

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?

Requires Improvement 

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

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 39 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 not always appropriately assessed or action taken to mitigate identified risks. Where an incident had taken place, action had not been taken to prevent recurrence. Staff failed to seek medical attention in a timely way when a person had burnt themselves. Staff had failed to seek medical attention when a person was reporting pain.

The registered manager undertook a series of audits, however, these were not always robust or effective. Records were not always accurate or legible. People's care records did not always provide sufficient guidance on how staff should be meeting specific health conditions.

The provider failed to notify us of allegations of abuse 'without delay'.

People told us they received their medicines safely. However, we found that people did not have appropriate guidance in place for 'as required' medicines. Where one person's medicine administration record showed gaps it was unclear whether the person had received their medicine as prescribed and the registered manager had failed to identify these gaps. Staff competency in medicines had been recorded as completed, however, the records did not demonstrate what areas of competency had been reviewed for each staff member. We have made a recommendation that the registered provider seeks guidance on the proper and safe management of medicines, including ensuring staff competency is reviewed and recorded in a robust way.

There were enough suitable staff to meet people's needs and provide safe care. The provider had undertaken criminal records checks on all staff and obtained a full employment history. However, we found that not all checks had been undertaken to ensure staff employed were suitable.

Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident issues would be addressed appropriately. People and their relatives knew how to complain and knew the process to follow if they had concerns. People, relatives and staff felt they could approach management with any concerns they may have.

People were treated with care and kindness. They thought highly of the staff and praised their caring, thoughtfulness and their willingness to go above and beyond the call of duty for them. People felt the service they received respected their privacy and dignity and helped them to maintain their independence where possible.

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.

People benefitted from staff who were happy in their work and felt well managed and supported. People benefitted from a service which had an open and inclusive culture and encouraged suggestions and ideas for improvement from people who use the service, their relatives and staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published 20 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to Safe care and treatment, Good Governance, Fit and proper persons employed and Notifications of other incidents.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

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.

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 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

This inspection was announced.

We gave the service 48 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.

What we did before the 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.

We looked at feedback and any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We used all of this information to plan our inspection.

During the inspection

We spoke to two people who used the service in their own homes. We also spoke to two relatives during these home visits. We spoke to five members of staff including care staff, office managers, office support staff and the registered manager. The registered manager was also the nominated individual for the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a further two people who used the service and one relative. We attempted to contact a further seven care staff by telephone and spoke with four of these care staff. We requested feedback from ten community professionals. We received three responses.

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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant that there were not always assurances that people were safe and protected from avoidable harm.

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

- We found that staff had not always taken appropriate action when a risk to a person's safety had been identified. One person had sustained a blister from hot soup at a lunchtime visit. The registered manager advised that the person had spilt soup on themselves. Despite this now being an identified risk, no measures were taken to mitigate the risk and prevent recurrence. This resulted in a further incident where a staff member left the person with soup and when they returned at the next visit found the person had spilt soup on themselves.
- Where a person was diagnosed with a specific health condition that required staff to check the person's blood sugar levels, although the registered manager was able to tell us what they would look for when doing this and what action they would take should this person deteriorate, the person's care records did not reflect this to ensure staff had the appropriate guidance in place to support the person. Another person had a health condition which meant they may suffer from seizures. There was no guidance in place for staff to follow in the event of a seizure. This meant there was a risk that people may receive unsafe care as staff did not have the appropriate guidance in place to follow.

The registered provider failed to consistently provide care in a safe way. Risks to service user's health and safety were not always assessed and the registered person failed to do all that was reasonably practicable to mitigate any such risks. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had risk assessments that identified action staff would take regarding some risks. For example, from the risks of choking, malnutrition, falling and developing pressure areas. People we spoke with told us they felt staff supported them to stay safe.

