

AJB Care Limited

AJB Care Ltd

Inspection report

31 Churchfield Lane
Darton
Barnsley
South Yorkshire
S75 5DH

Tel: 01226380038

Date of inspection visit:
27 February 2019

Date of publication:
12 April 2019

Ratings

Overall rating for this service

Requires Improvement ●

| | |
|----------------------------|-------------------------------|
| 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? | Requires Improvement ● |

Summary of findings

Overall summary

About the service:

AJB Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection the service employed 20 staff and was providing care to 62 people.

People's experience of using this service:

People and relatives told us that the service was caring and support was personalised to people's individual needs and preferences.

People told us the length and times of visits were reliable, effective and flexible.

Overall medicines were managed safely but we identified that some improvements were needed in systems and processes for auditing.

People were supported by a consistent, experienced and well-established team.

Staff were knowledgeable and received regular training and good supervision.

The registered manager provided people with leadership and was approachable.

People's views were sought about the service and feedback was welcomed and acted upon.

The registered manager conducted some audits but these were not robust or timely.

We identified a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Rating at last inspection:

At the last inspection on 27 August 2016 the service was rated good.

Why we inspected:

This inspection was part of our routine scheduled plan of visits

Follow up:

We will continue to monitor the service to ensure that people receive safe, high quality care. Further inspections will be planned for future dates.

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 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 ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors 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. The expert by experience had experience of caring and supporting older people and people living with dementia.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced. We gave the provider a few days' notice about the inspection site visit. This was because we needed to make arrangements with the provider to speak to people who use the service. We visited the office location on 27 February 2019 to see the manager and staff; and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service since the last inspection in August 2016.

We asked the service to complete a Provider Information Return. 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 reviewed this prior to our visit.

We asked for feedback from the local authority and commissioning teams.

We spoke with the registered manager and 6 staff.

We spoke with 10 service users and 2 relatives.

We reviewed 4 people's care records and other records and audits relating to the management of the service.

We asked the registered manager to send us further documents after the inspection. This was provided in a timely manner and this evidence was included as part of our inspection.

Is the service safe?

Our findings

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

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.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that they thought care was safe. One person said, "I feel safe and comfortable with them all."
- Staff had received training about safeguarding. They had a good understanding about how to report any concerns. Staff could give a range of examples of when they would raise a concern.
- Safeguarding referrals had been made appropriately.
- Where the service handled money for people, there was no system to ensure financial transactions were brought back to the office in a timely manner to check that the correct procedures were followed. This increased the risk of financial abuse.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risks to people's health and safety were assessed and appropriate risk assessments and care plans were in place. People who required support with manual handling had very detailed plans in place.
- Risk assessments covered manual handling, medication and the environment.
- Staff knew how to report accidents and incidents. The service had a very low level of accidents and incidents. We reviewed the records and this was confirmed by staff and people who used the service.

Staffing and recruitment

- People told us that generally call times were good and staff were consistent. One person said, "They [the staff] are excellent. They are on time, get on with it, do it right. I can't go any further than say they are excellent in all respects."
- The agreed staffing support was maintained for people and was regularly reviewed. Rotas were realistic and achievable and we saw that staff could arrive to calls on time.
- Staff were recruited safely and all the appropriate checks were carried out.
- The service had a very good record for retaining staff and the team was well established and consistent with a very low staff turnover.

Using medicines safely

- Overall medicines were managed safely but some improvements were needed to medicine management processes. The registered manager had already identified clearer recording arrangements for "as required" medicines and had put a new system in place.
- Whilst we saw people received medicines at appropriate times, the service was not always recording the time medicines were administered on the Medication Administration Record (MAR) as per their own guidance. This made it difficult to check exactly when time critical medicines were administered.

- Spot checks were completed on staff administering medication to check their practise. We recommended that more comprehensive competency assessments needed to be developed in line with best practise guidelines.

Preventing and controlling infection

- Staff received training in infection control.
- Staff had access to gloves and aprons to support people with personal care. Staff told us if additional equipment was requested this was provided promptly.
- People who used the service confirmed that staff had good standards in infection control.

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

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

- People's needs were assessed and a range of care and support plans developed in line with best practise and legislation
- People's care plans were clear and there was evidence of regular reviews and updates. Care plans reflected people's needs and choices.
- Staff said that care plans were detailed and easy to follow. Staff said they were consistently updated if there were any changes to the support people required.
- We identified some gaps in signing and dating documentation. This was discussed with the registered manager who agreed to address this.

Staff support: induction, training, skills and experience

- People received support from staff with the appropriate skills and training. There was a low turnover of staff which helped the service build up expertise in caring for people.
- People and relatives told us that staff were efficient and consistent. This meant that people could build trusting relationships with staff. One person said, "The care I get is effective and caring. They are familiar to me and they do everything right so they have the skills required to look after me."
- Staff completed in house training regularly and were encouraged to undertake care qualifications.
- Staff said that the quality of the training was good and covered what they needed to support people.
- Staff had regular supervisions and appraisals. Staff said that they felt well supported.
- Spot checks were carried out regularly to ensure that staff were following care plans and risk assessments.

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

- People's eating and drinking needs were recorded in care plans. Monitoring was in place where this was required.
- Staff said that the information they needed to support people was clear.
- People who needed help with food said that food preparation was good.

