

City of York Council

# Personal Support Service

## Inspection report

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20 September 2018  
15 October 2018

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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?

Good ●

# Summary of findings

## Overall summary

Personal Support Service is a domiciliary care agency providing personal care to people living in four separate independent living communities owned by York City Council. The service also provides personal care on a night to people living within the city of York. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises, this inspection looked at people's personal care and support. Not everyone using Personal Support Service receives 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.

We completed this inspection on 14 and 20 September and 15 October 2018. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Systems and processes were in place to support people to stay safe. Staff were trained in safeguarding and knew how to recognise and report abuse. Medications were managed in line with company policy. The service provided information to people to support them to remain safe within their homes.

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

Staff received consistent supervision meetings and felt supported in their roles. Regular team meetings supported staff to keep up to date with policy and provided information for staff to support their role. The service provided safe staffing levels.

We observed staff to be kind and caring. People told us they were happy with the service and enjoyed meaningful interactions with staff. Staff knew people well and encouraged independence at all times.

Support plans were person-centred and contained information for staff to support people in line with their needs, wishes and preferences. People were involved in reviewing their care and were assigned a 'keyworker' to ensure reviews were completed on a regular basis. A keyworker is a member of staff assigned to a person to provide care and assistance and encouraging them to participate in social activities and keep their support plan up to date in line with the person's needs.

People were encouraged to join in activities which took place in communal areas within the sheltered housing schemes. A wellbeing coordinator had been employed to prevent people from becoming socially isolated.

Systems were in place to monitor the quality of the service. The management team were passionate about

providing person-centred care for people living with a dementia related illness to live independently within a community based setting.

Further information is in the detailed findings below.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Personal Support Service

## 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.

The inspection took place on 14 and 20 September, and 15 October 2018. All visits to the service were announced. We gave the service five days' notice of the inspection. This was to enable the registered manager to arrange for staff to be available to speak with us and to gain consent from people to visit them at their home. The inspection was completed by two inspectors on the first visit and one inspector on the two further visits.

We 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.

Prior to the inspection we requested information from the local authority commissioners and Healthwatch. Healthwatch is an independent consumer champion for health and social care. We used the feedback we received to inform the planning of our inspection. We reviewed statutory notifications we had received. A statutory notification is information about important events which the provider is required to send to us by law.

The inspection site visit started on 14 September 2018. We met the registered manager at the service office location. The registered manager, service manager and head of adult services were available to speak with throughout the day. On the 20 September 2018 we spoke with staff and reviewed further records at the office location.

We spoke with six members of staff. We reviewed five people's support plans and six staff files. We also looked at documentation that supported the running of the service. On the 15 October 2018, we visited five people in their homes and spoke with three relatives.

# Is the service safe?

## Our findings

At the last inspection in January 2016 we rated the service as 'Good'. At this inspection, we found the service remained 'Good'.

People using the service told us they felt safe with staff. Comments included, "The staff are wonderful" and "I feel safe with staff, they are all very good." A relative told us, "I know my [family member] is safe with this service."

To minimise the risk of abuse staff undertook safeguarding training. Staff understood the different types of abuse and how to keep people safe within their own home. One staff member told us, "We encourage people to lock their doors and to use their lifeline." All staff received a handbook when starting employment. This contained contact details for the local safeguarding team and other useful contacts to support staff to keep people safe.

Assessments were completed for people. Enabling risk plans were in place for people. This gave staff information of specific activities for people and informed them of the support required to keep people safe both within and outside their homes. People's support plans contained the 'Herbert protocol'. The Herbert protocol is written information about people living with dementia who can become disorientated when out in the community. This information details people and places that are important to them. In the event of the person not returning to their home, this information can help the person to be located.

We found staffing levels were sufficient for people's needs. People told us, "Staff arrive on time", "They are always here, without fail" and "I would be lost without them." The service had a relief team of staff to cover sickness and holidays.

Staff recruitment files showed procedures had been followed. References had been obtained from previous employers, and disclosure and barring checks had been completed to ensure staff were suitable to work with people using the service.

