

# Training, Employment, Support Solutions CIC Head Office

## 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

We carried out this announced inspection on 26, 27 and 28 June 2017.

Head Office is registered to provide personal care and support for people who live in the community. The service is registered to provide support for adults of all ages who have a learning disability and/or who need help due to sensory disabilities and/or who need assistance managing their mental health. Some of the people who received support at the time of our inspection lived with their relatives. However, most of them had their own homes. Most people received at least one visit a week lasting several hours. Some people had longer visits and one person who needed extra assistance had members of staff living in their home.

The service covers the whole of Lincolnshire but at the time of our inspection all of the 30 people who used the service lived in the south of the county. The service's main office was in Moulton Chapel.

Head Office is operated by a company called Training, Employment Support Solutions CIC. The company was owned by two directors one of whom was also the 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. In this report when we speak about both the company and the registered manager, we refer to them as being, 'the registered persons'.

The registered persons told us that the service emphasised the importance of enabling people to be as independent as possible. As a result everyone involved with the service referred to the care staff who provided support for people as being 'personal coaches'. Therefore, we also use this term in our report.

Personal coaches knew how to respond to any concerns that might arise so that people were kept safe from abuse. People had been supported to take reasonable risks while at the same time avoiding preventable accidents. Although people had been helped to safely manage their medicines additional records and checks needed to be completed to ensure that this remained the case. There were enough personal coaches to provide people with the support they needed and background checks had been completed before new staff had been appointed.

Personal coaches had received training and guidance and they knew how to support people in the right way. People had been assisted to plan and prepare their own meals and they had been supported to receive all of the healthcare assistance they needed.

Personal coaches had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to

deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had worked with the local authority to ensure that people only received lawful care that respected their rights.

People were treated with kindness, compassion and respect. Personal coaches recognised people's right to privacy and promoted their dignity. There were arrangements for people to be supported by lay advocates and confidential information was kept private.

People had been consulted about the support they wanted to receive and they had been given all of the encouragement they needed to be as independent as possible. People had been supported to pursue work commitments, hobbies and interests. There was a system for quickly and fairly resolving complaints.

People had not been fully consulted about the development of the service. Some quality checks had not been completed in the right way and this had increased the risk that people might not continue to receive all of the assistance they needed. Personal coaches were supported to speak out if they had any concerns and good team work was promoted. People had benefited from personal coaches using good practice guidance.

## 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.

People were safeguarded from situations in which they may experience abuse.

People were supported to take reasonable risks while at the same time being helped to avoid preventable accidents.

Although people were supported to manage their medicines this assistance was not properly recorded.

There were enough personal coaches to complete the planned visits and background checks had been completed before new staff were employed.

### Is the service effective?

Good ●

The service was effective.

Personal coaches knew how to support people in the right way and they had received the training and guidance they needed.

People were supported to enjoy their meals and to eat and drink enough.

People received support that respected their legal rights.

People had been assisted to receive all the healthcare attention they needed.

### Is the service caring?

Good ●

The service was caring.

Personal coaches were caring, kind and compassionate.

People's right to privacy was promoted.

Confidential information was kept private.

### Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the support they wanted to receive and were given all of the practical assistance they needed.

People were offered sufficient opportunities to pursue their hobbies and interests.

There was a system to quickly and fairly resolve complaints.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

People and their relatives had not been fully consulted about the development of the service.

Quality checks had not always been completed in the right way to ensure that people continued to receive all of the support they needed.

There was good team work and personal coaches had been encouraged to speak out if they had any concerns.

# Head Office

## 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 registered persons were 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.

Before our inspection visit we reviewed information we held about the service. This included any notifications we had received. These refer to events that happened in the service which the registered persons are required to tell us about. In addition, we invited feedback from the local authority who contributed to the cost of some of the people who used the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the administrative office of the service on 26 June 2017 and the inspection team consisted of a single inspector. The inspection was announced. The registered persons were given a short period of notice because they were sometimes out of the office supporting personal coaches or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection. During the visit we spoke with the registered persons. In addition, we examined records relating to how the service was run including visit times, staffing arrangements, recruitment, training and quality assurance.

After our inspection visit spoke by telephone with the relatives of five people who used the service. We did this to obtain their views about how well the service was meeting the family members' needs. In addition, we spoke by telephone with four personal coaches so that they could tell us about their experience of working in the service.

