Principle Support Ltd

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## Inspection report

9 Orgreave Road
Handsworth
Sheffield
South Yorkshire
S13 9LQ

Tel: 01142131750

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This was an announced inspection carried out on 19 and 22 January 2016. The provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was previously inspected in February 2014, when no breaches of legal requirements were identified.

Principle Support Limited is registered to provide personal care to adults with learning disabilities, autistic spectrum disorder, challenging behaviour and physical impairments and/or sensory impairments and older people in their own homes and community. The office is situated in the Handsworth area of Sheffield. At the time of the inspection the service was being provided to 40 people. However only 10 people were receiving personal care. The remainder were being supported in leisure activities.

There is a registered manager which oversees services provided from the office. 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.

People's needs had been assessed before their care package commenced and relatives we spoke with told us they had been involved in formulating and updating their care plans. We found the information contained in the care records we sampled was individualised and clearly identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

We found people received a service that was based on their personal needs and wishes. Changes in people's needs were identified and their care package amended to meet their assessed needs. Where people needed support taking their medication this was administered in a timely way by staff who had been trained to carry out this role. The service had clear medication policies to ensure staff could offer support to people safely.

People were able to take part in activities of their choice. Relatives we spoke with told us their family members had a very good social life and enjoyed taking part in a variety of activities. Staff also supported people to go on holidays of their choice.

People were able to plan their own meals and staff supported people to go shopping and prepare meals. One person we spoke with told us staff were able to give them advice on the best places to shop and how to eat a varied diet.

We found the service employed enough staff to meet the needs of the people being supported. This included support workers who visited people on a regular basis. People who used the service and the relatives we spoke with raised no concerns about how the service was staffed.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. We found staff had received a structured induction and essential training at the beginning of their employment. This had been followed by regular refresher training to update their knowledge and skills. Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Staff told us they felt well supported and received an annual appraisal of their work performance. Staff had also received supervision sessions and spot checks to assess their capabilities and offer support.

The requirements of the Mental Capacity Act 2005 (MCA) were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People were able to raise any concerns they may have had. We saw the service user guide included 'how to make a complaint' This was written in a suitable format for people who used the service.

People were encouraged to give their views about the quality of the care provided to help drive up standards. Quality monitoring systems were in place and the registered manager had overall responsibility to ensure lessons were learned and action was taken to continuously improve the service.

## 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 was safe

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse. Individual risks had been assessed and identified as part of the support and care planning process.

The service had clear medication policies to ensure staff could offer support to people safely.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. There was enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

### Is the service effective?

Good

The service was effective

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

People's nutritional needs were met. Staff provided support to people when shopping and preparing the meals of their choice.

People were supported to access healthcare professionals, such as GPs, physiotherapists, opticians and dentists.

### Is the service caring?

Good

The service was caring

People who used the service and their relatives told us they were

happy with the care and support they received to help them maintain their independence. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs, and knew people well.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

## Is the service responsive?

Good

The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

We saw people's support plans had been updated regularly and were written in a format that was suitable for them to understand.

People had an individual programme of activity in accordance with their needs and preferences.

People were given information on how to make a complaint. It was written in a format that was suitable.

## Is the service well-led?

Good

The service was well led.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The service work in partnership with other organisations to ensure people received the care and support they need.

# Principle Support Limited

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of an adult social care inspector. It took place on 19 and 22 January 2016 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in when we visited. We also needed to ensure the registered manager was available at the office for us to speak to them.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Prior to our visit we had received a provider information return (PIR) from the provider which helped us which helped us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the office we spoke with the registered manager and a manager (team leader). We also visited three people in their homes. We telephoned and spoke with three relatives of a people who used the service and two support workers.

We looked at documentation relating to people who used the service, staff and the management of the service. This took place in the office.  We looked at three people's written records, including their plans of their care. This took place in people's own homes and we asked permission from the people before we looked at these records.

Good

# Is the service safe?

## Our findings

People told us they felt safe in their own homes and staff were available to offer support when needed to help them maintain their independence. One person said, "I like to remain as independent as possible and I feel safe knowing staff will keep an eye on me."

We spoke with staff about their understanding of protecting vulnerable adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to their line manager or the registered manager. Staff had a good understanding about the whistleblowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, two people who lived in supported living accommodation, had recently had a holiday together. They were supported by staff and the staff member said they had really enjoyed the break.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by this service. The registered manager told us that the service was recruiting new staff so that they could develop the business further. The registered manager was fully aware of their accountability if a member of staff was not performing appropriately.

