

# Team Personnel Solutions Limited

## West Yorkshire

### Inspection report

54B Barkstone House  
Croydon Street  
Leeds  
West Yorkshire  
LS11 9RT

Tel: 01132441584  
Website: [www.teampersonnelsolutions.co.uk](http://www.teampersonnelsolutions.co.uk)

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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

This inspection took place on 17 July 2017 and was announced.

West Yorkshire, (often referred to by people as Team Personnel Solutions or TPS) is registered to provide personal care to people living in their own homes. The service was last inspected in July 2016, when it was found to be meeting the regulations inspected. At the time of this inspection there were two people receiving personal care from the service.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, there 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 told us they were supported to make choices about their support by care staff who were consistent, reliable and helped ensure they were protected from harm. Assessments about risks to people had been completed to ensure care staff knew how to manage these and keep people safe. Care staff had been safely recruited and provided with training to ensure they knew how to administer medicines safely and recognise and report possible abuse.

People told us care staff communicated with them well and provided them with choices about their support in order to help promote the quality of their lives. People told us care staff obtained their consent prior to carrying out personal care interventions, to ensure their wishes and preferences were respected. A range of training had been provided to help care staff effectively carry out their roles.

People told us care staff were kind and considerate and helped to maximise their independence. People said care staff respected their wishes for privacy and maintained their personal dignity. People's support was provided in a way that helped ensure their health and wellbeing was promoted and confidential information about them was securely stored.

People confirmed their support was personalised to meet their individual needs. They told us they were happy with the service they received and were confident any concerns would be appropriately addressed by the registered manager.

People told us the registered manager was open and approachable and felt the service was well led. They told us the service worked in partnership with them and listened to their views. Care staff told us they were well supported and enjoyed their work. Whilst we saw that systems were in place to monitor the quality of the service, we have recommended these are strengthened to help the service develop.

## 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 had received training to ensure they knew how to recognise and report incidents of potential abuse.

Potential risks to people were assessed to ensure their safety was managed and their medicines were administered by care staff who had received appropriate training.

People's needs were met by suitable numbers of staff who had been safely recruited to carry out their roles.

### Is the service effective?

Good 

The service was effective.

Staff had completed a range of training to enable them to effectively meet people's needs.

People were consulted about their support to ensure they consented to personal care interventions that were carried out.

People were encouraged and supported to maintain a balanced diet.

### Is the service caring?

Good 

The service was caring.

People were involved in making decisions and choices about their support by care staff who were kind and considerate.

People were supported by care staff who respected their dignity, whilst promoting their independence.

People were provided with information to help them know what to expect of the service.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their support which was regularly reviewed to meet their changing needs.

Medical staff were involved to support people's health and wellbeing when required.

A complaints policy was in place to ensure people were able raise concerns and have these addressed.

### Is the service well-led?

Good ●

The service was well led.

Whilst systems were in place to enable the quality of the service to be monitored, we have recommended these are further established as the service develops.

People told us the registered manager was approachable and they were provided with a reliable and consistent service.

Care staff told us they enjoyed their work and were provided with good support.

# West Yorkshire

## **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 visit to the service took place on 17 July 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be available to support the inspection. The inspection team consisted of one adult care inspector.

Before our inspection visit we asked 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. We also reviewed information we held about the service and checked if we had received any concerns or compliments. We contacted representatives from the local authority and Health watch for their views about the service. We used this information to help us plan our inspection of the service.

During the inspection we made a visit to the registered provider's office and spoke with the registered manager and staff who were based there. We visited the home of one of the two people who were using the service, to find out from them and their relatives their views on the quality of service provided. We subsequently spoke with the other person who was using the service by phone in order to obtain their views. We spoke with six members of care staff and also contacted local health care practitioners in the community about the service.

We looked at the care files belonging to the people who were using the service, staffing records and a selection of documentation relating to the management and running of the service, such as quality audits, minutes of meetings and performance reports.

# Is the service safe?

## Our findings

People and their relatives told us they were supported to make choices about their support by care staff who helped ensure they were protected from risks of potential abuse and neglect. People and their relatives confirmed they felt safe using the service and trusted their care staff, with whom they had developed positive relationships with.

