City of York Council

Personal Support Service

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

We inspected this service on 8 and 11 January 2016. The inspection 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 in the location offices when we visited.

Personal Support Service is a domiciliary care agency and is registered to provide personal care to people in their own homes. At the time of our inspection Personal Support Service was supporting 64 people who lived in their own flats across four sheltered housing schemes in York. These sheltered housing schemes were owned by City of York Council and people living there, including the people who received care and support from Personal Support Services, were tenants of City of York Council. Personal Support Service had offices at each of these four sheltered housing schemes. However, care workers were not on site 24 hours a day and only provided care and support, to some of the tenants, on a prearranged basis at certain times during the day; this was recorded in

Summary of findings

people's care plans. Personal Support Service had no involvement in the running or maintenance of people's flats or communal areas in the sheltered housing schemes.

Personal Support Service also supported a further 25 people living across York, with care workers visiting them during the night to provide assistance with personal care.

Personal Support Service was registered at a new location in June 2015 and this was the first inspection of the service at this location.

The registered provider is required to have a registered manager in post. On the day of our inspection, the registered manager was in the process of deregistering and a new manager had applied to become the registered manager. The registered manager, however, continued to support the new manager in the running of the service. 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.

During this inspection we found that people's needs were assessed and risk assessments put in place to keep people using the service safe and prevent avoidable harm.

We observed that care workers received safeguarding training and understood the types of abuse they might see and how to respond to keep people safe. Whilst a recent safeguarding investigation had identified some concerns regarding process and care workers practices, these had been addressed by the registered manager to prevent further risk of harm.

We observed that there were safe recruitment processes and sufficient care workers employed to meet people's needs. Medication was safely managed and administered and care workers followed guidance on best practice with regards to infection prevention and control.

The registered provider provided an effective induction and on-going training to equip care workers with the skills and experience needed for their roles. Gaps in care workers training had been identified and care workers put forward for refresher training. Care workers received ongoing supervision and support in their roles.

Care workers understood the principles of the Mental Capacity Act 2005 and supported people to make decisions in line with statutory guidance.

People were supported to eat and drink enough and to access healthcare services where necessary.

There were systems in place to support care workers to develop positive relationships with people using the service. Feedback we received confirmed that care workers were kind, caring and supported people to make decisions and have choice and control over their daily lives. People using the service told us that care workers respected their privacy and dignity.

People's needs were assessed and person centred care plans put in place to enable care workers to provide responsive care and support. The service had a system to manage and respond to compliments and complaints.

People using the service and care workers told us the service was well-led. We could see there was a quality assurance process to monitor the quality of care and support provided. We found records were not always well-maintained and supporting evidence for training, supervisions and observations was not always available.

Summary of findings

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.

Care workers we spoke with understood the types of abuse they might see and what action to take to keep people using the service safe.

The service identified and assessed risks to keep people safe and prevent avoidable harm.

There were sufficient care workers employed to meet people's needs.

People received support to take their prescribed medications safely.

Good

Is the service effective?
The service was effective.

People using the service told us care workers were professional, skilful and experienced.

The registered provider required care workers to complete induction and on-going training to equip them with the skills and knowledge to carry out their roles effectively.

People were supported to make decisions.

Good

Is the service caring?
The service was caring.

People told us that care workers were caring. There were systems in place to support people using the service and care workers to develop positive caring relationships.

People were supported to be actively involved in making decisions and to have choice and control over the care they received.

People we spoke with told us that care workers respected their privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and individualised care plans put in place to enable care workers to provide personalised care and support.

There was a system in place to manage and respond to complaints, comments and concerns.

Good

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

People using the service and care workers told us that the registered manager was approachable and supportive.

The registered manager monitored the quality of care and support provided. However, we found that records were not always well maintained and supporting evidence for training, supervisions and observations was not always available.

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 8 and 11 January 2016. 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 in the location offices when we visited.