Using medicines safely

- We saw one person was prescribed a medicine that should be given 'as required' (PRN) for pain relief. There was no PRN guidance in place to ensure that staff knew when to administer the PRN medicine or what the PRN medicine was for. We discussed this with the registered manager who advised they did not have PRN guidance in place for people. They advised they would promptly put this in place following the inspection.
- We looked at one person's medicine administration records (MAR) and found gaps where we were informed staff had failed to sign that the person had received their medicine as prescribed. The registered manager advised that they did review all people's MARs, however had failed to identify these gaps.
- The registered manager had undertaken annual competency assessments on staff to ensure they had the knowledge and skills to manage medicines safely. However, it was not clear if the provider had ensured that

staff competency had been adequately assessed as the recording of these competency assessments did not detail what areas of competency were being looked at in relation to medicines. The registered manager advised they would promptly review the recording of staff competency to ensure each assessment reflected all areas of competency that were reviewed.

We recommend that the registered provider seeks guidance in line with current legislation and best practice on the proper and safe management of medicines, including ensuring there is a robust process in place for the competency assessment of staff administering medicines.

- Staff had received online training in the safe management of medicines. Staff had received face to face support from another care staff member in medicine administration.

Staffing and recruitment

- The registered manager had ensured all permanent staff had undertaken the necessary criminal checks via the Disclosure and Barring Service (DBS) and a full work history had been taken. However, some safe recruitment checks had not always been made. For example, the registered manager had not always ensured they had sought evidence of satisfactory conduct for the employment that three staff had undertaken in relation to health or social care. The registered manager had not sought information on reasons why one staff member had left their previous roles in health and social care.
- The registered manager told us that during staff interviews they obtained information about any physical or mental health conditions which are relevant to the person's capability. However, they had failed to record this.

We found no evidence that people had been harmed, however, the registered person failed to operate effective recruitment procedures, including undertaking any relevant checks in line with the fundamental standards for all staff employed for the purposes of carrying on a regulated activity. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, relatives and professionals consistently told us people experienced good continuity and consistency of care from regular staff, who knew them well.
- We saw evidence that there was enough staff employed to meet people's individual needs as identified in their packages of care.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff supporting them. One person said, "Very safe. They [staff] go over and above to make sure of that."
- Staff we spoke to understood how to recognise signs of abuse and told us actions they would take to raise a concern. Staff felt the registered manager would take appropriate action should they raise a concern.
- However, we received feedback from the local authority that an allegation of abuse had been made against the service. The registered manager had failed to notify us of this allegation of abuse 'without delay'. We have covered this in the well-led section of this report.

Preventing and controlling infection

- Staff had access to the necessary personal protective equipment (PPE) to minimise the risk of infection, such as disposable aprons and gloves.
- People and their relatives told us staff used PPE when delivering personal care.
- Staff understood the importance of infection control and what action to take to prevent the spread of infections.

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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Records demonstrated when other healthcare professionals were involved in people's care. However, we found that timely support from appropriate professionals was not always sought. One person had hot soup poured on themselves. It was noted by care staff at the bed time call that they had a blister. Staff failed to seek medical attention or advice from a medical professional until the following day.
- A person had reported to staff on at three separate occasions that they were experiencing pain in their leg. This person was known to have had previous infections which they had been hospitalised for. Staff had documented that the person had reported being in pain, however, no action was taken to seek medical advice when this was reported to them. There was no recorded evidence that staff sought any medical attention. Subsequently the person was admitted to hospital following a relative calling a medical professional.

The registered provider failed to consistently provide care in a safe way. Risks to service user's health and safety were not always assessed and the registered person failed to do all that was reasonably practicable to mitigate any such risks. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they worked well with other agencies to understand and meet people's individual and changing needs.

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

- People's care needs were assessed prior to receiving care from the service to identify the support they required and to ensure that the service was able to meet their individual needs.
- People consistently told us they received effective care and support from staff who knew how they liked things done. One person told us, "They know me. They know what to do, I don't have to tell them."
- People and their relatives told us they had been actively involved in creating and developing their care plans. When people's needs changed, their care plans were amended to ensure people received the care they required.

Staff support: induction, training, skills and experience

- People and their relatives reported that they experienced effective care from staff who had the required skills to carry out their roles and responsibilities competently.