One person told us, "I always have the same carer, who treats me with kindness and consideration; I am impressed with the way they help me out." A relative said they had previously used another agency who had not been able to provide the support that was needed. They told us, that since they started using the service they were very happy and had support from the same regular set of carers. They commented, "They provide medicines support and help with personal care. They always provide two carers to help with safely moving [Name of person] and they write down what has been provided, so we are able to track what they have done."

People who used the service told us care staff time keeping was generally good and that they had never missed a call. The registered manager told us that wherever possible new care staff were introduced to people before they started to work directly with them, to ensure they were familiar with their individual needs and enable consistency of care to be delivered.

Initial assessments were completed to ensure people's needs could be met and to support people appropriately. We saw information was updated to enable the quality of the service to be monitored in accordance with people's assessments and ensure support was delivered by appropriate numbers of staff. Care staff we spoke with demonstrated a good understanding of people's individual needs and confirmed they had received training on a range of issues to ensure people's health and safety was promoted and appropriately maintained.

There was evidence the service worked with people to enable them to be protected from potential harm and adopted a positive approach to the management of risks. Assessments about known risks were completed with people before the commencement of their service to ensure care staff knew how to support them safely and minimise restrictions on their freedom, choice and control. We found people's assessments focussed on their personal strengths and abilities to carry out tasks of daily living and covered a range of relevant issues, such as moving and handling, people's domestic environment, health and safety issues, use of equipment, together with details about specific nutritional and hydration requirements that were needed.

The registered manager told us they monitored people's risk assessments on an on-going basis and reviewed these every six months or more frequently if required, to ensure their risk assessments were updated.

We found the service followed safe recruitment practices to ensure potential employees were appropriately checked before offers of employment were made. We found care staff were issued with codes of conduct for

health and adult social care workers and saw evidence in their files of personal identity checks and past work experience. We found that references had been followed up, together with obtaining home office confirmation regarding eligibility to work and clearance from the Disclosure and Barring Service (DBS). The DBS complete background checks to enable organisations to make safer recruitment decisions.

We saw that training in relation to the protection of vulnerable adults had been provided to care staff to ensure they knew how to recognise and report potential safeguarding concerns. Care staff confirmed they were aware of their responsibilities to ensure people who used the service were protected from potential harm or abuse. Safeguarding policies were available for care staff to follow when reporting issues of potential concern that were aligned with the local authority's guidance on this. Care staff told us they were aware of their duties to 'blow the whistle' and report concerns or incidents of poor practice and were confident appropriate action would be taken by the registered manager if this was required. A member of care staff told us, "We can't keep things quiet, we have to report any concerns."

The registered manager told us people who used the service were encouraged to take responsibility for managing their own medicines wherever this was possible and that care staff provided assistance or prompts to people when this was needed. We found that daily records and medication administration records (MARs) were completed by care staff where people were assisted to take their medicines, to ensure people received their medicines as prescribed. Audits of people's MARs were carried out on a regular basis to ensure medicine errors were minimised and that action was taken to prevent them from reoccurring. We saw evidence care staff completed training on the safe use and handling of medication, together with checks and observations of their skills in relation to this element of practice to ensure they were competent to carry out this role.

We found care staff were issued with identity badges and uniforms for use when attending people's homes, together with personal protective equipment, such as aprons and gloves to enable care staff to promote positive infection control measures.

There were contingency plans in place to enable people to make contact with the provider in case of emergencies, together with on call arrangements to ensure people and care staff were supported should an emergency occur out of office hours.

# Is the service effective?

## Our findings

People who used the service and their relatives told us care staff provided support in the way that they chose and the service helped maintain the quality of their lives. People said care staff communicated with them well and were appropriately trained to carry out their work.

One person told us, "They (care staff) listen and I am able to tell them what I want them to do. I am very happy with them and wish to continue with them."

People who used the service and their relatives told us their support was adaptable and fitted around their lifestyle and choices. People said care staff involved them in decisions about their support and that they were not rushed. People and their relatives told us support was delivered by a consistent set of care staff. One relative commented, "They are flexible and fit around us and their time keeping is good."