We also visited a creativity workshop run by the service where people were supported to enjoy taking part in a wide range of arts and crafts. There we spoke with six people who used the service and with three more personal coaches.

# Is the service safe?

## Our findings

People said that they felt safe when in the company of the personal coaches. One of them remarked, "The staff are cool." Another person sang a short song that showed their affection for staff. Relatives were also reassured that their family members were safe. One of them said, "I've absolutely no concerns at all and completely trust the personal coaches. They always put the people they're caring for first."

Records showed that personal coaches had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that the registered persons and personal coaches knew how to recognise and report abuse. This was important so that they could take action if they were concerned that a person was at risk. Personal coaches were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

We found that people had been protected from the risk of financial mistreatment. People and their relatives had been given a written account of how much they would have to pay for the service. In addition, records showed that people had been correctly charged for the visits they had received.

People had been supported to enjoy the freedom that comes with responsible risk taking. An example of this was personal coaches working with people to decide how much assistance they needed in order to safely go out into the community on their own. This included helping people to be confident about crossing the road and finding their way around.

At the same time people had been helped to avoid preventable accidents. Records showed that the registered persons and personal coaches had identified possible risks to the health and safety of each person who used the service. As necessary, they had then taken action in consultation with health and social care professionals to promote people's wellbeing. An example of this was staff arranging for people to have easy-to-use telephone equipment in their homes so that they could quickly call for assistance if necessary.

In addition, we noted that the registered persons recognised the importance of investigating any accident or near miss that occurred. This was so that steps could quickly be taken to help prevent the same thing from happening again. A relative commented on this matter saying, "The service is very much on the ball and sometimes I think they know more than I do about my family member. Certainly, the personal coaches are alert to any possible dangers to my family member and won't rest until they're sorted."

People who used the service and their relatives told us that personal coaches helped to ensure that medicines were safely managed. This included people being helped to order medicines so that they always had enough and being assisted to take them at the right times. Speaking about this a person remarked, "The staff help me sort out my tablets otherwise I know that I'd forget about them." However, we noted that personal coaches were not keeping a clear record of each occasion on which they had assisted someone to use a medicine. This had increased the risk that mistakes would be made because it was not clear whether a

medicine had been used at any particular time. The registered persons recognised that the shortfall needed to be addressed. They gave us evidence to show that immediately after our inspection visit they had introduced a more detailed record to address the problem.

We found that there were enough personal coaches to reliably complete all of the visits that had been planned. Records showed that planned visits were consistently being completed at the right time and they had lasted for the correct amount of time. This helped to reassure people that their support was going to be provided in line with their expectations. A number of people commented positively about this, with one of them saying, "The staff are great and I look forward to seeing them and watch the clock for them to arrive and then we go out." Relatives also commented positively on this with one of them remarking, "There's never been a problem at all with time keeping. The personal coach always arrives when they should and I like it always being the same person as my family member absolutely needs continuity."

The registered persons had correctly completed background checks when appointing new personal coaches. These included checking with the Disclosure and Barring Service to show that applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained from previous employers. These measures helped to establish applicants' previous good conduct and to ensure that they were suitable people to be employed in the service.



## Is the service effective?

### Our findings

People told us they were confident that the personal coaches knew how to provide them with the support they needed and wanted to receive. Speaking about this a person commented, "I've known the staff who call to see me for ages. They know me and I know them". A relative remarked, "I know that the owners make every effort for visits to be completed by the same staff and that makes a big difference. I've noticed that the person who calls to help my family member really understands them and knows how to engage them while a stranger wouldn't know how to do it."

Personal coaches told us and records confirmed that new staff had undertaken introductory training before working without direct supervision. The registered persons said that this training complied with the guidance set out in the Care Certificate. This is a nationally recognised model of training for new care staff that is designed to equip them to support people in the right way. In addition, records showed that personal coaches regularly met the registered persons in order to review their work and plan for their professional development.

Records also showed that personal coaches had received refresher training in key subjects to ensure that their knowledge and skills were up to date. These subjects included how to effectively communicate with people using sign assisted language, safely supporting people to enjoy responsible risk taking, providing basic first aid and promoting infection control. We found that the registered persons and personal coaches knew how to support people in the right way. An example of this was personal coaches knowing how to gently encourage people to maintain their personal hygiene and to dress in ways that were appropriate for the activities they wanted to undertake.