The inspection was carried out by two Adult Social Care Inspectors and an Expert by Experience (ExE). An ExE is someone who has personal experience of using or caring for someone who uses this type of service. The ExE supported this inspection by carrying out telephone calls to people who used the service following our office visits. We were also supported by the Community Infection Prevention and Control Team who provided specialist advice and guidance on best practice on prevention and control of infection in a domiciliary care setting.

Before our visit we looked at information we held about the service, which included notifications and information we had received from the local authority who commissioned a service from Personal Support Service. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We did not ask the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

When planning our inspection, we worked with the Homes and Communities Agency (HCA). The HCA regulate social housing providers in England including City of York Council who provide this sheltered housing scheme. CQC and HCA shared information about their respective roles and approaches to investigation following national media reports that a person who was a tenant of the sheltered housing scheme sustained alleged multiple rodent bites. This person also received support from Personal Support Services. We used this information to plan our inspection of the care provided to people and we have recorded our findings in the body of this report. CQC has no remit concerning the housing aspects.

As part of this inspection we spoke with 15 people using the service by telephone and visited five people at home. We visited two of the registered provider's offices and spoke with four care workers, the registered manager, the manager, the head of service and two team leaders. We looked at five people's care records, five care workers recruitment and training files and a selection of records used to monitor the quality of the service.

Good

Is the service safe?

Our findings

We asked people using the service if they felt safe with the care and support provided by Personal Support Service. Comments included "Yes I feel safe because they are so efficient" and "Yes, they take great care when they transfer me. They always get me in the right position. They use the ceiling track and my shower chair. I have a changing table and I feel very safe whenever they are using any of the equipment. They are really good." Other people told us "I think it's a very cautious, very safe and a good service", "I feel safe, I like it here" and "It's a safe environment."

The service had a safeguarding vulnerable adult's policy, although the registered manager told us this was currently being updated to reflect changes introduced by the Care Act 2014. We saw that care workers completed safeguarding adults training. Care workers we spoke with showed a good understanding of the types of abuse they might see and appropriately described what action they would take to respond to concerns and to keep people using the service safe. Despite this, we received information that raised concerns about how care workers had responded to a specific incident, in which evidence had been removed that could have assisted with the subsequent safeguarding investigation. In response to these concerns we saw that Personal Support Service were in the process of arranging additional safeguarding training to ensure that care workers responded appropriately to safeguarding concerns in the future.

Concerns were also raised that people's abilities to use a pendant alarm had not been reviewed regularly. A pendant alarm is assistive equipment that can be used to call for help in an emergency; however, they are not effective in circumstance where people do not understand how to use them. Personal Support Service did not provide this assistive technology and were not responsible for responding when pendant alarms were pressed; however, they had a duty of care to highlight concerns about people's ability to call for assistance and refer these concerns to the local authority who commissioned their package of care. In response to these concerns, the registered manager had introduced a new process, which involved regularly testing people's ability to understand and use this equipment. This ensured that people could be assessed for additional support where they may be unable to call for help themselves.

We reviewed other safeguarding alerts and saw that concerns had been referred to the local authority safeguarding team and appropriate steps taken to prevent avoidable harm. We noted that where a safeguarding investigation had identified shortfalls, additional training was arranged or new processes put in place to reduce the risk of further incidents and prevent avoidable harm. For example, where a medication error was identified, we saw that the local authority safeguarding team had been notified and additional training provided to the care worker.

We looked at people's care plans and risk assessments. People's needs were assessed and risks identified. Risk assessments were put in place to manage these risks and prevent avoidable harm. Care plans contained risks assessments to manage the risks associated with moving and handling, medication management and the environmental risk associated with working in people's homes. We also saw more specific individualised risk assessments, for example, to manage risks associated with smoking. Risk assessments showed us that risks were identified and then steps taken to reduce the risk. For example, moving and handling risk assessments included details about mobility aids people used to minimise the risk of harm. Care workers we spoke with showed an understanding of people's needs and the risks associated with providing their care and support.

