

Ajustar 24 Care 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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Ajustar 24 Care Limited is a domiciliary care agency providing personal care to people living in their own homes or flats. The domiciliary care agency is registered to provide a service to people over and under the age of 65 years old, some of whom are living with dementia. The agency also provides 24-hour live-in support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, nine people were using the service.

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

The provider's quality assurance framework failed to consistently identify shortfalls or recognise how improvements could be made. We have made a recommendation for improvement.

People and their relatives spoke highly of the care provided. One relative commented, "The carers are lovely and so friendly. They always put a smile on my loved one's face." People felt safe in their home and with the staff who supported them.

People were involved and given choice about their day-to-day care and support. Staff treated people with dignity and respect. People received care that met their individual needs and preferences. People's care plans were reviewed and updated regularly to reflect their current needs. Staff had received training in equality and diversity. Care plans indicated people's religious, cultural beliefs and other protected characteristics.

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 using the service, their relatives and staff felt able to speak with the registered manager and give feedback about their experiences.

A recruitment process was in place to ensure staff were suitable for their role. Staff had completed an induction and received training which prepared them for their role. Staff skill and knowledge was checked by the registered manager.

People and staff found the registered manager to be approachable and felt confident that if concerns were raised, these would be addressed in a timely manner.

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

Rating at last inspection

This was the first inspection of the service since they were registered with us on 20 January 2021.

Why we inspected

This inspection was prompted by a review of the information we held about this service

Follow up

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

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 safe.

Details are in our safe findings below.

Good ●

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 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 ●

Ajustar 24 Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Ajustar 24 Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

In line with our new approach we gave short period notice of this inspection and explained what was involved under the new methodology. Inspection activity took place on 11 May 2022

What we did before the inspection

We looked at all the information we held about the provider, which included information they provided us

when they were registered. On this occasion, the provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with one person who used the service; six relatives, six care workers, the registered manager, deputy manager and two homecare coordinators. We reviewed a range of records. This included nine people's care records. We looked at three 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.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the care and support provided. One relative told us, "100% they are safe in the care of the live in-carer. We now feel comfortable going away knowing that they will be well supported and looked after."
- Systems were in place to protect people from the risk of abuse. Staff had received safeguarding training and their competency and knowledge around safeguarding was regularly discussed during supervision. Whilst there had not been any safeguarding concerns raised, staff were aware of how to recognise signs of abuse and how to report any concerns should they arise.

Assessing risk, safety monitoring and management

- Risks to individuals and staff were identified and well managed. Where people displayed anxiety and distress, staff were knowledgeable on how best to support them. Further work was required to ensure documentation clearly reflected the actions taken by staff to keep people safe. We have further reported on this in the 'Well-Led' section of the report.
- Staff managed the safety of the living environment and equipment through regular checks to minimise risk. Environmental risk assessments considered any factors which might impact upon a person's ability to safely mobilise within their own home.
- Staff recognised the importance of leaving a person's home safe and secure following a care call. One staff member told us, "I always make sure that windows are closed, doors locked and the key is safely back in the key safe."

Staffing and recruitment

- Safe recruitment practices were in place to ensure people were supported by suitable individuals. This included obtaining references from previous employers, checking staff's identity and eligibility to work in the UK, and undertaking criminal records checks.
- The provider had an electronic care monitoring system which enabled them to monitor when staff arrived for care calls and if staff were running late. Weekly and daily checks were completed by the management team to monitor staff's punctuality.
- There were enough staff employed to provide care. The provider was also completing a large recruitment drive to ensure that they had sufficient staff numbers to safely provide care and support.
- Relatives and people were generally positive about the punctuality of staff. One relative told us, "They always let us know who will be providing care whilst the live-in carer has a break and they are always on time." A couple of relatives whose loved ones had recently starting using the service fed-back that their had been some teething problems when the care first started with staff running late but things were improving now.

Using medicines safely

- People were supported to take and manage their medicines in a safe way. Staff had completed training in the safe administration and management of medicines and the registered manager had assessed their competency to administer and manage medicines safely.
- People's care plans detailed what level of support people required from staff, if any. Care plans also included a list of medicines people took, any allergies and who was responsible for ordering and disposing of medicines. Medication risk assessments were completed which considered whether the individual could safely administer their medicine or not.
- Relatives felt confident that staff members supported their loved ones to take their medicines on time and in a person centred manner.

Preventing and controlling infection

- There were systems to help prevent and control infection. These included policies, procedures and training for staff.
- People using the service and their relatives told us care workers wore personal protective equipment (PPE) such as gloves and masks, and had good hygiene practices, such as hand washing. Staff told us they had enough PPE.
- The management team carried out checks which included observations to help make sure staff were following infection prevention and control procedures.
- Policies and procedures included updates regarding COVID-19 and information about this was shared with staff. The provider also made sure staff were following government guidance regarding COVID-19 testing.

