

# Team Personnel Solutions Limited

## West Yorkshire

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 6, 7 and 8 July 2016 and was announced. At the previous inspection in October 2015 we found six breaches in regulations which related to management of medicines, staff training and support, employment of fit and proper persons, safeguarding people from abuse, employment of fit and proper persons, governance arrangements and person centred care. We rated the service as inadequate. At this inspection we found the provider had made improvements, sufficient to meet regulations. While improvements had been made we have not rated this service as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

West Yorkshire, who people often referred to as Team Personnel Solutions or TPS, is registered to provide personal care to people in their own home. Only two people were receiving personal care at the time of this inspection. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke with two relatives who had observed their relative being cared for on a regular basis, and had regular contact with the service. They had no concerns and were complimentary about the staff and management. They told us regular workers visited who were reliable and the care they provided was consistent. Staffing arrangements worked well.

Everyone we spoke with told us the service was safe. The staff team had attended safeguarding training and understood that any concerns should be reported. Staff we spoke with were confident the management team would deal with any concerns appropriately and promptly.

Although the provider had not recruited any new staff since the last inspection they had carried out recent Disclosure and Barring Service (DBS) checks on existing staff. The DBS is a national agency that holds information about criminal records.

Staff received training through internal and external programmes. Staff who assisted one person to receive their nutrition and hydration via PEG (Percutaneous Endoscopic Gastrostomy) had received appropriate training which was at a level required to ensure they were competent in the safe use of the product. Staff were supervised and had opportunities to discuss their performance although there was a variance in the level of support staff received

People who used the service or their relative made decisions about their care and were involved in the care planning and reviewing process. Mental capacity assessments were carried out when people did not have the ability to make decisions. Staff were confident any decisions made on people's behalf were in their best interests.

Care plans had information that helped staff get to know the person and specific information to guide staff during care delivery. An assessment of need was completed and identified any potential risks and how these should be managed.

Relatives had regular contact with the management team and said they were comfortable raising concerns. People were given information about how to make a complaint. The provider had received several compliments and had not received any complaints since the last inspection. The service had a 'service user guide' which included a 'charter of rights' which outlined the standard of service people could expect.

The provider had introduced a range of quality assurance systems, which they were continuing to develop to ensure monitoring and overall governance was effective. They carried out care plan audits and agreed to introduce medication audits. A provider customer satisfaction survey showed people were happy with the service they received.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was safe.

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

The management team had introduced better systems so staff knew what to do to make sure people were safeguarded from abuse.

Systems were in place to make sure risks to people who used the service and staff were assessed and managed.

Staffing arrangements were appropriate.

### Is the service effective?

**Requires Improvement** ●

The service was effective.

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

The management team had introduced better support systems for staff, which ensured people's needs were met by staff who had the right skills, competencies and knowledge.

Systems were in place to make sure people or their representative could make decisions about their care and support.

### Is the service caring?

**Good** ●

The service was caring.

Feedback about the service and quality of staff was positive.

Staff were confident people received good care.

People were given information about the service and its aims and objectives so everyone understood the standard of service they should expect.

### Is the service responsive?

**Good** ●

The service was responsive.

People received personalised care.

People's care and support needs were assessed and plans identified how care should be delivered.

Systems were in place to deal with complaints and concerns.

### Is the service well-led?

**Requires Improvement** ●

The service was well led.

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

The management team were accessible and approachable.

Everyone was given opportunity to share their views about the service.

The provider had introduced a range of quality assurance systems, which they were continuing to develop to ensure monitoring and overall governance was effective.

# West Yorkshire

## 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the information we held about the service. We contacted the local authority, clinical commissioning group and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Two of the organisations told us they did not hold any information and the other did not raise any concerns.

The inspection took place on 6, 7 and 8 July 2016 and was announced. We gave the provider 48hrs notice because we needed to be sure that someone would be in the office. On 6 July we visited the provider's office and on 7 and 8 July we telephoned people. An adult social care inspector carried out the inspection. At the time of the inspection two people were receiving personal care from West Yorkshire and five care workers provided most of the personal care. The registered manager, a director and three care workers assisted people with personal care occasionally.