We saw that accidents and injuries were recorded and action taken to prevent further incidences. However, we also noted that three accident and incident reports had not been signed off by the team leader or registered manager and there was no evidence of what further action had been taken. We spoke with the registered manager who told us that they would address this, and that team leaders were responsible for reviewing these and sending information to the registered manager to be collated and analysed. The registered manager showed us a system they had designed and recently introduced to collate all new accident and incident reports in order to analyse these for patterns or trends and to consider any further risk management needed.

The service had a safe recruitment process. Applicants completed an application form and had an interview before being offered a job. We saw that the service obtained references and completed Disclosure and Barring Service (DBS) checks. DBS checks return information about

Good

Is the service safe?

spent and unspent criminal convictions, cautions, reprimands and final warnings. DBS checks help employers make informed decisions about whether it is safe for a person to be working with vulnerable client groups. By completing interviews, references and DBS checks, we could see that the service was taking appropriate steps to ensure that only care workers considered suitable to work with vulnerable people had been employed.

We saw that care workers worked different shifts depending on the needs of people using the service. A team leader we spoke with told us new packages of care only started when there were care workers available to provide the necessary care and support. Care workers told us that if people called in sick or were on annual leave the team leader asked for volunteers to cover shifts, but if this was not possible, Personal Support Service used care workers from a temporary pool of workers to cover gaps in the rotas. This showed us that there was a system in place to ensure that there were enough care workers to meet the needs of the people using the service.

People using the service told us that care workers were sometimes late, but always let them know when this was going to happen. Two people we spoke with told us of incidences where a care worker did not arrive as planned, but told us this had been sorted quickly. One person commented “Only once they didn't turn up and I had difficulty contacting people. I eventually got a message to them and the next day I spoke to the office about it. They sorted it immediately and now I have all the information that I need if no-one arrives or if I want them to come at a different time. I now feel confident that if anything happens, someone will always come”. Other people we spoke with told us “They have always turned up, even in the floods they came. They kept me informed about what was happening. They were wonderful” and “They always come on time and do everything I need.”

Care workers supported people who required assistance to take their prescribed medication. People using the service told us this was done safely with comments including “I leave the medication all to them; I get medication on time and they always make sure that I take it.” Other people told us “They stand over me while I take them.”

Where care workers supported people with prescribed medication, we saw that a medication file was in place. These files contained a signed consent form that people signed to show they had agreed to this support. Medication files also contained a risk assessment and details about where medication was stored and what level of support was required.

We reviewed Medication Administration Records (MARs) used by care workers to record medication they had given to people using the service. We found that these were completed correctly and there were no gaps in recording. Where new medication had been delivered, we saw that two care workers checked what had been delivered against what had been recorded on the MARs and then signed this off. This was good practice and helped to ensure that the medication prescribed by the GP was the same as what was delivered. Where people managed their own medication we saw that a risk assessment had been put in place and people using the service had signed an agreement to self-administer.

The service had an up-to-date medication administration policy in place and care workers received training on the safe administration of medication. The registered manager told us they and team leaders completed medication competency checks on all new care workers and on an annual basis thereafter. We reviewed care worker files and saw that medication competency checks had been completed. Medication competency checks are observations of care workers practice and are designed to check that care workers are following guidelines on best practice.

We saw the registered provider had an up-to-date business continuity plan. This identified steps that would be taken to maintain continuity of care in the event of an emergency. This included emergency telephone numbers for staff and professionals that might be needed in a time of crisis.

People we spoke with consistently told us that care workers wore gloves and washed their hands when providing personal care. We observed that Personal Protective Equipment (PPE) such as single use gloves and aprons were provided and appropriately used by care workers. Care workers we spoke with were aware of the need to change PPE between tasks and told us they disposed of these appropriately before leaving the person’s flat. We observed that alcohol hand rub was provided and used by care workers. Care workers received annual infection prevention and control training.

Good

Is the service safe?

Although people were responsible for maintaining and cleaning their own home environments, Personal Support Service did provide assistance with domestic activities in some circumstances, as part of a larger package of care. Where this was the case people using the service told us they were very happy with this support. We observed one person's flat, with their permission, and noted the kitchen and bathroom were clean and tidy.

