



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

## Care and Social Services Inspectorate Wales

Care Standards Act 2000

# Inspection Report

JSJ Supported Living

Monmouth

Type of Inspection – Full

Dates of inspection – Thursday, 28 December 2017 and Thursday 4 January 2018

Date of publication – Thursday, 8 February 2018

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## Summary

### About the service

JSJ Supported Living is a domiciliary care agency situated at premises on a business park outside the town of Monmouth. The agency is operated by JSJ Supported Living Limited. There is a nominated responsible individual who represents the company. The manager is Jason Fawcett who is registered with the Care and Social Services Inspectorate Wales (CSSIW) and Social Care Wales.

The agency is registered to provide personal care to older people, people with learning disabilities, people with physical disabilities, people with mental health needs, people with sensory loss/impairment and the elderly mentally infirm.

### What type of inspection was carried out?

This was a full inspection undertaken as part of our inspection programme. We carried out an unannounced site visit (office premises) on 28 December 2017 and visited people receiving the service within their homes on 4 January 2018.

We gathered information for this report from:

- A review of information held by CSSIW about the service; including the last inspection report (completed 14 July 2016) and any notifiable incidents.
- Discussions with and information provided by the registered manager.
- Discussions with people using the service and their relatives/representatives.
- Conversations with members of staff.
- Examination of a small sample of people's care files.
- A review of people's medication administration records (MAR).
- Consideration of staff training, induction and supervision (staff meeting with their line manager on a one-to-one basis).
- We reviewed the personnel files of a small sample of staff members, in order to test the recruitment processes in place.
- Questionnaires were distributed to people using the service, their relatives, members of staff and professionals. At the time of writing this report we had received responses from one service user, three relatives and two members of staff.
- Consideration of self evaluation and the auditing processes in place.
- Review of the agency's incident/accident book and whether the service had received any complaints since the last inspection.
- Consideration of the agency's statement of purpose, service user guide safeguarding policy and medication policy.
- Feedback from a professional who works with people receiving a service from JSJ and the commissioners of care.

### **What does the service do well?**

- Management maintain a visible profile, are easily accessible to service users and their families and demonstrate an excellent knowledge of people receiving a service.
  - People told us they received an 'excellent' service and management and staff went 'over and above' what would be expected.
  - More than 50% of the care workers employed by the agency possess a relevant vocational qualification. This provides assurance to people that staff possess the knowledge and skills to undertake their role effectively.

### **What has improved since the last inspection?**

No non compliance was identified at the last inspection.

### **What needs to be done to improve the service?**

No areas of non compliance were identified at this inspection.

Recommendations include:

- Identified care plans to be reviewed and updated as necessary. This is to ensure plans are proportionate to people's level of need.
- All staff application forms to include full employment history, including the month and year of employment.
- The registered manager to ensure staff have regular access to formal supervision.
- Consideration to be made to the induction guidance published by Social Care Wales.
- The agency's statement of purpose and service user guide to be updated, to ensure all information included is accurate and up to date.
- The agency's safeguarding policy and medication policy to be updated, as discussed with the registered manager.
- Active Offer: People should have access to the service through the medium of Welsh, if they so wish. This should then be reflected in the statement of purpose and service user guide.

## Quality Of Life

People are treated kindly and dignity is respected. We witnessed interactions between a service user and a member of staff which were friendly and caring. We saw warmth, which promoted a strong attachment. The service user appeared comfortable and at ease with the member of staff and indicated that they were very pleased to see them. Feedback from service users and their relatives was extremely positive. Comments included: *"We are so lucky. It's a brilliant service. As a family JSJ has been our greatest support by far. They have always been there to provide the support needed. Staff always treat X with dignity and respect"*, *"We can't fault the service. Excellent trained staff. Always go above and beyond"*, *"It's first class"* and *"The staff are absolutely wonderful; I cannot fault them. I was so nervous to receive support. Staff are very confident, they put me at ease straight away"*. We concluded that people receive care from a group of staff who treat them kindly and with respect, where their dignity is promoted.

People are consulted about their care needs and how these are to be met. As part of the inspection, we considered the care files for a small sample of people using the service. We saw evidence of care planning and review. Whilst we saw that some plans were very detailed and provided guidance to staff on how to support the person, we identified in two cases, key information had not been included. We discussed this with the registered person who acknowledged that identified care plans needed to be updated, to ensure they were proportionate to the complexity of the individual. We also found care files were not always easy to navigate as there was out of date information in place. We recommend that care files are reviewed and information which is not relevant is archived. We examined a sample of daily records. We noted recordings were clear and completed by staff on each visit. They documented what intervention had taken place. However we advised the registered person that more structure was needed relating to the regular collection (from people's homes) and auditing of daily notes. This will provide the registered person with oversight of practice. Based on what we saw, we concluded that people are supported by staff who have knowledge and understanding of their care needs and how they like to be cared for. However some improvement is needed, as detailed above.

People remain healthy because their needs are anticipated and they are supported to have access to specialist services. The service maintained good relationships with specialist professionals, who worked with staff to provide effective care. Staff underwent training with healthcare professionals, in order to ensure they were knowledgeable in relation to people's complex needs. We concluded the practice of the agency promotes the well-being of the individual.

