

Just In Time Agency JIT Ltd

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Inspection report

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12 September 2019

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Just in Time Agency is a service which provides support to people in their own home. At the time of our inspection there was one person using the service. The registered manager was the only staff member and was solely responsible for providing care to the person.

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

The person felt safe and the registered manager knew how to protect them from abuse and avoidable harm. The person was protected from the risk and spread of infection.

The registered manager arrived for pre-arranged visits on time and stayed for the length of time agreed. He had received training in areas relevant to his role. The person was supported in a way which helped to maintain their health.

The person's needs were assessed and they received care which met their needs. The person was satisfied with the quality of care they received. The registered manager was kind and caring and treated the person with respect. The person was supported to have maximum choice and control of their life and the registered manager supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager understood the responsibilities of their role.

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

This service was registered by the CQC on 21/09/2018 and this was the first inspection. The service was not given a rating because there was not enough information available at the time of the inspection to make a judgement and award a rating.

Why we inspected

We inspected Just in Time Agency on 12 September 2019. This was a planned inspection in line with our inspection programme.

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?

Inspected but not rated.

Inspected but not rated

Is the service effective?

Inspected but not rated.

Inspected but not rated

Is the service caring?

Inspected but not rated.

Inspected but not rated

Is the service responsive?

Inspected but not rated.

Inspected but not rated

Is the service well-led?

Inspected but not rated.

Inspected but not rated

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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 took place on 12 September 2019 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 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.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included one care file, training

records and other information relating to the management of the service.

After the inspection

We spoke with a relative of the person using the service.

Is the service safe?

Our findings

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

The service was inspected but not rated.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- The person using the service was safe being supported by Just in Time Agency.
- The registered manager had been trained in how to protect people from abuse. He knew how to recognise the signs of abuse and how to report any concerns.
- There had not been any safeguarding concerns raised since the provider registered with the CQC.
- The person's care was planned to minimise the risk of avoidable harm. An assessment was undertaken when the person started using the service to identify any risks to their safety. There was clear guidance recorded on how to minimise the risks identified.

Staffing and recruitment

- No staff had been recruited by the provider. We were therefore unable to look at the provider's recruitment process and whether appropriate checks were carried out before staff began to work with the person.
- The registered manager had systems in place to make sure suitably experienced replacement staff were available if he was not able to attend scheduled visits with the person.

Using medicines safely

- The provider was not responsible for supporting the person their medication. However, the provider had appropriate systems in place to help make sure that people would receive their medicines safely when more people started to use the service.

Preventing and controlling infection; Learning lessons when things go wrong

- The person was protected from the risk and spread of infection because the registered manager followed current guidance about infection control.
- There had not been any accidents or incidents since the provider registered with the CQC. However there were systems in place to record, review and analyse any accidents and incidents.

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.

The service was inspected but not rated.

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

- The person's needs had been assessed before they began to use the service. The assessments formed the basis of the person's care plans.
- The person's care plan was designed to maintain their health and achieve effective outcomes.

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 with appropriate legal authority.

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 registered manager understood their responsibility in relation to the MCA.
- The person using the service was fully in control of their life and made their own decisions about their care and the way it was provided.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet

- The person was supported to keep healthy and well.
- The registered manager was able to identify changes in the person's health conditions.
- The service did not support the person with their meals.

Staff support: induction, training, skills and experience

- The registered manager had attended training courses in topics relevant to their role.
- No staff were employed so we were unable to check the effectiveness of the provider's arrangements for supporting staff through induction, training, supervision and appraisal.

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.

The service was inspected but not rated.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- A relative told us, "I am happy with the way [the person] is being cared for. She is comfortable and happy."
- The registered manager told us, "[The person] is very capable so I only assist her with the thing she cannot do for herself."
- A relative told us, "[The person] really values her independence and I think they've come to an understanding so that she still does as much as she can for herself."

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

- The person made decisions about their care as part of the care planning process and in making day-to-day decisions such as what they wanted to wear.
- Care plans recorded the person's views and how they wanted to be supported.

Is the service responsive?

Our findings

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

The service was inspected but not rated.

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

- The person's individual care needs had been identified and care plans had been developed. The registered manager told us the person's care plans would be reviewed every year or when there was a change of circumstances, with the involvement of the person.
- The person was supported by the registered manager who knew them well, understood their needs and how they preferred their care to be provided.
- The person was satisfied with the quality of care they received and felt in control of how their care and support was provided.

Meeting people's communication needs

Since 2016, all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (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.

- We saw the provider was adhering to the AIS principles. The provider recorded details of any communication needs and how best to communicate with the person.

Improving care quality in response to complaints or concerns

- Although there had not been any complaints, the provider had a system in place to record, investigate, respond to and monitor complaints.

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.

The service was inspected but not rated.

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

- The registered manager fully understood their role and responsibility to protect people from harm and provide high quality care. They told us about the systems in place to check the quality of care when the service was employing staff and supporting more people.
- The registered manager assessed the risks relating to the health, safety and welfare of the person; these risks were well managed.
- The registered manager understood the importance of arriving at the person's home on time, staying for the time agreed and providing care in line with the person's wishes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 understood the importance of involving people in the care planning process as an aid to providing personalised care.
- The registered manager had a good understanding of what was required to meet the regulations.
- The registered manager understood their responsibility to be open and honest if an accident or incident occurred.

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

- The person was involved in making decisions about their care and was in control of the way their care was provided.
- The registered manager understood the importance of treating people equally and respecting and valuing people's differences.
- The registered manager had established a good working relationship with the person and their relatives.