

Principle Support Ltd

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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

The service is a domiciliary care agency, providing care and support to people living independently in the community or with their families. There were 11 people receiving care and support from the provider at the time of the inspection.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Staff provided support to identify people's aspirations and goals and assist people to plan how these would be met. There was an ethos of supporting people to develop new skills and achieve independence where possible. Staff demonstrated pride in understanding people's strengths and promoted what they could do.

Staff enabled people to access specialist health and social care support in the community.

Staff supported people to make decisions following best practice in decision making.

Right Care

People could communicate easily with staff as staff understood their individual communication styles and had received appropriate training.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Staff exhibited a good understanding of the need to uphold people's privacy and dignity.

Staff understood how to protect people from abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and were confident about how to apply it.

People could take part in activities and keep in touch with people who were important to them. They were supported to develop and maintain meaningful friendships and relationships in the wider community, including at specialist day centres and with friends and families.

Right culture

The service had enabled people and those important to them to work with staff to develop the service.

Feedback was regularly sought from people, and relatives told us they found the provider easy to engage with. A smaller number of relatives told us they did not feel local managers responded to them in a timely manner. We raised this with the registered person who told us they would make this a focus of meetings with local managers going forward to ensure any concerns were identified and addressed.

Staff and managers ensured the quality and safety of the service had been fully assessed to ensure people were safe. Safe recruitment practices were followed. Staff knew and understood people well. People received good quality care, support and treatment because appropriately trained staff could meet their needs and wishes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published January 2018)

The overall rating for the service remains good based on the findings of this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Principle Support Ltd on our website at www.cqc.org.uk.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

We will 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led

Details are in our well led findings below.

Principle Support Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people and staff.

Inspection team

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made telephone calls to relatives.

Service and service type

This service is a domiciliary care agency. It provides personal care to people with a learning disability living in their own houses and flats or with their families.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave short notice of the inspection in order for the registered manager to provide us with the documentation we needed to look at.

Inspection activity started on 30 March 2023 and ended on 13 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people's family members and obtained feedback from 4 members of staff. We reviewed a range of records. This included 3 people's care records and various medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone and video calls to enable us to engage with people and staff, and electronic file sharing to enable us to review documentation.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- There were secure systems in place to support people in managing their medicines safely.
- Staff worked alongside prescribers to ensure the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) or STAMP (supporting treatment and appropriate medication in paediatrics) were followed. People using the service, their advocates, staff and specialists were all involved in decisions made about the treatment given to a person.
- Medicines, and records of medicines, were audited frequently.
- Staff handling medicines had received appropriate training, and were confident in their duties.
- Where people required medication on an "as required" basis, often referred to as PRN, there should be protocols in place setting out when these medicines should be used and what the outcome should be. We found that although these medicines had protocols, work should be undertaken to add further detail. The provider told us this work was being undertaken at the time of the inspection.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to monitor and act upon any suspected abuse.
- Staff had received appropriate training to ensure people's safety, and told us they were confident in this area.
- People's relatives told us where people were at specific risk of abuse, for example when out in the community, there were detailed risk assessments in place to ensure the risk of abuse was managed and minimised. The records we checked confirmed this.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Risk was safely managed within the service,
- There were risk management plans in each person's care record, reflecting all the risks that a person may present or be vulnerable to. These were detailed and regularly reviewed.
- Where risks were identified, the provider implemented actions to minimise risks and make improvements to safety. This included practices such as working with external professionals, or working with staff to identify successful strategies.
- When people's needs changed, risk assessments were updated to reflect this.

Staffing and recruitment

- There were enough staff deployed to ensure people's needs were met.
- Relatives told us they thought staff had the right knowledge to support people, although more than one relative told us they would appreciate more staff who could drive, to enable their relatives to make better

use of the community.

- Staff were recruited safely, with the appropriate background checks being carried out before staff started work.

Preventing and controlling infection

- Personal protective equipment (PPE) was available for staff to use, and staff told us they were provided with a good level of supplies.
- The provider's records showed staff had received training regarding infection control and staff said they felt they had a good knowledge in this area.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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

- Assessments of people's needs were undertaken before they began to receive care so that a care package could be designed which met each person's needs, and was tailored to them.
- Records showed the management team monitored care, by way of audits, to ensure it was in line with current guidance and meeting people's needs.

Staff support: induction, training, skills and experience

- Staff told us their inductions had been thorough and said they felt equipped to carry out their roles by the end of the induction process. They said training was relevant to their roles and gave them confidence to carry out their duties safely. One staff member said: "I felt confident when I started to work unsupervised."
- Staff told us managers were accessible and supportive, including out of office hours.
- The provider's training records showed a wide range of training was offered across relevant areas. This included training on supporting people with learning disability, dementia and mental ill health.
- Relatives told us they felt staff had the skills they needed to meet people's needs and understand them. One relative described their loved one as having "a good core team of six or seven people." Another relative said: "[My relative has individualised care and of course it's how proactive the individual carer is, and some are more like that than others. {Named staff member}, for example, is amazing."

