

AJB Care Limited

# AJB Care Ltd

## Inspection report

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South Yorkshire  
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Date of inspection visit:

08 September 2020

09 September 2020

10 September 2020

17 September 2020

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26 October 2020

## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

AJB Care Ltd is a domiciliary care service providing personal care to people with a range of support needs, living in their own homes. At the time of this inspection the service was supporting 61 people.

Not everyone who used the service received the regulated activity of personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people do receive personal care, we also consider any wider social care provided.

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

People were happy with the support they received with their medicines. However, the provider needed to improve people's care records when staff supported people with their medicines.

People, their relatives and staff had opportunities to provide feedback about the service and the registered manager used this feedback to support the service to improve.

The provider's governance system required further improvement, to ensure their audits identified all issues which impacted upon the quality and safety of the service. We found audits were identifying and improving some areas of the service, but not others.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 12 April 2019). At the last inspection we identified a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan to show what they would do and by when to improve. At this inspection we found the provider had not made enough improvements and they were still in breach of Regulation 17.

### Why we inspected

We carried out a targeted inspection to check the provider had followed their action plan after the last inspection, and to assess whether the provider now met the requirements of Regulation 17 (Good Governance).

CQC have introduced targeted inspections to follow up on previous breaches of regulations or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

As this was a targeted inspection, the overall rating for the service has not changed and the service remains rated requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for AJB Care Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We found the provider remained in breach of Regulation 17 (Good Governance) at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will 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?**

At the last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the part of the key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# AJB Care Ltd

## Detailed findings

### Background to this inspection

#### The 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.

This was a targeted inspection to check whether the provider met the requirements of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

This 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 homes.

The service had a manager registered with CQC. This means the manager and the provider are both legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 September 2020 and ended on 17 September 2020. We visited the office location on 8 September 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who worked with the service and Healthwatch (Barnsley).

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of 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 usually require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, a supervisor and three care workers.

We reviewed a range of records. This included four people's medication records and a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We reviewed a range of records following the inspection and continued to seek clarification from the registered manager to validate our findings.

# Is the service safe?

## Our findings

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

At the last inspection we rated this key question as requires improvement. We have not changed the rating of this key question, as we only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the Regulation 17 (Good Governance). We will assess all of the key question at the next comprehensive inspection of the service.

### Using medicines safely

- Records about the support people needed with their medicines were not always up to date and some did not contain enough information to support staff to manage medicines in the most effective way. For example, additional guidance was needed to ensure staff were aware of the increased risks associated with individual medicines, to ensure time sensitive medicines were administered appropriately and to ensure staff knew when and where people required support with creams.
- People's medicines records did not contain enough information when staff reminded or prompted people to take their medicines. There were no records kept about what medicines staff were prompting people to take or whether it was safe for staff to provide this support at the times they were doing so.
- Staff recorded the support they had given people with their medicines on a medication administration record (MAR). Some MARs did not list the individual medicines staff had administered in accordance with good practice guidelines.

We found no evidence people had been harmed, however, systems were either not in place or were not robust enough to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and to ensure accurate or contemporaneous records were kept in relation to each service user. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were happy with the support they received with their medicines and people's relatives raised no concerns about this.
- Staff were trained in how to administer medicines safely and their competency to do so was regularly checked.

# 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.

At the last inspection we rated this key question as requires improvement. We have not changed the rating of this key question, as we only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the Regulation 17 (Good Governance). We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection we found the provider had failed to ensure there were effective systems in place to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider was still in breach of Regulation 17.

- Although the provider's medicines audits had identified some areas that needed to improve, they had not identified all the issues we found with medicines records during this inspection. For example, audits did not identify when medicine management plans were no longer accurate or that some medicines care plans required additional information.

We found no evidence people had been harmed, however, systems were either not in place or were not robust enough to assess, monitor and improve the quality and safety of the service or to ensure accurate and contemporaneous records were kept in relation to each service user. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood their roles and responsibilities and they told us they felt well supported by the management.
- People and staff had opportunities to provide feedback about the service and they were confident any concerns they raised would be dealt with appropriately.
- Where areas of improvement were identified by the registered manager, they took action to support the service to improve. The registered manager investigated any concerns, to learn from them and reduce the risk of them reoccurring.
- The registered manager considered good practice guidance and used this to assess whether the services' systems and processes remain up to date. However, good practice guidance with respect to medicines



management needed to be fully implemented across the service.

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 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not operating effectively to ensure compliance with the regulations.