

VJ Carers 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

VJ Carers Ltd is a domiciliary care agency providing personal care to people in their own homes. The service supports older people, people living with dementia and people with a physical disability. At the time of our inspection the service was providing personal care to 53 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Risks to people were assessed and documented in their care plans. However, risk assessments did not always contain specific, clear guidance for staff about how to protect people from identified risks.

The registered manager used systems to manage medicines. However, people's medicines administration records (MARs) were not always fully completed. The registered manager's audits had not identified this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager had systems and processes in place to monitor quality and safety in the service however, these systems were not always effective.

Staff understood their responsibilities to protect people from harm and knew how to raise safeguarding concerns. The registered manager had completed the necessary safe recruitment checks to ensure suitable staff were employed.

There were enough staff to meet people's needs and provide safe care. People told us they felt safe with staff and that they were well trained. People were protected from the risk of getting infections by staff who had completed training in infection prevention and control.

Staff worked with health and social care professionals to help meet people's needs. Staff contacted relevant healthcare professionals, with people's consent, when healthcare needs were identified.

People were cared for by staff who felt well supported by their manager and colleagues. People told us there was an approachable staff team who invited and encouraged feedback on possible improvements to the service. People and their relatives felt the registered manager and staff responded quickly to their needs and communicated effectively.

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)

The last rating for this service was requires improvement (published 5 December 2019) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection some improvements had been made and the provider was no longer in breach of two of the regulations. However, the provider was still in breach of two regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an announced, comprehensive inspection of this service on 5 December 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when, to comply with the regulations for safe care and treatment, good governance, notifications of other incidents and fit and proper persons employed.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of safe, effective and well-led, which cover those requirements.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for VJ Carers Limited on our website at 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 monitor the service.

We have identified continued breaches in relation to safe care and treatment and good governance. You can see what action we have asked the provider to take at the end of this full 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 work with the local authority 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective 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 ●

VJ Carers Limited

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.

Inspection Team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection

This inspection was announced. We gave the service short notice of the inspection visit. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 February 2021 with our telephone survey of people who use the service and finished on 15 February 2021. We visited the office on 8 February 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority and professionals who work with the service. We reviewed the provider's website. 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 spoke with one person who used the service and eight relatives about their experience of the care provided. We also spoke with the registered manager. We sought feedback from 15 staff. We received feedback from six staff. We sought feedback from three professionals and received feedback from one professional.

We reviewed a range of records. This included three people's care and support plans, three people's medicines administration records (MARs), the staff training matrix, staff competency checks and medicines administration checks, staff rotas, the registered manager's audits for the service, records of conversations between staff and health professionals, and the business continuity plan, including emergency planning arrangements.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records regarding a person's consent to share information about their care.

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 this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection we found staff had not always taken appropriate action when a risk to a person's safety had been identified. In addition, guidance and instructions in place for staff about how to support people with specific health conditions was not adequate to protect people from the risks associated with these conditions. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risk assessments did not contain sufficiently detailed instructions for staff to help mitigate risks to people and prevent them suffering harm. They also contained information not relevant to the person.
- One person's care plan included a risk assessment covering both personal care and moving about their home with a Zimmer frame. There was a lack of sufficiently detailed guidance for staff about how to manage these risks.
 - The risk assessment also included details not relevant to the person, including information about how staff were at risk of experiencing distress.
 - Risk assessments were not individualised. Two people's risk assessments for living with dementia were the same. These assessments lacked specific guidance and strategies for staff to support people and included information about how staff were also at risk of harm.

We found no evidence people had been harmed. However, risks to people's health and safety were not always assessed and documented. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At the last inspection we found the provider did not have guidance in place for 'as required' (PRN) medicines to be given to people. In addition, there were gaps in people's medicines administration records (MARs) which had not been identified in the provider's audits. Staff medicines competency assessments did not detail which areas of competency were assessed with regard to medicines.

We made a recommendation that the registered provider sought guidance in line with current legislation

and best practice on the proper and safe management of medicines, including ensuring a robust process was put in place to assess the competency of staff administering medicines.

At this inspection we found the provider had made some improvements but the registered person failed to meet compliance requirements for the management of people's medicines. The provider was now in breach of this regulation .

- We reviewed MARs for three people. These did not contain details of people's allergies, GPs or dates of birth.
- The registered manager and senior staff completed audits of MARs every two weeks. These audits had failed to identify the missing information in people's MARs.

We found no evidence people had been harmed. However, medicines were not always managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would review best practice guidance to ensure all MARs were completed correctly in future.
- PRN guidance was in place for people who took medicines on an 'as required' basis.
- Staff competency assessments were completed regularly by the registered manager and senior staff. These detailed specific areas of competency for staff.
- Staff received training and regular updates in the administration of medicines.