When we visited the provider's office we spoke with a director of the organisation and the administrator. The registered manager was on annual leave. In the report we have referred to the director and registered manager as the 'management team'. During the inspection we looked at documents and records that related to care and support and the management of the service. We were told that the two people who used the service were unable to tell us about their experience of receiving care. We spoke with five care workers and two relatives.

# Is the service safe?

## Our findings

Relatives told us they believed their relative was safe when they received care from West Yorkshire. One relative said, "It's safe and I've no concerns." Another relative said, "With moving and handling they know what they are doing, how to turn and use the equipment."

At the previous inspection in October 2015 we found a breach in regulation relating to safeguarding service users from abuse and improper treatment because systems and processes were not established to prevent abuse of service users. At this inspection we found the provider had introduced a system which safeguards people who used the service. The provider had a safeguarding procedure which outlined how they would protect people and actions they would take to deal with abuse if it occurs.

Each person's care plan had a section which referred to complaints and safeguarding. Contact details for the local safeguarding authority and CQC were included. The director told us since the last inspection there had been no safeguarding incidents which required reporting to the local authority or the Care Quality Commission.

Staff we spoke with said they had received safeguarding training and everyone told us they understood their responsibility to report any concerns. They were confident the management team would deal with any concerns appropriately and promptly. One member of staff said, "I attended local authority safeguarding training; they went through types of abuse, what we must do and gave us a card with details which I've kept." We looked at staff training records which showed staff had completed safeguarding training. We looked at staff meeting minutes from June 2016 and saw staff had discussed safeguarding and reporting any concerns.

At the previous inspection in October 2015 we found a breach in regulation relating to employment of fit and proper persons. At this inspection we found the provider had not recruited any new staff since the last inspection. Staff we spoke with told us they were employed before the last inspection and had not worked with any new colleagues. The director said they would ensure any future recruitment processes were robust and had a recruitment process that would be carefully followed.

We looked at four staff files and saw in each that Disclosure and Barring Service (DBS) checks had been completed since the last inspection. The DBS is a national agency that holds information about criminal records.

At the previous inspection in October 2015 we found a breach in regulation relating to safe care and treatment because medicines were not managed safely and there was a lack of training and appropriate policy and procedure to ensure staff were able to deliver care safely. At this inspection we found the provider had introduced systems for delivering care and medicines safely. Staff we spoke with told us they had completed medicines training and records we reviewed confirmed this.

The provider had a medicine policy which outlined procedures for prompting and administering medicines.

This stated staff would be assessed by a senior member of staff once they completed their induction. Staff told us they were observed delivering care on a regular basis, which included administering medicines; however, the director was unable to locate the assessment records. The director said the registered manager was responsible for carrying out this role and would ensure they either located the relevant records or carried out an up to date assessment with all staff.

We looked at care records and saw assessments were carried out to keep people safe. An assessment of need document had been completed and identified potential risk and where support was required. This included areas such as medication support, access to and security of the home, mobility and nutrition. One person had a 'handling risk assessment' which identified how staff must support the person and what equipment must be used to make sure the person was transferred safely. The assessments generally contained sufficient information although one person was prescribed 'when required' medicine. There was no reference to this in their assessment of need or care plan. The director said they would make sure this detail was added to the person's care plan to ensure they were given these medicines correctly and consistently.

Relatives and staff told us the service was safe. One member of staff said, "[Name of registered manager] always does an assessment before we start working with a client, and checks the home and the equipment. She asks us all the time if we have any issues and if there any health and safety risks."

Relatives we spoke with said the staffing arrangements worked well and they had the same care workers visiting. One relative said, "Timings are good and they can provide care at short notice. Once when we came out of hospital they sorted things out straightaway." The director explained they had a regular team of care workers who attended the same visits each week and when anyone was on leave they had regular care workers to cover. Staff we spoke with confirmed this and said their shifts were well planned.



# Is the service effective?

## Our findings

At the previous inspection in October 2015 we found a breach in regulation because staff employed by the service did not receive appropriate support, training and supervision. At this inspection we found the provider had introduced systems to make sure staff were supported to carry out the duties they were employed to perform.

We looked at staff records and saw staff had received a range of training sessions. This was through internal and external training programmes. The registered manager had completed training which equipped her to cascade training to others and a 'train the trainer' course for 'manual and patient handling'. We saw some staff had completed sessions that were facilitated by the manager and included understanding your role, health and safety, duty of care, person centred care and communication. Other staff had attended external training with the local authority.

