

AJ Social Care Recruitment Limited

AJ Social Care Recruitment Limited - 4225 Park Approach

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

This was an announced inspection carried out on 17 February 2015.

AJ Social Care Recruitment Limited provides personal care to approximately 100 people in their own homes in Leeds and Wakefield districts.

At the time of our inspection the service had a registered manager. 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.

Summary of findings

The provider had not taken steps to assess people's capacity when they were unable to make decisions. This ensures the rights of people who lacked the mental capacity to make decisions were respected.

The service did not have a fully operational mechanism for monitoring staff training or staff competency. Staff did have the opportunity to attend supervision meetings.

We found there were enough staff employed by the service to meet people's needs. Staff had been employed following standard recruitment policies and procedures and had induction training before they commenced work unaccompanied.

People who used the service and family members were concerned about the timing of visits regarding the call times being adhered to.

People received their medication as prescribed and they were satisfied with the support they received with this. However, we saw some signature gaps in the medication administration records.

We found care and support plans reflected people's needs and contained sufficient and relevant information. However, some people we spoke with did not always know which member of staff would be visiting them. People were involved in developing their plan of care and had their own copy. Staff recorded what they had done at each visit. People told us staff knew how to respect their privacy and dignity.

People were given information on how to make a complaint. However, some people stated complaints were not always responded to appropriately.

People told us they felt safe whilst staff were delivering care in their home. We found staff had a good knowledge of how to keep people safe from harm and there were enough staff to meet people's needs. People who used the service were happy with the staff and they got on well with them. Staff discussed and agreed with people how risks would be managed which ensured their safety.

People's nutritional needs had been assessed and people told us they were satisfied with the support they received with their meals and drinks.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the management team. We saw recently returned surveys from people who used the service which were dated January 2015. They rated the service with above average or outstanding.

We found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which has since been replaced by Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People's medicines were stored safely and they received them as prescribed. Staff had undertaken training on the administration of medicines and people told us they were satisfied with the support they received with this.

We found there were enough staff employed by the service to meet people's needs. Staff had been employed following standard recruitment policies and procedures and had induction training before they commenced work unaccompanied.

Staff knew about the different types of abuse and how to report it.

Staff discussed and agreed with people how risks would be managed which ensured their safety but also allowed them to enjoy their freedom and independence.

Good



Is the service effective?

The service was not effective in meeting people's needs.

The registered manager did not have a fully operational mechanism for monitoring staff training or staff competency. Staff did have the opportunity to attend supervision meetings.

We saw mental capacity assessments had not been completed and some staff told us they had not attended the Mental Capacity Act (2005) training. Or were not able to recall the training.

People's nutritional needs were met.

People had support to gain regular access to healthcare professionals.

Requires Improvement



Is the service caring?

The service was caring.

Staff had developed good relationships with the people they supported and knew people's need well. People told us they were happy with the care they received and their needs had been met.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Good



Is the service responsive?

The service was not always responsive to peoples' needs

Requires Improvement



Summary of findings

We found care and support plans reflected people's needs and contained sufficient and relevant information. However, some people we spoke with did not always know which member of staff would be visiting them or were happy with the call times.

People were given information on how to make a complaint. However, some people told us the complaints were not always responded to appropriately. The registered manager told us only three formal complaints had been received over the last six months and one had been rated as amber on the basis that it was not responded to promptly enough. However, this was picked up in the quarterly complaints analysis and the issue was rectified.

Peoples' health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative.

Is the service well-led?

The service was well led.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Some staff told us they were well supported by care coordinators and the registered manager.

Good



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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 was planned to check 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 17 February 2015 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office.

The inspection team consisted of two adult social care inspectors and an expert by experience in domiciliary care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 103 people receiving care and support. We spoke with 21 people who

used the service on the telephone. We spoke with 9 relatives, five members of staff, a care co-ordinator, the care manager and the registered manager. We also visited the provider's office and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at six people's care and support plans.

Before our inspection we reviewed all the information we held about the service. We had not asked the provider to complete a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We contacted the local authority and Healthwatch, and we took their views into consideration when conducting our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also reviewed notifications received from the provider.

