

Independence Matters C.I.C.

Personal Assistant Services East

Inspection report

Personal Assistant Services East, Great Yarmouth
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Date of inspection visit:
29 March 2019
08 April 2019

Date of publication:
01 July 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Personal Assistant Services – East is a domiciliary care agency which provides support and personal care to 24 people living at home or in supported living accommodation. The service supports people with a learning and/or physical disability and/or a mental illness. It also supports people who are living with dementia.

People's experience of using this service:

Staffing shortages at team manager level had temporarily created a high workload at this level.

Some support plans lacked detail and they were not always up-to-date.

There were shortcomings identified in certain aspects of medicine record management.

Internal audits of people's care and medical records were infrequent and not always effective.

Staff built close and trusting relationships with people.

People were supported to make their own decisions about their care and to be independent.

People were supported to pursue their own hobbies and interests.

Staff sought people's consent and supported them in the least restrictive way possible. People were offered choices in their care.

People were cared for by staff who understood safeguarding principles.

Accidents and incidents were reported and acted upon. Lessons learnt were shared with staff.

Health care professionals were involved in people's care.

Staff felt well supported by the registered manager, who led by example and created a caring and positive working culture.

The registered manager involved staff, people and other stakeholders in service development.

The service is in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to governance.

Rating at last inspection:

Good (July 2016)

Why we inspected:

This was a scheduled, planned inspection based on the previous rating

Follow up:

Ongoing monitoring; action plan for improvement

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

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Personal Assistant Services East

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Personal Assistant Services – East is a domiciliary care agency which provides support and assistance to 67 people with a learning and or physical disability and or a mental illness. It also supports people who are living with dementia. Of the 67 people using the service, 24 people received personal care. Our inspection focused on the care provided to these people only.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. They are referred to as the 'registered manager' in the report.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be in. Inspection site visit activity started on 29 March 2019 and ended on 8 April 2019. We visited the office location on both dates to see the manager and office staff; and to review care records and policies and procedures

What we did:

Our inspection was informed by information we already held about the service. This included feedback we had received from the public and the local authority since our last inspection and the information the provider sent us in their Provider Information return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke with one person who used the service, six family members and two home managers of accommodation in which two people lived. We also spoke with the registered manager, two team managers and two support workers. We reviewed eight people's care records and six people's medicine records. We also reviewed documentation relating to the running and governance of the service. After the inspection, we reviewed additional evidence relating to staff training and safeguarding notifications.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely

- We could not be assured that people's medicines were always managed and administered safely. This was because we found omissions and errors in some peoples' records. We also found that care records did not always contain clear information about how staff should support people with their medicines.
- There were missing entries on Medicine Administration Record (MAR) charts therefore it was not clear if medicines were routinely administered as intended by the prescriber.
- People's records were not always accurate or up to date and this did not support the safe management of their health. For example, one person's 'Medication Record Sheet' stated that they took three prescribed medicines. However, their Medicine Administration Record (MAR) charts showed they were taking an additional two medicines, one of which was for epilepsy.
- Medicines were not always transcribed onto MAR charts correctly. Dosage information was provided on handwritten MAR charts for medicines but there were not always signatures to confirm that correct transcribing had taken place.
- In some files it was not clear if or when relatives supported people with all or some of their medicines. This meant that staff may not know which medicines they were responsible for administering and at what times.
- Some members of staff had not recently undertaken medicine training.
- Staff told us their competence to administer medication was assessed annually however there were no records of this.
- The registered manager recognised that there was a need for closer oversight of medicine management and record-keeping and stated that they would address this urgently.

Assessing risk, safety monitoring and management

- People using the service, relatives and a home manager had no concerns about people's safety management. One person told us "I do feel safe, the staff are all friendly and kind." A family member said, I can't speak highly enough of the staff. Risk assessments were carried out around the wheelchair used by [person]."
- People were assessed for known and potential risks to their safety. Most support plans contained up-to-date information showing staff how to support people and mitigate identified risks. However, one person's care file indicated that a falls risk assessment was undertaken several months after they had been referred to the service. This was despite the fact the person's referral paperwork indicated that they were at risk of falls. Their support plan had not been updated to reflect this.
- Support workers we spoke with could describe in detail how to keep people safe. They said they kept up to date with people's wellbeing via verbal handovers, communication sheets and regular contact with office

staff.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained and understood their responsibilities to keep people safe from abuse.
- The registered manager ensured that a safeguarding referral was followed through to investigation. They told us "I absolutely hate abuse. I can't always do anything, but when I can, I do."
- Staff were able to identify potential signs of abuse and explain the procedure they would follow if they needed to report any concerns.
- Staff were also aware of whistleblowing procedures and the importance of monitoring colleagues. One support worker told us, "Your colleagues would report you if you do something wrong. I wouldn't think twice of going to report them. You want the best quality."

