

AJ Social Care Recruitment Limited

# AJ Social Care Recruitment Limited - 4225 Park Approach

## Inspection report

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Date of inspection visit:  
17 May 2016  
19 May 2016  
23 May 2016

Date of publication:  
04 July 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place between 17 and 20 May 2016 and was announced. At the last inspection in February 2015 we rated the service as requires improvement. We found the provider was breaching three regulations. People were not always protected against the risks of receiving care that was inappropriate or unsafe, and 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. Suitable arrangements were not in place to ensure staff were appropriately supported in relation to their responsibilities. At this inspection we found the provider had taken action to address the concerns raised at the last inspection and made improvements.

AJ Social Care Recruitment Limited is registered to provide personal care to people in their own home in the Leeds and Wakefield districts. At the time of the 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.

People who used the service and the relatives we spoke with told us the agency was well managed. Everyone said they would recommend the service to others. We received positive feedback from two local authorities. One described the service as 'excellent'.

People who used the service and their relatives told us the safety of the service was good. They told us staff provided appropriate support when they administered medicines. However, when we looked at how medicines were managed we found this was not always being done safely and sometimes people did not receive their medicines as prescribed.

People who used the service and their relatives were mainly positive about the staffing arrangements although three people commented that sometimes different care workers visited. They said staff arrived on time but if ever they were running late they received a call from the office. People told us they found office staff helpful, and felt comfortable contacting them if they wanted to discuss anything. People told us they did not have any complaints about the service.

People consented to and made decisions about their care. Where a person lacked mental capacity; assessments for specific decisions had been completed. People we spoke with were complimentary about the care workers who visited them. They described them as "lovely", "polite", "very good" and "very nice". People had care plans that usually identified how their care needs should be met. Their preferences, likes and relationships were incorporated into their care plan so staff knew what was important.

Staff were confident people received good care. They told us their colleagues were caring and treated people with respect. Staff were supported to do their job well because they received appropriate training and supervision.

People who used the service, relatives and staff provided feedback about their experience through surveys. We saw a recent survey showed 98% of customers were satisfied with the service. Staff received a 'daily communication' email and various team and management meetings were held. Opportunities for care workers to attend meetings were not regular so opportunities for team discussions were limited.

The provider had an effective system for monitoring the quality of the service. They supported and worked alongside other care providers by sharing information on hot topics such as recruitment and retention.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this 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?

**Requires Improvement** 

The service was not consistently safe.

Medicines were not managed safely. People did not always receive their medicines as prescribed.

Systems were in place to make sure risks to people who used the service and staff were assessed and managed.

Staffing arrangements were sufficient to keep people safe and meet people's needs.

### Is the service effective?

**Good** 

The service was effective.

Staff were supported to provide appropriate care to people because they were trained, supervised and received appraisals.

People consented to care. Systems were in place to make sure people or their representative could make decisions about their care and support.

People received support with their meals and healthcare when required.

### Is the service caring?

**Good** 

The service was caring.

People praised the staff who cared for them and told us their experience was positive.

Staff were confident people received good care and their colleagues were caring and treated people with respect.

People's likes and preferences were recognised.

### Is the service responsive?

**Good** 

The service was responsive.

People received personalised care.

People were involved in developing their care plans which identified how care should be delivered.

People were comfortable contacting the office if they needed to discuss any concerns.

**Is the service well-led?**

**Good** ●

The service was well led.

People who used the service and their relatives told us they would recommend the service to others.

Staff told us the service was well led and there was always someone available if they needed advice or guidance.

Systems for monitoring quality were effective.

# AJ Social Care Recruitment Limited - 4225 Park Approach

## **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.

At the time of this inspection there were 95 people receiving personal care from AJ Social Care Recruitment Limited. Before the 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. We reviewed the PIR and other information we held about the service. This included statutory notifications that had been sent to us. We contacted the local clinical commissioning group, two local authorities and Healthwatch for feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The inspection took place between Tuesday 17 May and Friday 20 May 2016 and was announced. We told the provider on Friday 13 May we would be visiting the provider's office on 17 May 2016. They were given notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. An adult social care inspector, a specialist advisor in governance and an expert-by-experience carried out the 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.