Is the service safe?

Our findings

People who used the service told us they received appropriate support with their medication. One person told us, "They do the medication for me. I am happy with them." Another person told us, "The carers come in once a day to do my eyes. They put drops in. They've had training to do it as far as I know. They are very nice people and kind." One person said, "They come in to put drops in my eyes in the morning. The rest of the day I do it myself." One relative we spoke with said, "They do ask him about his tablets but he's very independent."

Staff had training on the assisting and prompting of medication during their induction period and then refresher training each year. Staff told us they felt the training they had received had provided them with the knowledge they needed to carry out this task safely. One member of staff told us, "I have had training. There are steps on what you can do, what's not allowed, like controlled drugs, as you need two people there. If the GP prescribes new medicines we have to get authorised first by the office. They will get a fax from the GP and the office will give us advice."

The registered manager and staff told us a monitored dosage system was used for the assisting and prompting of medicines. One member of staff told us, "Most of the medicines are in blister packs. We double check and read the book before we give medication. If they run out, we ring the pharmacy or the office to sort it out. It's rare." Another member of staff told us, "Medication is in blister packs and we have a medication administration record and check on it to see that it's the same as the blister pack. If we assist or administer, we'd take them out and give them and watch them take it" and "If they run out we would let the office know."

We saw one person had signed consent for their medicines to be administered by staff members. We saw most of the records about the administration of medicines were completed well and could show that people were having their medicines as prescribed and medicines were all accounted for. However, we did see some gaps in people's medication administration records (MAR). For example, one person's MAR chart was not signed on the 23 and 31 December 2014 for the dossett boxed medication. The registered manager told us the MAR sheets were checked

and feedback was given to staff members where inconsistencies had been identified; however, a small number of the gaps mainly relating to PRN medication had not been highlighted as part of the review.

We looked at medications that were to be given as and when necessary (PRN). The registered manager told us the PRN protocol in place was included in the medication policy which helped support and direct staff when this type of medication should be given. One member of staff told us, "PRN medication is on the MAR sheet."

Members of staff we spoke with told us they nearly always supported the same people and visits were well planned and they had time between visits to reach the next call. Staff said they knew the needs of the people who used the service so they received consistent care, built up trust with the person and they had sufficient time to support people properly. One member of staff told us, "There is not always time to spend with people. I report it to the office. For example, a person I used to go to, if you don't sit with her whilst she eats, she won't eat. By staying the extra five minutes, she will finish eating her meals. They listened and gave the extra time."

Through discussions with people who used the service and staff we found there was usually enough staff with the right skills, knowledge and experience to meet people's needs. Staffing levels were determined by the number of people who used the service and their needs and could be adjusted according to the needs of people who used the service. One member of staff said, "Every company has problems. Lots of the coordinators have community experience. I do the extra odd calls. I don't work long hours." Another member of staff said, "We could do with extra staff in some circumstances, for example, to call on someone if you need assistance when you were out and something has happened." Other comments included, "We are getting new staff all the time. I do a single round I have enough time. Calls can be 15 minutes to an hour. I only work part time, just mornings. If someone rings in sick, they'd ask if we can cover. They also have bank staff." "Enough staff yes. Go through stages when people leave and this puts extra pressure on those staying. I've got a set rota pattern and they will call and ask if you will help out when people are sick."

The majority of people supported by AJ Social Care Recruitment Limited and the staff it employed live in the local area. This, together with effective planning, allowed

Is the service safe?

for short travel times and decreased the risk of staff not being able to make the agreed appointment times. The registered manager told us the reported missed calls to the local authority on a monthly basis. If staff were unable to attend an appointment they informed the office staff in advance and cover was arranged so that people received the support they required.

The registered manager told us that the office was open from 06.00 until 23.00 seven days a week. The care co-ordinator said there was always an experienced member of staff on duty at all times, who was aware of each person's care and support needs. One staff member told us, "Yes, there is enough staff. People don't turn up for work so we have to pick up the calls. This is very common, especially the young girls. I am used to it. If someone rings in sick we cover" and "The management are under a lot of pressure. They don't want to ring us to ask us to cover but they have no choice." This helped ensure there was continuity in the service and maintained the care, support and welfare needs of the people who used the service.