The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service. The providers were fully aware of their accountability if a member of staff was not performing appropriately.

Application forms had been completed, two references had been obtained and formal interviews arranged. All new staff completed a full induction programme that, when completed, was signed off by their line manager.  The registered manager told us training was achieved using a mix of face to face training and on-line training.

The registered manager told us that staff were employed to work in specific locations to reduce travel. Some staff worked specifically with people in supported living, so that people had consistency with who supported them. Others worked with individuals in the community, although this was to support people with their leisure interests. Most of these individuals did not require personal care.

Staff working in the supported living environment had the skills and competencies to ensure people lived a full and independent life. Staff told us that they worked flexibly to support people at times that suited the people who used the service. For example, staff were available to support people with leisure activities at

weekends and also at times when they needed support with personal care.

The service had a comprehensive medicines management policy which enabled staff to be aware of their responsibilities in relation to supporting people with medicines. All staff received medicines management training which was refreshed at regular intervals. Staff confirmed to us that they had received the appropriate training. We saw medication administration records (MAR) were used to record when people had been supported with this task and we checked to ensure there was an accurate record. One person we visited told us that they were able to take their medication without support and had arrangements in place when they needed a new prescription.

Relatives we spoke with told us that staff were very good at keeping them informed if any change occurred to their family member's medication.

Good

# Is the service effective?

## Our findings

People were supported to live their lives in the way that they chose. One person who we visited told us that they liked their independence and wanted to remain in their own home for as long as they could. They told us that staff were very good and helped them to choose meals that were nutritious and balanced. We found that where staff were involved in preparing and serving food people were happy with how this took place. We also saw staff had completed basic food hygiene training as part of their induction to the agency and this had been updated periodically.

Staff at the office told us how they worked with other external agencies such as GPs and district nurses to make sure people who were at risk of poor nutrition or dehydration were being supported appropriately. Daily records were completed which stated what the person had eaten and drunk each day and staff described how they would raise issues with healthcare professionals or the person's family if they needed to.

Staff had the skills and competencies to ensure people lived their lives as they wanted. Staff were motivated and demonstrated good knowledge of the people they were supporting. People we spoke with confirmed their care needs were met and they felt staff received the training they needed. One relative we spoke with told us that the agency was very good at sourcing training if a specific need arouse. For example, staff were trained to use 'Makaton' to help them communicate with their family member. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

Records we looked at confirmed staff were trained to a good standard. Managers at the agency and support workers had obtained nationally recognised certificates to levels two and three. The registered manager told us all staff completed a comprehensive induction which included, care principles, service specific training such as dementia care, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent. The registered manager told us that the timescale to reach the expected standard would be different for individuals.

The registered manager was aware that all new staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff we spoke with told us that they had worked for the agency since it was first opened. They said they enjoyed supporting people in their own homes. They received guidance and support from the managers and other support workers. Staff told us they found managers were available whenever they needed to contact them. One staff member said, "We all work to the same set of values which means there is a strong feeling of belonging to a team. Our managers are really supportive." We looked at formal supervisions which were undertaken at the office. They were completed to a good standard. Observations of work practice had

also taken place in people's own homes. We saw copies of these spot checks on the staff files we looked at.

We spoke to the registered manager about gaining consent to care and treatment. They told us that staff had received training in the Mental Capacity Act. However, they said that most people they supported had some capacity to say or demonstrate how they wanted their care delivered in their own homes. Where people received support who had limited capacity we found they lived with other relatives who had shared responsibilities, therefore the agency did not need to use the guidance and principles of the act. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The staff we spoke with during our inspection had a working knowledge of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. They told us they had training in the principles of the Act. The training records we saw confirmed this.

Good

# Is the service caring?

## Our findings

Staff working with people in their homes ensured that they empowered them to live how they wanted to. We spoke with people who used the service and three relatives and they told us they were satisfied with the care and support received. One person we visited told us the registered manager visited them when they first started using the service and also called to see how satisfied they were with the service.

Staff were spoke with were able to describe in detail how they supported people who used the service. Staff gave examples of how they approached people and how they carried out their care and support so that they were respectful and maintained the person's dignity.

