

PSS (UK)

# PSS Merseyside

## 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?        | Good ● |

# Summary of findings

## Overall summary

### About the service

PSS Merseyside provides personal care to people in their own homes, 'supported living' services and 'shared lives' schemes. The different parts of the service supported people of all ages with a large variety of health and care needs. People using the service included those with a learning disability and/or autism.

PSS Merseyside is a large and complex service covering Merseyside and the Wirral and had just before our inspection extended into St Helens and Knowsley. However, not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection the service supported 64 people with personal care.

The majority of people receiving personal care lived in 'supported living' settings or 'shared lives' schemes. Supported living sites were small houses or bungalows in residential neighbourhoods, shared by up to three people. These were people's own tenancies and included their individual bedrooms and some shared facilities, such as adapted bathrooms.

Some supported living services had been developed out of the provider's former 'care home' sites. There were deliberately no outside signs to give a care home feel. We discussed some considerations to promote working with people in equal partnerships within their own, real tenancies. The registered manager explained their plans to improve this.

Shared lives schemes provided people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes. Community support staff visited people in their own flats or houses.

### People's experience of using this service and what we found

To arrive at a fair and proportionate judgement for this complex service, we took into account an overall balance of our findings in the different parts of PSS Merseyside. We considered excellent examples of the service making a real difference to people's lives, together with the improvement needs we found. On balance, people's experience of using the service was very good.

People, relatives and shared lives carers told us they were overall very happy with the service. People's comments included, "They are alright, the staff. They do everything they can really" and "We have lots of fun here, we are always laughing". A relative told us, "I think we are quite lucky to have such good place for [relative] to live."

However, we received some mixed feedback from people about how the service listened to them and involved them in some decisions. We found some improvements were needed to the consistency of staffing and staff supervision, as well as aspects of medication support. We made recommendations regarding these matters, which managers were addressing. People's support plans gave detailed information about their life

stories and needs, written in partnership with people, families, shared lives carers and staff. We highlighted a few areas for review, to ensure effective guidance for all staff.

The service was developing with respect to the principles of Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives. They ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. A more outcome-focused way of working had been introduced, which was still being embedded. We made a recommendation regarding the use of best practice guidance, to review how people were supported in partnership within their own tenancies.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service overall supported this practice. We highlighted some development needs, which the provider was addressing.

We heard many examples of how the service had made a real difference to people's quality of life. The provider shared with us stories of some fantastic outcomes for people using the service. Although not all of the examples related to people receiving personal care, we considered them as part of the service's wider aspirations and successes to change people's lives.

People using the service were supported in at times remarkably caring ways by staff and shared lives carers that had been robustly recruited. Staff and shared lives carers felt very well supported. The provider was continuously developing and looking to innovate the very positive culture, described by everyone we spoke with. A well-respected management team was seeking new ways to involve everyone in service design and delivery, to create an increasingly person-led service. The service worked in partnership with a large variety of professionals to promote people's health, wellbeing and quality of life, which had been complimented upon by stakeholders.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 30 October 2018 and this is the first inspection. The last rating for this service was good (published 30 May 2018). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# PSS Merseyside

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried by one 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.

#### Service and service type

A part of this service provides domiciliary care. It provides personal care to people living in their own houses and flats.

PSS Merseyside also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service also operates shared lives schemes across Merseyside and Wirral, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 72 hours' notice of our inspection so that the service could check with people or their representatives whether they were happy to visit people in their own homes. We also wrote to people using their service to let them know we may be calling them on the

telephone.

Inspection activity started on 7 October and ended on 10 October 2019. We visited the office location on 10 October 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 11 people who used the service and four relatives about their experience of the care provided. We spoke with 10 shared lives carers, as well 10 members of the provider's staff. These included the registered managers as well as other managers and senior managers, team leaders, support workers and a development worker. We also spoke with the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included people's care records and medication records. We looked at files in relation to staff and carer recruitment, as well as training and supervision records. A variety of records and information relating to the management, leadership, culture and development of the service, including checks and procedures were reviewed.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way. The registered manager had recently completed coaching training and explained how they would develop consistently proactive approaches in line with positive behaviour support principles.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Overall feedback about staffing arrangements was positive, noting consistency and enough staff to meet the needs of people and shared lives carers. However, some people told us about recent issues. One person said, "There are enough staff, but with the new shifts [patterns], we do not see them as much." People felt staff now did not always have time to come and sit with them.
- We understood from some people and staff that changes had led to staffing consistency issues. This meant that recently the reliance on casual relief and agency workers had increased. The provider was addressing this.

We recommend the provider continues to review their staff planning and deployment to ensure it is effective and meets people's needs.

- New staff were recruited using appropriate checks. Recruitment and approval processes for shared lives carers were very detailed and robust.
- The service involved people in recruitment interviews and was developing this further.

### Using medicines safely

- There was general provider guidance in place for staff to support people with 'as required' medicines. Managers also reviewed the use of these medicines, to identify any issues or patterns of high use. However, there were not always detailed and person-specific protocols in place to effectively guide all staff to recognise when people may need these medicines.

