

JJ Plus Ltd

Trafalgar House Business Centre

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Trafalgar House Business Centre is a domiciliary care agency registered to provide personal care for people who require this due to old age, illness or disability. At the time of the inspection the agency was providing care for two people living in Hampshire.

People's experience of using this service and what we found

Recruitment procedures of staff members had not ensured all necessary checks had been completed.

Risk assessments in relation to people's home environment were needed to help ensure the safety of people and staff.

We identified additional procedural policies were required and some amendments were needed to other policies to ensure they covered all aspects of the service provided to people living in their own homes. The registered person promptly made the necessary changes.

We recommend that the registered person refers to current guidance and best practice to ensure there is an effective system and processes in place in relation to robust recruitment and policies and procedures.

Family members were positive about the care their relative received. They told us staff were kind and caring and knew their relative's preferences.

People received individualised care which met their needs. Staff members told us they were provided with information about the person's care needs. Care plans included information about possible risks and covered areas such as mobility; health and medicines; personal care and potential abuse that may occur due to their needs.

Staff told us they enjoyed their work. One staff member provided most of the care for both people. This meant that people and staff had the opportunity to get to know each other well. Appropriate systems were in place to protect people from the risk of abuse.

Staff members had completed most training relevant for the work they were to undertake. Staff were trained in infection control and confirmed they had been provided with personal protective equipment such as masks, gloves and aprons.

Relatives and staff felt the service was well-managed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection (and update) This service was registered with us on 9/05/2019 and commenced providing a personal care service in June 2020. This is the first inspection.

Why we inspected

This was a planned inspection based on the length of time since the service was registered and when they commenced providing a personal care service.

We have rated the service Good.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Trafalgar House Business Centre

Detailed findings

Background to this inspection

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

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service's nominated individual (legal representative of the company) was also the registered manager. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. For the purposes of this report we will refer to them as the registered person.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that there would be someone in the office to support the inspection.

Inspection activity started on 16 December 2020 and ended on 24 December 2020. We visited the office location on 18 December 2020.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service, including provider and registered manager registration reports. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection, we gathered information from:

Two relatives of people who used the service

Two people's care records

Records relating to the running of the service such as policies and procedures, staff recruitment and training records.

We spoke with the registered person.

We spoke with two staff members.

Is the service safe?

Our findings

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

This is the first inspection for this service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Prior to people receiving a personal care service the registered person received information from the local authority detailing known risks for the person. They then completed a plan of care. Care plans included information about possible risks and covered areas such as mobility; health and medicines; personal care and potential abuse that may occur due to their needs.
- However, risk assessments of people's home to identify any environmental risks had not been completed. This was discussed with the registered person who agreed to undertake risk assessments covering the immediate living environment of the person, including lighting, the condition of property, security and any risk posed by pets.

Staffing and recruitment

- Recruitment procedures were in place however, there was a need to further improve these to ensure that a full previous employment history and appropriate evidence was available that applicants were of good character. The well-led section of the report details actions in respect of recruitment procedures.
- There were enough numbers of staff available to keep people safe. The registered person was clear that they would only accept new care referrals if they had enough staff to ensure they would be able to meet people's needs.
- Both relatives we spoke to said their loved one had the same member of staff most of the time, who mostly came on time, and stayed for the correct amount of time. One family member said, "It's always (staff member) they always arrive when I'm expecting them."
- Records of care provided were reviewed and showed that people received care from the same staff member for most of their calls. This meant people received support from a consistent staff member who knew them well.

Preventing and controlling infection

- One relative told us the care worker wore a mask throughout the care visit whilst the other said this did not happen. We discussed this with the registered person who agreed to address this with the relevant staff member.
- Staff were trained in infection control and confirmed they had been provided with personal protective equipment such as masks, gloves and aprons.
- There was an up to date infection control policy in place, however this did not include specific information about the management of risks related to Covid 19. The registered person agreed to update this following the inspection.

Using medicines safely

- At the time of this inspection neither person required support with medicines administration.
- The service had a medicines administration procedure and the registered person said that should assessments identify a need for medicines to be administered then staff members would receive all necessary training including competency assessments.

Learning lessons when things go wrong

- There had not been any adverse incidents or accidents since the service commenced providing a personal care service. The registered person described how, should any incidents or accidents occur, that these would be recorded, investigated and action taken where possible to reduce the risk of recurrence.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse.
- Both relatives told us they felt their family members were safe whilst receiving a care service. A relative told us, "We almost always have the same staff member [named worker]. They are very good, very nice." The other relative said their family member, "Seems to enjoy having [staff member] and seems happy when they arrive."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member said, "Any concerns I would tell [registered person], I'm sure they would do something, but I also know I can go to you [CQC]."
- The registered person understood their safeguarding responsibilities and confirmed they had attended relevant safeguarding training.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The registered person told us they received information from the local authority to determine if they would be able to provide a service for individual people. They said they assessed the person using a formal assessment tool prior to writing the person's care plan.
- People's care plans contained details about any medical conditions, and information about the level of care they required. Information had been sought from relatives who in both cases were the primary carer for each person.
- Relatives told us they were satisfied with the quality of care their family member received.