Relatives of people living in supported living accommodations told us staff supported their family member to be as independent as possible. They told us about their support plans that had goals to achieve. For example, preparing and cooking meals and going on holidays.

Relatives told us they were involved in developing the support plans for their family members. One person we visited showed us their records which were written in a way people could understand. The support plans described how the person wanted to receive their support and told us who were important to them and things they liked to do. For example, music and attending day centres. Another person told us they liked to watch soap programmes on the television.

Staff were able to describe in detail how they supported people who used the service. Staff gave examples of how they approached people while supporting them. For example, some people were unable to communicate verbally and used signs and facial expressions to communicate their needs. Relatives we spoke with told us they observed good working relationships with their family members. They said staff were always respectful and treated them as individuals.

Managers from the office carried out observations of staff working with people in their own homes. Some were unannounced and focused on the person's experience. They judged how staff maintained people's dignity and respected people's wishes. Staff received feedback from managers which identified any areas for development. We looked at a number of completed observation forms and saw staff were performing in a way that the provider expected.

Good

# Is the service responsive?

## Our findings

We found people who used the services received personalised care and support. They were involved in planning the support they needed. We looked at care plans for people in supported living accommodation and for people living in their own homes. It was clear that the plans were person centred and reviewed as the support needs changed. Support plans also included information about things medical staff should know if the person became ill and needed hospital attention.

People we spoke with told us they knew what was written about them by staff and staff always discussed how they could support them better. The plans also told us the activities that people were involved in on a daily basis, what was working well and things that may have changed.

People were provided with information about the service This wad called a 'Service User Guide'. The information was set out in an easy read format with photographs and pictures used to illustrate the main points.

The registered manager told us there was a comprehensive complaints' policy and procedure and this was explained to everyone who received a service. It was written in plain English and there was an easy read version available for those people who required it. We saw evidence that told us that complaints had been investigated and responded to appropriately. The registered manager told us that they met regularly with office managers to learn from any concerns raised to ensure they delivered a good quality service.

People we spoke with did not raise any complaints or concerns about the care and support they received. Relatives we spoke with told us they had been satisfied with how the registered manager had dealt with concerns they had raised. One relative said they had confidence in the registered manager to act swiftly when things went wrong. They did not want to share with us any examples of this.

Staff told us if they received any concerns about the services they would share the information with their line managers. They told us they had regular contact with the office manager both formally at staff meeting and informally when their manager carried out observations of practice in people's homes.

Good

# Is the service well-led?

## Our findings

The service was well led by a manager who has been registered with the Care Quality Commission at this location since August 2011.

The registered manager took an active role within the running of the service and had good knowledge of the staff and the people who were supported by the agency There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People who used the service, relatives and staff all described the management of the service to be approachable, open and supportive. One person said, "The manager is excellent, it is clear he really cares." A relative we spoke with said, "The service is much better than my family member's last service they used. The care is consistent and that's what matters to [family member]. Another relative said, "They [the managers] are excellent they deal with difficult problems straight away. They [staff] have made a massive difference to [family members] life."

The registered manager told us they worked to a set of strong values which is. They showed us certificates which demonstrated the service had made a commitment to 'Provide good quality care' this was a local authority scheme that asked staff to promise to give the best care and support they can.

The registered manager also told us that the service had gained an accreditation from 'Investors in People'. The standard defines what it takes to lead, support and manage people well for sustainable results. Staff we spoke with confirmed that they understood the standards and values that were expected of them. Staff told us, team meetings and supervision were used to encourage them to share their opinions and suggest ideas they had. Staff comments included, "I'm always being asked my views on things, and what I think can be done to improve things, they really welcome positive change."

The service had a clear policy on the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The registered manager told us one of their core values was to have an open and transparent service. The registered manager sought feedback from people and those who mattered to them in order to enhance their service. Questionnaires were sent annually, and were included in people's care records so they could complete them at any time. Spot checks were conducted that encouraged people to share their views and raise ideas about improvements that could be made. For example, one spot check highlighted that communication from the office could be improved. The registered manager described the action they had taken, but told us they still needed to improve further.

We found the service had contacted people periodically by telephone to ask if they were happy with the service provided and if they wanted to change anything. We were told the registered manager carried out care reviews at people's homes approximately every six months which included asking people about their satisfaction with the service they received. One person we visited said, "They [the staff] come and ask me if

everything is Ok and if anything needs changing, they are very good."