

PJ's Community Services Limited

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Inspection report

CVA Resource Centre
82 London Road
Croydon
Surrey
CR0 2TB

Tel: 02082396911
Website: www.pjsgroup.co.uk

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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

This inspection took place on 14 December 2016. The provider was given 48 hours' notice of the inspection because the service provides domiciliary care and we needed to be sure the manager was available. The service was meeting the Regulations at our last inspection.

PJ's Community Service Limited provides care and support to approximately 14 adults with varying needs in their homes.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with this service. Staff understood their responsibilities in relation to reporting abuse and had attended relevant safeguarding training. Risk assessments reflected people's needs and supported staff to provide safe and appropriate care and support. There were sufficient numbers of suitable staff to meet people's needs. Staff went through an appropriate recruitment process before being employed. People's medicines were administered and managed safely where required.

Staff received regular training and management support. Training included an induction process for new members of staff and refresher training for existing staff. Training, management supervisions and appraisals took place periodically. The service was working within the principles of the Mental Capacity Act. People consented to their care and support.

People and relatives told us staff were caring and treated them with dignity and respect. The service supported people to be involved in planning their care and support. Staff respected people's dignity and privacy and encouraged people to be as independent as they wanted to be. Staff encouraged and enabled people to make choices and respected people's preferences.

The service was responsive to people's needs. Other than urgent placements, people's needs were assessed before the service started providing care and support. Care and support plans were person centred and identified needs and preferences. The service encouraged feedback from people and their representatives about their experiences of the service. The service had an appropriate system for dealing with complaints.

People, relatives and staff spoke positively about the registered manager. There were systems to obtain feedback from staff including staff meetings. Any accidents or incidents were reviewed by the registered manager to identify and implement any learning or improvements. There were systems and processes to monitor and assess the quality of service provided. Records were fit for purpose.

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. Staff understood safeguarding procedures. Risk assessments ensured people using the service and staff were safe. There were sufficient numbers of suitable staff to meet people's needs. Medicines were managed safely.

Good ●

Is the service effective?

The service was effective. Staff were appropriately trained and supported. People consented to care and support and the service respected the principles of the Mental Capacity Act.

Good ●

Is the service caring?

The service was caring. People were treated with dignity and respect and supported with their preferences and independence.

Good ●

Is the service responsive?

The service was responsive. Care and support was responsive to people's needs. There were systems to obtain people's feedback including a complaints process.

Good ●

Is the service well-led?

The service was well-led. Staff were enabled to provide feedback about the service. Systems were in place to monitor and assess and improve service provision.

Good ●

PJ's Community Service Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 December 2016.

The provider was given 48 hours' notice of the inspection because the service provides care and support to a small number of people and we needed to be sure the registered manager would be available to speak with us.

The inspection was carried out by an adult social care inspector.

Before the inspection, we looked at information we held about the service.

During the inspection we spoke with the provider and the registered manager. We looked at four records about people's care and support. We reviewed three staff files, policies and procedures, meetings and service audits.

After the inspection we spoke with six people using the service or their representatives and four members of staff.

Is the service safe?

Our findings

Staff were aware of the different types of abuse and understood their responsibilities to protect people from the risk of abuse or harm. Staff told us they had completed safeguarding training and this was confirmed in staff records. One person using the service told us, "She [member of staff] looks after me and keeps me safe." Another person said, "I feel safe."

Care was planned and delivered in a way that minimised the risks to people using the service and staff. Assessments were completed for people in relation to risks encountered in their everyday lives. We looked at these assessments and saw they were specific to each person and reflected their needs. They covered a range of situations such as moving and handling, falls, nutrition and hydration, pressure ulcers and medicines. The assessments ensured staff were aware of risks and were provided with guidance on how to minimise them when providing care to people.

We saw these assessments were reviewed regularly and they responded to changes in people's needs. Staff delivering care identified new risks. For example, staff identified damp in one person's home which can increase the risk of respiratory conditions, respiratory infections and allergies. The service contacted the landlord for the property to rectify the problem. There were assessments of where people lived to ensure staff could deliver care and support safely and effectively.

There were sufficient numbers of staff to meet people's needs. People told us staff were punctual and on occasions when there was a problem or a delay they were informed. There were no complaints about timeliness. Staff lived in the area where they worked reducing travelling time and contributing to punctuality. Staff tended to support one person which meant they were not rushing out to travel to other clients. The registered manager told us they had a low staff turnover and absence rates were very low.