- New staff had completed an induction process which included a period shadowing a senior staff member to introduce them to people and demonstrate how they wished their care to be delivered.
- As part of the induction the provider assessed staff new to care in line with the Care Certificate standards to make sure new staff were supported, skilled and assessed as competent to carry out their roles. The Care Certificate is a set of 15 standards that new health and social care workers need to complete during their induction period.
- Staff received support from their managers in the form of one to one meetings, informal meetings and appraisals.
- Staff received additional training in specialist areas relevant to the needs of individual people. For example, training in supporting people with epilepsy.
- The registered provider carried out regular 'spot checks' on staff to ensure they had the knowledge and skills to meet people's needs effectively.

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

- Where people's care package included support with meals, people were able to choose what they ate with support from staff, if needed.
- People's care records clearly identified people's likes and dislikes and any allergies they may have in relation to food and drink.
- Staff understood the importance of encouraging people to eat a healthy diet and the importance of remaining well hydrated.

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.

- People's human rights were protected by staff who had demonstrated understanding of consent and the MCA.
- Care records clearly demonstrated how staff should seek consent from people when delivering personal care. We saw evidence that people had signed consent forms for the service to provide their care.
- People told us they had consented to the care and support detailed within their care plans.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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

- People told us they experienced caring relationships where staff consistently treated them with kindness and compassion in their day-to-day care. One person told us, "They are amazing. I couldn't ask for more caring people [staff]." A relative told us, "They don't just care. They really care."
- Staff spoke with fondness about people they supported. Staff told us how they had developed meaningful relationships with people, which inspired them to provide the best possible care to improve the quality of their lives. One staff member told us, "I really enjoying being with them [people]. It's great to talk and make sure they are being well supported. It makes the job worthwhile."
- The registered manager completed observations and sought feedback from people to ensure staff delivered care in a kind and compassionate manner.
- We saw a range of compliments the provider had received on the caring nature of staff when supporting people.
- People's diverse needs were identified in their care records and staff provided support to meet them, including those related to disability, gender, ethnicity and faith. Staff had received training in equality and diversity which prepared them to meet people's individual needs.

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

- People told us that staff actively sought their consent on day to day decisions. Staff supported people to make as many decisions as possible. One person told us when staff were supporting them with their meals, "They always ask what I fancy [to eat]. They are good like that."
- Care records emphasised the importance of ensuring people were asked to make decisions about their care.
- People were able to express their view in regular quality assurance phone calls with one of the office staff members.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated the importance of respecting people's privacy and dignity and were able to describe how they did this on a daily basis.
- Care plans described what people could do for themselves and what they required staff to support them with. Plans were written in ways that promoted independence and reflected people's preferences. One person told us how staff supported them to be independent. They said, "Before I couldn't get out of bed. But now with their help I can sit in my chair."
- Confidential records regarding people's care were stored securely to protect people's privacy.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were often met through good organisation and delivery.

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

- Staff we spoke to showed a person-centred, thoughtful, caring and responsive ethos in the way they worked with people who use their service.
- People and their relatives felt staff knew them well and understood their personal routines.
- People's care records demonstrated how the service and staff incorporated people's wellbeing and wishes in their care. The assessments and care plans captured details of people's abilities and wishes regarding their personal care.
- Staff took the time to understand people's histories and wishes. Care records reflected this.

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.

- The registered manager told us they did not know what the AIS was. However, when asked they had a clear understanding and could explain how they met people's communication needs in line with the AIS whilst delivering people's day to day support.
- The service identified people's information and communication needs by assessing them and recording this in their care plans.
- Where applicable, care plans included details of what support people needed to ensure any communication needs were met
- The registered manager told us, where required, this was appropriately shared with other professionals with the persons consent.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain relationships that mattered to them, such as family, community and other social links.
- Care records demonstrated how staff should support people to be as independent as possible and encourage them to follow their interests.

Improving care quality in response to complaints or concerns

- The registered provider had received seven concerns since our last inspection. These had been investigated and responded to appropriately.