We noted that people had been provided with the support they needed to ensure that they had enough to eat and drink. Some people were being helped to do their shopping and to prepare their meals. Other people were being encouraged to adopt a more healthy diet so that along with more exercise they could lose some weight. Relatives valued this part of the assistance their family members received. One of them said, "It is important that my family member eats and drinks enough and the personal coaches make sure that they do. Otherwise meals would get missed and too many chips would get eaten."

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that the registered persons and personal coaches were following the Mental Capacity Act 2005 in that they were supporting people to make important decisions for themselves. This had involved consulting with people who used the service, explaining information to them and seeking their informed consent. Some people who used the service gave us practical examples of this in action. They described how personal coaches had explained to them why they needed to carefully use medicines in the manner

prescribed by their doctor. Another example, involved the way that personal coaches had helped them to manage their finances so that they had enough funds to pay every-day bills.

Records showed that on a number of occasions when people lacked mental capacity the registered persons had contacted health and social care professionals and relatives to help ensure that decisions were taken in people's best interests. An example of this was the registered persons liaising with key people after personal coaches had become concerned that a person needed to have dental treatment to which they were not able to give their consent. We saw that this had enabled careful consideration to be given to the question about how best to support the person concerned.

People can only be deprived of their liberty in order to receive care and treatment when this is legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons in relation to one person had liaised with the supervisory body that issues authorisations. This was because the person received continuous support at home and so was subject to a high level of supervision. The registered persons' action had ensured that the supervisory body could decide if any further steps needed to be taken to ensure that the person only received support that respected their legal rights.

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included the registered persons and personal coaches consulting with relatives so that doctors and other healthcare professionals could be contacted if a person's health was causing concern.

## Is the service caring?

### Our findings

All of the people who used the service with whom we spoke were very positive about the quality of the support they received. One of them said, "I really like my personal coach as they look after me a lot and help me how I like it." Relatives were also complimentary with one of them remarking, "The staff are excellent that's for sure. They just have this relaxed relationship with my family member, indeed they're just like one of the family."

People said they were treated with respect and with kindness. An example of this was a person saying, "My personal coach is great and they help me with stuff they know I don't like doing such as getting around to paying bills and things like that." Another example was the way in which people were introduced to the service. We noted that this involved the person having the opportunity to meet with their new personal coach on a number of occasions so that they could get to know one another well. Further examples were people being supported to celebrate their birthdays and to attend family gatherings.

We found that personal coaches knew about things that were important to people. This included them knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution. A relative spoke with us about this and remarked, "I really like how the owners and staff contact me if there's something I need to know so that I'm fully involved in what's going on". A further example of this was the sensitive arrangements that had been made to support a person when a close member of their family had died. Personal coaches had supported the person when they attended the funeral. They had also helped the person to commemorate their relative's life in a way that was meaningful to them.

Records showed that most people could express their wishes or had family and friends to support them. However, for other people the registered persons had developed links with local lay advocacy services that could provide guidance and assistance. Lay advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

We noted that personal coaches recognised the importance of not intruding into people's private space. Records showed that when people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes. In some instances this entailed personal coaches knowing how to obtain the keys to people's homes if they preferred not to answer their door bell. In addition, there were arrangements for personal coaches to follow if they were not able to obtain access to someone's home. If necessary this included contacting relatives and the emergency services so that help could be provided if a person needed assistance and could not open their front door.

Personal coaches told us that they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. In addition, we

found that personal coaches were aware of the need to only use secure communication routes when discussing confidential matters with each other. An example of this was members of staff saying that they never used social media applications for these conversations. This was because other people not connected with the service would be able to access them.

We saw that records which contained private information were stored securely. We also noted that the service's computer system was password protected and so could only be accessed by authorised staff. In addition, we saw that paper records were stored neatly in subdivided files that were kept securely when not in use.

## Is the service responsive?

### Our findings

Each person had a written support plan a copy of which was left in their home. Most of these plans focused on developing goals that each person wanted to achieve. People said and records confirmed that they then regularly met with their personal coaches to see what progress they had made towards achieving their goals. A person summarised this arrangement saying, "I told my personal coach all of the things I wanted to do and they helped me sort out what I wanted to do first and what might have to wait a while. I'm getting to grips with managing money at the moment so I don't run out and have enough for fags."