We found the service had recruitment systems in place to ensure suitable staff were employed. These included checks by the Disclosure and Barring Service which identify people who are barred from working with children and vulnerable adults and any criminal convictions. Staff were not employed until the recruitment process had been completed.

The service had training, policies and guidance to ensure staff could manage medicines safely. This ensured those staff who had to manage medicines for people were competent to do so. Where appropriate people or relatives were responsible for medicines. Where staff managed medicines service policy provided clear directions about maintaining records. Administration of medicines was recorded on a medicines administration record.

Is the service effective?

Our findings

People were cared for by staff who had the knowledge and skills they needed to deliver safe and effective care. We spoke with staff who told us they had regular training and we confirmed this when we looked at staff files. Training covered areas such as safeguarding, moving and handling, health and safety, medicines and infection control. Training was flexible so that staff could meet people's specific needs. Any new staff joining the service had to complete an induction comprising training and shadowing experienced staff for two weeks. The service had not recruited any new staff in recent times.

We found staff received regular supervision sessions and appraisals. The registered manager held one to one supervision sessions with staff every three months or so to discuss their performance and identify if staff wanted or required training in relation to their role. The registered manager regularly spoke with staff at the office when they handed their timesheets in. Staff also received an annual appraisal.

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. We checked whether the service was working within the principles of the MCA. At the time people using the service had capacity but the registered manager assured us they had a good understanding of MCA and would work with the directions of the placing authority.

People were supported to have a healthy diet reflecting their needs and included in the care package. Any details were recorded in care plans where there were appropriate assessments of their nutrition and hydration needs. One person using the service told us, "I have problems with my digestion but staff understand what to do."

People were supported with their health needs and were referred to healthcare professionals when necessary. Each person's care plans contained an assessment of their health to ensure the service could meet their needs. Contact details of relevant healthcare professionals were recorded and readily available to staff delivering care or to office staff providing support. When we asked one member of staff told us the full healthcare history of one person they were caring for.

Is the service caring?

Our findings

People using the service spoke positively about the registered manager and the staff delivering care and support. One relative told us, "We have no complaints, [name of relative] gets on well with the carer." Another relative said, "Everything seems to be okay. So far I can't complain." One person using the service told us, "She looks after me, does my shopping. I ring her if I need anything." A member of staff told us, "I love my job and my client. I get on very good with her." Another member of staff said, "It's excellent, I enjoy it. We get along very well with the clients, they appreciate the care we give." Another one told us, "I am very happy at PJ's. I treat my clients like I would my grandparents."

We found people and their relatives were supported to express their views and be involved in planning the care and support provided. We saw evidence of consent in care plans. We noted entries in records of people's views about their support needs. People using the service and relatives confirmed they were involved in their care through daily contact with care workers and periodic reviews by the registered manager. The registered manager visited people using the service to check care was being delivered appropriately and to ensure people were happy with the service being delivered. A member of staff told us, "[The registered manager] comes around and checks what we are doing."

We found staff respected people's privacy and dignity. We asked staff how they did this. We were told they ensured people could not be seen by others when delivering personal care and where possible turned away. One person told us, "It's fine, they treat me with dignity and respect. I have the same carers most of the time." The fact that people using the service generally received care from the same care worker(s) meant they were more at ease with staff and trusted them. The registered manager told us the concept of dignity and respect was ingrained into staff starting with induction.

People were encouraged to maintain their independence in a way that was comfortable for them and was what they wanted to do. One person was regularly taken out during the daytime to visit a day centre where they had many friends. This enabled them to experience regular physical and verbal contact with people they knew and which would not be possible without the support of the care workers. Although care packages did not support other people to be taken out regularly, independence was promoted in other ways such as in the delivery of everyday care. For example, one person needed assistance to wash some parts of their body. They were encouraged to wash those parts they could when it would be quicker for the care worker to do so.

Staff enabled people to make choices and encouraged them to do so. Both people and staff spoke about people choosing what they wanted to do and when they wanted to do it. This included what and when they wanted to eat, clothes to wear, where to sit and where to go. At the time of the inspection people using the service all had capacity to make decisions for themselves in one form or another.

Is the service responsive?

Our findings

Wherever possible, people were visited and assessed by the registered manager before the service began to deliver care and support. This was to ensure the service was able to meet their needs. They told us they would not take a new person if they did not have sufficient numbers of staff living locally. The registered manager made use of local authority assessments as well as their own assessment to ensure they identified people's needs. The assessment led to the creation of a care plan involving the person assessed and, where appropriate, their representatives such as family members.

