AJB Care Limited

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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

AJB Care Ltd is a domiciliary care agency registered to provide personal care for people living in their own homes. They are also piloting a service where they respond to people's assistance in an emergency.

At the time of the inspection the agency was supporting approximately 75 people, equating to approximately 726¾ hours of care per week. We telephoned 18 of those people and were able to speak with 11, to obtain their views of the support provided and one relative about their experience of the support their relative received from the agency. Prior to our inspection at the office base, we visited six people in their own homes. On three of those visits, relatives were in attendance and we also spoke with them.

Also, as part of the inspection we sent out questionnaires to 33 people. Seventeen of these were returned and the responses used to inform our judgements about the service.

At the time of this inspection the service employed 31 staff. We telephoned seven of those staff and were able to speak with four of them to obtain their views and experience of working for this agency. We also spoke with two members of staff on the office visit.

We told the provider two days before our inspection that we would be visiting the service. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be available.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

The service was last inspected on 16 June 2014 and was meeting the requirements of the regulations we checked at this time. This is the first rated inspection of the agency.

There were sufficient staff to provide a regular team of care staff and the majority of recruitment information and documents were available for staff.

Staff had received training so that they had the right knowledge and skills they needed to carry out their role, so that people received effective care. Staff confirmed that following initial training they felt supported in their job role.

People told us they were treated with consideration and respect and that staff knew them well.

People and relatives told us when they raised any issues with staff and managers, their concerns were listened to, but information to evidence the action taken needs improving.

Staff were familiar with people's individual needs and were able to describe how they maintained people's privacy and dignity.

People had confidence in the service and felt safe and secure when receiving support. Staff had a good understanding of what to do if they saw or suspected abuse or if an allegation was made to them.

Staff sought people's consent to care and treatment.

In the main, care records that had been reviewed reflected the care delivered to people and the care and support that they and their relatives described to us. Risks to the health, safety or wellbeing of people who used the service were assessed and action taken to minimise those risks.

Systems were in place to manage people's medicines.

People were supported with their health and dietary needs, where this was part of their plan of care or in an emergency.

There were quality assurance systems in place to monitor the quality of the service provided, but these could be better to further improve the service.

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.

People were protected from harm. They had confidence in the service and felt safe and secure when receiving support.

Risks to the health, safety or wellbeing of people who used the service were assessed and action taken to minimise those risks.

There were sufficient staff to provide a regular team of care staff and recruitment information and documents were available for staff.

Systems were in place to manage people's medicines.

Is the service effective?

Good

The service was effective.

Staff were trained prior to providing care and support to people who used the service and following initial training felt supported in their job role.

Staff sought people's consent to care and treatment.

People were supported with their health and dietary needs, where this was part of their plan of care or in an emergency.

Is the service caring?

Good

The service was caring.

People told us they were treated with consideration and respect and that staff knew them well.

Staff were familiar with people's individual needs and were able to describe how they maintained people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

In the main, care records that had been reviewed reflected the care delivered to people and the care and support that they and their relatives described to us.

People and relatives told us when they raised any issues with staff and managers, their concerns were listened to, but information to support the action taken needs improving.

Is the service well-led?

Good

The service was well-led.

Staff were proud to work for the agency.

There were quality assurance systems in place to monitor the quality of the service, but these could be better to further improve the service.

AJB Care Ltd

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.

The visit to the site took place on 21 July 2016. The registered manager was given two days notice of our visit. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be available.

An adult social care inspector and expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the service. This included the service's inspection history and registration information. We also contacted commissioners of 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. This information was reviewed and used to assist with our inspection.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we reviewed the feedback received from people and/or their family members, service user questionnaires and staff. At the office visit we also spent time looking at records, which included six people's care records, six staff records and other records relating to the management of the service, such as quality assurance.

Good

Is the service safe?

Our findings

We checked and found systems were in place to protect people from harm and abuse.

People said they felt safe in their homes when care staff were there. Comments by people and their relatives included, "Yes I feel safe when they are here", "Yes, they look after me very well", "Yes I am safe. They help me when I am not feeling well" and "I have a call button which rings in the office. That makes me feel safe". This information was supported by information in questionnaires we received from people, with everyone saying they felt safe from abuse and harm by their care staff.
We found safeguarding and whistleblowing policies and procedures in place. Whistleblowing is one way a worker can report suspected wrong doing at work by telling a trusted person in confidence. No safeguarding allegations had been made or allegations received by staff under whistleblowing procedures.

Staff told us and records confirmed staff received safeguarding and whistleblowing training. Discussions with staff identified staff had a good knowledge relating to the whistleblowing procedure.