Staffing and recruitment

- People told us there were enough staff to support them and that their calls were usually on time. Nobody we spoke to said they had missed a call.
- Staff felt that there were enough staff to cater for people's support needs.
- People using the service and family members told us that care provision was sometimes inconsistent and that agency staff were not always clear about people's care needs. The registered manager told us that the service had recently recruited more support workers, therefore they would need to rely less on agency staff. If needed, the registered manager said they would only request agency staff who knew certain people's needs well.
- Absences amongst team managers had impacted on the oversight of service delivery but the registered manager told us this was a temporary situation.
- We viewed recruitment records, which demonstrated that the service followed good practice. This included ensuring satisfactory background checks were received before appointing a new member of staff.

Preventing and controlling infection

- Staff were trained in how to prevent and control the spread of infection.
- No concerns were raised relating to infection control.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the registered manager.
- Issues and emerging themes were discussed on a regular basis with team managers.

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff carried out holistic assessments of people's care needs, which encompassed their social, cultural, emotional, physical and health needs. We saw from records and our observations and we heard from people, relatives and staff that there was a person-centred approach to people's care.

Staff support: induction, training, skills and experience

- People using the service and their relatives told us that they felt staff had the knowledge and skills to care for them.
- The registered manager supported the training of staff. They told us, "I always try and support staff to develop." At the time of the inspection, staff had recently undertaken training on wellbeing and moving and handling.
- A training database showed that most staff were up to date with their mandatory training. The registered manager recognised the need to ensure all staff completed refresher training within expected timeframes.
- New staff were given a thorough induction and were expected to complete the Care Certificate, which are standards of care that staff should be working to.
- Staff received regular supervision and appraisal. This gave an opportunity to review performance and professional development. A member of staff told us they found the supervisions helpful and motivational.

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

- Relatives we spoke with said they were responsible for supporting people to eat and drink, but they stated that staff would help if they asked them to.
- Some people had support with their eating and drinking. We heard from staff how they helped encourage and support a person to eat and drink. A support worker told us, "[Person] uses signs for drinks that we all know. We talk to them all the time, we remind them to drink and cut up their food for them."
- Staff were attentive to people's nutritional requirements. For example, they identified and discussed with a person and their family the fact that they had chosen not to take the recommended amount of thickener in their drinks.
- A person's care plan gave instructions to staff on how to support a person manage a healthy diet to control their weight. The person's care plan followed the recommendations of a nutrition and dietetic care plan which had been created by the Norfolk Learning Disability Service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Most people lived with their family members or family were close by and we were told that family members were responsible for health care appointments. However, one family member told us, "The staff

will help with appointments if I am not able to do so." Staff told us that they took people to see their doctor if they were asked to.

- We also heard how the service worked with another care agency to provide support to a person in their home. The registered manager told us, "We work really well with them, we've now put in place a system for contact in case either of us are running late. "

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff understood the importance of seeking consent and offering support to people to help them make their own decisions where possible. A member of staff told us, "We know in our heads who has capacity."

- We saw evidence of decision-specific mental capacity assessments and, where necessary, best interest decisions. Some records indicated that these were made with the input of professionals and family members. The records contained limited information though and they were often unsigned and undated. Where someone other than the person was involved in making decisions on their behalf, we did not always see evidence of their authority to do so.

- The registered manager acknowledged the shortcomings in the paperwork and said this would be rectified when people's details were transferred to the new-style support plans. We were told this would happen soon.

- The service had recently updated its Mental Capacity Act policy and procedures and most staff had undertaken recent training in this area.