We recommend the provider considers guidance from reputable sources to develop their practice regarding protocols for people's 'as required' medicines.

- People were supported safely to take their medicines by staff and shared lives carers whose competency was assessed regularly. Competency assessments checked staff's understanding of STOMP, which is a best practice approach to prevent the overuse of psychotropic medicines.
- Medication administration records had been completed appropriately. Medication audits checked processes regularly and identified any issues to be addressed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe with the support from staff and carers. All of the people we spoke with confirmed this and echoed one person's comments, "I am very happy here, I love it."
- Staff and shared lives carers understood safeguarding responsibilities and had confidence in managers to

address any concerns. We discussed different examples of safeguarding investigations, as well as the actions taken and lessons learned to protect people.

- Incidents and accidents were analysed at service, manager and provider level. We discussed the further development of incident reports to support reflective practice.

#### Assessing risk, safety monitoring and management

- People had a variety of personalised risk assessments in place, based on their individual circumstances. Risk assessments were regularly reviewed to ensure they contained up to date information.

- Managers explained their plans to promote people's positive risk-taking further, to develop their independence.

- Staff carried out regular health and safety checks in people's own homes. Staff regularly checked Shared lives carers' homes to ensure they were safe and appropriate for people to live in.

#### Preventing and controlling infection

- Staff supported people to keep their own home clean and hygienic. Personal protective equipment, such as gloves and aprons, was available, to help prevent the spread of infection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service needed to develop some aspects of actively implementing best practice guidance, such as Registering The Right Support. We considered this would be helpful when reviewing whether supported living services for example felt like people's own homes and 'real tenancies'.

We recommend the service reviews their access to and implementation of guidance from reputable sources to inform development in line with current best practice.

- There were currently no Positive Behaviour Support (PBS) plans in place. The registered manager had completed a PBS coaching course and had a clear plan to develop this and strengthen proactive approaches. PBS is a widely recognised best practice model to promote people's quality of life.
- People's needs were assessed before they started using the service. Outcome-focused working was being developed using a new tracking plan, which was yet to be embedded fully. However, we heard many particularly positive examples of the service having achieved good outcomes for people, which had made a difference to their quality of life.
- Examples included supporting one person with increasing success well beyond their initially assessed life expectancy. Staff had also queried, with confidence based on their knowledge of a person, advice from health professionals, to ensure the person received the right treatment.
- The service, staff and carers worked with a large variety of professionals to maintain people's health and wellbeing. People saw a doctor or other professional when they needed them and were supported to access annual health checks.

Staff support: induction, training, skills and experience

- Staff and shared lives carers felt overall very well supported. The frequency of formal, recorded staff supervisions at times needed to be improved in line with the provider's aim of at least two-monthly supervisions. This was being addressed through the introduction of additional team leaders.

We recommend the service review their support to staff through regular, recorded supervisions.

- Staff and shared lives carers were guided in their role through induction and a variety of training. Induction was mapped to the care certificate, which is recognised set of standards for those working in health and

social care. Completion of this, as well as safeguarding and equality training, was condition to a successful probationary period.

- We received mixed feedback about the new introduction of online learning. However, there was also praise for the flexibility this provided. The service offered support to staff and carers to complete this training successfully.

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

- Staff and carers supported people to eat and drink enough and were aware of people's specific dietary needs and specialist nutrition support.
- When carers and staff had concerns that people were not eating or drinking enough, they sought appropriate professional advice.
- We discussed with managers a review of how people were involved in developing of menus, food preparation and thinking about healthy eating. However, we also heard positive examples of supporting people to try something new to eat.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager had provided social workers with a list of people who may require a deprivation of liberty assessment and application to the court of protection. The service worked with social workers and other stakeholders to protect people's best interests.
- The service was aware they needed to improve their practice in line with the MCA by developing and completing their own relevant assessments regarding specific decisions. The provider was addressing this and the service was liaising with the local authority for support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We heard many examples that reflected the particularly caring ethos of the service and how this had made a difference to people's lives. For example, when individuals had been supported without prejudice based on their past history to turn their lives around or when staff visited people in hospital, outside of their working hours.
- We observed warm, mutually caring relationships between people using the service and staff, as well as shared lives carers, but also amongst people using the service. People had at times lived with their shared lives carers for many years and had become a "part of the family".
- Feedback from people, relatives and shared lives carers was, aside from a few improvement needs noted, consistently very positive.
- People told us or showed us in their individual ways that they were very happy with their care. People told us staff and shared lives carers treated them with kindness and respect. People's comments included, "They are alright the staff, they do all they can", "I am all right here, we are one big happy family" and "We have lots of fun here, we are always laughing".
- Shared Lives Carers spoke with warmth about the people who lived with them and described how relationships had developed to be mutually supportive. One said, "I do not actually know what I would do without [person's name]."
- Relatives were overall very happy with their family member's care and one told us, "I have to say I am really pleased with the majority of care my [relative] receives at this setting. [Relative] tells me the food is good, they tell me they are happy and that it is nice."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Generally people felt well cared for and supported. However, a few people did not always feel involved in wider decisions over their service. As this related particularly to shift changes, we discussed with managers the importance of people's agreements over care in their own home.
- Staff and shared lives carers supported people in protective ways, however we also heard examples of people being encouraged to be more independent. We considered with managers that at times how people's independence was supported through positive risk-taking needed to be reviewed. Managers explained a focus on working with staff to develop service cultures in this way.
- People were encouraged to take ownership over their house, for example by opening the front door themselves and allowing, if they wished to, visitors to come in.