A medication policy is in place. There had been no medication errors reported to CSSIW since the last inspection. We examined a small sample of medication administration records (MAR) and noted they had been completed as necessary by staff members. We discussed the internal auditing of medication records. We were told that when records were returned to the office they were checked to ensure compliance. However we noted there had been delays in some records being returned and audited. Therefore there is a risk that errors will not always be identified and acted upon in a timely manner. We were told that all staff who administer medication had received relevant training. We saw that a small number of staff who were responsible for the administration of more complex

medication received training from a qualified nurse. We advised the registered person the processes relating to administering more complex medication must be included within the agency's medication policy. Based on the information available to us, we concluded that processes are in place for the safe management of medication.

## Quality Of Staffing

Staff are supported by management. Staff told us *“JSJ is a good company to work for. Management are really supportive both professionally and personally”* and *“It’s a fabulous company. The management are always there for staff and clients”*. We considered the supervision matrix and a small sample of supervision records and saw that staff had access to formal supervision (one-to-one meetings with their line manager). The records evidenced opportunities had been provided to discuss work and identify learning and development needs. We noted these sessions did not always occur every three months as recommended by National Minimum Standards. However, staff confirmed regular discussions took place with the registered persons as needed. Files viewed contained records of ‘spot checks’. These are unannounced observations of care staff, within the community, in order that the registered person possessed an overview of the quality of the service being delivered. Based on the information available to us we are generally satisfied that staff are supported by the implementation of formal processes.

Recruitment systems are in place. We considered two staff personnel files. We saw pre-employment checks had been carried out which included references, identification, and criminal record checks. We identified within one application form the full employment history was not sufficiently detailed. Overall we judge that processes are in place to ensure staff have been ‘vetted’ in a way that safeguards people. However the registered person must ensure that previous employment history of all newly recruited staff is robust.

Staff development is promoted. Comments from people using the service and their relatives indicated staff possessed the necessary skills to meet their individual need. We considered the staff training matrix and noted that staff had generally undergone recent training relevant to their role. We recommended to the registered person that the matrix is validated and updated to ensure it provides an accurate overview of training completed. This will ensure that the matrix is a useful tool to assist the registered person in the planning of staff learning and development. Training was a mixture of booklets and face to face training. We were told that it was often difficult to secure training with the local authority, but as courses became available, places had been requested for staff. Staff spoken with, confirmed the company had a positive attitude towards training. Information provided by the registered manager assured us that of the domiciliary care workers employed, over 50% possessed a relevant vocational care qualification.

Additionally, on commencing employment with the agency, staff completed an induction. We noted that although the induction made reference to the Care Council for Wales (now Social Care Wales), it did not follow the guidance published by the social care workforce regulator. The registered person agreed to consider the implementation of the Social Care Wales induction framework. A robust induction ensures care staff who are new to the agency, are provided with the skills and knowledge to assist them to undertake the general tasks expected of them. We conclude that overall people receive support from a skilled group of staff; however recommendations have been made relating to the induction process

## Quality Of Leadership and Management

The registered manager demonstrates an understanding of the responsibilities involved in order to provide a good quality service to people. A professional told us: *“My experience of JSJ is very positive. They certainly seem highly committed, professional and flexible. They also seem to know the service user really well, as well as their family, whom I know have a high opinion of the service they’ve received now for a number of years”*. Staff told us they felt valued and supported and they found management approachable and helpful. Policies and procedures were in place covering areas including safeguarding and medication. The agency had not received any complaints since our last inspection. From examining records of accidents and incidents, we found that any notifiable incidents had been reported to CSSIW as necessary. Based on what we saw and what we were told, people receive good quality care from a service which sets high standards for itself.

We viewed the agency’s statement of purpose and service user guide. These are important documents which should provide people with information about the service. We saw that the documents had been reviewed in August 2017 and October 2016 respectively. They contained the values and principles of care provided and up to date information relating to the agency, setting out the aims, objectives and philosophy, which were in line with regulatory requirements. People using the service confirmed they had received copies of the documents. The registered person agreed that the statement of purpose will be reviewed in line with new guidance and legislation. Also the Active Offer must be considered, indicating how the agency plans to provide the service through the medium of Welsh, if needed. We considered the agency’s safeguarding and medication policies. Both had been reviewed in August 2017. As discussed with the registered person we recommend that these policies are reviewed and updated as necessary, to ensure the most up to date information is included. Our findings indicate that people are clear about what the service provides and are informed of their rights and the services available to them.

There are systems in place for auditing and self evaluation. We viewed the agency’s annual quality of care review for 2017. We saw that the opinion of people receiving the service, their families and members of staff had been obtained. Feedback viewed was extremely positive. We suggest that it would be useful, for future development, to include any improvements that need to be considered, alongside the agency’s developmental plans for the coming year. Additionally it may be beneficial for the opinion of professionals to be requested. The registered person agreed to consider this. Written comments collated as part of the agency’s internal quality of care review included:

- *“Friendly and efficient”*. (Service user)
- *“They are brilliant”*. (Service user)
- *“An excellent exemplary service”*. (Service user)

As previously mentioned we saw evidence that regular unannounced observations of care staff, within the community, had been undertaken. This provided people with assurances that the registered person had an overview of the quality of the service being delivered. We concluded that people are actively involved in defining and measuring the quality of the service.

## **Quality Of The Environment**

The agency operates from designated premises that are suitably equipped for the purpose of the day-to-day operation of the service. The premises contained the equipment necessary for the management of the service. Security systems were in place, which upheld confidentiality. Personal information relating to people was stored securely, as files were kept in a lockable facility and IT systems were password protected. Only authorised people were able to access the building. The agency had up to date business liability insurance in place. CSSIW will issue an updated certificate of registration, to ensure that all information is accurate.

## How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.