The housing provider was responsible for running and maintaining internal and external communal areas of the sheltered housing scheme. However, care workers we spoke with understood their duty of care to report any concerns, for example, where a communal toilet was out of order, and we saw that a communication book was in place for care workers to record any information, which was then passed to the housing provider.

Good

Is the service effective?

Our findings

People using the service consistently told us that the care workers who supported them were skilled and experienced with comments including “Care workers know what they're doing. They know their job very well”, “They seem very skilful” and “They are very professional in everything they do.”

Care workers completed an induction to equip them with the skills and knowledge needed to carry out their roles effectively. Induction training covered topics which included medication management, first aid, infection prevention and control, safeguarding vulnerable adults and people handling. In addition to induction training new care workers were required to complete two shadow shifts with more experienced workers to build their confidence. The manager told us that new care workers were also routinely scheduled to work on rounds that required two care workers until they felt confident enough in their role to work unaccompanied.

Alongside induction training the registered provider required care workers to complete refresher training on topics they considered to be mandatory to update their knowledge. Care workers told us “We’re always on courses, there is a lot of training courses” and “I’ve had quite a bit of training in the last year – deprivation of liberty training, mental capacity act, safeguarding, stroke awareness.” We reviewed the training record used to monitor when care workers had completed training courses and when refresher training was due or overdue. We could see from this that care workers were receiving regular training. However, we also identified that 12 out of 44 care workers last completed medication training in 2013 and 18 out of 44 care workers last completed safeguarding adults training in 2013. Despite this people using the service were consistently positive about the skills and experience of the care workers that visited them. Where there were gaps in care workers training, this had been noted and care workers put on the waiting list for upcoming training courses. We concluded that whilst some training did need to be updated, the registered manager knew what action needed to be taken and was in the process of addressing this to bring all care workers’ training up-to-date.

The registered provider also offered a range of additional training including stroke awareness, bedrail awareness, defensible documentation and mental capacity act / deprivation of liberty training. One care worker told us “The training is very good…I would like to do a dementia course so you speak to the team leader and they can put you forward.”

Care workers we spoke with told us they had supervision every four to six weeks and used these to “Talk about how things are going, any problems or issues, discuss service users and personal things.” Care workers we spoke with told us that they felt supported in their role and could talk to their team leader if they needed to.

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. We checked whether the service was working within the principles of the MCA; we found that care plans provided information about people’s memory/cognition and recorded whether people might struggle to make decisions. We saw that people using the service or their representative had signed their care plans to give their consent to the care and support provided. Consent was also sought where care workers supported people using the service to take prescribed medication. This showed us that people’s ability to make decisions and consent to the care and support provided was considered.

Care workers we spoke with understood the basic principles of the MCA and the importance of supporting people to make their own decisions. Comments included “We assume people can make decisions” and “It’s always their [people who use the service] choice, we explain the risks and make suggestions…we do not assume they can’t make decisions.”

We saw that information about advocacy services was available on a notice board maintained by the Personal Support Service in the sheltered housing schemes we visited. Advocacy services seek to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

Good

Is the service effective?

At the time of our inspection we were told that people using the service were not deprived of their liberty. The manager told us that care workers received training on the mental capacity act and deprivation of liberty safeguards (DoLS) and they relied on them to identify cases that might amount to a deprivation of liberty so that further assessment could be requested.

Where people using the service required support with preparing meals or drinks this was documented in their care plan. Care workers supported people to access private dining facilities run on behalf of the housing provider or supported people to prepare meals and drinks in their flat. People using the service told us care workers checked whether they had had something to eat and drink, whilst another person described how care workers assisted them to prepare a 'diabetic' meal. Other comments from people using the service included "If I don't go down to lunch they pop in to check I am ok" and "They always leave me fresh water, with a straw. It's always nearby where I can get it."

Care workers we spoke with described how they encouraged people to eat and drink during planned visits and used food and fluid charts if they were concerned and needed to closely monitor people's food and fluid intake. This showed us that there were systems in place to ensure that people using the service ate and drank enough.

