

PJ's Community Services Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

PJ's community service limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using the service receives a regulated activity. 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 take into account any wider social care provided. At the time of our inspection seven people were receiving support with their personal care.

We undertook an announced inspection on 15 May 2018. At our last inspection on 14 December 2016 we rated the service 'good'. At this inspection we identified breaches of legal requirements and the rating for the service had deteriorated to 'requires improvement'.

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

The service did not have a robust quality assurance system in place which addressed all areas of care delivery and staff support. There were not sufficient systems in place to ensure complete, accurate and contemporaneous records were maintained. Whilst staff were aware of the risks to people's health, safety and welfare, sufficient information was not included in people's care records about these risks or how they were to be managed. People received care and support that met their needs. Staff were aware of people's preferences and had built up familiar routines. However, care records did not provide detailed information about people's needs and complete, up to date records were not maintained.

Staff had not completed sufficient refresher training courses to ensure they had the knowledge and skills to support people in line with current good practice. Staff did not receive regular supervision.

The registered manager had not adhered to their CQC registration requirements and had not submitted statutory notifications as required. The provider had also not displayed their rating on their website so this information was not made accessible to people.

There were sufficient staff to meet people's needs and to ensure consistency in the staff providing support to people. Staff adhered to the provider's incident reporting process and safeguarding adults' procedures. Staff followed procedures to ensure people received their medicines as prescribed and to prevent the development and spread of infections.

Staff supported people in line with the Mental Capacity Act 2005 and respected people's decisions. Staff provided people with any support they required with meals and supported them to access healthcare services if feeling unwell.

Staff built kind, caring and compassionate relationships with people. The consistency in care workers meant staff knew people's routines. Staff respected people's privacy and dignity. Staff communicated with people whilst providing support and ensured people were engaged and involved in their care. People were aware of who was important in people's lives and respected people's preferences and beliefs.

There was an open culture within the staff team. Staff felt well supported and able to express their views and opinions. The provider had used other assessment processes, including local authority quality visits, to make improvements to the service. A complaints process was in place and people felt able to raise concerns with the management team. Staff learnt from the complaints made to improve service delivery.

The provider was in breach of legal requirements regarding good governance, submission of statutory notifications and displaying ratings. You can see what action we have asked the provider to take at the back of the main report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. Whilst staff were aware of the risks to people's health, safety and welfare, sufficient information was not included in people's care records about these risks or how they were to be managed.

There were sufficient staff to meet people's needs and to ensure consistency in the staff providing support to people. Staff adhered to the provider's incident reporting process and safeguarding adults' procedures. Staff followed procedures to ensure people received their medicines as prescribed to prevent the development and spread of infections.

Requires Improvement ●

Is the service effective?

Some aspects of the service were not effective. Staff had not completed sufficient refresher training courses to ensure they had the knowledge and skills to support people in line with current good practice. Staff did not receive regular supervision.

Staff supported people in line with the Mental Capacity Act 2005 and respected people's decisions. Staff provided people with any support they required with meals and supported them to access healthcare services if feeling unwell.

Requires Improvement ●

Is the service caring?

The service was caring. Staff built kind, caring and compassionate relationships with people. The consistency in care workers meant staff had got to know people's routines. Staff respected people's privacy and dignity. Staff communicated with people whilst providing support and ensured people were engaged and involved in their care. People were aware of who was important in people's lives and respected people's preferences and beliefs.

Good ●

Is the service responsive?

Some aspects of the service were not responsive. People received care and support that met their needs. Staff were aware of people's preferences and had built up familiar routines. However, care records did not provide detailed information

Requires Improvement ●

about people's needs and complete, up to date records were not maintained.

A complaints process was in place and people felt able to raise concerns with the management team. Staff learnt from the complaints made to improve service delivery.

Is the service well-led?

Some aspects of the service were not well-led. The service did not have a robust quality assurance system in place which addressed all areas of care delivery and staff support. There were not sufficient systems in place to ensure complete, accurate and contemporaneous records were maintained.

The registered manager had not adhered to their CQC registration requirements and had not submitted statutory notifications as required. The provider had also not displayed their rating on their website so this information was not made accessible to people.

There was an open culture within the staff team. Staff felt well supported and able to express their views and opinions. The provider had used other assessment processes, including local authority quality visits, to make improvements to the service.