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

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

- A person using the service told us that staff were caring. They said, "The staff are kind and friendly and will sit and chat to me while they write up their book. I have never had anyone I didn't like."
- Relatives also praised the staff. One family member told us, "I am happy with the care given, I'm more than happy. The carers are so lovely, they will do anything." Another family member said, "A health professional recommended this agency and we have found the staff to be very friendly and kind."
- Staff we spoke with had a good understanding of people and their needs and preferences. We heard from relatives about the positive relationships which were formed between people and the staff. One relative said, "It is the same consistent team and there is a trusting relationship." Another person's family member told us, "The staff are happy to sit and have a joke with [Person]."
- All the staff we spoke with demonstrated a commitment to caring for people and treating them with kindness and compassion.

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

- People were allocated a keyworker whose role was to support them to make decisions relating to their care.
- A support worker explained how they helped people to make their own decisions about their care. They told us, "You could try and word things differently and try again a bit later. You just try different things. You don't give up on the first attempt."
- Most people were supported by the same support workers each week to ensure consistency of care. Where necessary, people received a rota with a picture of the support worker who was due to come so they knew who to expect. Familiarity with their carers helped to develop a trusting bond and supported people to make their own choices.
- Staff knew people's care needs well and supported them to express their views about their care. One support worker told us how they interacted with a person they cared for who had impaired vision and was unable to communicate verbally. They told us, "You get to know their mannerisms after supporting them for a while and you know that when they are happy, they laugh. I talk to them whilst doing everything."
- Care records showed that people and family or representatives were involved in discussions and decision-making about their care.
- People were provided with details of advocacy services, where appropriate.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to adopt a 'can do' approach. We heard how one person washed and dressed

themselves due to the input of the support worker. When asked to describe the aims of the service provided, one member of staff told us, "Customers receive the correct support for them to proceed and make progress. We don't want people to just sit, we want to promote independence."

- The registered manager told us that the service was introducing a framework to support people to achieve positive outcomes, such as gaining life skills and greater independence. At the time of the inspection, staff were in the process of reviewing people's goals and supporting some people to take on voluntary jobs or to move into supported living.
- People's privacy and dignity were respected. A relative told us, "The staff are respectful and brilliant."
- A supported worker explained how they ensured a person was provided with discrete personal care, which took their individual preferences and needs into account.
- We saw evidence of a team leader demonstrating consideration to the feelings of a person and ensuring they felt no embarrassment in the management of a situation.
- The registered manager ensured people's care records were stored securely, with two keys required to open the cabinet in which they were stored. Staff maintained this level of security throughout the day, which demonstrated an understanding of how important it was to respect people's right to privacy.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service was responsive to people's needs and preferences. For example, due to past experiences one person required female only support workers and their family member confirmed the service ensured this need was always met. People were supported by the same support workers, where possible, so they could build relationships. This enabled staff to develop a good understanding of people, which was particularly important if people had communication difficulties.
- People were pleased with the support they were given and that they could access the community to meet their needs and wishes. A family member told us, "The staff will use their own cars to transport [relative], including taking the wheelchair. There never is any fuss about the wheelchair scratching the car. I realise that many staff are worried about scratches but not these staff." Another relative told us, "Staff are flexible to meet the daily changing needs of [family member]."
- We heard about the various activities people were supported to attend. This included undertaking physical exercise such as swimming, undertaking cooking and craft making and, where possible, being encouraged to undertake voluntary work. One person had recently started helping at the local charity shop and another person was supported to attend church.
- People using the service and their relatives were involved in discussions relating to people's care needs and plans. A person told us, "The manager came here and I said what I wanted the staff to do." One relative told us that their family member's care needs were reviewed regularly.
- We heard that staff, health care professionals and social workers met with people and family members to discuss and review their care needs. A team manager told us that they also kept in touch by email or telephone on a regular basis with people or their relatives. People's care plans were updated if changes in support were necessary.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. One complaint had been received since the last inspection and this had been appropriately responded to by the service.
- People and their relatives knew how to make a complaint and said they would feel comfortable doing so. A relative told us that if there were concerns the agency would resolve the issue to the satisfaction of the person. A family member told us, "The manager has been here to discuss any issues I might have."

