

The Personal Support Network (Teesside) Limited

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Inspection report

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Date of inspection visit:
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24 January 2019
29 January 2019
31 January 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This inspection took place on 23, 24, 29 and 31 January 2019 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection.

The service was last inspected in February 2018. At that time, we identified a breach of our regulations in relation to medicines management, risk assessments and good governance processes. We took action by requiring the provider to send us action plans setting out how they would improve in these areas.

When we returned for this latest inspection we saw that that improvements had been made in relation to risk assessments. However, we found that medicines were still not managed safely. The provider's quality assurance processes had not identified these issues. These were a continuing breach of our regulations.

This is the third time the service has been rated requires improvement.

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, people with learning disabilities or autistic spectrum disorders and people with mental health conditions. At the time of our inspection 73 people were receiving personal care from the service.

There was a registered manager in place. 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. The registered manager was also one of the owners and registered providers of the service.

Risk assessments had improved but further and sustained improvement was needed. Accidents and incidents were monitored to see if lessons could be learned and action taken to improve people's safety. People were safeguarded from abuse. Policies and procedures were in place to promote good practice in infection control. Plans were in place to support people in emergency situations that disrupted the service. The registered manager and provider ensured sufficient staff were deployed to provide safe support. The provider's recruitment policies minimised the risk of unsuitable staff being employed.

People's health and social needs were assessed to ensure the service could provide effective support. Staff worked collaboratively with external professionals to maintain and promote people's health and wellbeing. Staff were supported with training, supervisions and appraisals. People were supported with managing food and nutrition as part of their support package. 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.

People and relatives spoke positively about the support they received. People were treated with dignity and respect. People said they were empowered by the support they received and had used this to improve their overall quality of life. Policies and procedures were in place to support people to access advocacy services.

People received personalised support based on their assessed needs and preferences. The provider had systems in place to ensure information was accessible to people. The provider supported people to access activities they enjoyed. Policies and procedures were in place to investigate and respond to complaints.

Staff spoke positively about the culture and values of the service and the leadership provided by the registered manager and provider. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken. Feedback was sought from people, relatives and staff and was acted on. The registered manager and provider had created and sustained a number of community links with groups and agencies that benefited people using the service.

We found two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014, in relation to safe care and treatment and good governance. You can see what action we took at the back of the full version of this report.

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 not always safe.

Medicines were not managed safely.

Policies and procedures were in place to safeguard people from abuse.

Recruitment procedures were in place to minimise the risk of unsuitable staff being employed.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff were supported through regular training, supervisions and appraisals.

People's rights under the Mental Capacity Act 2005 were protected.

People were supported to maintain a healthy diet and to access external professionals to maintain and promote their health.

Good ●

Is the service caring?

The service was caring.

People and their relatives spoke positively about the care and support they received.

Staff treated people with dignity and respect and promoted their independence.

Procedures were in place to support people to access advocacy services where needed.

Good ●

Is the service responsive?

The service was responsive.

People received personalised care based on their support needs

Good ●

and preferences.

People were supported to access activities they enjoyed.

Policies and procedures were in place to respond to and learn from complaints.

Is the service well-led?

The service was not always well-led.

The provider's quality assurances processes had not identified the issues we found at this latest inspection.

Feedback was sought from people, relatives and staff.

Staff said they felt supported in their roles and valued as members of a team.

Requires Improvement 

The Personal Support Network (Teesside) 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 23, 24, 29 and 31 January 2019 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection.

We spoke with eight people who used the service and seven relatives of people using the service.

Inspection site visit activity started on 23 January and ended on 31 January 2019. It included telephone calls to people and their relatives. We visited the office location on 23 and 31 January to see the registered manager and office staff, and to review care records and policies and procedures. We spoke with staff, people and relatives on the telephone to obtain their feedback on 24 and 29 January. We also visited people at home with their permission on 23 January.

The inspection team consisted of one adult social care inspector, a medicines inspector 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider was not asked to complete a provider information return before this inspection. 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.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by The Personal Support Network (Teesside) Limited.

We looked at seven care plans, seven medicine administration records (MARs) and handover sheets. We spoke with 13 members of staff, including the registered manager (who was also a provider), the other registered providers, eight support workers and two office staff. We looked at two staff files, which included recruitment records. We also looked at records concerned with the day to day running of the service.