We found people received care that was responsive to their needs. In our conversations with staff it was evident they were knowledgeable about the needs of people they supported. They were aware of people's preferences and interests which meant they were better equipped to deliver personalised care and support. Staff were able to tell us about people's relatives and friends. We looked at a random selection of care records. They were person centred, used person centred language and identified people's needs, goals and preferences and how they were expected to be delivered. This detailed information about people provided guidance that supported staff to deliver safe and appropriate care and support.

Care plans addressed a range of social and healthcare needs including healthcare, medicines, moving and handling, personal care, continence, skin integrity, socialisation, spiritual and so forth. They were specific to each person. We also found the service was responsive to changes in people's needs. The registered manager returned to reassess people when staff identified any changes in their needs. For example, one person had an accident which meant there were significant changes to the care and support that was required and how it needed to be delivered. In another case, the registered manager arranged with the funding authority an increase in the number of visits to one person to meet that person's nutrition and hydration needs. The registered manager was also a point of contact for people, relatives and staff when people needed assistance with making appointments or any other day to day problems. They also told us staff would go the extra mile. If anything needed to be done staff would do it irrespective of the time.

Staff supported people with activities in line with their care plans. Activities were important for people because they enhanced their lives and reduced the likelihood of any social isolation or distancing. For example, we have made mention of one person being taken to a day centre. On the days they didn't go there their care worker told us they regularly took them out because that is what the person wanted to do. Where care packages did not support specific activities staff made their visits an activity by engaging people in conversation. This was helped by the fact people and care workers knew each other well. One person using the service told us they rang their care worker, even if they were on a day off, whenever they needed something or were worried. We spoke with the care worker who was quite happy with this situation. "If they need something I pick it up and take it round my next visit."

The service encouraged and supported people to provide feedback about their experiences of the service. People told us there was regular contact with the service. One person told us, "They check I'm happy with the service." The registered manager visited people using the service periodically to ensure there were no problems and make sure people were happy with the care being provided. In addition to these regular

checks, the service sent out surveys to people using the service and relatives to obtain feedback about the quality of service provided.

The service had systems and processes in place to deal with complaints. We examined the policies and processes which reflected current good practice for dealing with complaints. The staff were able to answer questions about what they would do if somebody complained. People told us they would go straight to the registered manager if they had any concerns.

Is the service well-led?

Our findings

The registered manager is appropriately registered with CQC. People using the service, relatives and staff spoke positively about the registered manager. One member of staff told us, "Everybody loves [the registered manager]. She covers shifts. Anything I ask her she does straight away such as ringing for an appointment and things like that." One member of staff said, "She is a very good manager." We also spoke with four social care professionals who provided positive feedback about the service. Another member of staff said, "[The registered manager] treats staff very nice, she is always helpful and covers when staff are ill." Another told us, "The manager is very good. People always speak well of her."

The service was open and transparent and encouraged feedback and ideas from staff. Staff told us meetings took place on a regular basis. They felt they could raise any concerns or ideas about improvements with the registered manager. We discussed the need to actively seek feedback from stakeholders with the registered manager and they told us they requested it at every opportunity but the response was generally quite poor.

We saw accidents and incidents were recorded along with any initial actions taken and were reviewed by the registered manager. Further actions were recorded and any lessons that could be learnt, in relation to the individual or the service, were considered.

Checks, reviews and audits were completed periodically to assess and monitor the quality of the service. For example, the registered manager carried out spot checks to ensure staff were delivering care safely and appropriately. At the same time this provided an opportunity to speak to people using the service and obtain feedback. In relation to spot checks, the service completed a spot check analysis every three months or after any incidents. These included analysis of time and attendance records, care plans, tasks and medicines to identify areas for improvement. A telephone survey for people using the service was carried out every six months to obtain feedback and make improvements if appropriate. We saw the most recent survey. We found care plans were periodically reviewed or in response to specific incidents or changes in people's needs.

The registered manager had to return key performance indicators to the provider every week. These included training completed by staff, new assessments and clients, notifiable incidents, missed and cancelled calls, complaints and compliments. Anything unusual was discussed with the provider face to face and where necessary discussions about how to make improvements.

We found that records were legible, accurate, up to date and readily accessible. Where required records were stored securely and access was controlled to ensure they were only seen by people entitled to do so. In relation to people using the service records were accurate, complete and recorded contemporaneously. Records were appropriate for the management of the regulated activity and in relation to staff employed to carry it out.