- We highlighted a few areas for review to managers, to promote real tenancies, people's ownership and equal partnership working. This included a few staff wearing lanyards that distinguished them from people receiving support, as well as considerations about what kind of information was displayed on notice boards in people's own homes.
- People's confidential records were stored securely. Information about how to support individuals to eat safely had been displayed openly at professionals' request. We asked the service to review this to ensure people's privacy and dignity were maintained.
- The service worked with independent advocates to continuously improve how they listened to and involved people.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People spoke about being incredibly well supported and that the organisation tended to be very solution-focused with good communication skills. One shared lives carer described the support they received as "Excellent, [managers and development workers] are very helpful when we need them, they are on the ball with everything. I would really recommend them to anyone. They look after us, and this enables us to look after the people we support."
- Staff and shared lives carers were very knowledgeable about people's needs and preferences. People had detailed support plans in place written in partnership by people, carers and staff. These included rich information about people's backgrounds and life stories.
- When people had a life goal, such as a holiday further abroad, this was recorded and achievements reflected on. Many positive examples we heard evidenced that the service was responsive to people's needs and wishes and made a difference to their lives.
- At times people's care plans needed to be clearer to guide all staff. Care plans for specific health needs signposted staff to alert any concerns to a health professional, however they required for example more clarity on what might cause concerns.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We found examples of the service using assistive technology, although they were exploring this further. This included the use of voice-activated assistants.
- People's support plans contained information about how to best support their communication and understanding, as well as information about how people expressed how they were feeling.
- Video support plans were being introduced.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities that they enjoyed and that were meaningful to them, as well as encouraged to try something new, including going on holidays.
- The service was developing opportunities for people to live life as ordinary as any citizens through thinking about how people could take part in activities in the wider community. Education opportunities had been identified and were being developed for people.

#### Improving care quality in response to complaints or concerns

- People and carers knew who to make a complaint to if they needed to, however consistent feedback was that generally there was no reason to complain. People felt listened to, however we discussed the issues some people had raised for the service to look into.
- There had only been one recorded complaint in 2019 and this had been resolved.

#### End of life care and support

- Nobody using the service was in receipt of end of life care when we inspected.
- We discussed that supporting people to plan ahead was an area for development. Support plans included a section on future wishes, however this had not always been completed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service was continuously developing how they listened to and involved staff and carers, but particularly people using the service. We considered that a particular focus needed to be put on actively involving people in service decisions and development, as this had been raised as an issue.
- At times the frequency of recorded team meetings needed to be improved. The service was addressing this through the appointment of new team leaders. We considered with managers how team meetings could lead to clear action plans to feed into service development.
- The service promoted the equality and diversity of people, carers and staff. Completion of equality training was part of a successful probation period. We discussed positive examples of how the service supported people's diverse needs. Restroom signage at the offices demonstrated this inclusiveness.
- The service offered support to staff's health and wellbeing, such as through a dedicated counselling line. The service's new offices provided an open, welcoming environment that offered recreational and refreshment facilities for staff.
- We received consistently positive comments regarding the leadership of the service. Staff described the service culture and morale as overall positive.
- Relatives and shared lives highlighted very few improvement needs. However, one area for review several carers noted was support to take annual leave.
- A large variety of quality checks and audits were in place at service and provider level to ensure the safety and quality of people's care, as well as continuous development.
- People using the service and staff could nominate carers and colleagues for yearly recognition awards.

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

- The registered managers had notified the Care Quality Commission (CQC) of specific events in line with legal obligations.
- We discussed that where monitoring tools were used at times these needed to be kept up to date and accurate, such as safeguarding monitoring, training and induction monitoring.

Working in partnership with others

- The service worked with a variety of networks to continuously develop their learning of best practice and share it.

- A particularly positive examples of working together was how the service supported the local authority to develop 'home from hospital' approach. This is a model that looks to place people with shared lives carers on leaving hospital, rather than in care homes.
- A recent contract compliance visit from local authority was overall positive and the service was addressing actions.
- We heard and saw many compliments about the service. A professional wrote about the "truly inspirational" level of commitment care, compassion, attentiveness, expertise and warmth staff showed towards a person and their family.
- There were few issues raised by those we spoke with and the positivity of feedback was remarkable. This was summarised in comments from people, relatives and carers, such as "They are amazing, really good", "It's good to have that support [from staff when I have to deal with complex arrangements]; it is like having a comfort blanket with lots of reassurance" and "They are always there for you, they keep you updated with everything going on, including booklets, and information is always coming through. Nothings to impossible for them to sort out."