

Just In Time Agency JIT Ltd

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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

Just In Time Agency JIT Ltd is a supported living setting, so that people can live as independently as possible. The service was provided in one home where people shared communal areas such as a lounge, dining area and kitchen, and bathrooms. Each person had a bedroom with a bath and toilet. Three people were living at the supported living site who needed support with personal care.

People's experience of using this service

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, Right care, Right culture.

Right support:

Model of care and setting maximises people's choice, control and independence. People could choose the type of care and support they wanted. They had a range of activities available to them and staff promoted their independence.

Right care:

Care is person-centred and promotes people's dignity, privacy and human rights. People received care and support that reflected their individual needs, aspirations and how they wanted to live their lives. Staff respected people's privacy and dignity.

Right culture:

Ethos, values, attitudes and behaviours of leaders and care staff ensure people using the services lead confident, inclusive and empowered lives. There was a relaxed and friendly atmosphere in the service and people and relatives were able to engage with staff who were compassionate and committed to providing quality care.

Pre-assessment of needs were carried out to ensure the service was suitable for people. Care plans and risk assessments were completed and reviewed to ensure people were safe within the service. Staff managed medicines safely. Pre-employment checks had been carried out to ensure staff were safe and suitable to support people. There were enough staff to support people with their needs. People and relatives felt that the service was safe. Staff had training in adult safeguarding and were aware that allegations of abuse must be reported to appropriate authorities. The service had systems in place to prevent and minimise the spread of infections.

Staff had received support and training to perform their roles effectively. 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 had choices of meals and could decide the types of activities to engage in. Staff supported people to have access to healthcare services.

Staff were caring and had a good relationship with people. People were encouraged to be independent and to carry out tasks without support. Staff ensured people's privacy and dignity were respected.

There was a complaints procedure in place and the service met people's communication needs.

Quality assurance and auditing systems were in place to ensure shortfalls were identified and improvements were made.

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

Rating at last inspection

This service was registered with us on 25/09/2018. The service was not rated at our last inspection (report published 12 September 2019).

Why we inspected

This was a planned inspection based on when the service registered with us.

Follow up

We will continue to monitor information we receive about the service until we 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?

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.

Just In Time Agency JIT Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 provides care and support to people living in a '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.

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 took place on 25 November 2021 and was announced. The registered manager was given 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection, we reviewed the information we held about the provider. The provider had completed the provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people about their experience of care provided and observed how staff interacted with them. We spoke with the registered manager and a care manager. The care manager was expected to take over the role of the registered manager after our inspection.

We reviewed a range of records. This included two people's care records and a medicine record. We looked at three staff files in relation to recruitment and staff training. A variety of records relating to the management of the service were reviewed.

After the inspection

We spoke with one relative and two care staff. We reviewed feedback we received from social care professionals. We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures, staff supervision records and the training matrix.

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 not rated. This key question has now been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored. Each person using the service had a risk assessment which detailed possible risks that might happen and actions to be taken by staff to mitigate them. The assessments were specific to each person's needs. This demonstrated the provider had sought to protect people's health and keep them safe from harm. Risk assessments were regularly reviewed to ensure they were relevant to people's current needs. We noted staff had a good understanding of risks to people and how to manage them.

Using medicines safely

- People's medicines were managed safely. Staff administered medicines to only one person at the time of our visit.
- Medicine Administration Records [MAR] showed staff administered medicines as prescribed by GPs.
- Staff had been trained in medicines management and had completed a competency assessment to check their understanding of medicine administration.
- There was one medicine which was only administered as and when required. The service had a protocol for this to ensure it was administered safely.
- There was a medicines' audit system in place to ensure any shortfalls in medicine administrations were identified and remedial action taken to reduce risks to people.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe and protected from abuse. One person told us, "Yes, I feel safe with staff." A relative said, "I feel [person] is safe in the service. [Person] is settled in well there."
- We saw people were comfortable and looked happy when engaging with staff and the registered manager.
- The service had systems in place to minimise the risk of abuse. Safeguarding and whistleblowing policies were in place. This meant the service had systems in place for recording and reporting incidents of abuse. Staff had been trained in safeguarding and understood how to safeguard people from harm. A member of staff told us, "I will report any allegation of abuse to my manager. If I feel my manager has not taken action [to address the allegation], I will report it to the CQC or the police."