We spoke on the telephone with ten people who used the service, six relatives and ten care workers between 17 and 20 May 2016. We visited the provider's office and spoke with the registered manager, community care

manager, two care co-ordinators and a senior care co-ordinator, 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 four people's care plans.

# Is the service safe?

## Our findings

People who used the service and their relatives told us staff provided appropriate support when they administered medicines and raised no concerns. One person said, "They do my medicines, they do all those as they should, just as it says on the plan." Staff we spoke with who assisted people with their medicines told us they had completed training to help them understand how to administer medicines safely. They all said they only ever administered medicines and creams that were prescribed, and always recorded this on a medication administration record (MAR).

Although people told us medicines were administered safely we found this was not always the case. One person's medication risk assessment identified they were at 'very high risk' so staff must administer their medicines. However, when we looked at their daily log sheets these showed the person was often taking medicines without staff supervision. They were prescribed a medicine that must be administered before food and the information in the daily notes indicated they were having this at the same time as their breakfast. The person's care plan made no reference to administering the medicine before food.

The person was prescribed a medicine that should be administered once a week. However, their care file had two different days recorded for administering the medicine, which was confusing. We looked at the person's MAR and saw staff had administered the medicine a day after the date it should have been administered on two occasions. The reason for the delay was not recorded on the MAR but there was a detailed explanation on the person's daily log sheet.

Another person had a cream to be applied 'as directed'. But there was no information in the person's care plan to indicate how often staff should apply the cream. They were prescribed paracetamol; two tablets to be taken every four to six hours, up to four times a day. We saw staff were often administering the medicine four times a day but they were not leaving enough time between administration as prescribed.

Another person's care plan stated a relative administered medicines and care workers did not assist or administer medicines. However, when we looked at other records we saw staff were administering controlled drugs (CD), which are strong medicines and have stricter controls to prevent them from being misused. The person was prescribed between 5mls and 10mls but staff were not recording the actual amount they were administering. We saw from daily records that they were also applying cream and administering eye drops. The person had no information in their care plan to guide staff with administration.

Some people had their medicines stored in a 'blister pack' which had been prepared by the pharmacist: these often contained multiple tablets to be administered at the same time. When staff administered medicines from the 'blister pack' they signed the MAR. This however, did not include details of each tablet but stated 'as per blister pack'. This system of recording and administration did not enable staff to follow recognised safe practice when handling medicines including; right person; right medicine; right route; right dose; right time and person's right to refuse.



The provider carried out monthly MAR chart checks. We saw these highlighted missing signatures and inconsistent recording of the appropriate codes so some problems with the medicines management were being picked up through the auditing system. Issues with medicines identified during the inspection, however, were not picked up and we therefore concluded auditing was not always effective. We discussed the areas of concern relating to medicines with the registered manager. They said they would take prompt action to address these and also review other people's medication arrangements to make sure there were no similar issues. We concluded the registered person was not managing medicines safely. This was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

People who used the service and their relatives told us the safety of the service was good. People who used the service said they felt safe. The provider had policies and procedures for safeguarding vulnerable adults and keeping people safe. Staff we spoke with said they had received training which enabled them to recognise different types of abuse and the ways they can report concerns. Staff were confident that if they raised any concerns with the management team they would respond appropriately and promptly. Records we reviewed showed all staff received safeguarding adults training.

We looked at people's care records and found risks in areas such as mobility, pressure care and swallowing difficulties had been assessed and managed. Support plans contained information about how staff should provide care and support safely. Environmental risks within and around a person's home had also been assessed and managed. We saw one person had steep steps leading to their property. This was identified as a hazard and action to use a torch at night was clearly recorded.