Requires Improvement 

PJ's Community Service Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We undertook an announced inspection on 15 May 2018. We announced the inspection 48 hours in advance. Unfortunately, the provider did not receive this announcement as they had not ensured the CQC had up to date contact details for them and therefore did not receive the phone messages or emails left for them. One inspector undertook the inspection.

Prior to the inspection we reviewed the information we held about the provider. The provider did not receive the request for completion of the provider information return (PIR) due to the error in contact details. The PIR gives providers the opportunity to tell us what they do well and improvements they plan to make. No statutory notifications had been received.

During the inspection we spoke with six staff, including the registered manager, care co-ordinator and care workers. We spoke with an additional two care workers over the phone. We spoke with two people receiving care over the phone. We reviewed three people's care records and three staff records, as well as the staff team's training matrix. We reviewed records relating to the management of the service.

After the inspection we spoke with representatives from the local authority.

Is the service safe?

Our findings

People told us they felt safe receiving a service from PJ's community services limited and one person said, "It's a very, very good service."

When a new care package started the care coordinator went to meet the person and assessed risks to their health and safety, as well as the health and safety of the care staff. This included an environmental risk assessment as well as any assessments specific to people's needs. For people who needed assistance with moving and handling there was a risk assessment in place about these risks and those associated with falling, however, there was limited information in people's care records about how to manage those risks. We also saw there was limited information about people's diagnoses that may affect their safety. For example, one person had epilepsy and there was information about the seizures they may experience and triggers to these seizures, but there was little information about what staff were to do if the person was having a seizure in order to maintain the person's health, safety and welfare. Care staff we spoke with were knowledgeable about the risks to people's safety and how to manage and mitigate those risks, but this information was not captured in people's care records and there was a risk that any new staff supporting people who not have access to this information.

The provider was in breach of regulation 17 of the HSCA 2008 (Regulated Activities) regulations 2014 as there was not sufficient information recorded to ensure accurate, complete and contemporaneous records were maintained about people's care.

Staff assessed what level of support people required with their medicines. The majority of care records we viewed showed people could self-manage their medicines and did not require support from staff. For the person that did need support from staff with their medicines, their care records detailed medicines they took, at what dose and when. We saw medicine administration records were maintained of each medicine administered. However, we did see that robust records were not maintained about the application of topical creams. Whilst staff documented that people's creams had been applied to protect their skin integrity, the records did not document the names of the medicines or details of where the creams were to be applied. We spoke with the registered manager about the importance of maintaining accurate, detailed care records.

Staff were knowledgeable of the provider's incident reporting process and reported any incidents or concerns to the care co-ordinator. The care co-ordinator kept records of incidents that occurred and the action taken to address the concerns and what further action was required to prevent the incident from recurring. The provider learnt from previous incidents and we saw action had been taken to address the concerns raised. There had been occurrences of only one staff member attending an appointment when the person required support from two staff to maintain their safety. We spoke with the care co-ordinator about this who assured us this staffing error had been addressed.

There were sufficient staff to meet people's needs. Staff were allocated people to support and there was consistency in the care workers allocated. People confirmed their care workers arrived on time and stayed for the allocated length of time to provide the required support. Staff confirmed there was sufficient time

allocated to travel between appointments, and if they were running late due to traffic or unforeseen circumstances at a previous appointment they informed the care coordinator so the person was kept informed of any delays.

The provider also ran an agency providing staff to health and social care settings. As these staff had similar skills, knowledge and training the provider could use staff from this service when needed to cover unplanned staff absences, illness or annual leave to ensure there still remained sufficient staff to meet people's needs.

Staff had access to personal protective equipment (PPE) to support with the prevention and protection of the spread of infection. Staff picked up stocks of gloves and aprons from the office and kept small stocks of these items at people's homes for use and ease of access. Through spot checks and the newly introduced quality assurance visits we saw the management team checked that care workers adhered to infection control procedures, including use of PPE and good hand hygiene.

Staff were knowledgeable about types of abuse and how to recognise signs of possible abuse. Staff told us if they had any concerns about a person's safety or welfare they would report this to the management team in the office. The management team were aware of good practice safeguarding adults' procedures and told us they would report any concerns to the local authority safeguarding team. Since our last inspection there had not been any safeguarding adults' investigations.

Is the service effective?

Our findings

People told us they felt staff had the knowledge and skills to undertake their duties. One person told us they had a 'lead' care worker. They said this staff member helped train newer staff so they were aware of the person's support needs and how they liked to be supported.

