

MJ Home Care Staffing Limited

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## 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?

Good ●

# Summary of findings

## Overall summary

### About the service

MJ Home Care Staffing Limited provides personal care and support to people living in their own homes. It provides a service to older people and younger adults who may have a range of needs arising from dementia, learning disabilities or autistic spectrum disorder, mental health, physical disability and sensory impairment. Some people using the service were living in supported living houses.

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.

At the time of our inspection 68 people were receiving the regulated activity personal care. This included four people with a learning disability and mental health needs who were living within supported living houses.

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

Medication was mostly managed safely. In one person's medication file we noted a discrepancy in the stock check that had been completed that day. The management team were made aware and addressed the issue found.

Staff were mostly recruited safely. In one staff file, we noted some gaps in employment history. The management team were made aware and addressed the issue found. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

We received mixed feedback from people who used the service and relatives. The provider and registered manager were aware and told us that they continued to work with people and relatives to address the concerns.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People's care needs, and risks were assessed; and care plans detailed how people's needs would be met and actions to minimise identified risks.

Incidents and accidents were reported, and the registered manager reviewed them and took actions to reduce a repeat of such incidents.

Infection control procedures and measures were in place to protect the person from infection control risks associated with COVID-19.

People consented to their care before it was delivered. Staff and the provider understood their responsibilities to act within the Mental Capacity Act 2005.

Quality checks monitored the care and support provided to people so that improvements to the service were made when deficiencies were found.

The staff, registered manager and service manager were open and transparent throughout our inspection. The registered manager and service manager acted efficiently on queries and feedback throughout the inspection.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Based on our review, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

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 support people received was person centred. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Within one of the supported living services, we observed kind, relaxed, compassionate and caring interactions between one person and staff.

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

This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# MJ Home Care Staffing 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team was 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 types

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

The service also provides care and support to people living in 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. There was a registered manager in post at the time of the inspection.

#### Notice of inspection

We gave a short period notice of the inspection. This was because we needed to be sure that the provider or

registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We requested and received supporting information from the registered manager. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we visited the office, as well as two people being supported by the organisation.

The registered manager was available throughout the inspection. We also spent time with the service manager and a member of the provider's quality and governance team.

We looked at a sample of records. These included policies and procedures, three staff files, seven care plans, minutes of staff meetings, training records, copies of audits and action plans.

An Expert by Experience spoke with four people and nine family members/friends about their experience of the care provided.

# 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The provider carried out recruitment checks to ensure staff were suitable to work at the service. For example, references from previous employers and Disclosure and Barring Service (DBS) checks.
- In one staff file, we noted some gaps in employment history. A complete employment history, including explanations of gaps, is required within the regulations to reduce the risk of employing staff who are not suitable. The management team were made aware and addressed the issue found.
- There were enough staff to ensure that people received their care. To ensure this, the provider has obtained a sponsor license and recruits staff from outside of the UK.
- Staff were required to complete a period of induction, shadowing other staff and getting to know people before starting to work alone.
- We reviewed the electronic monitoring system used to manage visits to people. It showed that the people reviewed received their care visits as planned. The system also alerted management when staff did not arrive for a visit. We were told that there had not been any missed visits.
- Care staff told us the time allocated to them to complete care visits was enough. One care staff said; "if I don't have enough time, I inform the office to let the person know".
- The registered manager and care managers were hands-on and were available to cover emergency staff short falls if required. This meant the risk of missed visits was reduced and people received care from staff to meet their needs.
- We received mixed feedback relating to the staffing at the service. Comments from people and relatives included; "There is a group of carers that she has", "There are about four or five which are consistent", "Different people all the time", "He has a lot of different carers", "We have three carers so they are consistent", "I often don't know who is coming at what time" and "I get a list every week so I know who is coming".

### Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- In one person's medication file we noted a discrepancy in the stock check that had been completed that day. The management team were made aware and addressed the issue found.
- Staff received training in safe medicines management and had been checked to make sure they gave medicines safely.
- Medication assessments and risk assessments were completed, and people had individualised protocols for their 'as required' medicines. These gave specific details about when people may need additional medicines and how staff should respond to the person.

- Medicine administration records (MAR) were completed electronically, this system highlighted to staff when medicines were required.

#### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew people well and understood how to protect them from abuse.
- A safeguarding policy was in place. Staff had training on how to recognise and report abuse. Staff we spoke with understood how to identify and report safeguarding concerns.
- The registered manager worked with appropriate authorities if concerns were identified. This helped to ensure that full investigations were carried out to keep the person safe.
- Some people being supported could become anxious, leading to incidents where they harmed themselves or others. There were detailed plans in place about how staff should support people at these times.
- Comments from one professional included; "All enquiries are resolved well, including any potential safeguarding investigations. This appears to be a 'solution focused' management team who will go above and beyond to sort a concern entirely centred around the clients with robust planning and systems in place".

#### Assessing risk, safety monitoring and management

- The risks associated with people's care needs had been assessed. People had detailed care plans and risk assessments to ensure staff had the information to support them safely.
- Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible.
- Most people and their relatives told us staff provided safe care and support. Comments included; "safety is ok" and "no concerns with safety".
- Staff were trained to support people safely. They had received training such as first aid, pressure care, health and safety, food hygiene and fire safety.
- Environmental risk assessments were completed both within the supported living and domiciliary care service.

#### Preventing and controlling infection

- There were systems to reduce the risk of infection. The provider had infection control procedure in place.
- Staff had completed training in infection control including donning and doffing.
- The provider supplied staff with masks, gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading.
- Staff tested for COVID-19 in line with current guidance as a minimum.

#### Learning lessons when things go wrong

- The provider had a system in place to have an overview of any accidents, incidents or near misses. Staff knew how to report accidents and incidents.
- The provider had a lessons learnt process in place. This process had been effective in improving procedures in relation to training, medication administration and the frequency and use of restrictive practices and interventions.



# 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 newly registered 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

- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs. The care plans were detailed and identified people's individual needs and preferences.
- Assessments looked at people's physical and mental health conditions, behaviours, the environment, personal care including skin care, manual handling, nutrition and mobility.

Staff support: induction, training, skills and experience

- People received care and support from staff who had the skills and training to meet their needs. Training was aligned with the requirements of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme for training for staff new to health and social care.
- Staff shadowed experienced staff until they were, and felt, ready to work alone.
- Staff felt the training they had received equipped them to do their jobs.
- Staff were also trained in areas specific to the needs of people they supported such as PMVA (Prevention Management of Violence and Aggression) and tracheostomy care.
- Staff were supported through one-to-one supervision sessions, appraisals, debriefs and direct observation while carrying out their work.

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

- Staff supported people to maintain a diet of their choosing; support was dependent on the person's requirements, whether this be support with eating and drinking or preparing meals.
- People's care plans contained a 'Nutrition Support Plan'. This ensured staff had the information available to support them appropriately.

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

- People were supported to maintain their health. Where required people were supported to make appointments with healthcare professionals. Records viewed identified a range of professionals were involved in people's care including social workers, community health team, police, psychologist, GP's and district nurses.
- Comments from professionals included; "Proactive with working alongside social care for safety measures", "proactive relationships with the community health team, Police etc" and "They engage well

with our Social Working teams and Sourcing Care Service and find solutions to rather difficult situations and always try to maintain a good outcome especially where other providers have failed".

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 MCA 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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were involved in developing their care plans and had agreed with the content.
- People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act 2005 (MCA).
- When people did not have the mental capacity to make a decision, discussions were held to confirm actions were in the person's best interests. This process included professionals and people of importance to the person such as their relatives.
- Where this involved depriving someone of their liberty applications were made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty.
- Staff had received MCA training.

# 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 newly registered 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

- Care plans stated people's likes and dislikes and their preferences.
- Most people spoken with felt they were treated with respect. Comments included; "They are all very nice and helpful" and "I am treated with respect and they are kind".
- All relatives spoken with, told us that staff are kind and compassionate, and treated their family member with respect. Comments included; "they treat her with respect", "they are lovely", "they treat my son with dignity and respect" and "they are fantastic".
- Within one of the supported living services, we observed kind, relaxed, compassionate and caring interactions between one person and staff.
- Staff had received Equality, Diversity and Inclusion training.