Is the service safe?

Our findings

At our last inspection in February 2018 we found that health-specific risk assessments were not always in place and medicines were not managed safely. The provider was in breach of the regulation in relation to safe care and treatment and we took action, requiring the provider to send us plans setting out how they would address these issues. When we returned for this inspection we found medicines were still not managed safely.

The level of support people had with their medicines was not clearly documented. Staff had recorded the level of support people needed with their medicines in their care plan, however for one person we visited this had changed and the care plan was not updated. For another person the level of support was documented as 'administer medicines and observe' however, some doses were left out for self-administration later and there was no risk assessment in place. This meant we could not be sure that staff were supporting people to look after their own medicines safely. The registered manager acted to review these people during our inspection.

Records relating to medicines were not completed correctly placing people at risk of medication errors. On the medicine administration records (MARs) we reviewed we found that the medicines recorded as administered did not match the medicines that staff administered from the pharmacy supplied blister pack. Where the non-administration code 'x' was used on the MAR, care staff had not always recorded the reason for this. For another person that staff supported with medicine administration no record was kept of the medicines prompted.

Instructions for some people receiving medicines 'as and when required' were missing. This information is important to ensure staff are aware of the circumstances under which these medicines should be given.

Checks of the MARs were completed when the records were returned to the office. However, these had not picked up all the issues we identified at our visit. We spoke with the registered manager about these issues, who produced an action plan to address them. However, the issues had not been identified or acted on before our inspection.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments had improved since our inspection in February 2018, but further and sustained improvement was needed. For most people health-specific risks had been identified and plans put in place to address them. For some people, care plans contained risk assessments but these had not been updated when changes took place. For example, one person had a care plan in place for nutrition and hydration however this did not accurately reflect the nutritional supplement that was prescribed in November 2018. The same person also had a risk assessment for pressure areas and this did not detail the input from the district nursing team. We spoke with the registered manager about this, who said immediate action would be taken to update risk assessments.

Accidents and incidents were monitored to see if lessons could be learned and action taken to improve people's safety. This included seeking advice from external professionals such as occupational therapists if needed.

People were safeguarded from abuse. Staff received safeguarding training and said they would not hesitate to report any concerns they had. Records showed that where issues had arisen they had been appropriately recorded and reported.

Policies and procedures were in place to promote good practice in infection control. Staff received infection control training and the provider carried out an annual audit of infection control processes to see if improvements could be made. Staff had access to supplies of personal protective equipment such as gloves and aprons.

Plans were in place to support people in emergency situations that disrupted the service. These included a business continuity plan with guidance to staff on maintaining the service and electronic backup copies of key documents such as care plans.

The registered manager and provider ensured sufficient staff were deployed to provide safe support. Rotas were monitored to ensure staff had time to travel between calls, and that sickness and absence were covered. People and their relatives said they were supported by staff they knew and who arrived on time. One person told us, "It's always staff I know who come to see me. They're usually on time. If not it's because they're stuck in traffic or a problem has come up that they can't help. I really don't mind. They make up for the time that is lost. They've never missed a call. Always covered." A member of staff we spoke with said, "I think we have enough staff. I can always cover my own run, and there are always people to cover the shifts."

The provider's recruitment policies minimised the risk of unsuitable staff being employed. Applicants were required to provide their employment history, written references were sought and a check was made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and to minimise the risk of unsuitable people from working with children and adults.

Is the service effective?

Our findings

People's health and social needs were assessed to ensure the service could provide effective support. Assessments included information from people, relatives and other professionals working with people and reflected current best practice. One person told us, "I was involved in telling them the support I wanted."

Staff worked collaboratively with external professionals to maintain and promote people's health and wellbeing. Care records contained evidence of the involvement of external professionals. For example, one person's moving and handling plan had been written with input from their occupational therapist. Advice had been sought from a speech and language therapist in relation to another person's support needs. One person we spoke with said, "They help me to attend medical appointments."

