

AJB Care Limited

# AJB Care Ltd

## Inspection report

31 Churchfield Lane  
Darton  
Barnsley  
South Yorkshire  
S75 5DH

Tel: 01226380038

Date of inspection visit:  
16 May 2023  
17 May 2023

Date of publication:  
01 June 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

AJB Care Ltd is a domiciliary care service providing personal care to people with a range of support needs, living in their own homes. 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 this inspection the service was supporting 44 people with personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

People, and those who knew them well, were included in planning their care to ensure it met their needs and took account of their wishes.

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.

### Right Care:

Risks associated with people's care and support had been identified and were being monitored. An analysis of accidents and incidents was in place, to ensure that all incidents effectively analysed to ensure lessons were learnt.

People were safeguarded from the risk of abuse. The service had recruitment processes in place to ensure suitable staff were employed. Medicines were managed effectively, and the provider ensured all infection control measures were followed by staff. The service's arrangements for controlling infection were effective. Feedback about consistency of support workers was that they were reliable and in the main arrived on time, although some people said the timing of visits was sometimes inconsistent. None of these visits were time critical, but we fed back to the registered manager these comments, so they could monitor staff visit times more closely.

### Right Culture:

Staff recognised when people needed support from other services, and they sought advice and assistance if they were concerned about people's health.

People who used the service were satisfied with the care and support they received.

Audits and checks of documents and systems helped ensure continuous learning and improvement. People, their family members and staff had regular opportunities to provide feedback about the service and there was an effective complaints process in place.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement and there was a breach of the regulations (report published 25 March 2019). The provider completed an action plan after that inspection to show what they would do, and by when, to improve.

The service was inspected but not rated at our inspection (report published 1 October 2020). The service had improved but there was still a breach of the regulation made in 2019.

At this inspection we found the provider had made improvements. The overall rating for the service has changed from requires improvement to good.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. This inspection was also carried out to follow up on action we told the provider to take at the last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for AJB Care Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# AJB Care 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 inspectors 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 houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 16 May 2023 and ended on 17 May 2023. We visited the location's office on 16 May 2022 and made telephone calls to people and relatives on 16 and 17 May 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used information gathered as part of a monitoring activity that took place on 14 February 2023 to help plan the inspection and inform judgements.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke over the telephone with 7 people who used the service and 6 family members. We emailed 6 staff to ask a range of questions. We spoke with 2 care staff in person, a care supervisor, and the registered manager of the service. We visited the office location to review written records. We looked at 3 people's care records. We checked records relating to the management of the service including staff files, policies and procedures and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the providers systems were either not in place or were not robust enough to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and to ensure accurate or contemporaneous (medicine) records were kept in relation to each person.

This was a breach of regulation 17 (1) of the Health and Social Care Act 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Medicines were managed safely at the service.
- People's support plans had clear guidance around how to support people with their medicines and medication administration records (MARs) were well maintained.
- All staff completed regular medicines training and refresher courses.
- Staff medicines competency was regularly assessed to ensure their skills remained up to standard.
- Regular audits of medicines records were completed and any issues with documentation addressed with appropriate actions.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The service had safeguarding procedures in place to report concerns to the relevant professionals including the local authority and the CQC.
- People told us they felt safe. People said, "I do feel safe. I can walk a bit now and they encourage me to be independent but are there if I need help" and "I do feel very safe with them." A relative said "I do feel [named relative] is safe, staff are polite and chatty, and they get on well with [name]."
- Staff had completed training in safeguarding people. Staff knew how to recognise signs of abuse or neglect and were knowledgeable about the procedure for reporting safeguarding concerns.

### Assessing risk, safety monitoring and management

- Risks relating to people's health and safety were assessed and well managed. Assessments were detailed and regularly reviewed.
- The service ensured people lived and staff worked in a safe place. Environmental risk assessments were completed, and equipment was checked to make sure it was safe to use.
- Staff were appropriately trained and knew how to support people safely. They told us they received relevant information and updates about any changes in how risk should be managed.

### Staffing and recruitment

- The provider had a well-organised recruitment process. Pre-employment checks, including a Disclosure and Barring Service (DBS) check were completed to ensure people recruited to the service were of good character. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives were mainly positive with the care calls and consistency of staff. Some people told us AJB was their new care provider after their previous home care agency had ceased trading, meaning there was still a settling in period. Some people did say they would like more consistent call times. These calls were not time critical (calls which needed to be at a specific time e.g. for the safe administration of medicines) but people said they would just like more consistency. People and relatives told us, "They come twice a day, the transition went quite well with nothing to make us aware of a change really," "AJB are fantastic. I have four visits a day and they are always on time", "I have only been having care for a few weeks, so I don't have much to say but I do get the same carer", "He prefers earlier calls but when they are later it means he is hanging around" and "The carers all seem competent and kind and treat him well."
- We discussed with the registered manager people's comments on timings of visits. They confirmed they would continue to monitor calls times and look at staff rotas to see if improvements could be made.

### Preventing and controlling infection

- People were protected against the risk of infection. Staff were trained in infection prevention and control and the correct use of PPE.
- The provider and registered manager had ensured staff had access to appropriate PPE to protect people during the COVID-19 pandemic. They kept up to date with changes to government guidance including around staff testing for COVID-19 and use of PPE.

### Learning lessons when things go wrong

- The registered manager had systems to ensure lessons were learned from safety incidents. Lessons learned from any incidents were shared with the staff team to ensure people and staff remained safe.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider did not have systems in place or were not robust enough to assess, monitor and improve the quality and safety of the service or to ensure accurate and contemporaneous records were kept in relation to each service user. This was a continued breach of Regulation 17 (1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider's governance system and audits identified issues which impacted upon the quality and safety of the service. A number of audits and checks were completed to help ensure continuous learning and improvement. The audits included the identification of any issues and actions to address them.
- Spot checks and competence evaluations were completed with staff regularly. This helped management understand where further training, mentoring and support was required. Staff told us how they enjoyed working at the service and felt supported by the registered manager and provider. One staff member said, "Since starting here the managers at AJB have been really helpful, supportive and approachable."

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

- The feedback from people and relatives about the service and management team was very positive. Comments included, "They know who 'I' am and I'm not just a number" and "We are very happy; they know [name] well and she is happy with them, she likes them a lot, so they all get on well together."
- The majority of people and relatives told us they usually had regular contact with the registered manager, supervisor, or provider so were able to provide feedback about the service. Relatives said, "I haven't had to make a complaint, but I know how to, and I would if I needed", "If I did raise something I know it would be dealt with properly" and "I have no concerns as I can always get hold of them even out of hours there is someone to speak to." Two people and a relative felt communication between 'the office' and themselves could be better, saying on one occasion a call wasn't returned. A relative told us, "Once I rang to say that we didn't need a visit, but they didn't get the message passed on and so staff still turned up. It was sorted satisfactorily though." We fed this information back to the registered manager who gave assurances

communication would be improved and provided us with details of the 'on call' system the agency had in place.

- We saw written feedback from people and relatives on how the service was being run or what could be done better to drive improvements. We saw the feedback in these surveys was also very positive. This information was collated and feedback to people and their families annually so people could see any improvements made as a result of their feedback had been implemented.

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 and provider understood their responsibility under the duty of candour. This is a set of requirements that providers of services must follow when things go wrong with care and treatment.
- The provider was aware of their regulatory responsibilities and understood how and when to submit information to the CQC.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, GPs, and district nurses.