All staff completed infection control training and could describe safe practice to us in relation to this. We observed staff using personal protective equipment, including gloves and aprons which minimised the risk of infection to people.

Medications were managed and administered in line with policies. Staff completed medication training and had their competency checked before assisting people with medication. Team leaders checked records monthly to ensure people's medication had been given in line with their prescription.

The provider shared information across locations. This demonstrated any incidents and concerns were discussed and lessons were learned to drive improvements across the organisation.

# Is the service effective?

## Our findings

At the last inspection in January 2016 we rated the service as 'Good'. At this inspection, we found the service remained 'Good'.

People who used the service told us they felt supported by well trained staff. Comments included, "They [staff] know what they are doing"; "Staff are very good" and "All the staff that come know what they are doing."

Staff received training to support their role. We saw records that showed established staff received refresher training when needed. New staff completed the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care service. Records showed that staff received regular supervision and attended staff meetings. One staff member told us, "I feel very supported, we do lots of training and there is always someone to talk to if I need to."

The service also provided training and information for people to be aware of their own care needs. The service was involved and promoted the 'React to red skin.' This is a national campaign that provides people with information about pressure ulcer prevention and is committed to educating as many people as possible about the dangers of pressure ulcers and the simple steps that can be taken to avoid them.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). We checked whether the service was working within the principles of the MCA and found that they were. Staff had understood the importance of giving people choice and one person told us, "They ask me every morning what I want for my breakfast, even though I have the same thing every day."

Support plans were person centred and contained information for staff to support people in line with their preferences. Consent for care was sought and support plans were updated consistently. People's dietary needs were documented in their support plans. Where staff supported people at meal times they were encouraged to maintain their independence and be fully involved in preparing meals. One person told us, "I do my own lunch, with the help of staff." Some people within the service received a mobile meal from an outside service. Staff from Personal Support Service supported people to access the communal areas to eat their meal with others. This encouraged people to form relationships within the independent living community.

Innovative technology was used to ensure the safety of people. The care clip was used for people who wished to use them, when out alone within the community. This device used General Packet Radio Services [GPRS] tracker and a radius was set with the agreement of the person using it. If the person went outside the radius the service received a notification to alert them to this. Staff were then able to contact the person through a sim card within the care clip to see if they were okay. Staff we spoke with said the care clip was good, however, the people that were currently using it had not gone that far, so staff had not yet had to use

the in-call system to contact people.

# Is the service caring?

## Our findings

At the last inspection in January 2016 we rated the service as 'Good'. At this inspection, we found the service remained 'Good'.

People using the service told us the staff were caring. Comments included, "Staff are wonderful"; "I have known the staff for a long time and they know me and look after me well" and "I really look forward to them coming."

We observed staff treated people in a kind and considerate manner. When staff arrived at the person's home, they asked them how they were feeling and engaged in meaningful conversation with them. It was clear staff had developed positive relationships with people. One person told us, "I am always doing my crosswords and the staff always ask me how I am getting on with it. They sometimes sit with me and point me in the right direction for the answer, but they don't tell me it, they know I don't like that."

Staff told us that they maintained people's privacy and dignity by talking to them and finding out their preferences, likes and dislikes. People told us that staff were respectful of their wishes. One person said, "They listen to me, which is important." We observed staff knocking on people's doors and waiting for a response before entering people's homes.

Staff spoke passionately to us about their role. Staff explained that talking to people and their relatives, along with reading support plans helped them to get to know people's individual's needs. Staff had good knowledge of people's needs and understood the importance of promoting and maintaining independence. One person told us, "They help me if I need it but they always encourage me to do things for myself."

The service supported the coming together of the community in an environment that met people's needs and requirements. For example, we saw people resting in the communal areas around their homes, spending time with others, and joining in activities. Staff supported people to access these areas and regularly checked people were okay and happy where they were. Staff we spoke with had a positive approach towards people spending time with others in communal areas and understood the importance of how social interaction impacted upon a person's wellbeing.