We saw the registered manager had provided support to staff in a range of ways. Spot checks were carried out where the registered manager observed staff when they were providing care to people in their home. Some staff had 'carer supervision' forms which evidenced discussions were held around roles and responsibilities. Staff had attended meetings where they had discussed topics such as training, communication and professionalism.

Staff we spoke with said they had received appropriate training and felt well supported. One member of staff said, "We sit and talk about things. [Name of registered manager] has talked about strengths and weaknesses, and she says we are looking after people so we have to do it well." They told us they had recently attended a two day training session with the local authority. Another member of staff said, "I did my mandatory training in September with a company and that was really good; we covered lots of different topics."

It was evident that staff were supervised and had opportunities to discuss their performance; however, there was a variance in the level of support staff received. The director explained some staff only worked occasionally so received less frequent support. The provider had a supervision policy but this did not outline the frequency and method of staff support. The director agreed to add this information to the policy so everyone understood the support systems.

Relatives we spoke were complimentary about the quality of the staff and felt staff were competent. One relative said, "They are all doing their job."

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.

Relatives told us staff involved the person where possible in making decisions and consulted as appropriate with relatives. People had information in their file which showed mental capacity was assessed to establish whether the person could make decisions around their care and support. This included decisions about when to see a health professional, manage medication and when to use the toilet. It was clearly recorded when people did not have capacity and where best interest decisions were made. People had customer agreements. We saw in one person's file the person did not have capacity to consent to care so their relative had signed this, and had agreed to the care package.

Staff told us they had completed MCA training and we saw the registered manager included this in their course content. One member of staff said, "If someone doesn't have capacity then we have to empower people through their family."

People generally received support from their family members with nutrition and healthcare appointments but relatives were confident that they could request support if required. Information about medical history was recorded in people's assessment of need and care plan, which ensured staff were aware of potential health issues.

One person received nutrition and hydration via PEG (Percutaneous Endoscopic Gastrostomy). Every member of staff who assisted the person had received appropriate training which was at a level required to ensure they were competent in the safe use and features of the product.

## Is the service caring?

### Our findings

The relatives we spoke with said their relatives were happy with the care they received. One relative said, "[Name of relative] is a proud man and having the same workers is important to him. I explained that at the start and they have made sure the same ones visit." The other relative said, "Before mum started, [name of registered manager] came out and sat with me. We went through everything mum needed, what we do with [name of person] and how we do it. They asked what [name of person] wanted." Both relatives said the care workers were caring. One relative said, "[Name of person] prefers some girls to others but that's personal preference; they are all fine."

Staff told us they received positive feedback when they carried out their visits. They said the people they supported seemed satisfied and their relatives were complimentary about the care. One member of staff said, "Since we've provided care [name of person] has not had to go to hospital many times and I think that's because we're all doing a good job." Staff we spoke with said they always visited the same people. One member of staff said, "The care plan covers everything but going to see the same person all the time means you get to know them. I work the same days and with the same colleagues and visit the same person so it works well. A member of staff who only worked occasionally for West Yorkshire said, "I go to the same person and with a colleague who goes regularly."

Care plans had information that helped staff get to know the person. They contained details about the person's history and what was important to them. Both care plans had clear details about their current living arrangements including support provided by their family members.

In the PIR the provider told us, 'We involve the client or their relatives when assessing and writing up the care plan so that it becomes patient centred care. We regularly review care plans e.g. monthly and as when any change occurs in the clients care provision.' Our inspection findings confirmed this.

The service had a 'service user guide' which included a 'charter of rights' which outlined the standard of service people could expect. The guide provided information about confidentiality, records and plans of care, and care workers. They stated 'we do our utmost to ensure that you have the same regular carers/support workers all of the time. In the eventuality of holiday and sickness we will strive to keep the number of replacement workers to a minimum'. The feedback we received indicated the service was successfully achieving this.

## Is the service responsive?

### Our findings

At the previous inspection in October 2015 we found a breach in regulation because there was no record of care plans being reviewed on a regular basis. At this inspection we found the provider had introduced systems to make sure care and support was regularly reviewed.

