

J.O.T. Limited

Care Select

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 caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

The service is a domiciliary care agency which provides personal care to people living in their own homes. At the time of this inspection there were 42 people using the service.

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

There were shortfalls in the leadership and management of the service which exposed people to the risk of harm. There was an audit system in place, but these quality checks had not been effective enough to fully identify and address concerns found on this inspection. The registered provider had made organisational changes and a new manager was due to start at the service. They spoke to us about the changes they planned to make to ensure that oversight was more robust.

Improvements were needed to ensure the safety of the service. This included the improvements to the management of medicines and the safe recruitment of staff. The specific risks people faced were not always fully recorded. Relatives felt their family members were safe receiving support from staff, who knew them well.

People were supported by trained staff who provided a reliable, person-centred service. Staff were kind and respectful towards people and their families and people's privacy and dignity were upheld. People's independence was encouraged, and they were involved in decision making.

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 used to support people to make decisions were not recorded appropriately and we have made a recommendation in respect of this.

Complaints were not always recognised and responded to. However, there was a good working relationship between people who used the service, their relatives and the staff.

There was collaborative working with external professionals to ensure people got any extra support they needed. The service was changed as required to meet people's varying needs and wishes. We made a recommendation regarding addressing people's specific communication needs.

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 good (published 24 October 2018). The overall rating for the service has

changed from good to requires improvement. This is based on the findings at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have four identified breaches in relation to the safe management of medicines and risk, safe recruitment and overall management of the service.

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

The provider had failed to notify the Commission about incidents they are required to do by law. This is a breach of regulation. Full information about CQC's regulatory response to this is added to reports after the processes outside inspection have been concluded.

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 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not fully responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Care Select

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

The inspection was carried out by an 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.

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. The registered manager was also the registered provider. There was a 'care manager' who had been responsible for the day to day management of the service.

Notice of inspection

We gave a short period notice of the inspection because we needed to seek the consent of the people using it to a phone call or home visit from the inspection team. We also needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 February 2020 and ended on 20 February 2020. We visited the office location on 17 and 19 February 2020.

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority.

During the inspection

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

We spoke to nine people who used the service and 13 relatives. We also had discussions with seven members of the staff team. We were not able to speak to the 'care manager' but we met with the registered provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us information to confirm what immediate actions had been taken following our inspection.

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 is now rated requires improvement. 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.

Staffing and recruitment

- Staff recruitment processes had not provided assurance that staff were suitable to work in the service. This included a lack of full interview notes, incomplete education, training and employment history along with a lack of robust and verified references.

This failure to follow safe recruitment practices is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People said that they had a consistent team of staff. They said they were comfortable, at ease and enjoyed regular care support.
- The timing of people's care visits was not consistent. Feedback and records confirmed this. One person said, "They often change times which can be frustrating, but I do not mind as I'm not going anywhere and do not wish to create a fuss" another person told us "They can be late, but it is the traffic but they usually phone."

Using medicines safely

- Staff were not following current best practice guidance on the safe management of medicines. For example; Medicines Administration Records (MARs) were not always accurate and did not contain all the information required to assure safe administration. Staff had not received training in copying the details of prescribed medication. Records had not been checked by the provider to ensure staff practice was safe.
- Where gaps in MARs had been identified, there was not always evidence of a full and thorough investigation to establish if the person had missed medication or if there had been a recording error.
- Risks associated with medicines such as blood thinners or emollient creams had not been identified and management plans put in place.
- Some medicines were prescribed 'as required' but there was insufficient information available for staff to assist them in knowing what it was for and when it was to be offered or administered.

This failure to ensure the proper and safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were protected from harm through the knowledgeable staff who cared for them.
- A complete and accurate record of accidents and incidents was not available to identify matters that had occurred within the service. Matters were not always reviewed in order to improve safety across the service.

- It was not always clear what preventative measures were in place or had been considered, to prevent things going wrong again in the future.
- Risk assessments were in place for some aspects of care, but these were 'generic' and were not made personal to each person receiving support. Additional information regarding risk was required for some medical conditions. The risks and hazards associated with working in a person's home environment were not assessed.