We found care staff undertook an induction to the service and worked alongside or shadowed experienced staff before being allowed to work on their own. This enabled care staff to get to know people and learn about what was expected of them. We saw the staff induction programme was linked to the Care Certificate. (The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours.) There was evidence, additional practical training had been provided based around the individual needs of people who used the service, including use of Percutaneous Endoscopic Gastrostomy (PEG) feeds, to enable care staff to support people's specialist nutrition and hydration when required. Speaking about this training a member of care staff commented, "A lady from continuing care came and showed us all about cleaning and flushing and turning the peg so we know what to do."

Care staff demonstrated confidence in their skills and were knowledgeable about people's needs. Care staff advised their practice was regularly observed and assessed by senior staff to ensure they remained competent to undertake their work. We saw evidence care staff received close supervision of their skills and had one to one meetings with the registered manager, which were used as an opportunity to discuss support they provided, together with any training requirements they needed. Care staff advised they felt well supported and were able to freely speak with the registered manager about issues, both connected with work or of a personal nature. The registered manager told us direct observations of staff practice was used as part of the quality monitoring for the service and used this to enable good practice to be implemented. A member of care staff told us, "It's not unusual for us to have spot checks carried out to make sure we know how to work with people."

The service had not yet signed up to the Social Care Commitment, which is the adult social care sector's promise to provide people who need care and support with high quality services, however the registered manager advised they would look into following this up as a priority.

People's care files contained a range of plans developed to address their individual needs and medical conditions and people confirmed professional staff in the community were involved when this was required.



Whilst we found people's care files were regularly reviewed to ensure they were kept up to date, a health professional told us that daily recording could be improved, to enable them to be clear about what support had been delivered by care staff. We spoke to the registered manager about this, who confirmed they would ensure this aspect of provision was appropriately addressed.

We found that training on food safety and nutrition had been provided to ensure people's dietary and hydration were supported and care staff told us they provided encouragement to maintain a healthy diet, where this was required.

Care staff demonstrated a good understanding about the need to gain consent before undertaking personal care interventions with people and we saw care plans had been signed by people to confirm their agreement and involvement in the way their support was delivered.

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. For people in the community who need help with making decisions, an application should be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that people's liberty was not being restricted and that the registered manager understood their responsibilities in relation to the MCA.

## Is the service caring?

### Our findings

People who used the service and their relatives were positive about the approach that was adopted by care staff when working with them. They told us care staff were kind and considerate and helped them to maximise their independence. One person said, "They gave me a care plan and they do what I want them to do." People also said care staff were courteous and upheld their personal dignity. Commenting on this a relative confirmed, "They treat [Name of person] with dignity and respect, which is an absolute must."

People who used the service told us they were consulted about their choices for support and participated in reviews to ensure it was delivered in a way they were happy and in agreement with. People said care staff respected their wishes for privacy and told us care staff used towels and closed doors when providing personal care, to ensure their dignity was promoted.

People's care files contained individual plans of support that focussed on their individual strengths and needs, together with details about how their care was provided. People's care files also contained information about their personal histories, together with details about what was important to them, which helped care staff gain an understanding of people's needs.

We found people's care files contained assessments about known risks, to help care staff protect them from potential hazards, together with liaison with external agencies to promote their abilities for self-control and enable their independence to be maximised. The registered manager told us, "Our carers are trained to sign post when needed and referrals are made when necessary to relevant agencies and professionals, for example; district nurses, doctors and social services."

Care staff were familiar with people's preferences for how their support was delivered and told us about training they completed, which included the importance of maintaining people's dignity and ensuring their confidentiality was maintained. Care staff told us they enjoyed their work and regularly supported the same people, which enabled them to provide continuity of support and helped them to build relationships with people and get to know their individual preferences and wishes. Speaking about a regular visit to a person, a member of care staff commented, "I know them as if they are my father and communicate with them well."

People told us information was given to them when they commenced use of the service to help them to know what to expect of the agency and who to contact if this was needed.

We found that personal details about people were securely held and observed care staff respected people's confidentiality and did not disclose information to people that did not need to know. The registered manager confirmed they were aware of their duties under the data protection act and that electronic records were password protected and met the requirements of Information Commissioner's Office, which is the official organisation for upholding information rights in the public interest. We were told the service would involve independent advocates to help people make decisions about their support if this was needed.

People told us they were consulted about their views of the service. We saw recent comments from surveys which included, 'We have used other agencies before, but the carers from TPS health care were excellent, the carers were great with mum', ' Without TPS I would have found it very difficult, the support I got was excellent, all the staff looked after mum very well' and 'Very encouraging and professional. It was great to have reliable and consistent people coming at this difficult time.'