We spoke with staff about their understanding of protecting vulnerable adults. They knew what to do if abuse or harm happened or if they witnessed it. Everyone said they would report any concerns to the office. A member of staff told us, "If I saw it I would report it to my supervisor and if appropriate make notes in the book depending on who was abusing the person. I am confident it would be acted on." Another member of staff told us, "I would report it to my manager. Signs would be any marks that couldn't be accounted for, nervous or withdrawn." Staff were confident the office staff would respond appropriately. The manager and office staff understood safeguarding procedures and how to report any safeguarding concerns. Staff we spoke with told us they had received training in safeguarding. One member of staff said, "I have had safeguarding training on-line and had an update in the office." Another member of staff said, "I had on-line safeguarding training. I also did face to face. Any issues I would go to my line manager. I had suspected abuse and I reported it to the line manager. It was investigated and the management went out and they had a meeting about it." We saw from the training records we looked at that several safeguarding vulnerable adults training courses had been arranged for 2015.

Members of staff told us that restraint was not used. One member of staff told us, "Don't use restraint." Another member of staff told us if people refused care they would,

"Try and talk them into it, but if they flatly refused, I would leave it at that." One member of staff said, "I have known my clients for many years. They always appreciate what you do. No one refuses."

People we spoke with told us the care staff were very good and they felt very safe using the service. One person said, "Most of them [carers] are very caring and very kind. I feel safe with them." Another person said, "I mostly have the same carers and I feel very safe with them." One person told us, "The carers are good. I feel safe with them. I couldn't ask for better." Another person told us, "The carers are very, very good. I have no complaints about them at all. I feel very confident with them coming in."

Relatives we spoke with said, "I feel that she is safe with them. They take the time to talk to my mum. She is safe with the carers, although the new ones sometimes don't have much training." and "She's very happy with the carers and she definitely feels safe with them."

The service had policies and procedures for safeguarding vulnerable adults and these were accessible to the staff team. Staff we spoke with said they knew the contact numbers for the local safeguarding authority to make referrals or to obtain advice. This showed staff were aware of how to raise concerns about abuse and recognised their responsibilities regarding the protection of vulnerable adults.

Staff told us they were aware of whistleblowing procedures and how to use them if they had concerns. One member of staff said, "If I have any concerns I take it to the line manager. If it is not dealt with I would go to social services and other bodies. Any concerns have always been dealt with." Another member of staff said, "This is a confidential way you can inform on someone. If you saw that something wasn't right. I usually report to the manager but to the company if necessary" and "I would go to my supervisor or the CQC."

We saw risk assessments had been completed in respect of each person's home environment; these included moving and handling, medication and people's environment. Risk assessments were scored to identify the person's level of risk and there was information to advise staff how to minimise these risks and keep people safe.

Staff we spoke with told us every person who used the service had risk assessments at the back of the care plan. One member of staff said, "Things like the environment, the

Is the service safe?

mobility and what kind of care they need.” Another member of staff said, “You get involved. I’ve done my moving and handling risk assessment training. We review them annually. But when there are issues, we review as and when. If someone goes into hospital, we review when they come out to see if they need additional support.” One member of staff told us, “Already done by the managers on all clients. There could be risk to us or risk to people and equipment. Risk assessments are reviewed. They have a date when reviewed.”

There were effective and safe recruitment and selection processes in place. The service undertook all pre-employment checks required before new staff started work. This included obtaining references from people’s

previous employers and a Disclosure and Barring Service check. One care co-ordinator we spoke with told us they produced a weekly report that highlighted the number of vacancies and which area these were in. They said this information was passed to the HR department and a targeted recruitment campaign was instigated. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults. One member of staff told us, “We have a good recruitment policy.”

The service had clear staff disciplinary procedures in place and these were robustly followed when required. The registered manager told us they gave staff every opportunity to improve and develop when concerns were raised but the care and support of people was paramount.