Staffing and recruitment

- The service had enough staff to support people safely. A member of staff told us, "We have enough staff at the service." A social care professional wrote, "I found the staffing levels good and sufficient for the care for people when I visited. There was a good mix of both male and female staff on site. I have no concerns in this

regard." We observed there were enough staff to support people. We saw staff were present to engage with and support people when they needed them.

- There was a staff recruitment system in place. Staff records showed pre-employment checks, such as criminal record checks, employment references and proof of the person's identity had been carried out as part of staff employment. We noted staff had completed application forms and attended interviews as part of the staff recruitment process. This ensured staff employed at the service were safe to provide personal care to people using the service.

Learning lessons when things go wrong

- The service had a system in place to learn lessons following incidents. Incidents and accidents were recorded, reviewed and action taken to ensure people were safe.
- The registered manager knew how to manage incidents and accidents. They told us that incidents and accidents would always be investigated to ensure lessons were learnt and minimise the risk of re-occurrence.

Preventing and controlling infection

- Infection prevention and control measures were in place. The provider had enough supplies of personal protective equipment [PPE] such as masks and gloves. A member of staff told us, "We have plenty of PPE at the service." We saw staff used PPE throughout our inspection. Records showed staff had attended training in infection prevention and control.
- There were COVID-19 specific policies and risk assessments for people, staff and visitors. These ensured that the risk of COVID-19 infection was minimised.

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 not rated. This key question has now 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 needs, and choices were assessed. Staff had carried out pre-assessments of needs to ensure the service was able to provide person-centred care to people. Assessments followed best practice guidance, covering people's protected characteristics, and sought information about different areas of people's lives where they may need support.
- Care plans were reviewed every six months or, if needed, earlier to ensure people's current needs were understood and met by the service. One person said, "I have attended a review meeting. I also meet with my keyworker [to discuss my care needs]." A relative told us, "Yes, from time to time they invite me to review care plans. This meant that people's needs, choices and preferences were reviewed to ensure people received effective care."

Staff support: induction, training, skills and experience

- Staff received induction as part of their employment. Staff told us, and records showed, the service provided staff with induction when they started working for the provider.
- Staff had completed essential training and refresher courses to carry out their roles effectively. The service's training matrix showed staff had completed training in various courses related to their roles. A member of staff told us, "I have completed plenty of courses. I am happy with the training I have received."
- Staff had received regular supervision. This gave staff and management an opportunity to review each staff member's care practice and training needs.
- Staff were supported by management to carry out their roles effectively. A member of staff said, "[Registered manager] is good. I get support when I need it."

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

- Staff supported people to eat and drink and maintain a balanced diet. People were involved in choosing their food and planning their meals. A person told us, "I have choices, I can eat what I want." A relative said, "[Person] is not fussy but staff always provide [person] with meals of [their] choice."
- Staff confirmed that people were provided with a diet that reflected their preferences in terms of their culture, faith or medical needs.
- Care plans included details of people's likes and dislikes and the level of support they needed with meals or drinks.

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

- The service worked with other agencies to support people and meet their needs. Records showed the

service engaged with other agencies, including social workers, health care professionals and the police.

- Records showed that people had access to health services such as dentists, opticians and general medical appointments to ensure they were in the best of health.
- People's files included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Staff knew when people were not well and what action to take. We noted there had not been a need for staff to contact emergency service in the last three months.

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.

- The service obtained consent from people to provide care and support. Records showed that where people lacked capacity to sign themselves relatives with legal authority had signed on their behalf to confirm their consent to personal care that the service provided.
- Staff had received training on the MCA and were aware of the principles of the act.
- Staff knew that they had to request people's consent whilst providing personal care. A member of staff said, "I always ask [people] for consent, and tell them what I do with them."

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 not rated. This key question has now 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; equality and diversity

- Staff treated people with kindness and respect. A person told us, "Staff are good, kind and respectful." A relative said, "Staff are really nice, they seem to connect with [the person] well." We observed people were comfortable with staff and there was a friendly atmosphere at the site.
- People were protected from discrimination within the service. Staff understood people should not be discriminated against because of their differences such as race, gender, faith, age or sexual orientation.
- The provider's training matrix showed most of the staff had completed training in equality, diversity and inclusion whilst the rest were booked to undertake the same training. This showed the service ensured that staff had received training in equality, diversity and inclusion.