Learning lessons when things go wrong

- An incident reporting process was in place and staff knew how to report and record any concerns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service. The registered manager met with them, and their relative, to discuss their needs and the support they wanted. Relatives spoke highly of the assessment process. One relative told us, "The manager came and met with us and we went through everything together, even the little details."
- Information relating to people's health and medical needs, routines, likes, dislikes and preferences was obtained during the assessment process and used when writing the care plan. People and their relatives told us they had been involved in this process and felt they had been listened to.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. Staff completed a range of face to face and online learning. One staff member told us, "The training is very good."
- Relatives also praised the competency and skills of the staff. One relative told us, "They are highly skilled and trained."
- Staff told us they completed an induction which prepared them for their role. This included shadowing other staff, getting to know people in their home and familiarising themselves with policies and procedures. The management team completed spot checks of staff skill and practice to ensure this remained a good standard.
- Before staff provided care to an individual in their own home, staff told us how they would receive a handover from the management team which provided them with the key information that they needed to know.
- Where people received support from a live-in carer, staff were always introduced to the person before providing any support to enable the live-in carer to have a break. One relative told us, "The consistency and continuity of staff has been amazing. They always introduce the new staff member beforehand so that my loved one is used to them. It means that they are never supported by an unfamiliar face."
- Care and support was provided to a number of people living with dementia. Staff had received training on dementia and relatives spoke highly of their understanding and compassion. One relative told us, "Their understanding of dementia is great. Often they are reassuring us." One staff member told us, "You have to remember that how an individual may be behaving is not them, it is their dementia. We have to be able to see them."

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

- Where people required support with nutrition or hydration, this had been assessed and planned for.
- People and their relatives told us the staff helped to prepare meals and this help was appropriate. One

relative told us, "They are eating much better and putting on weight due to the support of the carers."

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

- There was information about people's healthcare needs within their support plans. This included known signs and warnings to be aware of that someone's health was deteriorating and who the staff should contact if they identified this.
- Staff and management worked in partnership with healthcare professionals to enable people to safely remain living at home. For example, staff recently worked with healthcare professionals to increase an individual's package of care to avoid a hospital admission.
- Staff worked in partnership with healthcare professionals such as GPs, physiotherapists and district nurses to help promote positive outcomes for people. Staff recently noticed that one person was refusing their medicine. They contacted the GP who changed their medicine to soluble solution (dissolvable tablets) as it was identified that the individual was struggling to swallow the tablets.
- Healthcare professionals spoke positively of Ajustar 24 Care Limited, praising the management team's communication skills and efficacy in escalating healthcare concerns.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- Staff had received training in the MCA and had a good knowledge of this. Staff recognised the importance of offering choices and involving people in decisions about their care and respected decisions made.
- People and their relatives confirmed that staff sought permission before providing support. One relative told us, "They always check that it is ok for them to assist and support my loved one."
- Mental capacity assessments had been completed where required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives were complimentary of the kind and caring nature of the staff. One person told us, "They are just so lovely." One relative added, "The service has been outstanding, just seeing how they care for her with such sensitivity and dignity."
- Staff understood and promoted equality and diversity amongst people. Records indicated people's protected characteristics such as religion, culture, gender, sexuality, disability and race were covered as part of their need's assessment. Where people made a preference for staff based on gender or culture to meet their needs, this was accommodated.
- Staff spoke with compassion and dedication about their role. One staff member told us, "I love getting to know the clients, talking to them and learning about their history. For me, the role is about supporting them as I would support my own Mother."

Respecting and promoting people's privacy, dignity and independence:

- Staff recognised the importance of promoting people's independence. One staff member told us, "I always encourage people to do as much for themselves possible. It is important that we promote autonomy and dignity."
- People and their relatives confirmed that staff treated them with the upmost dignity and respect. One relative told us, "They treat her with such dignity and respect. Her dignity is never compromised." Another relative added, "They are patient with her, encourage her to do as much for herself and treat her with dignity."

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

- People were involved in deciding how their care was provided. The registered manager and management team undertook checks with people and their relatives to review how their care was going and if any changes to their care were required.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 received care which met their needs and reflected their preferences. People and their relatives told us that they were happy with the care provided. One relative commented, "I cannot praise them enough."
- The registered manager met with people and their relatives to assess their needs and plan their care. Care plans were personalised and included information about people's wishes and preferences.
- People and their relatives spoke highly of the care planning process. One relative told us, "I've been able to go through the care plan and make sure I am happy with it."
- People's care was regularly reviewed to ensure the package of care remained responsive to their needs. Any changes to care were promptly shared with relatives, people and healthcare professionals.
- Staff recognised the importance of companionship and supporting people to minimise the risk of loneliness. Where required, staff supported people to access the local community. During care calls, staff recognised the importance of chatting to people and learning about their life history. One relative told us, "They always chat away and look at old photographs together."
- Relatives praised staff members skills and abilities to engage and support their loved ones living with dementia. One relative told us, "They have a strong understanding of dementia and how to keep my loved one engaged and occupied. Care plans included clear information on people's life history alongside hobbies and interests."