Failure to assess, monitor and mitigate risk was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered provider informed us of the immediate actions taken to assess and record ongoing risks.

Systems and processes to safeguard people from the risk of abuse

- Evidence was not always available to demonstrate that a full investigation had taken place where concerns had been highlighted. We were not assured that all potential concerns had been passed to the relevant local authority for review or investigation. This will be followed up outside of the inspection process.
- Staff were aware of the principles of safeguarding adults and how to raise concern. Staff had undertaken training in respect of this.
- People told us that they received safe care. Comments included "I enjoy their company and feel very safe when they are here" and "I feel safe and like the happy way they do their job and never rush me, patient and considerate each day."

Preventing and controlling infection

- Staff had access to gloves and aprons and people confirmed these were used.
- Staff understood the need to maintain good standards of cleanliness and hygiene within the persons own home.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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

- Decisions made on behalf of people had not been recorded as part of the care planning process, in accordance with the MCA. These included decisions about the delivery of personal care, the management of medicines and finances.
- Several people's care records did not identify as is required on what basis their relatives had the legal authority to sign to consent to their family member's care.
- Staff had received training in mental capacity, knew people well and understood the need to seek people's consent when delivering their care. Staff were able to describe the various ways people communicated their wishes.

We made a recommendation that the registered provider ensure that their assessment and recording of the support people may need to make decisions follows the MCA and associated code of practice.

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

- People's needs were assessed before care was agreed and delivered.
- The registered provider used information from the local authority if they were commissioning the support. A member of the management team visited the person and their family to discuss their needs and expectations of the service.

Staff support: induction, training, skills and experience

At the last inspection we made a recommendation that the registered provider ensure that suitable support,

training, supervision and appraisals are provided to enable staff to carry out the duties they are employed to perform. We found that improvements had been made.

- People told us that staff were well trained and that this had a beneficial effect on their daily health and wellbeing. They, and their relatives, had confidence that they were looked after to an effective and good standard.
- The induction, training and support provided to staff equipped them with the confidence and skills to carry out their roles.
- Mandatory training as defined by the provider was up to date. Staff also received training to meet people's specific needs, for example training in dementia care, learning disability, epilepsy and the use of oxygen.
- Staff were supported through supervisions and 'spot check' visits to observe their practice.

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

- Staff supported some people with their meals and drinks. One person said, "My daily meals are prepared, and they make me a nice brew."
- Information was recorded in care plans as to what support people required in relation to eating and drinking. Where people were at risk of weight loss this was identified, and food charts were kept to monitor intake.

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

- Staff worked with other professionals to ensure people received support to meet their health needs.
- Advice was sought from professionals such as occupational therapists to ensure people had the right equipment and staff used it safely.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's personal information was not kept securely and there was a risk that people's confidentiality may not be maintained. The provider took immediate action to ensure that the information contained in staff rotas was protected.
- People's privacy during care delivery was respected, and their dignity maintained. One person described, "We discuss my care for each day, and I am never rushed...They always explain things properly. I am treated with respect and pleased they wash me with dignity."
- People were encouraged to do what they could for themselves to maintain their independence.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well cared for. One person summarised "They treat me respectfully, never a harsh word or shouting. I am happy with the care staff who are always considerate and patient."
- People were supported by a regular team of staff which ensured a consistent approach. A person commented "My carer treats me in a respectful manner and know what I need for my daily care. I do miss her when she goes on holiday."
- People's relatives felt supported by staff. One relative said, "I have my own health issues and when I was in hospital they did look after [Name] very well."

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

- People and relatives were involved in the planning of their care. One person confirmed, "I am able to talk about my care plan with my carers and make choices for myself. Everyone is so aware of my care requirements and do an essential job."
- Staff understood the importance of involving people in decision making. We saw that review meetings were held with people and their relatives when their wishes or needs changed.

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 is now rated as requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The registered provider had not followed their own complaints policy and we were unable to determine appropriate action had been taken to investigate and then respond to the complainant.
- An acknowledgment, explanation or outcome had not been provided where people or family members told us they had raised a complaint. Apologies had not been made when things went wrong. Please refer to the well-led section of this report regarding this concern.
- People were aware how to complain. One person confirmed, "My personal requirements are applied properly each day and no need to complain but I do have the folder with the complaints procedure."