Is the service effective?

Our findings

We looked at staff training records which showed the courses staff had completed. These included safeguarding, moving and handling, Dementia awareness and administration of medication. However, some staff had not completed refresher training for some time in certain subjects. For example, 26 of the 56 staff had not completed medication refresher training since 2013 or before and 29 of the 56 staff had not completed Dementia care refresher training since 2013 or before.

One member of staff told us, “The last training was last year on health and safety. A lot is on the internet and I have to do it in my own time. I had moving and handling training at the beginning of last year.” Another member of staff told us, “Training is online. The last moving and handling training was about fifteen months ago.” One staff member said, “I recently had a refresher on medication and also I did safeguarding online. We can do anything we want on line. I’ve been doing dementia recently. Refreshing my mind.” Another staff member said, “I had an induction in February 2010. A weeks induction and then all the training after that. Shadowed two shifts and then was on my own.”

The registered manager told us staff completed personal development training; however, they did not have a fully operational mechanism for monitoring all the training and what training had been completed and what still needed to be completed. The registered manager told us competency checks across each of the common induction standards were carried out as part of the staff members induction. Staff audits were then completed once the staff member was signed off. These include spot checks of their work carried out after they had completed the visit and/or competency based checks across all of the induction training areas. One staff member told us, “I have never had any checks. Not had medication checked since mine were signed off after 10 months. They do spot checks but not on medication.” One person who used the service told us, “They don’t teach the carers anything about diabetes. I spoke to the [manager] about it but they haven’t changed anything. They come along and don’t know anything about you. They should know about diabetes. They rely on me to tell them.” This meant staff may not fully understand how to deliver care safely and to an appropriate standard.

When we looked in staff files we were able to see that members of staff had received supervision on a regular

basis. Members of staff confirmed they received supervision where they could discuss any issues on a one to one basis. One member of staff told us, “Supervision is every couple of months. Mine is due next week. We talk about ourselves, the clients.” Another member of staff told us, “Supervision is every eight to 12 weeks. Any concerns and we would come into the office sooner.” One staff member said, “We discuss if we have any concerns about clients, are care plans up to date and any other issues. Are we happy in what we are doing.”

We were told staff received ‘spot checks’ which included logging in and out, dress code, support plans, food safety and hygiene and nutrition and hydration. We saw one member of staff had received a ‘spot check’ in February 2015. The care co-ordinator told us ‘spot checks’ were carried out three monthly or sooner if needed.

We were told by the registered manager staff completed an induction programme which included information about the company and principles of care. On the day of our inspection induction training for common induction standards four and five was taking place. The registered manager told us competency checks were carried out at the induction and these included communication, preparation and care and support. Staff we spoke with told us, “My induction was five years ago. I can’t remember what it was but everything’s included.” Another member of staff told us, “Now has moving and handling, medication and safeguarding but mine was several years ago. One staff member said, “Yes, I had one. Started with a shadow shift, and then went through safeguarding and medication. I was always paired up with experienced staff to start with.”

Staff training provided did not equip staff with the knowledge and skills to support people safely. There was no evidence staff knowledge and competency was checked following completion of specific training courses. This is a breach of Regulation 23 (Supporting workers); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with understood their obligations with respect to people’s choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. One staff member told us, “I always ask people what would they like such as tea or coffee. You respect everyone as an individual even when you know the

Is the service effective?

answer you still ask.” Another staff member told us, “When I do a care plan there is a form for a client to give consent around medication. If someone lacked capacity we would see if there is a family member to contact. We ask and encourage people to do as much as possible for themselves.” One member of staff said, “I would ask the person and if they lacked capacity, there’d have to be something in place. Otherwise I would not do it.”

The staff we spoke with told us they had not completed Mental Capacity Act (2005) training. We were not able to see from the training records that Mental Capacity Act (2005) training had been completed. One staff member told us, “I think I have had training” but was not able to tell us about the training. Another staff member told us, “I have not had training so could do with more.”