People who used the service and their relatives who we spoke with were mainly positive about the staffing arrangements. Some people told us the same care workers visited although three people commented that they sometimes got different care workers visiting. Comments included; "I have a regular carer, one visit a week, but she has never been late", "I have had an issue, take last week in 13 visits I had nine different carers, that's no good, we need regulars, when I open my back door there is another different one", "The girls are usually the regular ones, sometimes you get a couple of new ones starting", "I have a list so I know who is coming, people sometimes go off sick or something happen so it changes but they do ring", "I have a rota so I know who is coming", "The problem is knowing who is coming, I get a roster but it's different people who come. I realise it is difficult running a service like this but it is so important", "Like all these companies they have a big turnover of staff but everyone who has come has been OK", "Sometimes they are late, I don't know who is coming"

People said staff were usually on time. Comments included; "They are more or less on time", "If they have been late there has been a good reason", "They are pretty well on time", "I have had a missed call and I rang, but the lass had been taken poorly so they sent someone else", "Sometimes they are late", "We have never had a missed call", "I have a roster the week before, they do change a bit but I suppose keeping staff isn't that easy", "They come on time", "I know who is coming from the list I get", "I have never had a missed call, if they are late they give us a ring", "They are more or less on time, never really late and they have never missed a call". One person said, "It's like the curates egg, you know, good in parts."

Staff we spoke with told us there were enough staff to keep people safe and meet their needs. One member of staff said, "I usually visit the same people and my rota works fine. I have enough time." Another member of staff said, "Visit times work fine." Some members of staff told us they had recently attended a meeting where they had discussed travel time and had been informed the management team were introducing a better, more effective system. One member of staff said, "There's not always sufficient travel but from the meeting we got assurance it will work." Two members of staff said there were, at times, staff shortages and

at the current time there was low staffing so sometimes different staff visited.

We looked at the rota system which indicated there were sufficient staff to meet the volume of calls. A member of the management team told us they planned the rotas three weeks in advance, and took into account, care workers' availability, geographical location of where people lived, staff skills and people's preferences. They said they used the 'navigation system' to check the distance and travel time between the calls on the 'run' and encouraged staff to let the 'office' know if they were experiencing any problems with travel time. The member of the management team said they called on additional staff if necessary and had an ongoing recruitment campaign for staff.

A local authority sent us data about visit times and 'calls logged using the electronic call monitoring system'. These showed a 'good performance' for visit times within 30 minutes of planned times and they scored is 92.23% in respect of calls logged; the minimum acceptable performance was 85%.

Staff told us checks had been carried out to make sure they were suitable before they started working for AJ Social Care Recruitment Limited. We looked at records that were obtained as part of the recruitment process for four staff and saw recruitment practices were thorough. These included completed application forms, references from previous employers, proof of identify and DBS checks. The DBS is a national agency that holds information about criminal records. All staff had attended an interview.

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At the last inspection we found 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. This was because 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. The provider sent an action plan and told us how they were going to make improvements. At this inspection we checked and found improvements had been made.

People who used the service told us they made decisions about their care and were asked if they were happy to receive care and support. One person said, "They always ask me what I want and they do it." Another person said, "The girls always ask me what I want."

Staff were confident people were given choice, and care plans were designed around people's wishes and in their best interests. One member of staff said, "The care plan will have everything we need to know about a person's routine but you still ask and make sure they are ok with it." Staff told us they had received MCA training and the training records we were reviewed confirmed this. One member of staff said they had attended the training and had some knowledge around MCA but also felt confident because the "management team had more knowledge" and were "on the end of a phone" if they were unsure.

We reviewed people's care plans and saw people had signed records confirming they consented to care, for example medication administration. Where people lacked mental capacity specific decision assessments were completed; best interest guidance was available within each care file.