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.

- People's care plans contained basic information about people's communication needs. The management team confirmed that no one currently using the service required information in an accessible format. However, support would be provided if needed.
- The registered provider was not aware of the accessible information standard.

We recommend that the registered provider seek information on how to meet their responsibilities in regard to the AIS.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People did not always support at the time they expected.
- People received care from staff that knew them. A person told us "I love seeing my carer who is superb. No issues or problems, she works tirelessly when helping me. She knows me inside out, just what I need."
- The care was responsive to people's changing needs. One person summed this up in saying, "My carers help is essential to me and the fact that they are considerate and reliable is a blessing."
- The quality and content of care plans was variable. Some, but not all, were person centred and reflected people's needs and protected characteristics such as their religious needs. The registered provider assured us they would ensure that a consistent standard was achieved.
- People had not been offered the opportunity to record what was important to them at end of life. The registered provider informed us that this was an area of work to be developed as a priority over the next 12

months

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

- People were supported to maintain links with family, friends and the local community.

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 has remained the same. 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; 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

At the last inspection we made a recommendation that systems were put in place to ensure that the assessment, monitoring and improvement of the quality of the service is robust. We found that this had not improved.

- The registered provider's systems and processes for the management and oversight of the quality and safety of people's care and support were not consistently implemented.
- The quality assurance systems had not been effective in ensuring the delivery of safe, high quality care and this had resulted in three breaches of regulations around the management of medicines and risk, safe recruitment and good governance including the management of complaints.
- In addition we have made recommendations around the assessment of mental capacity and communication needs. This demonstrates the providers systems and arrangement to ensure safe and quality care were not robust.
- There were no effective checks to ensure people received calls at the agreed times. Daily logs were checked but did not always highlight or address these issues.
- The previous performance rating was not displayed in the office building nor on the providers website. The registered provider said they were not aware of this requirement and took immediate steps to rectify.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate the oversight and governance of the service was effectively managed. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Following the inspection, evidence was provided to demonstrate that registered provider was addressing many issues, following an organisational change and appointment of a new care manager.

- To comply with regulatory responsibilities, providers are required to notify CQC of significant events that occur while people are receiving the service. However, we found the registered provider had not notified CQC of several such events, some of which were allegations of abuse. This meant we were unable to carry

out our regulatory duties to monitor the service.

The failure to notify CQC of all significant events without delay was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We will follow our processes to consider an appropriate response to this outside inspection.

Continuous learning and improving care

- We found little evidence of continuous learning and improvement. The provider's quality assurance processes had not identified the shortfalls found on inspection.
- There had been a lack of robust oversight of systems in order to monitor any themes and patterns by the provider and the previous manager.
- The registered provider spoke to us about some immediate actions they had taken to review the current staffing structure, systems and processes in order to improve the effectiveness of the service.

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

- Feedback gathered indicated that people thought the service was well led and flexible to their changing requirements. The staff were excellent, and the service was well liked. One person summarised, "A service with well-trained carers who provide a good standard of assistance and backed up by supportive office management."
- People told us that the assistance and work of the staff helped ensure them safe, healthy and independent living.
- Staff knew how to 'whistle-blow' and knew how to raise concerns with the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- The senior care staff had recently introduced regular staff meetings for their own 'patch' which staff told us were valuable. Minutes of these meetings showed that staff were asked to contribute to discussions about any concerns with the service.
- People were asked to share their views about the service through care review meetings and the use of biannual surveys. The results of the last survey in July 2019 were viewed and were positive.
- People and relatives said they were in regular contact with the office, management and staff enabling them to discuss any issues or problems regarding their care plan.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider failed to ensure the safe management of medicines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to ensure a robust oversight of the service to ensure it was safe and effective. There was a failure to ensure that records relating to a people's support needs were accurate and complete.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider failed to carry out the required checks on staff to ensure they were suitable to work within the service.