We saw care and support plans, where they indicated the person did not have capacity we was unable to see a formal assessment for that person. For example, one person’s support plan stated ‘unable to choose what to wear. Has confusion and vascular dementia’. Although the support plan stated they could not choose what to wear, there was a ‘Y’ in the section in the moving and handling risk assessment which stated the person could understand instructions. Another person’s consent to administer medication had been signed by a relative in January 2015. However, we were not able to that they had authority to do this. The manager told us mental capacity assessments had not yet been completed and would look at completing the assessments immediately.

People who were unable to make some decisions relating to their care and support had not received an appropriate and decision specific mental capacity assessment which would ensure the rights of people who lacked the mental capacity to make decisions were respected. This is a breach of Regulation 18 (Consent to care and treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us people had a variety for their main meals and snacks and they understood about healthy eating and hydration. One staff member said, “We have enough time to help people with their meals. Generally people have ready meals. Some people might just have a sandwich and their family make the evening meal.” Another member of staff told us, “We are told to give them choice

on what to eat and drink. I make the meals and some are ready meals. I give them meat or fish and vegetables. It is balanced from what we find in the fridge.” One member of staff told us, “When I give a meal I always present it well as I think if it is well presented, they will like it. If a client I know hasn’t a big appetite, I wouldn’t over fill the plate as that can be off putting. I always give a drink with the meal and leave a drink after the meal. I offer them a choice of what to drink. If they aren’t eating it’s recorded as a risk report.” The registered manager told us not everyone they supported required help with meals.

Staff told us that before they left their visit they ensured people were comfortable and had access to food and drink if they required. People who used the service told us they were supported at mealtimes to access food and drink of their choice and were happy. One staff member told us, “It all depends what’s in the fridge. We are so pushed for time most eat ready-made meals. The most important thing is water. I always make sure they have a drink. We put in the book what’s been given. Sometimes we have enough time to chat with the person whilst they eat so we can see what they have eaten. Other times we can tell they haven’t eaten if we go back at tea time and the food is still there.” Another staff member said, “I leave a drink where they can reach it.”

One person we spoke with who used the service told us, “They do all the cooking. Once a week they do the cleaning and washing and ironing. I’m happy with the service.” Another person told us, “They do everything I ask, they get my meals ready and they get me ready.”

People who used the service and their relative’s co-ordinated health care appointments and health care needs. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

Staff told us they were good at identifying any health needs and liaising with health professionals or the emergency services to ensure any health problems were quickly investigated. One staff member told us, “When they first come out of hospital you might need an occupational therapist to come and assess them. The office will push for them to have the equipment needed before they come out and nine out of 10 times it is.” Another member of staff told us, “If someone is unwell the office will ring up health. We can ring the nurses directly if someone’s catheter bypasses.”

Is the service effective?

Staff we spoke with told us they knew what to do in case of an emergency. One member of staff told us, “I would check the environment for risk to us. We then see if the client is unconscious, and ring the emergency services and let the office know afterwards. We keep them warm with a blanket

and stay with the person until emergency services arrive.” Another member of staff said, “If I found someone on the floor, I would assess the situation for dangers. I would call 999 and contact the line manager. I would make sure the person was comfortable.”

Is the service caring?

Our findings

People who used the service were happy with the staff and said they were very supportive and provided them with what they needed and wanted. They commented that staff were lovely, nice, helpful and they could talk to staff about their care needs. One person told us, “My carer is absolutely wonderful. They make sure that I’m alright. I’m very well cared for.” Another person told us, “The carers are absolute angels. They do everything they can for me. They are the only people who can move me. They have had training to do it.” One person said, “The ladies who come in are very nice people. I don’t have any problems with them.” Other comments included, “They look after me well”, “I am very happy with the service”, “It’s a very good service. They dress and wash me and make my breakfast. They come twice a day” and “They come in once a day. They get me up and get a coffee. It makes a difference to my day. It’s nice to have someone to talk to. It’s usually the same person.”