At the last inspection we found suitable arrangements were not in place to ensure staff were appropriately supported in relation to their responsibilities. This was because some staff had not completed some refresher training and it was not evidenced that staff knowledge and competency was checked following completion of some training courses. The provider sent an action plan and told us how they were going to make improvements. At this inspection we checked and found improvements had been made.

People told us the staff who supported them were "well trained" and "knew what they were doing". One person said, "The girls who come seem pretty well trained, you can tell the ones who haven't got their heart in it and they don't last." A relative said, "They all seem to know what they are doing, some better than others."

Staff we spoke with said they felt well supported and received appropriate training. One member of staff who had started working for the service in the last month told us, "The induction was good. They went into

lots of detail. I've already had a supervision session." Another member of the staff said they had covered different topics during their training and at the end of the sessions they had a test. Another member of staff told us they had received regular supervision and had an annual appraisal. They said, "The appraisal was good and we went talked about my development. Supervisions are sometimes rushed though." Supervision and appraisal is a process through which staff are supported and managed.

One member of staff said the agency would benefit from having some additional equipment when completing moving and handling training such as a commode and a rotary stand aid. We discussed this with the registered manager who said they would look at options for obtaining additional equipment.

We looked at training records which showed staff had completed a range of in-house and e-learning training which included safeguarding, moving and assisting, medication and basic life support training. Staff competencies were checked around communication; fluids, nutrition and wellbeing; medication; infection, prevention and control and moving and assisting safety. New starters completed the 'Care Certificate' which is an identified set of standards that health and social care workers adhere to in their daily working life.

In the PIR the provider told us about a training tool they used called 'in the know'. This was sent out to staff fortnightly and covered changes in policy and additional learning the provider had identified, for example, through audits or complaints. Topics recently covered included infection control, complaints, the importance of communication, equality, diversity and inclusion, safeguarding, whistleblowing, diabetes, hoists/commodes/rotary stands, pressure area care and MCA. We reviewed the 'in the know' tool when we visited the office and saw this was an effective tool to communicate and help staff learn.

People we spoke with told us they received appropriate support with their nutrition and fluid, and health needs. We saw from reviewing care plans people's needs were clearly identified. For example, one person's care plan stated their family prepared the food and care workers supported the person to eat. Another person's plan stated care workers prepared meals and drinks. One person we spoke with told us, "I used to have microwave meals but just lately the girls bring along a menu list to choose from and they make things up fresh, it's very nice." Another person said, "They do a light snack for me, they make what I want." A relative told us care workers provided additional support when they went on holiday." Staff told us before they left their visit they made sure people had access to food and drink. We also saw this was recorded in people's daily notes.

In the PIR the provider told us, 'Over the next year we will focus our training around the link between healthy diet and healthy skin. By giving information about which foods can promote healthy skin and by working even more closely with diabetes, we hope to further improve early identification of clients at risk but also help promote speed of recovery. We will also work with diabetic specialists, to provide more insight for our staff, into the link between diet and healing.'

## Is the service caring?

### Our findings

People who used the service and the relatives we spoke with were positive about the service they received from AJ Social Care Recruitment Limited. Several described the care workers as "lovely", "polite", "very good" and "very nice". Comments included: "We have never had any problems. Everyone is nice. We are very happy with it", "Oh they are lovely they are. I have never had to complain", "They are very nice to me", "They are polite, some are more chatty and outgoing than others but that's just personality", "They do everything I want; they are very good", "The girls are lovely who come, very kind and caring", "They are marvellous, very polite and always ask what [name of person] wants", "[Name of care worker] is very good, most polite and very efficient". A relative said, "I have a sitting service as well, though I didn't know about that bit of the package. It was the AJ girls who said 'don't you want to use this?' Well of course I did, so they sit twice a week now and it lets me go out."

Staff we spoke with told us people received good care. They told us their colleagues were caring and treated people with respect. One member of staff said, "People definitely receive good care." Another member of staff said, "I enjoy my work. We get to know people; it's a good feeling when you know you're helping someone to stay at home and you've made a difference." Another member of staff said, "People receive a good service most of the time. But with new staff sometimes it's difficult."