Staffing and recruitment

At the last inspection the provider had failed to carry out necessary safety checks during recruitment procedures including seeking evidence of satisfactory conduct in previous employment. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff files showed relevant pre-employment checks were completed as part of the recruitment process, including proof of identity, references, employment history with explanations for gaps in employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- There were enough staff to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the staff who supported them. One person said, "Yes I feel very safe and secure with them, it's just how they are."
- Staff told us they knew what actions to take if they suspected someone was at risk of harm of abuse.
- Staff completed safeguarding training which was regularly refreshed.

Preventing and controlling infection

- Staff had completed training in infection prevention and control and had used all the necessary personal protective equipment (PPE) when delivering care and support.
- The provider implemented recognised infection prevention and control practices such as regular testing, and use of PPE in relation to people visiting the service office

Learning lessons when things go wrong

- The provider's accidents and incidents log documented actions taken by staff following incidents. This log showed staff had taken appropriate actions and reflected on accidents and incidents to support people and to prevent recurrences.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At the last inspection staff did not always seek timely support from appropriate professionals when people needed care or treatment. Staff did not always seek medical attention when people reported health complaints. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our previous inspection improvements had been made in relation to staff seeking support from professionals when people needed medical attention.
- Records showed where people required care or treatment, staff had worked in partnership with health and social care professionals to ensure people's needs were met.
- One social care professional reported staff communicated effectively and promptly when planning people's care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed by suitably skilled staff before they received care and support.
- People's care plans contained detailed information about exactly how they liked things to be done.
- Staff had also gathered information about people's life histories. This was included in their care plans and was used by staff to help them understand people's personalities and life experiences.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were competent and well trained. One person said, "Yes I do feel they have enough training and skills to help me with my needs...they help me with my meals and it's all prepared correctly and in a hygienic way with hand washing and PPE all adhered to."
- Staff completed an induction which was based on the Care Certificate, which is a set of national standards for care workers.
- Staff reported they were supported with regular training, updates, supervisions and competency assessments.
- Where people needed specialised equipment to help them move, staff completed training in how to use the equipment in people's homes.
- The registered manager and senior staff completed regular 'spot checks' on staff to check they were

meeting people's needs.

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

- People and their relatives reported they were supported by staff to eat and drink to support their needs.
- Staff had completed food hygiene training as part of their induction and understood the importance of helping people maintain a balanced diet.

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.

- People's care and support documents contained signed forms showing they had consented to receive care.
- People told us staff always asked their permission before giving any care or support. One person said, "They treat me respectfully and ask permission to do things for me."
- Staff had completed training in the MCA and understood how to apply its principles when supporting people.

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 this key question was rated as requires improvement. At this inspection this key question remained the same.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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 service user records were not always accurate, complete and contemporaneous. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. The registered provider failed to ensure they consistently assessed, monitored and mitigated the risks relating to the health, safety and welfare of all service users. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection. This was a continued breach of Regulation 17.

- The registered manager used an audit system to monitor quality and safety in the service. This included audits of people's MARs, people's care plans, staff training records and staff competency observations and spot checks.
- These audits had failed to identify risk assessments did not contain sufficiently detailed instructions for staff to help protect people from risks, or that the risk assessments contained confusing information.
- In addition, the audits had failed to identify the missing information in people's MARs, including people's dates of birth, allergies and the names of their GPs.

We found no evidence people had been harmed. However, service user records were not always accurate, complete and contemporaneous. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the registered manager had failed to notify the Commission 'without delay' of an allegation of abuse and an allegation of theft. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager submitted notifications to the Commission 'without delay'.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us staff put their needs first and were committed to giving individualised care.
- Staff we spoke with demonstrated they knew people well and supported them to express themselves and raise any queries or concerns they may have.
- People's feedback about the service was very positive and they were invited to give their opinions on care received regularly.
- Staff told us the registered manager was open, supportive and approachable and they felt able to discuss any issues or concerns.

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 manager demonstrated they understood the duty of candour and knew the actions to take if something went wrong.
- The registered manager took responsibility for their actions and those of their staff and addressed issues when they arose.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The registered manager used different methods to gather people's views on the service. This included regular reviews, surveys and spot checks on staff.
- Staff were encouraged and supported to be involved in service changes and developments. Staff meeting minutes showed the registered manager sought and acted on staff opinions and feedback and worked in a collaborative way.
- A social care professional reported the service worked collaboratively during the pandemic to supply staff to other services as needed.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's health and safety were not always assessed and documented. Medicines were not always managed safely. This was a breach of Regulation 12 (2) (a) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Service user records were not always accurate, complete and contemporaneous. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This was a continued breach of Regulation 17 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>