Relatives we spoke with told us, “They come and give her a shower and dress her in the morning”,

“I was very unsettled with them at the start but it has improved tremendously. She now has two carers who are very good”; “They get her up in the morning and do her personal care. They come four times a day. They look after her very well. I’m 100% happy with the care, it’s really good” and “I am happy with the service although some of the carers need to read the book to check what has happened the day before.”

Staff we spoke with clearly demonstrated they knew people’s likes and dislikes and they had good relationships with people. One member of staff said, “You get to know the people when you have been looking after them. You speak with them. Always ask and show respect. People tell us if we are meeting needs and it is in the file. They tell us how they like to shower. Some like to do it themselves and some like some help with washing their back. Everyone is different.” Another member of staff said, “Care is person centred and this is done by getting to know them and learning from them about their lives, spending five or ten minutes getting to know them. When we first go out and we have a care plan, it says things from their point of view as a

guide. You speak to them and ask them first.” One staff member told us, “We get to know them and what they like doing. We prompt them to do as much as they can and only take over when it’s not safe. We offer choice and involve them in their care, it is their home.”

A copy of the person’s care and support plan was kept in the person’s home and a paper copy was available in the office. This was so all the staff had access to information about the care and support provided for people who used the service. During our inspection we looked at six care and support plans and saw they gave clear instructions for staff to follow to make sure that people had their needs met.

People who used the service and their families had contributed their views and preferences in relation to how care and support was delivered. The care and support plans were individual and there was evidence of signatures of people who used the service or their relative recorded in the care and support plans. The care and support plans included information about the specific support a person required at each visit.

We saw care and support plans included information about people’s likes and dislikes. This information had been obtained from the person and/or their relative concerned whenever this was possible.

Staff told us they were respectful of people’s privacy and maintained their dignity. Staff said they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety. One member of staff told us, “Doors must be shut and I cover people up when dressing.” Another member of staff told us, “We promote dignity. We aim to treat people like they are our grandparents and parents. We ensure people are covered up with a towel when we do personal care.” Staff also told us they were aware of people’s confidentiality and how they maintained this. One member of staff said, “I don’t talk about clients outside work. If they tell you something in confidence I would keep it depending what it is. If someone told me that someone had done something to them that was inappropriate, I would have to report it.” Another staff member said, “Keep anything said to us. Soak it in like a sponge and don’t share it.”

Is the service responsive?

Our findings

People's care and support needs were assessed and plans identified how care should be delivered. The support plans we reviewed contained information that was specific to the person and contained detail about how to provide care and support. There was information that covered areas such as what is important to me, how to support me well and a typical day (one page profile). However, the moving and handling risk assessments did not contain enough information about how care should be delivered. For example, what equipment and type of sling should be used.

People told us their care and support plan had been agreed with the agency. One person told us, "They review the service I get occasionally."

People who used the service had individual support plans which clearly identified their care needs and visit times and these had been reviewed appropriately. They were person centred. The care co-ordinator told us a planned seven day rota was given to each person and these showed who was allocated to carry out their care each day. They told us people who used the service received a rota on a weekly basis to alert them to the member of staff that would be visiting their home. They also told us staff worked in the same post code area as the person they were supporting. This ensured staff had enough time to meet the needs of the person who used the service. Staff also told us they had enough time to provide people with the care they needed. However, three people who used the service told us they did not always know which member of staff would be coming. One person told us, "If there is a change in the carer I wish they would let me know." Another person told us, "A couple of weeks ago a lady came in who I didn't know." One person said, "I want the same carers. I don't want different ones all the time."

Staff we spoke with told us the support plans reflected people's care and welfare. One member of staff told us, "Care plans are accurate." Communication is very important for the job. It takes time to build up a relationship. If I saw another staff member do something not right I would complain about them to the office. You have to do this job from the heart." Another member of staff told us, "Most people can express their views. I talk through with them what I am doing so they know what's going on" and "Sometimes people receive care at times they want

and sometimes they don't. We are encouraged to comment. A round I used to do, a person had a late call that was getting later. We suggested a different time and the office followed through with this." One staff member told us, "Someone would go out first to see what they like. People are asked what time they want their care. If they wanted a time, we'd try and accommodate it. Everyone on my round is happy with the times."