In regard to allegations of harm one member of staff said, "Talk to person about why they don't feel safe and encourage them to tell others as well. I'd reassure the person they'd be ok. I'd then report it to the managers. I'm 100% confident it would be acted on and if I didn't think it had I would take it further. These people are like my mum, so I would protect them. I've reported incidents in the past myself" and "Reassure the person they've done the right thing by reporting it and it will be dealt with and report it to the office".

The registered manager told us the service currently were not involved in any financial transactions on behalf of people who used the service, other than carrying out the occasional shopping for people. When we spoke with staff, this was confirmed by them. They were able to describe the procedures in place when they did carry out the occasional shopping for people.

We checked and found sufficient numbers of staff were employed to meet people's needs.

People told us they received a consistent team of care staff usually came at the right time and stayed for the required time and completed all the tasks they were asked to do. No-one mentioned any missed calls. People told us if a member of care staff was going to be late, they would always ring them and let them know. People told us there was an 'on-call' system for any out of hours concerns or emergencies and they had the required telephone number within a service user handbook they had been given.

Comments by people and their relatives included, "Yes I think there are enough, although they do sometimes have trouble keeping them", "There seems to be enough staff. They never let me down", "There are usually enough staff but I have seen a few different ones". They always arrive on time", "They usually arrive on time, but they let me know if they are going to be a bit late", "They are almost always on time", "I'd recommend them. They've never missed a visit" and "They have never let us down".

Staff we spoke with told us they usually had the same calls which helped ensure continuity of care to

people. Comments included, "They're amicable to shift changes. I work set days and I've had same rota near enough for about twelve months. It gives people continuity. We're only ever sent elsewhere if there's an emergency" and "I work six days a week. It's my own choice. We have a set rota".

As part the agencies improvement plan the agency plans to implement a call monitoring system. This would enable the agency to monitor calls to people in a more structured and measured way.

We checked and found systems in place for the recruitment process of staff so that fit and proper persons were employed, but this needed improvements.

A recruitment policy was in place that identified information and documents as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 must be available. Schedule 3 is a list of information required about a person seeking to work in care to help employers make safer recruitment decisions. However, there was also contradictory information included about references and gaps in employment. The application form used by the agency also only asked for ten years employment history that contradicted the policy and the Commission's requirements. This meant a full employment history had not been obtained for two of the three staff's recruitment we checked. Other documentation was available for people including confirmation of the person's identity, documentary evidence of the staff member's previous qualifications and training and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This information and documents helped to ensure people employed were of good character and had been assessed as suitable to work at the agency.

We checked systems were in place to see how risks to people were managed, so that people were protected, whilst at the same time respecting and supporting their freedom.

When we spoke with people and their relatives they were confident that care staff were competent and aware of risks that may be presented and managed these well.

Staff said, "We're always assessing situations and evaluating if anything's changed. If it has, we are told to inform the office" and "If there's a new piece of equipment we have training".

We found assessments were undertaken to assess and identify risks to people who used the service and to care staff who supported them. These included environmental risks and other risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to care staff about how to support them when moving around their home and transferring in and out of chairs and their bed.

We checked and found systems in place to manage people's medicines. The agency followed Barnsley Health and Social Care Medication Guidelines for Domiciliary Care. On visits to people, discussions with staff and in a review of records we found the guidelines were followed.

People and relatives spoken with did not express any concerns regarding the administration of medication. One person said, "I take them myself but they check I have taken them".

We found people had a checklist of care that identified the care they required, including medication. The level of assistance required for medicine was identified with each individual care plan, together with a list of medicines care staff were responsible for managing and a record they completed to evidence they had

provided support as identified in those plans.

We checked the medicines against the records in place at five homes we visited. Medicines corresponded with records in most cases. For one person there was inconsistent information in the support staff provided with a person's eye drops. The manager was told of the anomalies so that they could be addressed.

Care staff were able to describe how they supported people with their medicines. This described how people had a list of medicines in their blister pack. They explained the blister pack is always checked against the list of medicines and that if there was anything different you'd ring the office. Staff described if the medicine was not in the blister pack for example, antibiotics/eye drops it is recorded separately. They described the risks you would check for when administering people's medicines such as leaving sufficient times between administering medicines.

Good

Is the service effective?

Our findings

We checked and found staff had the right knowledge and skills to carry out their roles and responsibilities, meaning that people received effective care.

When we spoke with people they felt staff were well trained and competent. Comments by people and their relatives included, "Yes they are definitely well trained", "Yes they are very good", "I have had some new ones and I have to tell them what I need doing" and "They are very experienced".