# Is the service responsive?

## Our findings

People who used the service were positive about the service and confirmed their support was personalised to meet their individual needs. Speaking about the approach one person commented, "I call it team work, they (care staff and the service) work in partnership with me."

People who used the service said they knew how to raise a complaint and had confidence these would be appropriately addressed and resolved. A relative told us, "We are aware of the complaints procedure and are confident they will put things right. If we have any concerns, we mention it to them and they get on top of things."

People who used the service told us they were actively involved in making decisions about their support. They told us they felt the service listened to them and recognised their individual strengths and worked to maximise these. The registered manager told us, "We involve the client or their relatives when assessing and writing up the care plan so that it becomes a patient centred care."

We found assessments of people's support were carried out when they first began using the service, together with the development of risk management plans to ensure the service was able to safely meet their needs. We saw personalised plans of support had been developed from people's assessments that covered a range of their needs and abilities to carry out tasks of daily living, in order to help staff to uphold people's personal dignity whilst maximising their opportunities to maintain a sense of control.

We saw people's assessments covered areas of known risks to them, including issues such as choking, skin integrity, mobility and falls in order to help care staff keep them safe from harm. We found information about people's support was regularly reviewed to ensure it was kept up to date. The registered manager told us, "We review people's care plans monthly or more often as when any change occurs in the clients care provision."

People told us health care professionals were involved if their needs changed. We found contact numbers were available for doctors, district nurses, so care staff could liaise and make contact with them if this was needed. Care staff told us they reported changes about people's needs to the office, to ensure action was taken or enable additional time to be arranged if this was required.

A complaints policy was in place with timescales for action to enable people to raise a concern and have these investigated and wherever possible resolved in a timely way. There had been no formal complaints since our last inspection, however the registered manager confirmed they would address any concerns and provide people with the outcome of their investigation when this was needed. They told us any potential concerns would be monitored to enable themes to be highlighted and enable learning strategies to be implemented when required.

# Is the service well-led?

## Our findings

People who used the service, their relatives and staff told us they thought the service was well-led. Comments and feedback received from people and staff was positive about the service.

People and their relatives were positive about the quality of staff in meeting their needs. They told us care staff were reliable and provided a consistent service and confirmed they were consulted about their views which helped the service to learn and develop. A relative told us, "We complete a survey about our views every six months. [Name of the registered manager] comes regularly to see us, but does not always tell us if they are carrying out a spot visit to check staff."

We saw comments from recent surveys which included, 'We were disheartened by some of the bigger agencies, but TPS were always willing to help' and 'Management were always great and very helpful with a positive attitude.'

There was a registered manager in post who had a sound knowledge and experience of health and social care services and aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service. The registered manager was a qualified nurse and maintained their professional registration with the Nursing and Midwifery Council. The registered manager advised they attended professional's network meetings to enable them to keep up to date with developments in the care sector.

We found the registered manager was supported by a member of office staff for administrative support. There were systems in place to monitor the quality of the service being delivered. We found these included reviews of people's care plans, medicine's management support arrangements and incidents and accidents, together with staff training and development. Whilst we saw these were proportional to the current size of the service, we recommend the service develops these further with a recognised quality accreditation scheme to help the service to learn and improve.

There was evidence the service operated a personalised approach that was centred around the importance of respecting people's differing needs and the promotion of their personal dignity. We found surveys and spot check visits were regularly carried out to ensure the service was meeting its operational objectives and enable people to provide feedback on service provision. The registered manager told us "We do quality assurance checks twice a year, where we visit the client and talk to them about our service. We do telephone monitoring every month where we phone the client and talk to them about the service they are receiving or if they had any concerns. We also do customer satisfaction survey's twice every year or on exit from the service."

There was evidence there was a culture within the service that encouraged care staff to question their practice and ensure communication was open and constructive. Care staff told us the registered manager listened to them and was approachable and fair. We saw evidence of observations of care staff practice and

meetings with them to enable their skills to be appraised and their behaviours and attitudes to be monitored. There was a whistleblowing policy in place which encouraged care staff to highlight issues of poor practice and report potential incidents of abuse. Care staff told us they were confident the registered manager would take action to address issues when this was needed.