Staff told us they had received training to help them understand how to provide good care and could explain how they maintained people's privacy and dignity. One member of staff said, "When you complete training they tell you what you should be doing but it's when you actually do the job you put everything into practice and know you're doing it right." Another member of staff said, "You have to make sure you stick to the principles. Sometimes a relative might say just go through she won't mind but I still knock and wait."

At the inspection we looked at the provider's survey results which showed people had provided positive feedback about their experience. In the PIR the provider told us, 'We complete an annual survey in which people are proactively supported to express their views. In this we ask- Do you feel respected? Do you feel involved? Do you feel we listen and respond?' The results consistently and positively evidence our caring attitude; 100% of service users that replied indicated they were treated with respect, and involved in their care and support and all service users indicated that they felt they were listened to and that we proactively respond to their views and changes in needs."

We looked at care plans which showed information was gathered about the person and what was important to them. We saw lots of detail about relationships with family members and friends. A member of staff said, "The thing I like is that we do the little things and that makes the difference." One person's care plan stated they liked a, 'hot drink of tea, strong with one sugar'. Another person's care plan stated they enjoyed watching cricket and rugby and wearing smart clothes. We saw care plans identified when people required time and privacy. One person's care plan stated 'leave me for privacy' when assisting to use the commode. We saw from daily notes staff followed this guidance and recorded that they gave the person privacy and time. A member of staff told us, "Each person has a section about what's important to them. We read these and they tell us what we need to do but also what they like."

## Is the service responsive?

### Our findings

People provided positive feedback about their experience of the service. They told us they had been involved in planning their care which was written in a plan and followed by staff. One person said, "I have a care plan and they have been out to check if that's still what I want." Another person said, "I have a care plan and they came and reviewed it the week before last." A relative told us, "We did the care plan in the beginning and we have had reviews since." Another relative said "It's quite good really. I go through things with them and it takes my time up; don't get me wrong the girls that come are lovely. They are very nice and do everything on the plan."

Staff we spoke with told us there was enough guidance in people's care plans so they understood how to deliver personalised care. One member of staff told us about a recent experience where they were asked to cover for a colleague at short notice because their car had broken down. They told us, "I got a briefing from the office about what I needed to do and when I got to the client's house I spent time reading through the care plan. It worked really well and I knew what I was doing. The client was happy with everything." Another member of staff said the care plans usually covered how people's needs should be met but felt they sometimes were not updated promptly when a person's needs changed.

At the last inspection we found people were not always protected against the risks of receiving care that was inappropriate or unsafe. People had mixed views regarding their care being delivered in a timely manner. The provider sent an action plan and told us how they were going to make improvements. At this inspection we checked and found improvements had been made.

People's care and support needs were assessed and plans usually identified how care should be delivered. The care plans we looked at contained information that was specific to the person and contained information about how to provide care and support. One person received a wash in bed. The care plan outlined what staff must do to make sure the person received appropriate personal care and identified what the person still liked to do independently. Another person's plan had details of the person's preferred routine which were easy to follow, and included important details such as checking the person was wearing their hearing aid.

Some important information about medication was not included in some care plans. The registered manager agreed to review care plans to make sure information about medication was accurate and described what staff needed to do.

In the PIR the provider told us 'Our care planning is focused upon the whole person's life, currently we support with a range of things to include physiotherapy appointments, hospital appointments, social visits, pursue hobbies, look for alternative living accommodation and go shopping'. Our inspection findings confirmed this.