People said that personal coaches also supported them with practical every-day assistance if needed. This included support with a wide range of tasks such as keeping their accommodation clean and tidy. A person commented about this saying, "I might leave things a bit and my personal coach helps me keep on top of my flat so that it doesn't get too rubbished. Without help I'd probably not bother as I'm more interested in going out. Housework is boring isn't it?" We examined records of the tasks personal coaches had completed during a number of recent visits. We found that the people concerned had been given all the encouragement and practical assistance they had agreed to receive in their support plans.

Personal coaches understood the importance of promoting equality and diversity and they had been provided with written guidance about how to put this commitment into action. An example of this involved the registered persons consulting with people about the gender of the staff who assisted them. Another example was a person who was being supported by staff to meet their spiritual needs by attending a religious service. In addition, we noted that the registered persons and personal coaches knew how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services that would be able to befriend people by using their first language.

We noted that personal coaches had actively supported people to pursue occupational activities. An example of this was a person being supported to work in a café. People were also assisted to enjoy pursuing their hobbies and interests. This included supporting people to undertake activities such as bowling, swimming and sailing. In addition, people were invited to participate in groups in which they could undertake a wide range of craft and gardening activities. People were very positive about the support they received in relation to this part of their lives. One of them remarked, "I do lots of things with my personal coach. We go out for trips all over the place like Skegness and I went to a music concert to see my favourite singer."

People had been given an easy-to-use document that described how they could make a complaint about the service they received. People told us that they had not made any complaints but they also said that they would feel free to do so if the need arose. Records showed that in the 12 months preceding our inspection the registered persons had not received any expressions of concern.

## Is the service well-led?

### Our findings

People and their relatives told us that they considered the service to be well managed. A relative remarked, "It is indeed a very well run service. It's small and personal and it's a model for how a community service should be run." Another relative commented, "I have complete faith in the two owners and in the staff. They provide a thoroughly kind and professional service."

However, we found that people and their relatives had not been fully consulted about the development of the service. Records showed that registered persons considered it necessary to invite people and their relatives to complete a quality assurance questionnaire at least once a year. This was so that they could give feedback about how well the service was meeting their needs and expectations. Also, it was intended to give people the opportunity to suggest improvements in order to develop the service. Records showed that people and their relatives had not been asked to complete a questionnaire since 2015. This shortfall had reduced the registered persons' ability to ensure that decisions made about the development of the service were fully based upon the experiences of the people who used it.

In addition, we found that some quality checks had not always been completed in the right way to ensure that people continued to enjoy a positive experience of using the service. The registered persons told us that they intended to regularly complete spot checks when a personal coach was providing support. This was so that they could see first-hand how well assistance was being provided. However, we found that in practice this system was not well organised. This was because there was no clear plan to ensure that all personal coaches were included in the arrangement. In addition, no documents had been set up to describe how the audits should be completed and there were no records of the checks that had been done.

We were told that another system involved the registered persons auditing records completed by personal coaches to show the support they had provided during each visit they completed. This was done to ensure that people were reliably provided with all of the assistance they needed. However, we noted that the completion of these audit checks was not recorded at all. This oversight had increased the risk that issues with the assistance being provided might not be quickly identified and resolved.

We raised our concerns about these shortfalls with the registered persons who assured us that they would strengthen the way in which quality checks were completed. They said that the changes in question would address all the problems noted above.

There were policies and procedures in place to develop good team working practices so that people consistently and safely received the support they needed. There was always a senior member of staff who could be contacted by personal coaches if they needed advice. In addition, there were staff meetings at which personal coaches could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff had the systems they needed to support people in a reliable and coordinated way.

Personal coaches told us that there was an open, relaxed and friendly approach to running the service. They

also said that they could speak to the registered persons if they were concerned about the conduct of a colleague. They were confident that robust action would be taken if they raised any concerns about poor practice.

We noted that the registered persons recognised the importance of ensuring that people who used the service benefited from personal coaches acting upon good practice guidance. An example of this was the way in which personal coaches had used insights obtained from best practice guidelines when deciding which craft activities to offer. This had enabled them to offer people opportunities to enjoy crafts that they found interesting, meaningful and enjoyable.