Care plans contained information about people's medical history, on-going health needs as well as details of health and social care professionals currently involved in providing support or treatment. We saw that people using the service were regularly visited by their GP, community psychiatric nurse or the district nurse where necessary. We observed that care workers used a communication book to record contact with healthcare professionals and this showed us that care workers liaised with healthcare professionals where they had concerns. This meant that people using the service were supported to maintain good health and to access healthcare services where necessary.

Good

Is the service caring?

Our findings

People using the service told us “The carers are very good and considerate; they always look after me well, most kind and careful” and “They are wonderful people. They look after my needs and we've become friends. We discuss the highs and lows of family life.” Other comments included, “They are caring people, do a thorough job and they talk all the time which is nice. They ask about the family and general like”, “There’s always one or two not as good as the others” and “The team on a night time are lovely.”

People using the service had developed some positive caring relationships with their care workers and they valued these meaningful interactions.

We observed that Personal Support Service had an established team of experienced care workers who knew and were interested in the lives of the people they were supporting. Care plans contained person centred information including details about people’s life history; care workers we spoke with explained how they read these and then introduced themselves to new people using the service to start to get to know people. This was reflected in comments we received from people using the service, which included “They’re interested in your life. They [care workers] make conversation about the past. I think they know me well.”

Care workers were organised into small teams and provided care and support to the people living in the particular supported living scheme where their office base was. This meant that people using the service received care and support from a small group of care workers. A care worker told us “Everyone is in one place so you get to know people, it’s marvellous, and everyone is like a family.” A person using the service said “There's a lot of banter between ourselves, which is very nice. It makes everyone feel comfortable.”

Continuity of care was important to people using the service. Although care and support was provided by a small team of regular care workers, people using the service told us they were often unaware which care worker would be visiting on any particular day. One person we spoke with said “I have the same group, but there's no indication of who is coming. I used to get a letter but not anymore. I would prefer to know who is coming; it just puts your mind at rest.” Another person told us “I would like the same carers all the time. I like [name] but they don't come often enough, I'd like them to come every night.”

People told us they were supported to maintain their independence and to have choice and control over the care and support they received. One person told us “Absolutely, I feel in control. It couldn't be better.” Other people we spoke with said “They always ask if they can do anymore, make sure I'm comfortable. I can't fault them” and “They will do anything I ask. They check I'm OK.” Other people we spoke with told us that care workers listened to them and followed instructions. However, they commented that it was often not necessary as many care workers knew what was needed as they had provided their care and support for a number of years.

People using the service consistently told us they were treated with dignity and respect by their care workers. Comments included “I get professional care with lots of dignity and respect” and “They come here and know what they have to do and do it courteously.” Another person said “When I use the bathroom, they cover the top while they are doing the bottom parts and vice versa. It makes me feel better. It takes a lot to come down to think that someone needs to give you such personal care, but they make it feel better.”

We observed that care workers knocked before entering people’s flats and could tell us which people preferred for them to wait to answer the door, which people had door opening systems and which people liked care workers to knock and let themselves in. This showed us that care workers respected people’s privacy and personal space. Care workers told us “We never discuss other tenants with them; we will not discuss anybody else” showing that care workers were aware of respecting people’s privacy and maintaining confidentiality.

Good

Is the service responsive?

Our findings

People were referred to Personal Support Service following an assessment by the local authority. A team leader we spoke with told us they then gathered additional information from the person, their relatives or carers and, by agreement, accessed the local authority's records of occupational therapy and social services involvement. They explained this was important as it enabled them to provide joined up person centred care based on up-to-date information about people's needs.

Following an assessment, care plans were put in place detailing how people's needs would be met. We saw that care plans contained person centred information about what support was required and when, as well as details about people's likes, dislikes and personal preferences. We could see that people using the service had been in involved in creating their care plans and had been asked to sign them to confirm they were happy with the planned care and support. One person we spoke with said "I have had input into the care plan. They came to my home with the social worker. They asked me what I needed and what I wanted to happen." This showed us that care planning was person centred and that planned care and support was personalised to the individual needs of people using the service.