One person who used the service told us, "I get on very well with all my carers. They see that I'm alright. They stay for up to an hour. It's alright as it is." One family member we spoke with told us, "They [carers] are not rushed. They have plenty of time."

On the day of the inspection we looked at the electronic call monitoring system which recorded the times people of calls and when staff arrived and left the person's home. The care co-ordinator told us this was monitored by the co-ordinators and the care manager.

People we spoke with who used the service had mixed views about the calls times and missed calls. One person told us, "I had a lady yesterday from a different area who was wonderful. She said that she was a 'patch' champion. She was very good and did a lot for me even though her time was running out. They're not all like that. A lot of them are not very sympathetic" and "I need my visits at a regular time because I am a diabetic. They came an hour late yesterday. Then they came again an hour after that. They should come at a set time and make sure the hours are regular for eating. They don't let you know they're going to be late." Another person told us, "When it started they came at 6:15am to get me up and now they are coming later and later. Today it was five to seven. It's just not good enough because I need to go to the toilet. I wet the bed this morning because they were too late. This makes my life more difficult." One person said, "I am very happy with the service most of the time although they leave me in bed until 10 o'clock and last week they put me to bed at 8:15pm." Another person said, "They come at a time that I don't like. The nurses did it between 8:30am and 9:00am but the carers don't come until 10:45am because it doesn't fit in with the rest of the programme." Other comments included, "The carers are ok. I get on well with them. I wish that I had an earlier call in the morning though. I rang the office to get it changed but they rang back to say that they

Is the service responsive?

can't do it at the moment" and "They come at 6:00am although I would prefer them to come at 8:00am. Also I would prefer to go to bed later. I told the carers and they are passing it on to the office."

One relative told us, "I am absolutely incensed this morning. They should have come at 8:00am this morning and they have still not come (10:30am). The ruling is, if they can't get a carer, to ring her sister, me. They didn't do that this morning. It happens all the time. They don't have contingency plans if something like this happens. It was horrific at Christmas. Nobody was turning up. They should have come out at 7:00pm to put her to bed and didn't come until 11:00pm." Another relative told us, "Mostly it's good but occasionally it drops off. She has different carers but sometimes they have not turned up. They [managers] do it as quickly as they can." One relative said, "The carers themselves are very good. The co-ordination at the office is not so good. If they stuck to times they give you it would be better. The times have changed quite a few times and it's quite inconsistent. I've asked them not to send out two new carers at the same time. I've repeatedly mentioned this to them but it happened again last weekend. I don't know if they are going come out early or late. I have asked them to ring me so that I don't have to wait around for them to come."

One person who used the service told us, "They will do anything I ask them to. They make my meals if I need it doing. I am absolutely happy with the service. I can't fault them." However, other comments were not as complimentary. For example, "I thought it was improving but it isn't, it's going backwards again. I think the management are at fault" and "The carers are wonderful but the organisation is poor. Timekeeping is very poor." One relative we spoke with told us, "I wouldn't recommend the firm. It's not the girls, they are marvellous."

People had mixed views regarding their care being delivered in a timely manner. People were not protected against the risks or receiving care or treatment that was inappropriate or unsafe. This is a breach of Regulation 9 (Care and welfare of people who use the service); Health

and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they would speak with the staff or the manager if they had any concerns and they didn't have any problem doing that. One person said they complained about one member of staff and they had never sent them again. Three people who used the service told us, "I go way back with my complaints", "I have asked if they would come earlier in the morning many times. I complain about it to the girls very often. It has made no difference" and "I tell them I'm unhappy regularly but they ignore it."

The family members we spoke with told us, "I complained several times. One week someone didn't turn up but I've had no complaints over the past three weeks", "So far I've no complaints. The more they get to know my mum the better it's getting. My brother said that the carer was brilliant with my mum when he was there."