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

- Systems were in place to support people to express their views and be involved in making decisions about their care. This included reviews and surveys.
- We received mixed feedback relating to supporting people to express their views. Most people spoken with felt that staff listened and act on their views, although one person told us; "They don't listen to you because they are overworked".
- Most people told us that they felt involved. Comments included; "Yes I do feel involved. If I have a problem, I know I can talk to them". Another person told us; "Yes I feel involved in my care sometimes".
- All families spoken with felt their loved one was involved. Comments included; "yes I feel involved and my daughter is involved" and "We feel involved, they are very good".

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way that supported their independence. Care plans detailed the support required to improve and maintain independence and one person told us "what I can do they let me do".
- Feedback from one professional included; "When I have visited the supported living accommodation, the staff have been professional and approachable" and "Clear evidence of staff delivering person-centred support, including consistent promotion of choice and control. Consistently, my young person speaks positively about where he lives and his support team".
- Staff had received dignity training.

# 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 personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs.
- People's care plans were regularly reviewed to ensure they were up to date and reflected people's current care needs.
- For some people living within the supported living services, the support received had led to a reduction in the support people needed. People's anxieties had reduced and required less support from staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were assessed, met and recorded within people's care plans.
- For some people, to ensure consistency care plans also included 'Communication Scripts' detailing how staff should respond in certain situations.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and we received feedback that people and their relatives knew how to raise concerns and complaints to the service.
  - We received mixed feedback relating to the management of complaints. One person told us; "I have complained about the lateness of staff. I don't know if it is taken seriously".
- Other comments included "Yes I have made a complaint and it has been dealt with appropriately" and "I have made a complaint which was dealt with immediately. It was taken seriously."

End of life care and support

- There was one person receiving end of life care at the time of our visit. An end of life care plan assessment was in place.
- The registered manager told us they would work in partnership with relatives and other healthcare professionals if anyone they supported required this service.
- Staff had completed training in end of life care.

# 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 newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems were in place to monitor the quality and safety of the service.
- Audits were completed on a regular basis as part of monitoring the service provided. These checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported.
- This process had identified some actions which were detailed within the services development plan.
- In one staff file, we noted some gaps in employment history. Although an 'Employee Audit Record' was in place, which had identified this issue in other files, the file looked at was yet to be audited.
- There were a range of spot checks carried out on services and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The views of people were sought about the service delivered.
- A customer satisfaction survey was conducted in May 2022 to enable people give their feedback about the service. Concerns regarding timings of calls and consistency of carers were raised and were detailed within the services improvement plan. These concerns were also raised with CQC during the inspection. The provider and registered manager were aware, acknowledged the concerns, and told us that they continued to work with people and relatives to address the concerns. The senior team had been increased, and the provider is currently supporting people to understand the service they are able to provide and supporting people to manage their expectations.
- Staff meetings were arranged for staff to attend. One staff member told us, "Team meetings are monthly at the office, yes they are helpful as it gives the opportunity to raise things and this is shared with the team".
- The provider had a lessons learnt process in place. One staff member told us; "Everybody is emailed out lessons learned and a regular newsletter."

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

- There was a positive culture within the service. All people spoken to knew who to contact if they had any concerns.
- The provider and registered manager supported staff in a variety of ways to ensure they provided good standards of care to people. Staff were trained in their roles, so they had the skills to support people

appropriately.

- Staff were complimentary about the management and felt supported.
- The provider supported staff to develop the skills needed to carry out their role to the best of their ability, and to develop their confidence and career aspirations. Some staff have been supported to progress into senior posts within the organisation
- One professional told us; "They appear to have a very well led and well managed service. Retention is good and this is always reflective of the provider and the support, training, and management."

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 was open; and understood and acted on the duty of candour as required. They investigated concerns or when things went wrong. They informed relevant agencies of significant concerns as required.
- The registered manager complied with the requirements of their CQC registration including submitting notifications of significant events at their service.
- Staff had the management guidance and leadership they needed to be effective in their roles. They told us the registered manager was available anytime to guide them when they needed it.

Working in partnership with others

- The provider worked in partnership with a wide range of organisations and services to improve and develop the service. They worked with local authority service commissioners to improve the standard of the service. They liaised with healthcare and social care professionals to ensure people's needs were met.