

Independence Matters C.I.C.

Personal and Community Support Services Personal Assistant Services South

Inspection report

c/o Attleborough Hub
Station Road
Attleborough
Norfolk
NR17 2AT

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Tel: 01953450849

Website: www.independencematters.org.uk

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

About the service: Personal and Community Support Services is a domiciliary care service. At the time of the inspection the service was supporting seven people, some with complex needs.

Comprehensive or focused inspection: This was a comprehensive inspection where we reviewed all regulations to ensure the service was safe, effective, caring, responsive and well led.

People's experience of using this service:

A clear governance system is developed across the wider organisation. The registered manager is reviewing how the data collected from monitoring, can be better used to identify themes and trends upon which action may be taken for continuous improvement.

A recent training module had been developed for end of life care and the provider is developing assessments for this support area.

There is a continuous recruitment to fulfil rotas and where there are shortages managers will cover when required.

We found appropriate risk assessments were undertaken to ensure people were safe and received the support they needed.

Action was taken to address any concerns and safeguarding procedures were known to staff and were used effectively.

Staff received the support they required to ensure they had the skills and knowledge to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received person centred care that they or their representatives were involved in developing.

The provider sought the views of people using the service or their representatives on a regular basis and changes were made on feedback if appropriate.

Rating at last inspection: The last inspection found the service to be good overall and in all key questions. (Published 13 August 2016)

Why we inspected: This inspection was a scheduled, planned comprehensive inspection as part of ongoing monitoring methodology.

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

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 well-led

Details are in our Well-Led findings below.

Good ●

Personal and Community Support Services Personal Assistant Services South

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one adult social care 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 in the community. It provides a service to older adults and younger people with complex needs.

Not everyone using personal care and support services receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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: We gave the service 48 hours' notice of the inspection visit because it is small and we needed to ensure someone would be on site to support us with the inspection.

Inspection site visit activity lasted one day on 19 March 2019. We visited the office location on this day to see the manager and office staff; and to review care records and policies and procedures.

What we did: Prior to the inspection we developed a plan using the available information we held and information held in the public domain. This included notifications the provider sent to us of specific events and information from the Local Authority. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

During the inspection we spoke to five staff including the registered manager and support workers. We were unable to speak with anyone who used the service or their representatives but reviewed three of the seven care plans to ascertain the service they received. We also looked at management information including personnel records and monitoring information.

During the inspection we identified shortfalls in the collation of information from accidents and incidents and complaints. We found analysis did not allow for the identification of themes and trends upon which action could be taken. The provider began to develop a tool immediately after the inspection and sent us a copy for review as requested.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding procedures and information was available on how to escalate concerns. We saw procedures were followed and staff told us they felt supported when using them.
- Appropriate steps were taken to keep people safe. This included the development of plans to identify triggers which could lead to an escalation of risk.

Assessing risk, safety monitoring and management

- Risk assessments were completed to support people. Where risk was identified they were discussed in team meetings and actions agreed with the team supporting people.
- Risk assessments were routinely updated when people's circumstances changed and we saw support was adjusted, if required, to meet increased needs.
- The provider completed risk assessments on people's property and equipment to ensure risks were mitigated and both premises and equipment were monitored to keep them safe.

Staffing and recruitment

- Staff were safely recruited and completed an induction to the team within which they would be working. Staff were specifically recruited to work with specific people and they received specific support.
- Recruitment had been difficult in the months prior to the inspection and recruitment was ongoing. When there were staff shortages due to sickness, holidays or training days the management team provided cover to support people where necessary.

Using medicines safely

- Staff received training in administering the medicines for the person they supported and their competency was checked. Staff received additional training following any errors.
- Medicine administration records were completed correctly and explanations were provided for any concerns. We saw medicine risk assessments including for self administration were completed as required.
- Medicines records were audited by the management team and issues addressed. Any changes in procedure were well communicated with staff.

Preventing and controlling infection

- Staff told us they had ample supply of personal protective equipment including gloves and aprons.
- Systems were in place for managing and controlling infection.

Learning lessons when things go wrong

- Staff completed reflective practice records when things had not gone to plan. These were reviewed and any lessons learnt were shared in team meetings. Changes to procedure were agreed and implemented

when required.

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

Good: 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

- The provider worked with all professionals involved with people's care at point of initial service delivery. Relevant people were involved with agreeing the ongoing service delivered.
- Each person had a hospital passport which included their needs, medicine requirements and any information the hospital needed to ensure the person remained safe in their care.