End of life care and support

- Some support workers completed end of life training and provided support to people nearing the end of their life.
- We reviewed the file of a person receiving end of life care. Their records contained clear information relating to their personal care requirements. It was not evident though whether staff had held discussions with them about their end of life care wishes. We were told that this person's care file was due to be

reviewed and that the new type of support plans enabled more detailed recording about end of life preferences.

- Some care files we reviewed contained information about end of life medical care. For example, we saw some completed 'Do Not Attempt Resuscitation' forms. These indicated that a person had decided whether they wished for medical intervention to be provided in the event of them requiring resuscitation.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- We found evidence of poor record management;
- Errors and inconsistencies were identified in some people's MAR charts and support plans, as identified in the 'Safe' section of this report.
- Some support plans lacked information and it was not always easy to fully understand the care package in place. For example, details in a person's moving and transferring risk assessment had not been incorporated into their support plan. Some support plans were not dated or signed by the person or their representative
- Records relating to people's mental capacity assessments lacked information. The designated forms did not always capture the assessment process or the details of the person who had conducted it. In many cases, the outcome of the assessment was the only section of the document that had been ticked. Most of the records we viewed were undated and unsigned. Records of Best Interest Decisions were similarly lacking in detail and it was not always clear who was involved in the decision-making process.
- We did not always see evidence of lasting power of attorney for health and welfare where someone other than the person was making decisions on their behalf.
- There were ineffective systems in place to monitor the quality of care and support that people received;
- There was evidence that team managers had started to audit some care files and MAR charts but the records we saw were partially completed and actions identified were not followed up on.
- There was confusion over where to record the audit paperwork, which contributed to the lack of follow-up action
- A provider-led audit had been conducted shortly prior to the inspection and revealed shortcomings in file management. The registered manager had not had time to address these prior to our inspection.
- Team managers conducted regular 'Quality check' visits to people and contacted them on the telephone to ensure a good level of care delivery was maintained. These checks were not routinely recorded though.
- Some support plans had not been regularly reviewed.
- The staff training database revealed that some staff were not up-to-date with their mandatory training
- People's records were not routinely returned from people's homes or stored as expected
- The registered manager was unaware of some of the issues identified during the inspection
- The registered manager acknowledged that the service had not transferred most of the care files to the new version of the support plans. This was due to staffing shortages and they told us this would be actioned soon.

- These findings meant that the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff told us that there was a supportive team in place. One staff member told us, "I love my role and the diversity of people we support. It's nice to work with a lot of different people. Team wise we're great."
- The registered manager was caring and committed and created a warm and positive working culture. They told us, "My staff matter to me. If I can support them I will." It was clear they motivated and sought to support staff to provide the best care possible. A member of staff told us, "I asked to go on to my level five when I joined and [registered manager] and the directors pushed and found resources to do it."
- People told us that they knew who the manager was. A home manager told us, "I think the service is well-led and run. The service is easy to contact if needed." A family member told us, "I can't praise them enough, and there is support for me as the family member too."
- The registered manager told us they felt supported by the provider and they said could network with registered managers of other services in the region.

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

- People using the service and relatives were sent a survey on an annual basis about the service.
- Management and staff meetings were held regularly and staff we spoke with said they felt they had the opportunity to offer new suggestions and ideas. One support worker told us, "You're always listened to if you had an idea." Another member of staff told us "We are a good team. We all have very strong opinions. We put it on the table, discuss and come to a decision."
- A member of staff sat on the provider's Staff Advisory Board. This forum enabled staff from across the company to input into the review and development of policies and operational documentation. A transgender policy had recently been discussed by the board.
- Stakeholder group meetings took place every three months which were open to people and staff.

Working in partnership with others;

- The service worked well with social workers, the local authority safeguarding team and other care agencies.
- People benefitted from attending community services that were known to the service.
- The service had links with organisations in the community that could support people into voluntary work.

Continuous learning and improving care

- There were processes in place to enable staff to learn from mistakes and improve care and many of these were effective. Accident and incidents were well managed, and staff benefitted from regular supervisions and staff meetings.
- We heard that a new piece of software would soon be introduced to further enhance monitoring of incidents and audit outcomes.
- Service policies and procedures had all been updated and a working group had been created to review the content of people's support plans. This had led to the introduction of revised support plans across the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Suitable systems were not in place to monitor, assess and improve the quality and safety of the service. Regulation 17(1)(2)(a)(b)(d)(f)