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

- Staff supported people to be involved in decisions about their care. One person told us, "Staff help me make decisions about most of my care. I can decide about my personal care, activities, going to bed or getting up."
- We observed that people were able to make decisions by themselves. For example, we saw one person got up and have breakfast at the time of their choice. We also noted that the person decided to go to activities of their choice without the need to ask permission from staff. These were all reflected in the person's care plan and risk assessment.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A person told us, "Staff always knocked on the door before entering my bedroom."
- Staff knew how to ensure people's dignity and privacy were maintained, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when supporting them with personal care was important in protecting their dignity.
- People were encouraged to be independent and this was reflected in their care plans. For example, one person's care plan stated, "I can manage my personal care, however, I need prompting to brush my teeth. I am able to travel on public transport independently."

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 not rated. This key question has now 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's care was person centred. Each person had a personalised support plan based on their needs, choices and preferences.
- Care plans were person- centred and included information on what was important to people and how they wanted staff to support them. For example, one person's care plan listed things that were important to them and stated, "I want my support worker to be calm, understanding, supportive, friendly and full of energy [when supporting me]." Staff told us they knew and followed care plans to meet each person's needs.
- Information on people's background life history was included in people's care plans. This allowed staff to know more about people and help them achieve their goals and wishes in their day-to-day life.

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 with activities. We observed a member of staff supporting one person with an activity in the lounge. Another person told us they were going out to meet a friend. They said, "I can travel independently to visit my friend."
- Care plans detailed lists of activities people enjoyed, and these included, playing indoor games, going for a drive, swimming, eating out and bowling. A person and a relative told us people took part in these activities.
- Staff supported people to develop and maintain relationships. One person had a partner who they were supported to visit. Staff also supported people to keep in touch with relatives.

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 communication needs were documented in their care plans. This included how people wanted staff to communicate with them. For example, one person's care plan stated, "I have my own words which staff understand." We observed staff communicated with people effectively. The registered manager told us they had employed staff who could communicate with people in languages other than English. They told us they had facilities to provide documents in easy-read format when needed.

Improving care quality in response to complaints or concerns

- There was a complaints procedure. We noted the registered manager had received one complaint since the service was registered with the CQC. This was recorded, investigated and responded to by the provider.
- People and relatives knew how to make a complaint. One person said, "If I am not happy, I will talk to staff." A relative told us, "If I want to make a complaint, I will speak with the manager or I will go to the social worker."

End of Life care and support

- The service did not support people with end of life care. The registered manager told us they would ensure staff had relevant training and knowledge before end of life care was provided at the service.

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 not rated. This key question has now 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.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a good manager. People, relatives and staff were happy with the provider, who was also the registered manager. A person said, "I like [the registered manager]." A relative told us, "The manager is good, I am happy with the way the service is managed. Staff told us they were happy working at the service."
- The registered manager was clear about their role and understood risks and regulatory requirements. They told us all new staff underwent induction and training which would ensure that they were clear about their roles and would provide high quality care.
- The registered manager was supported by a care manager, who had been a registered manager at another care service. We were advised that the current registered manager would cancel their registration but would remain as a nominated individual whilst the care manager would apply to become the registered manager. Both the registered manager and care manager were present throughout the site visit and both were keen to demonstrate their ambition and commitment to running a high-quality person-centred service.
- The service had developed a quality assurance system, which included questionnaires. The questionnaires were yet to be distributed to people, relatives and the staff, however, we noted that feedback from people and relatives was obtained through meetings, telephone calls and emails. This was confirmed by one relative.
- The provider had various auditing systems in place to ensure the service was run effectively. These included audits of care plans, medicines, risk assessments and health and safety.

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

- The service had arrangements in place to ensure people were involved in their care. Staff regularly discussed and reviewed people's care needs. This allowed people to identify and receive support that met their current circumstances.
- Care plans included information on people's background life history, which staff were aware of and able to support them.
- The service took equality and diversity seriously. The registered manager told us they had taken people's support needs into consideration, for example, gender and culture, when they employed staff.
- Staff at the service sought to continuously learn through their access of specialist websites, attending meetings and training, and keeping themselves up to date with new social care policies and practices. A

care professional wrote, "[Staff] have come to me for advice when they felt unclear [about care related issue]."

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 aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.
- Relatives and care professionals commented positively about how management were open and transparent. A relative said, "The manager is open. [They] respond to my queries quickly." A care professional stated, "Based on my observation and interaction with the management of the service, I have found [them] very good. They are open and transparent."

Working in partnership with others:

- The registered manager worked with various health and social care professionals to provide effective care to people.
- There were positive comments from professionals. One professional told us, "There is good communication between us, the service always sends me incident reports and update me of any contact [they had] with the police or emergency services."