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

- People were involved in choosing their food, shopping, and planning their meals, although some relatives told us they would prefer more emphasis on healthy choices. One relative said: "I've sent recipes and menus so he doesn't eat frozen food which he often does. They ask him what he wants and he asks for junk food, not fresh as he has at home. I think they are working on it."
- People were able to eat and drink in line with their preferences, and their care plans showed the provider had gathered detailed information about such preferences.
- People's daily care notes showed they were being supported to eat and drink in line with their stated preferences.

Supporting people to live healthier lives, access healthcare services and support

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- People were supported to access health screenings and primary care appointments, as well as attend specialist appointments in accordance with their health needs.

- Where external healthcare professionals were involved in people's care, their instructions and directions were incorporated into their care plans.

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

- Staff understood the requirement to obtain people's consent when delivering care and support, and had received appropriate training.
- Throughout people's care plans there was an emphasis on supporting people to make their own decisions.
- Where people lacked the capacity to consent to their care, best interest decisions had been reached, and staff had a good understanding of this process.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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

- People's relatives told us staff treated their loved ones respectfully.
- People received kind and compassionate care from staff. Staff told us they emphasised kindness and treating people well.
- Staff understood people's needs very well, which meant the support people received respected their equality and diversity rights. One staff member gave an example of respecting people by "respecting personal space and possessions. Do not go through or move their stuff without their permission."

Supporting people to express their views and be involved in making decisions about their care

- The care process was focussed on ensuring people were supported to express their views and be involved in decisions about their care. Relatives confirmed this.
- Each person's care was reviewed regularly to ensure it still met their needs, although some relatives told us they did not feel they had been involved in this recently.
- Care records showed there was an emphasis on supporting people to make decisions about their care and support; the activities people participated in evidenced this.

Respecting and promoting people's privacy, dignity and independence

- Staff described how they upheld people's privacy and dignity, and gave examples of steps they took to do this. They told us they believed it to be a key aspect of their work.
- Care plans showed independence was routinely promoted within the service.
- Most people's relatives thought independence was promoted within the service, although a smaller number felt more could be done to support people's independence, for example, by making better use of community facilities.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained 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 received care and support which was personalised to them, and took into consideration their needs and preferences.
- People were supported to make everyday decisions about their care, and people's relatives confirmed this.
- The care planning and review system ensured people maintained choice and control over their lives, and this meant care was highly personalised reflecting people's preferences.

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.

- The provider had carried out assessments of people's communication needs. and appropriate support was provided where needed.
- There was information in people's care plans about the specific ways they communicated, and what steps staff should take to best support each person in communicating.
- Relatives told us staff understood the idiosyncratic ways people communicated, and said they used signs and symbols where appropriate. One relative told us: "[The person] can't really communicate... they show [the person] some physical prompts like pictures."
- Some key policies, such as the safeguarding policy, were available in an easy read format to enhance people's understanding and improve accessibility.

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

- The provider placed emphasis on supporting people to maintain friendships and relationships so that people avoided social isolation and enjoyed full and meaningful lives.
- People's relatives told us staff supported visits with them, and ensured they were able to maintain their relationships with their loved ones.
- People's care plans showed they were supported to access a wide range of activities and community facilities. Relatives told us their loved ones attended day centres and were supported to go on holidays.

Improving care quality in response to complaints or concerns

- The provider had a suitable complaints policy in place.

- Relatives told us they were confident to raise concerns, with some giving examples of times when their concerns had been addressed. One relative told us: "I raise it with [local management] if and if I don't get joy I go to the owner of the company who looks into it properly and thoroughly, as he is very good."
- Staff told us they felt confident managing complaints. One said: "A service user had a complaint about his carer coming late or not at all, I raised this to my manager who sorted it out and now the service user says this has never happened again and he is happy."

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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People's care records showed their care and support assisted them in achieving goals and personal targets.
- Staff told us they found the culture supportive, and said they felt empowered to achieve good outcomes with people.
- We did not identify any duty of candour incidents. However, the provider had appropriate arrangements if such an event occurred. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had in depth oversight of the service and how it was operating. This included a wide range of audits which took place to help ensure that the quality of care was maintained and improved.
- Staff members and the management team shared a vision of continuous improvement; they responded positively to feedback and identified areas for improvement. For example, when relatives had raised issues that specific staff couldn't meet their loved ones' needs, this was addressed quickly to improve each person's experience of receiving care and support.
- Staff demonstrated a good understanding of their roles and how they impacted upon people's wellbeing. Staff were motivated by the difference they made to people's lives, and told us this ensured the quality of the service remained high.
- People's care was reviewed frequently, so that if things weren't working well changes could be implemented. The registered person told us this ensured people's care and support continued to meet their needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were comprehensive systems in place to engage and involve people in decisions about their care.
- People's relatives gave us a mixed picture in this area. Some told us they felt involved but others told us they did not feel engaged and had not been invited to meetings.

Working in partnership with others

- The provider sourced a range of community services to support people in being a meaningful part of their community. This included specialist day services as well as mainstream community facilities.
- There was evidence within people's care records showing the provider worked alongside external healthcare providers to ensure people's health and care needs were effectively met.