Relatives told us care and support was appropriate to meet their relative's needs. They told us they had been involved in planning and reviewing care to make sure it continued to be appropriate. One relative said, "Before [name of person] started, [name of registered manager] came out, and sat with me. We went through everything [name of person] needed, what we do with [name of person] and how." Another relative said, "On a regular basis they check things are ok, they come out. They make changes when I give feedback."

Staff we spoke with told us care and support was well planned, and any changes to people's needs were dealt with appropriately. They said the registered manager was familiar with everyone's care needs and communicated any changes to all staff. Staff were confident care plans accurately reflected people's care needs. One member of staff said, "Care plans have all the information and we record everything so they know we are following the care plan properly."

Care plans contained specific information to guide staff during care delivery. For example, one person's care plan had two sections; one with guidance that must be adhered to at all times, such as 'two staff to assist with personal care and dressing', and the other section was a breakdown of assistance required at each visit including medication administration instruction. We saw the registered manager had reviewed care plans through telephone reviews and home visits, and recorded people's comments which included any changes they wanted to make.

Relatives told us they had regular contact with the registered manager and were comfortable raising concerns. One relative said, "They act on things and any issues have got resolved." Another relative said, "If ever I've contacted [name of director] or [name of registered manager] they have sorted things. If I've got any concern I don't hesitate I just ring."

People had a section in their care plan which confirmed they had been given information about how to raise concerns and complaints. The service user guide also had a section titled 'your views and comments'.

In the PIR the provider told us, 'We strive to deal and resolve all complaints timely and satisfactorily e.g. when a complaint is received, it is acknowledged by the registered manager, who in turn investigates the complaint. Findings and appropriate actions are communicated back to the complainant and recorded. This should be within a period of one month. If the client is not happy with the management, details of where to complain to is in front of the care plan and they are also made aware of this. The service would learn from complaints and make changes appropriately.'

The director said they had not received any complaints since the last inspection. We looked at a

compliments record for 2015 which included the following comments: 'Thank you to all the lovely carers which cared for my mum', 'Thanks you to all those at TPS', 'Thank you for the amazing care and friendship, we will always be grateful'.

# Is the service well-led?

## Our findings

The service had a registered manager who dealt with most of the day to day issues and oversaw the overall management of the service. The registered manager was a director of the organisation, and supported by another director of the organisation who was present at the inspection. In the report we have referred to them as the management team. Both relatives we spoke with had no concerns and said the service was well managed. One relative said, "The company is good."

Staff told us the service was well managed. They said the management team were accessible, and provided appropriate advice and support. One member of staff said, "I always get a good response if I contact [name of director] or [name of registered manager]." Another member of staff said, "[Name of registered manager] comes out regularly when we are working; she just pops into see how things are going. If we are having any problems they just pop out to help."

At the previous inspection in October 2015 we found a breach in regulation because the provider did not assess and monitor the quality and safety of the services provided. At this inspection we found the provider had introduced a range of quality assurance systems.

We looked at a provider customer satisfaction survey which was completed in February 2016. At the time of the survey three people were receiving a service and all had responded. Two said they would definitely recommend the service and one selected 'yes probably'. Everyone said people were always treated with respect and dignity. Two rated the availability of staff as excellent and one as very good.

The registered manager had completed telephone and home visit monitoring which gave people opportunities to share their views about the service. Staff told us they had opportunities to discuss the service and put forward ideas for improvement which included attending team meetings. One member of staff said, "We have staff meetings and like the one last week we are free to talk about anything."

The provider had introduced care plan audits to make sure they accurately reflected people's care needs. We saw a 'home file audit' which was completed in March 2016. This showed they had checked the information was correct, risk assessments were linked to a support plan, log sheets had been completed in accordance with the log sheet guidance and medication records were completed and up to date.

At the time of the inspection there were no medication audits. We noted there was a discrepancy when we looked at one person's medication administration record and daily notes. They indicated the same medicine had been administered on different dates but this had not been picked up by the provider prior to the inspection. The director agreed to introduce a medication audit to make sure any future discrepancies were highlighted through their own auditing processes.

The director told us there had been no accidents or incidents since the last inspection.

In the PIR the provider they said they were going to make further improvements to the service by developing

the quality assurance processes. They told us they were 'introducing a planner' for telephone monitoring, quality assurance visits and customer satisfaction surveys.