At a quality visit by the local authority in 2017 we saw concerns were raised about staff's compliance with the provider's mandatory training. At this inspection staff told us training opportunities had improved, although there was an acknowledgement from the provider there had been a drop in compliance with training requirements during 2017. The provider used an e-learning provider to deliver training to their staff. The care co-ordinator led on identifying staff's training needs and this was discussed during supervision sessions. The care co-ordinator allocated training courses to each staff member to complete and kept track of when it was completed. However, we saw that further improvement was required to ensure all staff were compliant with the provider's mandatory training as many staff had still not completed the required training to ensure they stayed up to date with good practice guidance. Seven staff had not completed training on the Mental Capacity Act 2005, seven had not completed safeguarding adults' training, 11 had not completed medicines administration training, seven had not completed manual handling training, seven had not completed food hygiene training, and 11 staff had not completed training on equality and diversity.

The management team told us there was a process of three monthly supervision. This included a combination of spot checks, one-to-one meetings and group supervision sessions. Whilst all the staff records we saw contained evidence that staff had received supervision within the last three months, there were no other records to show they had been supervised during the last 12 months and there was no evidence of an annual appraisal since our last inspection.

Evidence in the paragraphs above show the provider was in breach of regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Staff were of and adhered to the Mental Capacity Act 2005. Each person using the service had the capacity to make decisions. Staff respected people's opinions and decisions. Staff told us they communicated with people throughout the provision of care and involved them in decisions. Information was included in people's care records if they sometimes refused aspects of their care and this decision was respected.

Staff provided people with any support they required with mealtimes. People confirmed staff helped them with meal preparations and access to drinks. Information was included in people's care records about who needed support with meals and to provide meals in line with people's choices. Staff told us they asked people what they would like to eat or drink and provided support in line with their choice. We saw information was included in people's records and staff were aware if people had any dietary requirements, however, the information in people's care records was limited. For example, one person was diabetic but it was not cross referenced in their care records as to how this impacted on meal preparation and appropriate meals to support a diabetic diet.

People told us if they were feeling unwell that staff would support them to obtain medical attention. People also said if they were receiving support from any healthcare professionals, their care workers took on board any advice given. Staff were aware of the processes to follow in a medical emergency and told us they would stay with the person until an ambulance arrived. Staff informed the management team and people's relatives if they had concerns about a person's health. Two people who usually receive support from PJ's community services limited were in hospital. We heard that staff went to visit these individuals in hospital to check on their welfare and to obtain information about any changes in their support needs.

Is the service caring?

Our findings

Staff had built kind and caring relationships with the people they supported. Staff were allocated to support the same people so there was consistency in support and enabled them to develop friendships. One person said, "I've had the same carers for a few years. So they know me." Another person said, "They are caring...we have a laugh. They cheer me up."

Staff told us they respected people's decisions and supported them to express their views. One care worker said, "Can't take their choice away." Staff were aware of people's communication methods. Most people could communicate verbally, however, staff told us some people found it difficult to concentrate for long periods of time and could become distracted during conversations. Staff adjusted their communication methods to ensure people understood what they were saying and staff were attuned to how people communicated.

People were offered a choice about the gender of staff who supported them to ensure they were comfortable with receiving intimate personal care support from them. Staff were respectful of people's privacy and dignity. They told us they ensured they were aware of the environment, closed doors and curtains and were aware of who else was in the home.

Staff were aware of people's individual preferences and people confirmed staff were respectful of their beliefs, culture and religion. Staff were aware of who was important in people's lives. With people's permission staff involved their relatives in their care and kept them updated of any changes in a person's health or support needs.

Is the service responsive?

Our findings

People confirmed staff provided them with the care and support they required. One person said, "They [the care workers] do everything for me. It's a friendship as well as a job." A staff member told us, "I get satisfaction from caring for people." People were very complimentary about the care they received from staff. One person told us, "Everything has become a routine. They know what I can do for myself." Staff were respectful of what people could do for themselves and enabled people to maintain their independence. Staff told us they offered people the option to do things for themselves but if they needed support they were happy to provide this. People confirmed that by having consistency in care workers it meant they had been able to build a relationship and their care workers were aware of the level of support they required with personal care and how they liked the support to be provided. People also confirmed they were involved in the development of their care and support plan.