Staff provided further care such as caring for people's pets to ensure people using the service had all their needs met. The service had also worked with partners within the City of York council which included housing, to ensure the communal areas within the building were person centred. Meaningful pictures and ornaments were placed outside people's homes, so that people living with a dementia could identify where they lived.

## Is the service responsive?

### Our findings

At the last inspection in January 2016 we rated the service as 'Good'. At this inspection, we found the service remained 'Good'.

People told us they received responsive care from the service. One person told us, "I have a lot of medical issues and the staff support me to contact health professionals if I need them."

A relative we spoke with told us. "I know [name of person] is well looked after, if they need anything the staff will contact me or contact a health professional if they require it. I am very happy with the care they receive."

Records we looked at showed health professionals were contacted for people when needed. These records showed the service worked in partnership with health professional to implement support plans in accordance to people's needs. We saw comments from a respiratory nurse that said, "I was really impressed with the quality of information in the persons support plan."

People's support plans were person centred. Details of preferred names, religious beliefs and useful contacts were available to staff to provide personalised support to people. For example, one support plan we looked at contained information on a person's specific diet in relation to their religion, and contact information for an interpreter for staff because English was not the persons first language. The communication support plan for this person was detailed and informed staff when the interpreter may be required.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. We found the service had met this standard. We saw people had communication care plans in place, which detailed the most effective ways to support them to communicate.

People were encouraged to socialise and the service had employed a wellbeing coordinator to support people to access a range of activities available to them. The wellbeing coordinator's role was to prevent people from becoming socially isolated and to improve people's wellbeing. A variety of activities were available to people which were organised by staff in the communal areas.

The service had a complaints policy in place. At the time of the inspection there were no ongoing complaints. People and their relatives were aware of how to make a complaint to the service. One person we spoke with said, "I would talk to [registered manager name] if I had any problems, they are very good. A relative told us, "I have complete confidence that [registered managers name] would respond correctly if I had any concerns about [relative's name] care."

Support plans we looked at contained information on end of life care. People's specific wishes around their end of life care were written in good detail and contained information for staff to ensure people received a dignified, comfortable and pain free death.

# Is the service well-led?

## Our findings

At the last inspection in January 2016 we rated the service as 'Requires Improvement'. At this inspection, we found the service had improved to 'Good'.

There were two registered managers in post who worked together on a job share basis. At the time of inspection, the second registered manager was on a secondment within the City of York Council. A registered manager is a person who has registered with the CQC 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 management team worked closely with departments within the City of York Council, such as housing, to monitor the service and its environment. This resulted in people living in an environment which met their needs, enabled them to live independently and promoted a sense of community.

The registered manager received good support from a service manager and the head of provider services. The leadership of the service set high standards for delivering person centred care to people and ensured staff were fully supported in their role. The management team were forward thinking and taking part in various research projects to enhance the lives of people using the service. Staff and people were proud of the service and had nominated the service for a 'local hero' award with the local radio station. The service manager and head of provider services had both received internal leadership awards which included 'we improve' and 'inspirational leader'.

Staff told us they felt very supported by the management team. Comments included, "[Registered manager name] is excellent, so supportive", "They have time for you and listen to what your concerns are" and "They [Registered manager] are supportive, I couldn't ask for a better manager."

Regular staff meetings were held to keep staff up to date with practice and policy. Guest speakers were invited to staff meetings to talk about relevant issues. These included, the local pharmacy that the service used, a psychotherapist who specialised in trauma, and a HIV specialist nurse. This showed the service was consistently up skilling their staff to support people's needs.

Systems were in place to monitor the quality of the service. Team leaders completed monthly checks for the service which were communicated to the registered manager. An action plan was produced to ensure any actions identified were addressed and completed. The registered manager kept up to date with current best practice by working with care staff in the supported living environment. This gave them a good insight to how the service met people's needs and supported them to recognise further improvements to the service delivery.

Feedback was sought from people using the service, their relatives and health professionals. This was done annually. We saw feedback comments that included, 'Staff are professional, kind, caring and patient' and

'Thank you all very much for looking after [relative's name] health and wellbeing in such an exemplary way.'