People who used the service and relatives we spoke with told us they did not have any complaints about the service. They said they contacted the office if they were unhappy or wanted to discuss any problems, and

had found them helpful. Comments included; "We have never had any major issues and little things just get sorted out", "If you ring the office they are very polite and helpful", "I haven't had any problems, they have been very good, if there is any little thing we talk about it and reach a compromise", "I have spoken about a problem and they are seeing what they can do", "They always try and help", "If I ring they are ok with me, they know me", "They are nice in the office if you ring, and they respond if you want to change things. I did ring up to change times and they did their best to do it for me", "The office is pretty good even if you ring them out of hours".

We looked at the provider's compliments log and saw 86 were recorded between March 2015 and the date of the inspection. Some example comments were as follows: "Very happy with [name of care staff], feel [name of person] is a lot better/brighter, carers do all they need and more", "Times have improved, communication with the office has greatly improved", "[Name of person] is really happy with the new approach of meeting the new staff before they do their personal care", "[Name of care staff] is outstanding and goes the extra mile", "[Name of care staff] is a star", "[Name of care staff] are exceptional in their care and always know how to move/handle them safely without hurting them", "[Name of person] is happy with the continuity of staff on their morning and lunch call", "Very, very pleased with all AJ staff they are amazing". The registered manager told us staff were informed individually of compliments and these then were communicated to all staff in their monthly e-bulletin 'all about you'.

The provider had a complaints policy which they made reference to in their 'statement of purpose'. This is a document that outlines the provider's vision, values, aims and objectives and was made available when people started receiving a service. We looked at the provider's concerns summary record and saw six complaints were logged between September 2015 and the date of the inspection. These related to call times, consistency of care worker, communication and concerns raised by the local authority about miscommunication after a quality audit. Complaints were investigated individually. The registered manager said should the volume of complaints increase they would analyse these to identify any trends or patterns. They told us that lessons learned were shared with staff via daily communications, supervisions, team meetings and 'in the know' communication.



## Is the service well-led?

### Our findings

People who used the service and the relatives we spoke with told us the agency was well managed. Everyone said they would recommend the service to others. Comments included: "I would recommend them, no problem at all", "We are very happy with it, I have recommended them to others, we can't fault it", "I had another agency before and this is so much better", "They have improved 100% on 18 months ago, they have really come up to scratch. If you had asked me last year if I would recommend them, definitely not, but now I would say yes, they are very good", "Yes I would recommend them, just a few little things to improve", "I would recommend them to anyone, this has been so good for me".

We received positive feedback from two local authorities. One told us, 'They are excellent, we assessed them as being excellent when we conducted our 'quality services assessment' process and I have no reason to change our original assessment. I have not had any complaints or safeguarding against them and if we had any it was very few complaints over a six year period. AJ have taken on some very difficult cases and managed them without any problems, they respond to emergency cases and do their utmost to support the contracts team.'

Staff told us the service was well led. They said there was always someone available if they needed advice or guidance. Comments included: "AJ have been brilliant. They say thank you when you pick things up extra. I think they go above and beyond", "They are always there to support me, not just with work because they've also helped me out with personal things", "If you phone you get good support", One member of staff talked about a recent positive experience when they had spoken to their supervisor because they had raised a couple of things with their rota. They told us, "They sorted it straight away." Another member of staff told us during their induction they received clear guidance that they must always report concerns and were encouraged to discuss any issues.

We spoke with ten care workers and in the main they told us they felt the management team were supportive, however, two members of staff told us they didn't feel the office staff were always very friendly and this was an area that could improve. We discussed these comments with the registered manager who told us they had picked up similar comments through their surveys and would be addressing this. Staff told us they received a daily communication email which provided them with any changes they needed to be aware of. They said this generally worked well. One member of staff said, "We get the daily communication and if there is anything urgent we get a text or telephone call." Another member of staff said, "We get daily communication; it's good but sometimes they don't put things in." We saw recent 'daily communication' which provided information about changes in people's care packages, overtime shifts to cover and who was available in the office for support.

Staff told us about a meeting they attended the week before the inspection and said they had discussed working arrangements such as travel time. We looked at the minutes and saw discussion items confirmed this. We were unable to look at other meeting minutes attended by care workers. The registered manager said a meeting was held in December 2015 but this was not minuted and there had been no other formal meetings since the last CQC inspection in February 2015.