Staff received the training needed to provide effective support. Staff received a wide range of mandatory training, including in food hygiene, moving and assisting and health and safety. Mandatory training is the training and updates the provider deems necessary to support people safely and effectively. Additional training was provided to staff supporting people with particular health support needs, such as stoma care or dementia awareness. External professionals were used to provide specialist training. For example, some staff had received training from a percutaneous endoscopic gastrostomy (PEG) nurse to help them support people. A PEG is a tube which is passed into a person's stomach to provide a means of providing nutrition when oral intake is not adequate or possible.

Staff spoke positively about the training they received. One member of staff said, "I think the training is brilliant. You get regular training and also optional training if you want to build up your skills, which I think is good. It's classroom training. The odd one is online, but that tends to be the optional training." People and their relatives said staff had the skills needed to provide their support. One person told us, "They all know what they are doing." A relative we spoke with said, "All the carers seem well trained in the equipment my wife needs."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed they were used to review staff performance, discuss training and best practice and give staff an opportunity to discuss any support needs they had. Staff said they found supervision and appraisal meetings useful. One member of staff told us, "Supervisions are brilliant. They ask how you feel about the job, what they could change to make to it better and how high you want to go. They're absolutely brilliant. They're always there for you."

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. We checked whether the service was working within the principles of the MCA. People's consent to their support was clearly recorded in their care records. Procedures were in place to ensure people's Lasting

Powers of Attorney were involved in decisions about their support. Where people appeared to lack capacity appropriate steps were taken to carry out capacity assessments.

Some people received support with managing food and nutrition as part of their support package. Where this was the case, people's dietary needs and preferences were recorded in their care records, and these were followed.

Is the service caring?

Our findings

People spoke positively about the support they received from staff, who they described as caring and kind. One person told us, "They are all very good. I would be lost without them." Another person said, "They are great and I would recommend this company to anyone."

Relatives also gave positive feedback about the support provided by staff. One relative told us, "I absolutely can't praise them highly enough. [Named person] loves them and they are all so friendly. We have a regular team of girls coming in, and this is important for [named person] that she recognises people. The carers are rapidly becoming my right hand." Another relative praised staff for helping one person to overcome some difficulties they had encountered. The relative said, "It is such a weight off my shoulders. They are all genuinely fond of [named person] and you can see the way they talk to them."

People were treated with dignity and respect. People told us staff were polite, respectful and supported them to make choices over the support they received. One person told us, "I am very happy with the carers. They respect my wishes". Relatives told us staff had close and friendly but professional relationships with the people they supported. One relative said, "The carers are very good though, they are absolutely lovely. They interact and joke with [named person]. He lights up when they arrive."

Staff were committed to ensuring people felt comfortable and at ease when receiving support. One member of staff told us, "For one person I sat down and explained I am not here to take any of her dignity away, I would help her with what she wanted but give her privacy. Now she has a shower three to four times a week. I wouldn't want people coming in to shower me, so I think it's about giving people privacy as much as possible."

People said they were empowered by the support they received and had used this to improve their overall quality of life. One person told us how they had been motivated by staff to improve their independent living skills, which had resulted in them gaining qualifications and applying for jobs. The person said, "They helped me through thick and thin. They kicked me up the backside to motivate me" and, "They have helped me through a lot of sticky situations that I thought I wouldn't get out of. I give them credit for that. If I need them, they're there."

Staff we spoke with were able to give examples of how they supported people to maintain their independence and to live as full a life as possible. One member of staff told us, "I only intervene if I've observed [named person] struggling, and even then I ask if she wants help. I never just intervene without asking."

Policies and procedures were in place to support people to access advocacy services. Advocates help to ensure that people's views and preferences are heard. At the time of our inspection one person was using an advocate and the service had arranged for another person to receive advocacy support to deal with a specific issue they were facing.

Is the service responsive?

Our findings

People received personalised support based on their assessed needs and preferences. People and their relatives said they were involved in drawing up and reviewing their support plans. This helped ensure they reflected people's preferences. One person said, "I was involved in telling them the support I wanted. They ask how it's going and whether I want any changes and now and then they just phone to ask how I am doing." A relative we spoke with told us, "I am fully involved in [named person's] care plan. I think it's reviewed about every quarter. In fact, I joke with them and say just leave things alone and I will be happy."