Meeting people's communication needs

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

- People's care plans included their communication needs and how best to achieve effective communication. Where people used hearing aids or wore glasses, care plans reminded staff to support them to have them on.

End of life care and support

- No one was being cared for at the end of their lives at the time of our inspection. People's care plans included information about what was important to them and any specific requirements they had should they need this care in the future.

Improving care quality in response to complaints or concerns

- No complaints had been received since the service started operating. Nevertheless, relatives knew how to make a complaint and felt should they need to make a complaint that these would be listened to and dealt with.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. 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

- Quality assurance checks completed by the provider were not always effective at identifying improvement or recognising shortfalls.
- The registered manager and management team completed regular spot checks, supervisions and reviews of packages of care. However, these forums were not always effective in identifying how improvements could be made. For example, where individuals experienced distress or anxiety, care plans lacked clear and consistent guidance on how staff should support them. Whilst staff members were clear and knowledgeable on the steps required, care plans lacked detail. For any new members of staff, this increased the risk of them not knowing how to safely and effectively support the individual and increased reliance on verbal feedback and handover from other staff members.
- Medicine audits were completed on a regular basis. However, these lacked details. For example, the audit failed to identify what was looked at and what the findings were. One individual was prescribed 'as required' medicine. Staff and management were clear on how to best to support this individual with this medicine, however, care documentation lacked information on how to assist and support the person. For example, whether the individual could ask for the medicine themselves. Medicine audits failed to identify this shortfall. This was discussed with the registered manager who took action to address this.
- Some relatives had installed home surveillance within their loved one's property. Staff and management were aware of the home surveillance and spoke positively of the impact of it. However, the care planning process and risk assessments failed to consider and assess the use of home surveillance on the individual's privacy, dignity alongside the staff's members right to privacy. The provider's quality assurance framework failed to identify and act on this shortfall. This was discussed with the provider during the inspection who took action to address this.

We recommend that the provider seeks guidance from a reputable source on how to operate and implement an effective quality assurance framework.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture at the service. Staff spoke highly of the management team and felt supported within their role. One staff member told us, "We are looked after as a staff team. Anything I am not happy about they rectify and support us."

- People and their relatives praised the service. One relative told us, "We have struck lucky with them." Another relative told us, "100% I would recommend them. My loved one is so much happier since they have been looking after her."
- Staff and the management team recognised that for many it can be daunting having carers live in your own home. Relatives spoke highly of the transition and how staff made people feel relaxed and comfortable. One relative commented, "My loved one was very much anti-carers. Didn't want them. However, as soon as they started receiving care, they said, I should have had them ages ago. They were amazing and as my loved one said to me, they treat me like the Queen."
- The registered manager and management team had regular contact with people using the service and staff to ask for their feedback and to check they were happy with the service. This contact included visits to people's homes and asking staff to complete surveys about their experiences. One relative told us, "They asked us recently if there was anything else, they could do, honestly, there wasn't anything. They are fabulous."
- Staff's views and opinions were valued and recognised. In response to staff feedback about the cost of fuel prices, the management team increased staff pay to ensure that they felt listened too and valued.

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; Continuous learning and improving care

- There were a range of policies and procedures which were regularly reviewed and updated. Staff had information about these. There were regular meetings with staff to keep them informed about changes in guidance.
- The provider had a policy regarding duty of candour and the registered manager they needed to be open and honest when things went wrong.
- The registered manager and staff team welcomed feedback. The registered manager told us, "Feedback is what motivates and drive us." Whilst the service had not received any complaints since operating, the registered manager recognised that any type of feedback, including complaints would act as a forum to drive improvement.

Working in partnership with others

- Staff and the management team worked closely with other healthcare professionals and agencies. One healthcare professional told us, "As an agency they are great with communication and will ask for their own feedback. They seem to offer great reassurance as well as high level care to clients and their families. In particular we have matched them to families where there has been previous agency/family breakdown and Ajustar have been quick to respond and build very positive relationships and pick up packages of care."
- Staff recognised the importance of open and honest communication. For example, where staff members supported live-in carers to have a break during the day, staff received a robust handover at the start of the call and also provided a handover at the end of the call back to the live-in carer. Relatives spoke highly of the communication between staff members. One relative commented, "When her primary carer has two hours off each day and another carer comes in. My mum always knows the other carer and the handover between the carers I cannot fault. When the primary carer has time off, they always introduce the carer taking over beforehand so it's not a shock and my mum knows the carer taking over. The handover process is faultless."