Staff support: induction, training, skills and experience

- Staff were appropriately trained, and relatives were confident in their abilities. A relative told us, "[staff member name] knows what to do and how to do it." A second relative said, "Yes they (staff member) seem to be competent."
- There were systems to monitor training, and records viewed reflected that staff had completed most training necessary for their roles.
- Staff told us they were supported in their roles and had regular one to one meetings with an external consultant. Formal supervision records confirmed that staff had opportunities to discuss their role and any training or additional support they required. A Staff member said, "I'm very well supported."

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

- Information about people's dietary requirements were included in their care plans.
- Where staff were required to prepare food, relatives confirmed suitable food and drinks were provided.

Supporting people to live healthier lives, access healthcare services and support

- Care plans included information about people's medical history and any ongoing medical needs.
- Suitable arrangements were in place to deal with emergencies. Staff members knew what action to take if people required first aid and both had attended first aid training.
- At the time of this inspection staff members were not involved in organising and supporting medical appointments.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Relatives told us they and their loved ones had been involved in discussions about care planning.
- Before providing care, staff told us they sought verbal consent from people. They confirmed both people were able to make any necessary day to day decisions about care that was to be provided.
- Although staff had not completed MCA training, they had an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. A staff member said "If they [person] don't want something like a shower I would encourage them but it's their choice. I would let their relative and [registered person] know."
- The registered person understood their responsibilities in relation to MCA. They also confirmed neither of the people receiving a service required a community Deprivation of Liberty Safeguards (DoLS). The registered person said they would ensure MCA training was provided for staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives told us that staff were kind and caring and knew their family members preferences. A relative said, "Although I'm not at home when they are having care, they seem happy to see [staff member] when she arrives."
- Staff told us they enjoyed their work. One staff member provided most of the care for both people. This meant they had had the opportunity to get to know people. People had also had the chance to get to know the staff member. This helped to promote consistency and quality in the delivery of care services.
- Staff members told us that before visiting a new person they were provided with information about the person's care needs. This meant they would know important information about the person, such as any protected characteristics as defined in The Equality Act (2010).
- Staff members had completed training which had included equality and diversity.

Supporting people to express their views and be involved in making decisions about their care: Respecting and promoting people's privacy, dignity and independence

- Both people were able to make day to day decisions about the care they required from Staff members.
- Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care, for example, by ensuring doors were closed, curtains drawn, and people were covered up. They also said they encouraged people to be as independent as possible.
- Staff members had completed training which had included dignity and privacy.
- Confidential information, such as care records, was kept securely so could only be accessed by those authorised to view it.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care which met their needs.
- Family members confirmed they and their relative had been involved in developing care plans. A relative confirmed they had been contacted by the registered person to review the care plan and to check everything was working well for them.
- Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, cognitive, nutritional and health needs. Care plans reflected people's individual needs and could be updated promptly when people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been identified and recorded so that staff had access to relevant information about how people should be supported with these.
- Care records identified if a person had a sensory loss and what staff should do to support the person to improve communication. For example, where they used a hearing aid.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to make a complaint. They said they would speak to the registered person if they had a concern or complaint. One person told us they had raised a concern and were happy with how this was dealt with.
- The registered person said that should complaints be received these would be investigated and any necessary action taken to resolve the situation.

End of life care and support

- No one using the service was receiving end of life care at the time of our inspection.
- The registered person told us that should the service support people as they approached the end of their lives, staff would receive all necessary training and support to ensure people were comfortable, dignified and pain-free.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service. This key question has been rated Requires Improvement.

This meant that, although the service was consistently managed, improvements were identified to help ensure people received a safe service.

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

- During the inspection we identified areas where improvements were required. These included pre-employment/recruitment procedures of staff members and additional risk assessments in relation to people's home environment which were needed to ensure the safety of people and staff. We also identified additional procedural policies were required and some amendments which were needed to other policies. When we identified these to the registered person, they made the necessary changes.
- The service did not have a business continuity plan. During the inspection the registered person completed one. This was further discussed with the registered person as it did not include specific information as to how the service would be maintained for vulnerable people living within their own homes such as in the event of severe weather conditions or staffing shortages.

We recommend that the registered person refers to current guidance and best practice to ensure there is an effective system and processes in place in relation to robust recruitment and policies and procedures.

- The registered person said they informally monitored the service by regular contact with family members of people who were receiving a service, talking with staff and reviewing records of care provided at least monthly.
- The registered person was responsible for all organisational and management tasks. They were supported by an external consultant who provided training and formal supervision for Staff members. The registered person said they also had access to other professionals for guidance and support.
- The registered person understood their responsibilities for notifying CQC should a range of incidents occur during the delivery of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered person understood their responsibilities under the duty of candour which requires services to act in an open and transparent way when accidents or incidents occurred. The registered person described how this would be used if the need arose.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- Relatives felt the service was well-managed and told us they would recommend the agency to a friend or relative. One relative said, "We are really happy, [care worker] is really very good." They were aware of who the registered person was and knew how to contact them if required.
- Staff also felt the service was well managed. All were positive about the support they received from the registered person and felt they could go to them with any issues or concerns.
- The registered person supported staff with transport to and from care assignments. They said this helped them to monitor the service and ensure staff were supported when required.