Senior staff had monthly meetings and we saw they went through actions from previous meetings, and discussed items such as; things that went well, figures update, principles to sound decision making, extra mile award, business updates, and promoting self and team's accountability. This meant that there were some mechanisms in place to give staff the opportunity to contribute to the running and development of the service although more frequent meetings for care workers would create more opportunities to discuss items such as lessons learned.

The provider had an effective system for monitoring the quality of the service. We looked at internal quality monitoring reports, which they referred to as 'balance scorecards'. These covered key indicators such as care plan changes, continuity, annual reviews, retention rate, leavers, absence, incorrect contracts, competency checks and refresher training. We saw weekly checks were carried out by office staff who then developed action points. The registered manager and directors audited the weekly checks and reviewed performance, trends and actions.

Care workers told us 'area champions' carried out spot checks. They observed staff providing care to make sure they were meeting the required standard such as wearing the correct clothing and treating people with respect. The registered manager told us that spot checks were generally undertaken on a three monthly basis but if they were graded as 'amber' or 'red' they would receive spot check more frequently. We saw the spot checks/observations plan for 2016. One care worker told us they didn't think this always worked well because the 'area champions' were co-workers and not in a senior position so did not always feel confident challenging a colleague. We asked the registered manager about the role of 'area champions' and were told they received additional training and an enhanced rate when they were carrying out observations. However, having co-workers conduct this check was something they were aware of and were planning on reviewing this in the future.

The provider carried out annual care record reviews which included checking the care plan, personal profile, risk assessments, moving and handling plan, mental capacity assessment, best interest plan, consent documents and visit log sheets. A member of the management team told us everyone's care records had been reviewed in February 2016, however other documentation we reviewed indicated eight care files were outstanding. At the inspection we looked at one person's daily log sheets from February and March 2016, and saw the tasks recorded did not reflect the tasks that were recorded in the care plan which was reviewed in January 2016. The inconsistencies had not been picked up by the provider between February and April 2016 and the records were not due to be audited until January 2017. We discussed the frequency of daily log sheet audits with the registered manager who agreed to revisit these timescales.

People who used the service and their relatives told us they could provide feedback about their experience of AJ Social Care Recruitment Limited. Most said they had completed a survey, which the provider conducted annually. We looked at some of the survey responses and saw people indicated they felt safe and secure when receiving care from care staff; people felt care staff prepared food and carried out personal care tasks in a safe and hygienic way and people felt confident that care staff were competent when giving medication. Areas to work on were identified as: staff to ensure they leave the person's house clean and tidy; staff to review the person's care and support regularly with the person and staff to provide the person with information about the company and the services they offer. The overall results of the survey demonstrated that 98% of customers were satisfied with the service and 85% rated the services as above average or outstanding.

Staff we spoke with said they had completed surveys. The registered manager told us they conducted monthly 'on the pulse' staff surveys. We saw the 'on the pulse action plan' which covered keeping the team updated, speaking to staff in supervisions to identify problem areas and troubleshoot, and encourage staff

to read the e-bulletins.

We saw the provider had hosted two seminars for other care providers on recruitment and retention. Feedback from attendees was positive and comments included; "The presentation was really insightful and helpful, thank you for putting on a brilliant day", "Many thanks for the excellent seminar, it was very comprehensive and contained a host of really good tips on recruitment and retention". We saw they had delivered webinars offering advice on recruiting within the social care sector.

When we visited the office we saw the provider's overall rating, which was awarded at the last inspection was displayed. When we looked at the provider's website it was difficult to locate the overall rating which must be 'conspicuously' displayed. The registered manager explained they were redesigning their website and they would make sure the new version included a visible and obvious display of the rating.

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 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 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person did not have systems for the proper and safe management of medicines.