive, and this encourages me to do as much as I can for myself", "Staff do ask me how I would like things to be done for me and they respect my wishes" and "Staff take care to ensure my dignity is maintained when providing personal care."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
At our last inspection we found people's care plans were not person centred and were not sufficiently detailed to indicate how people's care was to be delivered. This was a breach of regulation 17 of the HSCA 2008 (Regulated Activities). The provider sent us an action plan as to how they intended to improve these concerns.

At this inspection we found the provider had taken appropriate steps to ensure people's care plans were sufficiently detailed and person-centred.

- People and relatives told us the service met their needs and that staff provided them with the care and support they had agreed.
- Our review of people's care files demonstrated a person-centred approach was taken in the newly revised plans. They contained detailed information about people's wishes and preferences, their likes and dislikes and detailed information to do with the planned calls to be made by staff. This included call times and the duration of these calls.
- The care co-ordinator told us when people's needs and wishes changed their care plan was revised to reflect this.

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 provider was aware of their responsibility to meet the Accessible Information Standard. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand.
- People's communication needs and preferred method of communication were identified and recorded in their care plan. This ensured staff had access to all the relevant information they needed to effectively communicate with people they supported.
- The registered manager told us the service could provide information that people needed, such as a guide to the service, their care plan and the complaints procedure, in different formats on request. This included large print, audio, different languages or easy to read pictorial versions, as and when required.

Improving care quality in response to complaints or concerns

- There was a complaints management system in place. Complaints were handled in an appropriate way.
- People and their relatives knew how to raise a concern or complaint.
- Staff knew how to raise concerns or complaints when necessary. They said they thought any complaints

they raised would be listened to and acted on in an open and transparent way by management. The registered manager said they would use issues identified in any complaints as an opportunity to improve the service for people.

End of life care and support

- At the time of the inspection, the care co-ordinator told us no-one receiving care required end of life care. The registered manager recognised the need to ensure preparations were made to ensure appropriate policies and procedures were in place so that these needs could be met when they arose. They told us they were currently investigating relevant staff training and mentoring on the subject. They said people were able to make other decisions about their care in terms of preferences, in consultation with their families or representatives. The registered manager told us they were working to progress the plans to meet people's end of life needs as soon as possible.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question remained as Requires Improvement. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found the provider did not always operate effective governance systems to monitor the quality and safety of the service people received or learn lessons about how they might improve. For example, there was not a robust system to ensure the quality of staffing. Poor organisation of staff supervision led to the risk that staff did not receive adequate and regular support. Although we found governance systems were established, they had failed to pick up all the issues identified in relation to people's care plans and risk assessments, and staff training, supervision and record keeping. After the inspection the provider sent us an improvement plan that set out how they intended to address the issues identified and the breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made some improvements to their quality assurance procedures.

- A quality assurance officer was established in post and together with the registered manager was responsible for all the quality assurance processes in place. Achievements made included implementing a 'spot check' monitoring system to monitor on site staff working directly with people; reviewing the effectiveness of new staff's induction and the development of a monthly audit plan to review key areas of service provision. Examples of elements included in the monthly audit were care plan checks, medicines management audits, accident and incident reviews, a health and safety audit, a review of staff files to ensure they contained all the necessary information and an audit of notifications to CQC to ensure all appropriate notifications were made as required.
- Our review of this new audit procedure in place since April 2019 identified gaps in the findings of the checks carried out. Recorded findings were incomplete and did not meet the provider's own targets and objectives as set out in their audit plan. Spot checks on the quality of care delivered to people in their homes were carried out but the frequency of these checks did not ensure expected quality standards were being maintained. Staff annual appraisals were not carried out as proposed and the frequency of staff supervision did not meet the agencies own standards as set out in their policy. The quality assurance manager and the registered manager agreed to update the audit tool with the latest information and send us a copy. After the inspection, and as agreed, we received the monthly audit for May 2019. This evidenced a thorough approach to the process of quality assurance. However, it is too early to be sure the process will continue to do so. The registered manager agreed to send us copies of the next six months' audits so that we will be able to monitor the progress of this and to check these processes have been improved as agreed.

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

- The registered manager was responsive and provided information straight after the inspection which showed how all the issues we identified were to be addressed.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.

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

- The quality assurance manager told us a feedback survey of people who used the services and their relatives was carried out in January 2019 by an independent third party. The results were analysed and an action plan drawn up. We were shown evidence of this and feedback was positive. Where suggested improvements were made, they had been actioned.
- A similar feedback survey for staff carried out at the same time was not completed nor had the feedback received been acted upon. The registered manager told us they intended to complete the process so staff feedback can be used to help improve the service where necessary. We will monitor the progress of this to check these processes have been improved as agreed.
- Staff and people told us they felt they were supported by the managers. They were positive about the registered manager and management team and said they were approachable.
- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions.
- People were involved in decisions about their care. They were consulted on an individual basis.

Working in partnership with others

- Records showed that staff communicated effectively with a range of health professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.
- Health and social care professionals from the local authority confirmed the provider was in regular communication with them. Following a quality visit from the local authority the provider had established an action plan and had begun to make improvements to service delivery in line with advice provided. This included the development of their quality assurance officer role.