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

- The service worked with health professionals to meet the needs of people.
- Information about people's health care needs were recorded in care plans.
- Where people required routine or emergency support for healthcare needs we saw that this was arranged. We saw clear records about how staff monitored a person's skin integrity and sought support from health professionals if this was needed.
- One person said, "They [the staff] talk to the surgery and get me an appointment if I need one."

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We saw that the service was acting within the legal framework of the Mental Capacity Act (MCA) People's capacity to consent to their care and treatment was assessed. People had been involved in decisions relating to their care and we saw evidence that they had consented to their care and support.
- Staff gave us examples about how they talked with people to gain their consent.
- The registered manager understood the principles of MCA and how to protect people's rights. It had not been necessary to submit any DoLs applications.

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

People were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; equality and diversity

- People were supported and treated with dignity and respect.
- We received a range of positive feedback from people and relatives about the support they received from staff. One person said, "They [the staff] are brilliant with my privacy and they are so kind towards me."
- Staff worked to establish positive relationships with people and worked in partnership with relatives. One compliment card stated, "not only did you support [the person] but us as well. We really felt all the care and compassion, not just for her, but us too. You made a world of difference."

Supporting people to express their views and be involved in making decisions about their care

- Staff had formed good relationships with people.
- Staff we spoke with knew people's preferences.
- There were systems in place to listen to people This included telephone calls, spot checks and annual face to face reviews.
- People said that they felt listened to and included in their care. One person said "They [the staff] listen to me which is excellent."

Respecting and promoting people's privacy, dignity and independence

- People were supported in a respectful and dignified manner. This was confirmed by the people and relatives we spoke to.
- People's right to privacy and confidentiality was respected and people's independence was promoted. One staff member said, "We respect their views, it is their home and we are going in to visit. We promote independence."
- Staff received training in dignity and this was monitored through supervision and appraisal and regular spot checks.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were assessed prior to being offered a service. Information sent from the local authority and gained through an initial meeting with people was used to develop a comprehensive plan of care.
- Visit times and call lengths were specified in people's care plans. We saw people usually received calls at consistent times each day, helping to ensure that they got the care they needed. We saw the service was flexible and responsive to people's needs. Call times were changed to fit in with appointments. Staff said that if more time was needed the manager was responsive and planned a review.
- Staff showed they knew people's preferences, likes and dislikes.
- Care records were reviewed and they contained person centred information.
- The manager had recently introduced activity boxes. The packs included sensory items and books and games from the past. The purpose of this was to provide people with a range of activities to enhance the time spent with staff.

Improving care quality in response to complaints or concerns

- A clear complaints policy was in place.
- Systems were in place to monitor complaints and compliments which included an annual summary. There was evidence of lessons learned and actions taken because of concerns that had been raised.
- People and relatives said that they would know how to complain if they needed to and felt comfortable that any problems would be listened and responded to.
- We saw a complaint made by a relative had been looked at promptly. One relative said, "They listen to any concerns that I have and they rectify things from the start."
- There was a system in place to feedback compliments to staff.

End of life care and support

- The service was not currently supporting anybody who was requiring end of life support.
- Basic information on people's End of Life care needs was obtained when people started using the service. An end of life care strategy was in place to ensure that if people were approaching the end of their lives staff supported them compassionately.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. We found a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits and checks were in place but some of these were not robust in terms of care logs and financial records. Documentation and MAR's were not always brought back to the office in a timely manner for auditing purposes. The manager told us records older than two months should be stored in the office. We found two instances when this had not occurred. When we reviewed records, we found that there were gaps in completion of some medication sheets and that daily records were not always dated clearly. This should have been identified through audits. We raised this with the management team and had confidence that this would be addressed. The manager had recently introduced some additional audits but they required more detail to ensure issues were identified and addressed promptly. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- We saw that since the last inspection, there had been two safeguarding concerns which had occurred within the service but had not been reported to CQC. We reminded the provider of the need to ensure these were reported to us. These were reported to us promptly after the inspection.
- Staff were clear about their roles. Staff praised the management team. One staff member said, "They really care about us, not just the service users."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The service had a clear statement of purpose which set out aims, objectives and the values of the service.
- The manager said that they were committed to providing high quality and person-centred care.
- Staff said they enjoyed working at the service and they told us that morale and communication was good.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had a very good knowledge of the service.
- The manager made themselves available and we saw that news letters were produced monthly for the team.
- Staff meetings were periodically held and were an opportunity for staff to be provided with updates in legislation as well as discussing working practises.
- People and relatives were asked about their views. People said that they received a prompt response if they had cause to contact the office. We reviewed information in surveys which contained predominantly

positive feedback. The manager was in the process of reviewing this information to complete a report and action plan.

- Staff and managers told us that supervisions and appraisals were a valuable tool to discuss concerns, objectives and development needs.
- Staff gave very positive feedback about the manager and the provider. Comments included, "[The manager] is very approachable" and "[The managers] are really fair. There is never a problem with anything."

Continuous learning and improving care: Working in partnership with others.

- The manager was committed to learning and improving care.
- People and relatives knew how to raise concerns and felt that issues would be listened to and resolved.
- The manager was committed to her own development and team training and development.
- The manager valued networking with others. The manager had worked with other providers in the locality in their role as a dementia champion and had established positive links. The manager had secured additional funding to set up reminiscence activity boxes to enhance the time staff spent with people living with dementia.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Robust systems and processes were not always in place to assess, monitor and improve the quality of the service.</p> |