When we spoke with staff they told us they had regular training, supervisions and appraisals. Comments included, "We have regular training and it's always up to date. The trainer is very good and understanding" and "Quality's very good and it's on site".

The service employed their own training officer to provide training. The registered manager provided the current training record for staff. This identified staff had been provided with training in key topics, including, Mental Capacity Act (2005) (MCA), Deprivation of Liberty Safeguards (DoLS), alcohol awareness, catheter, convene and incontinence care, confidentiality, rehabilitation, diabetes, record keeping, epilepsy, pressure area care, emergency first aid, infection control awareness, nutrition, health and safety awareness, people moving people, stoma care and medicines.

The agency also ensured staff completed the Care Certificate. These are the current standards that new care staff must complete on their induction.

Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. The quality assurance policy/procedure stated 'care staff will undergo a minimum of four supervision meetings a year to include an observation supervision' and 'an annual appraisal'. This was confirmed when we viewed staff records and spoke with staff. One staff member said, "We have spot checks monthly to make sure we're doing our job, such as making sure we're wearing our uniforms and badges and carrying out the job we should".

An appraisal is a process for individual employees where the employee and their manager discuss the employee's performance and development, as well as the support they need in their role. It's used to both assess performance in the last twelve months and focus on future objectives, opportunities and resources needed.

We checked staff sought people's consent to care and treatment in line with legislation and guidance.

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. Staff received this training, but when we spoke with some staff their knowledge was limited in how this might impact them in their role. We identified this to the registered

manager to enable them to make improvements.

When we spoke with people they told us they consented to the care they received. They told us that staff checked with them to ensure they were happy with support being provided.

We checked and found people were supported to have sufficient to eat, drink and maintain a balanced diet where this was part of their care plan.

We checked and found people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support where this was part of their care plan or if an emergency occurred whilst staff were at a call. One person told us that staff accompanied them to their health appointments. They said, "They come with me in a taxi and I really appreciate it because I don't have anyone to come with me. They have also contacted the GP when I have felt poorly". Another person shared an occasion where they obtained assistance for their relative who doesn't have care, because they weren't well. Compliments received by the service included, "Thank you to everyone involved in ensuring [person] received the lifesaving help she required" and "Please pass on our thanks to staff for their prompt actions, professionalism and considerations shown after the death of [person] not breathing and carrying out CPR".

A staff member gave us an example of when they had responded to a person's change in wellbeing. They said, "We [staff and person receiving care] were having a bit of a banter, our banter, but they didn't seem quite themselves. I asked if they were alright and they said yes. Next thing I saw their mouth droop. I went to dial 999, whilst the other carer saw to the client" and "We always get help for people if they need it because they're not well, such as the doctor".

Good

Is the service caring?

Our findings

We checked and found positive caring relationships were developed with people who used the service, with staff supporting people to express their views and be actively involved in making decisions about their care, treatment and support.

People were provided with a service user guide to explain the standards they could expect from care staff working for the agency.

We found during our visits and discussions with people and their relatives, staff were familiar and knowledgeable about people's individual needs, their life history, their likes and dislikes and particular routines. They gave examples of how staff treated them with dignity and respect and maintained their privacy. The examples they gave included making sure curtains and doors were closed and making sure they were afforded dignity when staff were providing personal care. They told us staff involved them in making decisions about their care and support.

There were positive comments about staff. People said, "They're very good. We always have a laugh. They efficient and respectful", "They are all good", "They are very pleasant", "I am very happy with them", "They are marvellous", "They are polite and nice and clean", "They are friendly, tidy and generally very good", "Responders [staff members who respond to emergency situations from a central call system operated by another organisation] were very professional and had a positive attitude towards their work" and "They are lovely and I look forward to them coming".

All the people who completed questionnaires told us staff treated them with respect and dignity and were caring and kind.

We spoke with staff about people's preferences and needs. Staff were able to tell us about the people they were caring for, and could describe their involvement with people in relation to the physical tasks they undertook. Staff also described good relationships with the people they supported regularly.

Staff were able to explain how they maintained people's privacy, for example, by giving them their privacy whilst they went to the toilet. Staff also told us it was important to promote people's independence. Comments by staff included, "I treat everybody as if they're my mum and dad. By that I mean doing what is right, not being familiar. It's about respect and their dignity" and "I absolutely love it. It's my life. I enjoy every minute of every day".

Good

Is the service responsive?

Our findings

We checked and found most people received personalised care that was responsive to their needs.