We asked care workers about how they provided person centred care to people using the service; comments included "The care plans are pretty good, they've always got the information we need. If they need changing we need to inform [team leader]" and "We get to know people …we introduce ourselves and ask what they like/don't like and what they want us to do." It was clear from these and other comments that care workers recognised the importance of understanding people's needs and delivering personalised care to meet them.

We saw that a copy of people's care plans was kept in their homes for care workers to reference and to record details of care and support provided at each visit. This running daily record enabled different care workers to review what care and support was provided at the previous visit and to keep up-to-date with any important information or changes in people's needs. We noted that some daily records contained more information than others and some had only very brief details, for example, "Coffee, toast, windows open, patch changed" and "Coffee, windows." However, we noted that each office also had a communication book where important details were recorded to handover information from one care worker to the next throughout the day.

There was a system in place to ensure that care plans were updated regularly. People we spoke with told us "There's a care plan which says what I like and what should be achieved. It's reviewed regularly with the care manager and I can make any alterations I want" and "They review the care plan once a year and make changes if necessary." The service kept an electronic copy of people's care plans; this record contained details of when the care plan was last updated and a team leader we spoke with showed us how they reviewed these records to identify care plans and risk assessments that needed updating. Care plans we reviewed had been updated and we could see that there was a system in place to ensure that care plans were amended to reflect people's changing needs.

We noted that care plans contained a schedule of the visits care workers would complete each week and at what times. People using the service told us "They come every morning but the time varies depending on other people's needs" and "They come more or less at the right times", but added that this was flexible. Care workers we spoke with showed us how they had a timetable which detailed what time each person using the service required a visit. However, care workers explained that this often changed and was flexible to suit people's needs and we were given examples of where people had wanted to sleep in or were unwell that day so did not want to get up at the prearranged time. Care workers explained that where this was the case they would arrange to visit at a later time. We saw that this was a significant advantage of having an office at each of the supported living scheme, as it reduced travel times and enabled care workers to provide flexible and responsive care to meet people's changing needs.

The registered provider had a complaints policy and procedure in place. We reviewed how comments, complaints or concerns were managed, and saw that where concerns had been raised, a written response had been provided. This showed us that the service was taking appropriate steps to respond to people's complaints. People we spoke with told us they had not had to make a formal complaint, but felt able to raise comments or concerns if necessary. We observed that care files in people's homes contained a 'Service User Guide'. This

Good

Is the service responsive?

contained details about the registered providers complaints policy and important contact information, including contact details for the Care Quality Commission, to enable people using the service to make comments or raise concerns if they needed to. A care worker we spoke with said “We try to make sure people are happy and if there are problems we deal with them.” Personal Support Service had received a number of compliments and thank you cards praising care workers practice.

Requires improvement

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of registration for this location. At the time of our inspection the registered manager was in the process of deregistering and a new manager was in post and applying to become the registered manager. The new manager was supported by the out-going registered manager and six team leaders who were responsible for supervising a small group of care workers.

People using the service told us "I think they've got a good manager. If anything's not right I can talk to [name] or they'll come and see me and put things right." Other people told us "I think it's a good service." We asked people using the service if there was anything they would like to change or they were unhappy with in respect of the care and support provided by Personal Support Service; comments included "Everything is perfect", "There's nothing I'd want to change" and "I'm very happy with things, if I wasn't I'd soon complain."

Care workers we spoke with told us "The manager is excellent – they've got a lot things sorted out…if you go to them with anything they are very understanding and help. Personal Support Service is well-led; we have a strong team and a good manager" and "They [the manager] are really good, always around and about and always happy to have a chat, really supportive."

We observed that there was a positive atmosphere within the service, despite a level of uncertainty amongst care workers about changes the registered provider planned to make. One care worker told us "We're a good team, we pull together", whilst other care workers we spoke with were positive about the management of the service and told us they felt supported in their roles and kept informed about proposed changes.

We saw that there was a system in place to monitor the quality of care and support provided to people using the service. The registered manager told us that they completed annual observations of care workers practice and this included an observation of medication administration to ensure that care and support was being provided in line with guidance on best practice.