Despite the comments from people and staff, we saw that care records were not sufficiently detailed to reflect the level of support people required and how this was to be delivered. Care records were not person-centred and there was a reliance on staff's knowledge. This meant there was a risk that if people's regular care workers were not available they would not receive the level of support that they required or that this support was not provided in line with their preferences and preferred routine. One person told us they were trying to write their own guidelines to supplement the care plan so staff had detailed information about how they wanted their support provided.

Care records did not contain any information regarding people's end of life wishes and preferences. We spoke to the registered manager about beginning to have these discussions with people so staff could provide support in line with people's needs and choices.

The provider did not maintain accurate, complete and contemporaneous records about people's care and was in breach of regulation 17 of the HSCA 2008 (Regulated Activities) regulations 2014.

People told us they were provided with information about how to raise concerns and how to make a complaint. They said they would feel comfortable raising any concerns with the management team. On the whole people felt any concerns raised were dealt with, however, one person felt the management team could be a bit more prompt to investigate and respond to concerns raised. A complaints log was maintained of the concerns received and we saw there was no common theme within these complaints. The complaints raised had been addressed and responded to. From discussions with the management team, the staff had learnt from the complaints made and used this information to improve practice.

Is the service well-led?

Our findings

Since our last inspection the provider had improved their quality assurance procedures. They had employed a quality assurance officer to undertake detailed spot checks on the quality of care delivered and audit the quality of care records at people's homes. At the time of our inspection this was in its infancy. The checks that had been undertaken had identified some minor areas requiring improvement and these were in the process of being addressed, including ensuring care plans were regularly reviewed. However, there was not a clear plan in place regarding the frequency of these checks and a robust governance system had not been established.

We also saw there was not a robust system in place to ensure quality of staffing. There were no up to date staffing rotas in place. The care co-ordinator told us this was because staff had the same appointments each week. There was a risk that staff would not remember their appointments and without a structured system there was a risk that people would not receive their appointments as planned, particularly if the business was to grow and support more individuals. We also saw there was not a robust system in place to organise and monitor staff supervision. This meant there was a risk that staff may not be adequately supported and receive regular supervision.

There were not robust systems in place to review all areas of service delivery to ensure continuous improvement. The evidence above as well as the information in other key questions outlining that accurate, complete and contemporaneous records were not maintained, showed the provider was in breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

The registered manager was not up to date with their CQC registration requirements and had not submitted statutory notifications about key events that occurred at the service as required in order for us to undertake any follow up action if needed. This included notifications about deaths and serious injuries. We asked the registered manager to submit retrospective statutory notifications about two events that had recently occurred at the service. However, these had not been received by the time of writing this report.

The provider was in breach of regulation 16 and 18 of the CQC (Registration) Regulations 2009.

The provider had displayed the rating from their previous inspection in their office. However, it was not displayed on their website as required to ensure people and potential service users were made aware of the current rating of the service. We spoke with the registered manager about the requirement to display their rating on their website, however, by the time of writing this report the rating had still not been displayed.

The provider was in breach of regulation 20A of the HSCA 2008 (Regulated Activities) Regulations 2014.

The provider was in regular communication with representatives from the local authority. 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. The local authority also identified that staff were not recording the actual time care

was delivered and this was confirmed from comments by one person. The registered manager told us they had addressed this with the care workers and this practice was no longer occurring.

Staff said there was an open culture within the management team. They felt able to approach the managers if they had any concerns or needed advice and said the managers were always accessible, including out of hours. One staff member said, "They're caring. Any concerns are dealt with straight away....they care about your health and well-being."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 16 Registration Regulations 2009 Notification of death of a person who uses services The registered person did not submit statutory notifications as required in relation to the death of a service user. Regulation 16 (1)
Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person did not submit statutory notifications as required in relation to the serious injury of a service user. Regulation 18 (1) (2) (b)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons had not ensured adequate systems were in place to assess, monitor and improve the quality and safety of the service; to assess, monitor and mitigate risks to people's safety, health or welfare, and had not maintained accurate, complete and contemporaneous records for each service user. Regulation 17 (1) (2) (a) (b) (c)
Regulated activity	Regulation
Personal care	Regulation 20A HSCA RA Regulations 2014

Requirement as to display of performance assessments

The provider did not have the commission's most recent rating displayed on their website.
Regulation 20A