Information received from people told us that most of them thought they received personalised care that was responsive to their individual needs and preferences and in the main staff were knowledgeable about their needs, preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. Comments by people and relatives included, "They accompany me to appointments", "I need more visits this week because my daughter is on holiday and it has not been a problem" and "They are very good if I need to change or cancel them".

In discussions with one person, it was apparent staff encouraged their independence because they said, "If they see me struggling they'll help".

When we spoke with staff they told us people always had a care plan in place to tell staff how they might respond to people's needs. Staff told us if people's needs had changed, for example, if people had asked for changes to their care plan they would report it to the office for the managers to address. Staff told us they were kept up to date of any changes via text message.

People had care plans in place that had been reviewed regularly. Staff told us care plans and risk assessments were always in place and provided them with sufficient information to be able to care for people.

We found care routines although basic, with minimal person centred information were sufficient for staff to have information about the care to be delivered to people. We found the information in people's care files reflected the care delivered that people and their relatives had explained to us.

Care staff completed records on each visit to evidence the care delivered to each person.

We checked and found the service listened and learnt from people's experiences, concerns and complaints.

We found the service carried out checks of staff in people's home to ensure they had responded to people's needs as identified. In addition, people were sent surveys to provide them with an opportunity to provide feedback about the service, so that the service could assess any improvements that might be identified.

On our visits to people in their homes we saw in people's care files there was a service user guide that provided information to people and their relatives about the service. This included the complaints policy and procedure. We identified to the registered manager the complaints policy required updating to include the correct information about the procedure to follow if people remained dissatisfied after the agencies response to their complaint.

When we spoke with people and their relatives they told us they would know how to complain but did not

have any serious complaints about the service. Comments included, "They've been alright with me up to now. I'd tell them off if they weren't" and "They're very good. I've no complaints".

Staff were clear that if anyone raised a concern with them they would act on the information. One staff member said, "If anyone made a complaint to me I would record what they said and then ring the manager to let her know".

We saw evidence of a working complaints procedure, where complaints were recorded. However, the action taken could not always be evidenced. For example, the attitude of two staff had been identified in a complaint, but there was no evidence to support the action the registered manager said she had taken in regard to that.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

In the PIR the registered manager informed us they attended employer forums and meetings held with the local authority and attended a dementia champion network meeting, which was a project initiation for dementia services. They said they kept up to date with information about the sector by receiving newsletters from Skills for Care and the Commission, with relevant information passed onto the staff. We were able to see the work that the project initiation for dementia services had commenced during the inspection.

When we spoke with people and their relatives we asked them their opinions of the management and leadership of the agency and if the service delivered high quality care. Everyone said the service was well led. Comments included, "I have no problems at all", "I have the phone numbers if I need them", "The manager is always on the end of the phone. She is very helpful" and "The manager is freely available".

We also asked staff their experience of the management and leadership of the service. Staff were positive of their experiences. Comments included, "It's really good. If I have a problem there's always someone to answer it, including out of hours. The managers are approachable. If I need to ring I don't feel I'm intruding or intimidated. We work together as peers",; "I think it's well led. We do get a lot of support. Changes are acted on. You can go to the office in confidence and discuss concerns and you know improvements will be made", "We have good management backup" and "Any problems you just ring the office. They're always willing to help. I can't fault them. They've been brilliant. There's a good bond between us, we car share. It's a good company".

The service also employed senior care staff. A senior member of care staff told us their role was to advise care staff. If there were any problems that needed addressing report it to the office for the registered manager to take action. They told us they carried out assessments and risk assessments and have had training to complete those tasks. Their role also included supervision of care staff, to make sure they are carrying out tasks as in the care plan, going at the identified times and that people were happy with the service.

There was a quality assurance policy in place to identify how the service would assess and monitor the quality of the service. This included bi-annual visits to people, the annual appraisal of staff, bi-monthly supervisions of staff, an annual published survey, staff training and the annual review of polices. We found the quality assurance policy was being followed, although policies that we looked at had passed the annual review date. We identified this to the manager.

We found that care files were reviewed yearly, in accordance with the quality assurance policy/procedure. However, the registered manager told us there was no formal process of analysis and action plan for the

review of records returned to the office. We saw that a review of those records would have identified the discrepancies we found in a person's care plan in regard to eye drops.

We found staff meetings were not held. The registered manager told us this was because of poor attendance by staff. She told us information was shared informally, at supervisions, via newsletters and text alerts. This was confirmed by staff when we spoke with them. Team meetings are an opportunity to provide regular communication among team members to align everyone on a common understanding of the agencies culture and its expectations for staff in promoting high quality care. They provide an opportunity for introducing or developing new ideas. They also help develop work skills, deepen interpersonal relationships, and boost team morale.