Support plans began with an 'About me' section to help staff learn about the person's life and family background, hobbies and interests and cultural and religious beliefs. This helped staff to get to know the person as a whole and see beyond their particular support needs. One member of staff said, "If I go to someone I've never seen before I read the care plan to see what assistance they need. It's all detailed in there."

Where people had an identified support need, plans were in place setting out the help they wanted and needed. Plans covered areas including moving and handling, food and nutrition and continence care. These included guidance to staff on the tasks people wanted support with and those they wanted to do for themselves. People told us they received the support they wanted from staff. One person said, "They give me personal care, I feel very safe. I get on well with all of them."

Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences. People and their relatives told us they were involved in these reviews and were regularly asked if people were receiving the support they wanted. One relative we spoke with said, "We had a meeting recently to update [named person's] care plan. If I need to change anything I just call the office and they send out a revised plan straight away, no problem."

The provider had systems in place to ensure information was accessible to people and followed the principles of the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. People's care plans contained information on their communication support needs and guidance to staff on how these could be met. For example, one person's plan had detailed information on how staff could communicate effectively with them following a stroke.

The provider supported people to access activities they enjoyed where this was part of their care package. The service was located in a community centre and had converted some rooms into an activity space, which people were encouraged to use. The provider had an 'outreach co-ordinator' who helped to organise and facilitate a wide range of activities, including gardening, a 'knit and natter' group and games and film sessions. Even where people did not receive support with activities, they were encouraged to use the facilities on offer. One member of staff told us, "It's lovely to even just see people pulling tables together and eating together socially." The provider had also converted one room into an 'education suite', with computers people could use to learn and improve their IT skills. Staff provided sessions on literacy and

numeracy skills, which staff said were well attended. One person told us they had improved their reading skills at these sessions and now enjoyed reading for pleasure. They said, "I come here on a Thursday for life skills. We start with a quiz and word search to warm our brains up." A member of staff we spoke with said, "They tell us stuff they didn't do at school that they would like to pick up here."

Policies and procedures were in place to investigate and respond to complaints. The provider had a complaints policy setting out how issues could be raised and the procedure for investigating them. People and relatives said they knew about this policy and would be confident to raise any issues they had.

Is the service well-led?

Our findings

At our last inspection in February 2018 we found that the provider's quality assurance processes were not always effective at monitoring or improving standards. The provider was in breach of regulation in relation to good governance and we took action requiring the provider to send us plans setting out how they would address these issues. When we returned for this inspection we found effective good governance processes were still not always in place.

The registered manager and provider carried out a number of quality assurance audits, including care plans and medicine records. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. These audits had not identified or resolved the issues we found in relation to medicines management. This meant systems for ensuring good governance at the service were not always effective.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoke positively about the culture and values of the service and the leadership provided by the registered manager and provider. One member of staff said, "The staff here are more like a family. All there for each other. For example, when they do the rotas they'll say if they think you're too busy and take stuff off you. Don't like us overworking and make sure we take plenty of breaks. They're brilliant." People and relatives also said they would be confident to raise issues with the service. One person told us, "[The registered manager] is great. If I have any problems I know I can just come in and speak to her."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Feedback was sought from people, relatives and staff and was acted on. An annual survey was carried out to gather views on the service and see if improvements could be made. This had most recently been carried out in May 2018, and contained largely positive results. Where issues had been raised, action plans were in place detailing how they had been resolved. For example, changes had been made to medicine records following feedback from staff. Feedback was also sought from staff at regular staff meetings. One member of staff told us, "They ask how your wellbeing is, if you have any problems then if you have any areas of improvement. They're good."

The registered manager and provider had created and sustained a number of community links with groups and agencies that benefited people using the service. The registered manager worked closely with the managers of the community centre where the service was based to arrange facilities people could use. For example, a garden had been developed that people could use to learn and practice gardening skills.

Support groups for the LGBT community were promoted in communal areas, and drop in sessions held at the service. Since our last inspection the service had maintained its accreditation as 'Dementia Friends'. 'Dementia Friends' is an Alzheimer's Society initiative designed to help people learn more about dementia and the small ways they can help.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. Regulation 12(1).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurances processes had not identified the issues we found at this latest inspection. Regulation 17(2)(a).