Staff support: induction, training, skills and experience

- Staff told us they received comprehensive induction and regular training was provided.
- Regular team meetings took place and staff received supervision and annual appraisals. Staff told us these were beneficial and they had opportunity to raise any concerns they had.

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

- Care plans we reviewed showed people's food likes and dislikes. We saw records indicating people were supported with shopping and preparation of food but no direct support with eating and drinking was required.

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

- We saw the provider was engaged with a number of other professional teams including the mental health team and learning disability nurse. We also saw referrals to the local GP were completed when required.

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.
- Each care plan had a section reflecting on the capacity of the individual to agree to the support. We saw these were well completed and when concerns with capacity were identified, best interest decisions were made.
- We saw generic consents were acquired for photographs, the sharing of information and delivering support.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People or their appropriate representative were involved with developing and reviewing care plans.
- Each person had an activity calendar which included things they liked and needed to do. This included shopping for groceries and also trips to local wildlife spots.
- The office had a communal day centre which included a café and access to simple sports such as pool and table tennis. This day centre could be used by anyone in receipt of support from the provider group.
- On the day of the inspection we saw one person in receipt of support came to the office to drop off some information on their way to see the penguins at a local wildlife spot. The person was unable to communicate with us but we could see the staff supported them well and understood their needs.

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

- We saw information about how people were supported to express their views and wishes. One person used an iPad and Makaton and another had a PEG board of pictures to show staff their needs.
- Care plans contained a section with information about how people engaged with others including signs they were happy or not.

Respecting and promoting people's privacy, dignity and independence

- The service had a dignity champion and we saw a dignity charter which had the person supported at its heart.
- Staff we spoke with described how they preserved people's dignity and supported them to be as independent as possible. This included specific tailor-made support interventions when people could display what could be seen as inappropriate behaviour in public places.

Is the service responsive?

Our findings

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

Good: □ People's needs were met through good organisation and delivery.

End of life care and support

- End of life care was still its infancy at the service and the provider had recently accessed a training programme which was to be rolled out to all staff.
- At the time of the inspection the service were not supporting anyone at the end of their life.
- We discussed end of life care with the registered manager and were told the regional managers were discussing it at the next manager's forum.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care file information we reviewed showed people were involved with their development and their views on their care had been incorporated into how their support was delivered.
- Specific support including strict daily routines had been developed for one person with learning disabilities. This was important to keep them happy and settled throughout their day.
- We discussed objects of reference with the registered manager and were told these were used specifically with one person to associate getting into the car and going for a drive.
- The provider had developed daily routines which included initial risks. Small steps were being taken to reduce risks in a managed and effective way to support the individual.

Improving care quality in response to complaints or concerns

- The service had not received any complaints in the 12 months prior to the inspection. We saw there was a procedure and policy in place.
- We looked at the last complaint received and saw it had been handled sensitively and in line with the provider's procedure.

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The service had a service plan audit which reviewed and audited pieces of key information every month.
- The service had good records of accident and incidents and we could see action was taken on an individual basis to address concerns. However, analysis was not undertaken on the themes and trends across all accidents and incidents. This did not allow the registered manager to address potentially larger and more complex concerns in these areas. The registered manager had begun to develop this tool by the end of the inspection and continued to work on it after. A copy of the developing template was shared shortly after the inspection.

We recommend the provider ensures tools are fully developed and embedded that allow analysis of themes and trends across the audits completed.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us they felt supported by the registered manager and that they received the support they needed to support people.
- The ethos and values base of the provider was understood and staff we spoke with all told us they wanted to do the right thing.
- Staff told us they wanted to make a difference to people's lives and to enrich their quality of life and life experiences.

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

- The provider had the previous inspection ratings on display in the office and on the provider website.
- The Care Quality Commission received notifications as required on specific incidents the provider had a duty to inform us of under their registration.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Questionnaires and surveys were completed annually. They were supplied to both staff and people in receipt of service and by professionals who worked with the service. The findings from the most recent survey were reviewed and it was found to be positive.
- Meetings were held with staff and people using the service to discuss service delivery. The agenda allowed

for everyone to be involved in discussion about improvements to the service.

Working in partnership with others

- The registered manager worked with key stakeholder organisations and accepted support for the people in the receipt of service.
- The provider organisation held regular regional meetings where the registered manager had an opportunity to share best practice and lessons learnt.