- The registered manager had used concerns raised to drive improvements in the service.
- People and their relatives told us they knew how to make a complaint and felt that should the need arise this would be addressed by the provider appropriately.
- People and relatives we spoke to told us they had never needed to make a complaint and were very satisfied with the care being provided.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. The registered manager was able to describe what they would do if a person they were currently supporting required this level of care.
- The registered manager described how they would work with other professionals and ensure that people received care that met their end of life needs.
- The registered manager told us there was a policy in place for people requiring 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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was not always consistent. 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

- There was an audit system in place that included audits of different aspects of the running of the service including care plans, staff training, staff supervision and other documentation.
- However, we saw that the providers audits of medicines administration records (MARs) were not always robust or effective. The registered manager told us they regularly review all medicines records to ensure these had been completed correctly and people had received their medicines as prescribed. We viewed five people's MARs and found that one of these had four gaps. The registered manager was unable to provide any recorded evidence that these had been appropriately picked up by them and investigated to address the reason for these gaps.
- The registered manager acknowledged that they had failed to robustly record this. They advised they would promptly review the way they record this to ensure it was more effective going forward.
- We reviewed a sample of people's daily notes and found that these were not always legible and staff failed to record all care that was provided at each visit. The registered manager did not have a robust system in place to ensure daily records were reviewed for completeness, accuracy and legibility. The concerns regarding these daily notes had not been picked up by the registered manager.
- Where a person had been identified as being at risk of spilling hot liquid on themselves, the provider failed to assess, monitor and mitigate this risk. The person's risk assessment had not been reviewed and updated following this incident to identify what actions staff should take to mitigate this risk. The audit system in place was not effective in identifying these issues.
- The provider did not have robust recruitment systems and processes in place to ensure staff were recruited in line with fundamental standards.

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 is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Prior to our inspection the registered manager had received information that an allegation of abuse had

been made against the service. However, the provider had failed to notify us 'without delay' of this allegation of abuse. Following this, an allegation of theft was made, however, the provider did not notify the Commission of this allegation. Following the inspection we received information from the local authority that an allegation of abuse was raised against the service in 2018. The registered manager had failed to notify us of this allegation.

The registered provider failed to notify the Commission of notifiable incidents 'without delay'. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager told us they were aware of their legal responsibility for meeting the requirements and regulations about how the service is run. However, during our inspection we observed that the provider was not displaying their last inspection rating in their office location. The registered manager advised that it was previously displayed but it had been moved and that they would promptly ensure that this was displayed as required. The provider did have their current rating displayed on their website for members of the public to view.
- The service had a registered manager as required.

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

- Staff we spoke to were focused to ensure people came first and received good outcomes. Staff demonstrated a person-centred and open approach to working with people to support them in achieving good outcomes.
- The registered manager and staff demonstrated during the inspection site visit the caring values and ethos of the provider.
- People experienced care from a staff team who knew them well and were committed to ensuring they received care, which was individual to them.
- Staff told us they were proud to work for the provider and felt the culture was open and transparent.
- Staff said they would feel confident about reporting any concerns or poor practice to the registered manager.

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 clear in their understanding of the duty of candour and knew the action to take should something go wrong. However, following one incident the provider had failed to inform relatives in a prompt manner. The registered manager acknowledged this and advised it was an oversight on their part.
- Relatives told us they felt the service was committed, open and transparent. One relative said, "They [staff] would always tell us if there was an issue."
- The registered manager assumed responsibility and accountability when concerns had been raised or mistakes had been made.

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

- There were a number of different ways that the views of people, staff and professionals were sought and used in the monitoring and development of the service. For example, annual surveys of people and their relatives.
- Feedback was sought from people when managers carry out staff spot-checks and regular telephone quality calls to people.

- People and their relatives felt the service was well managed. Relatives we spoke to said the management listened and acted on what they said. One relative told us, "You just ring the office or tell the carer [staff member] and they sort it pretty much straight away."

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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person failed to notify the Commission without delay of other incidents.</p> <p>Regulation 18 (1)(2)(e)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person failed to provide care and treatment in a safe way. Risks to service users health and safety were not always assessed and the registered person failed to do all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12(1)(2)(a)(b)(c)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person failed to consistently assess, monitor and improve the quality and safety of the services provided. Risks were not always assessed and monitored to mitigate such risks to ensure the safety and welfare of service users. Service user records were not always up to date and accurate. Audit and governance systems were not always effective.</p> <p>Regulation 17(1)(2)(a)(b)(c)(e)(f)</p>

Regulated activity

Personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person failed to operate effective recruitment procedures, including undertaking any relevant checks in line with the fundamental standards for staff employed for the purposes of carrying on a regulated activity.