The registered manager told us people were given support to make a comment or complaint where they needed assistance. We saw the service's complaints process was included in information given to people when they started receiving care. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. One staff member said, "We do have a good standard of care. The staff are caring. People are safe. We work on any concerns." Another member of staff told us, "If I received a complaint, I would pass it to the office. Try and find out what are the problem and try and help." One staff member said, "People are encouraged to make complaints. I tell them to phone the office, if they had a member of staff they weren't keen on or if they weren't happy with the time." We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. We also saw the registered manager had scored the complaints red, amber or green which indicated if the complaint had been managed correctly.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had overall responsibility for the management of the service and the care manager had day to day control of the service.

We saw recently returned surveys from people who used the service which were dated January 2015. The survey included independence, involvement, respect and safety. They rated the service with above average or outstanding. Comments included, "I am pleased with your homecare service, can't improve on anything", "I am happy with your care service" and "I am very happy with my carers that visit me and many thanks for their care and kindness."

Staff told us they were general happy working for AJ Social Care Recruitment Limited. One staff member said, "I am happy. I wouldn't be still here if I didn't." Another staff member told us, "Yes, I've been here four years. I enjoy the job. They are supportive in the office. Really nice place to work." One member of staff said, "Yes, very rewarding job."

Staff said they were kept informed of any changes to the service provided or the needs of the people they were supporting. Staff received regular support and advice from the registered manager and care coordinators via phone calls, texts and face to face meetings. Staff felt the manager was available if they had any concerns. One member of staff told us, "Leadership is good most of the time. They are improving. They are improving on the rotas. The co-ordinators always listen and are more involved than before." Another member of staff said, "Culture is good. They want to improve and develop. They are open and honest and learn from mistakes. It is well managed." Other comments included, "It is very difficult to tell about the culture at the moment as there has been so much change, both in the office and with carers", "Staff are supported if they question things most of the time but sometimes it's the little things that niggle", "The manager does listen, but I don't think they always take on board what you say" and "It is just good and fair. They take what you say into account and work around my family. I think leadership is quite good. It has its down point when people leave all at once."

We saw an employee engagement survey had been carried out in January 2015 which included travel time, communication, support plans and medication. The

registered manager told us action plans would be completed and monitored. The registered manager told us 'spot checks' were conducted on staff as they worked in people's homes to make sure care and support was being delivered in line with the agreed care plan. We saw a staff newsletter called 'In the know' was distributed to staff which included information on training, winter car care, leave, mental health awareness and timesheets.

We saw a quality performance workbook had been completed by the registered manager for September to December 2014. This included staffing, training, qualifications, hours, missed calls and safeguarding. Actions were identified and reviewed at the next audit. The registered manager told us a new target and measures audit was being introduced on a gradual basis, this was called a balanced scorecard. This included sales, people, operations, customers and finance. There were currently seven of the 40 measures in place. The registered manager said the audit would be fully operational by summer 2015.

The registered manager told us they monitored missed calls and reported any incidents to the local authority on a weekly basis.

The registered manager told us they held staff meetings on a quarterly basis, however, the last staff meeting was six months ago. We were not able to see the minutes from the meeting as the registered manager said none had been produced. However, they told us a staff communication meeting was held in November 2014 which had included areas of improvement, communication, rounds and rosters and records. One member of staff told us, "Staff meetings are not often about once a year. We always have chance in the meeting to speak up. We had a meeting before Christmas. The manager has given us their email and we can send an email. They are constructive and motivating. We work as a team and support each other." Another member of staff said, "There was a meeting before Christmas but I couldn't attend." One staff member said, "I can't remember the last time they had a meeting. I get a bulletin and a daily communication by email every night. I check it before going into work."

We saw the managers held a monthly meeting which included service review and key performance indicators for sales, customers and recruitment. We saw the records of the senior manager monthly meeting for February 2015.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Suitable arrangements were not in place to ensure staff were appropriately supported in relation to their responsibilities to enable them to deliver care safely and to an appropriate standard.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent It was not clear in the care plans we looked at if the rights of people who lacked the mental capacity to make decisions were respected.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The registered person did not take proper steps to ensure that each person was protected against the risks of receiving care or treatment that was inappropriate of unsafe.