People had named keyworkers and care workers we spoke with understand this role and the responsibilities that came with it. Keyworkers completed a monthly checklist to show that they had reviewed people's care plans, risk assessments and medication administration records, and that these were up-to-date and did not need changing. Where changes were needed, keyworkers told us this was handed over to the team leader who updated the electronic records and the copy kept in people's homes. Team leaders were then required to complete monthly audits of a sample of care plans, risk assessments and the keyworker checklists. This was designed to identify any gaps or issues with recording as well as problems or concerns with the care and support provided. We reviewed these monthly audits and saw that some were paper exercises involving a review of the care files only, whilst others also involved a discussion with person using the service to gain their feedback and check they were happy with the service.

Team leaders were required to complete monthly bed rail audits to check these were safe and in good working order. We noted that a recent safeguarding investigation had identified that regular safety checks of bed rails had not been consistently completed. We saw that this had subsequently been addressed by the registered manager who had added checks to their monthly audits; this meant there would be a double check that bed rail safety had been monitored.

In addition to team leader audits, the manager also completed monthly service checks and had recently completed a full audit of all care plans of people receiving support at one of the sheltered housing schemes. The manager told us they planned to complete further file audits in February 2016 and thereafter would audit three files per month to monitor the quality of care records across the service as a whole. The manager also showed us a number of action plans implemented to develop and improve the service. This showed us that the manager was developing a system to monitor the quality of the service and to drive improvements.

Although we could see that on-going improvements were being made, further work was needed. We saw that team leaders maintained a 'master calendar' which recorded information about what training care workers had completed, when care workers had received supervision, when a team meeting had been held as well as details about completed spot checks of the care files. We noted that master calendars were not always well maintained and this made it difficult to get up-to-date information

Requires improvement

Is the service well-led?

about care workers training and supervisions and raised concerns about how team leaders monitored this. We were subsequently sent a record by the manager that provided an overview of all care workers training, supervisions and observations of practice completed in the last year. However, this record showed that care workers had received supervision between one and six times in 2015, with a significant variation in the number of supervisions completed by different team leaders. We also found that whilst this record gave the date when supervisions and observations were completed, paperwork relating to this was not always available on the service's electronic filing system, making it difficult to evidence the discussions held and any outcomes agreed.

We also saw that the registered manager had introduced new care worker training and recruitment files. However, we found that these files did not always evidence the training care workers had completed. The registered manager told us they did not automatically receive certificates after training was completed and they were reliant on care workers bringing these in. The registered manager also explained that some information may have been archived in the process of setting up the new filing system.

We recommend that the registered provider continues to develop their quality assurance systems.

The registered provider completed an annual questionnaire to gain feedback from people using the service. This had been completed in May 2015 and involved sending out questionnaires to people using the service and then collating and analysing responses. We saw that 58 people had been surveyed and asked questions which included "I feel the carers are well trained?" and "Privacy and dignity are respected at all times?" Feedback from this was generally very positive.

We saw that the registered manager held regular team meetings with team leaders and that team leaders in turn held team meetings with care workers. We saw minutes for meetings held with care workers and with team leaders. Records showed that team meetings were used to discuss changes to the rota, training, record keeping and morale.

Personal Support Service maintained a notice board in each of the sheltered housing schemes we visited to communicate important information to people using the service. We saw that these contained some care worker profiles and information about the registered provider's complaints policy including contact details for the Care Quality Commission.

The manager told us they planned to hold a focus group for people using the service and that the first of these would be starting in March 2016. This was designed to provide an opportunity to share information and gain feedback about the service such as how they could improve or develop. The manager also told us they periodically attended meetings run by the housing provider at the four sheltered housing schemes. This was an example of how Personal Support Service worked closely with other organisations.

We asked the manager how they kept up-to-date with changes in legislation and guidance on best practice. They told us they attended management meetings with the registered provider where information was shared about important changes in legislation or guidance on best practice. The manager told us they also received information and updates from the Care Quality Commission.