

Principle Support Ltd

# Principle Support Limited

## Inspection report

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Date of inspection visit:  
18 December 2017

Date of publication:  
18 January 2018

## 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 18 December 2017. The service was last inspected in February 2016. At that time, the service was rated 'Good' across each of the five key questions. At this inspection we found the service remained Good.

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. Not everyone using Principle Support Limited receives the regulated activity, personal care. Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; which is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection Principle Support Limited were supporting 8 people with regulated activity.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There were systems in place to protect people from harm, including how medicines were managed. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team.

Safe recruitment processes were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people.

People were supported in a kind caring way that took account of their individual needs and preferences. People and their families were supported to express their views and be involved in decisions about their care.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

People received regular and ongoing health checks and support to attend appointments. They were supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

The service was responsive to people's needs and staff listened to what staff said. People could be confident that any concerns or complaints would be listened to and dealt with.

Systems were in place that continuously assessed and monitored the quality of 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 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.

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

This was a comprehensive inspection took place on 18 December 2017 and was carried out by one inspector with the registered provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure the registered manager, some staff and some people receiving support would be available to meet and speak with us.

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. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with the registered manager, an operational manager, a team leader and two support workers. We visited one person in their home and telephoned and spoke with three relatives of people who used the service to obtain their views of the support provided.

We reviewed a range of records, which included care records for three people, staff training, support and employment records and other records relating to the management of the domiciliary care agency.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe. One person we spoke to told us, "I feel really safe, the staff are all lovely." Relatives we spoke with did not raise any concerns about the safety of their family member. One relative told us, "The staff know [my relative] better than I do, I couldn't be any more confident that [my relative] is safe. I would have no hesitation in recommending this service."

The registered provider had a safeguarding vulnerable adults' policy and procedure in place and the registered provider's training records showed that staff had training in safeguarding vulnerable adults. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well. Staff had a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.

Staff told us they had access to accurate and up to date information at all times. The registered manager had introduced an electronic care management system. The electronic system tells care workers if there are any changes in the support provided in real time via the care workers phone. For example, changes in medication, care tasks or staff. This meant that people using the service were safe and any risks to their care and treatment were minimised.

The registered manager told us that families were also able to access daily records in order to see how their relatives' care and support was working.

Staff had a good understanding of how to keep people safe. They were aware of the policy and procedure for protecting people from abuse of avoidable harm. Staff ensured people's safety by taking appropriate action in response to any accidents or incidents to ensure people's safety. They told us they immediately reported anything of concern to the office staff and made sure the correct information was recorded.

The service had a policy and guidelines for staff about positive risk taking. When risks were identified we saw risk assessments were in place to reduce the risk occurring. Where there were specific risks that related to that person, there was a risk assessment setting out how staff should ensure the person was cared for safely. We saw a range of risk assessments and support plans which provided relevant guidance for staff, for example when supporting people in the community. This meant care and support was planned and delivered in a way that ensured people's safety and welfare.

Risk assessments had been completed for people's home environment in order that staff could work safely in them. This risk assessment detailed information about any safety hazards or potential risks at the person's home. This made sure staff were able to address potential risks in the person's home that could have an impact on them carrying out their duties, or on the person themselves.

The registered provider had a medicines policy and procedure that was used to guide staff in the administration of medicines. Systems were in place to help ensure the safe handling of medicines and to reduce the risk of cross infection in the service. We saw that records relating to medication were accurate

and detailed, and the registered provider had a system in place of carrying out spot checks which included monitoring whether staff were handling, administering and recording medication appropriately.

Staff were provided with equipment, including gloves and aprons, to ensure that they could provide care safely.

The registered provider had continued to follow safe recruitment practices to make sure safe recruitment practices were followed which made sure only suitable staff were employed. We checked three staff files and saw they included relevant records for the recruitment of staff, including checks with the Disclosure and Barring Service (DBS). The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. In addition to a DBS check, all staff provided a checkable work history and two referees. These checks should help to ensure people are protected from the risk of unsuitable staff.

Staff we spoke with said they believed there were enough staff on duty and this enabled people to take part in a wide range of social activities including being able to accompany people on visits and trips. Staff rotas were planned in advance and reflected the needs of the people using the service. We looked at the number of planned visits and the total number of hours and found the staffing of the service was adequate to provide safe care.

Staff said they felt well supported by the managers. Staff told us that they were supported from the office between 9 – 5 and there was an on-call management rota out of hours.

## Is the service effective?

### Our findings

People we spoke with told us they liked the staff that supported them and their choices were respected. One person using the service told us, "The staff are lovely, I like to go shopping and they take me shopping."

Staff had received regular training to enable them to provide effective support to people, such as safeguarding, first aid, moving and handling, amongst other relevant training. One member of staff told us, "I have recently under taken a three day train the trainer's course to enable me to give training for all our staff in the safe management of medicines."

The registered manager told us newly recruited staff held, or were working towards the care certificate. The care certificate aims to equip health and social care support workers with the knowledge and skills that they need to provide safe, compassionate care. A system was in place to track and record the training each member of staff attended. The registered providers training records showed that staff had training to meet the needs of the people they supported.

Staff spoke positively about working for the service and as part of the team. They told us they felt supported, received regular supervision and had access to plenty of training opportunities. One staff member told us, "I feel so supported working here, the service is so person centred and that's not just for people using the service that's for staff as well."

Staff told us they received regular supervision and appraisal. Records we looked at included spot checks to check the on-going competence of the care staff, supervision and appraisal records. Minutes of staff meetings showed that staff were encouraged to express their ideas on how to develop the service. This meant that staff were supported to improve the quality of their work and to develop the service.

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 so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. For people living in their own home, applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The registered manager had a good understanding of the legislation and staff received training to enhance their understanding. The registered manager told us that currently everyone receiving personal care was able to consent to the care and support that they provided. Care staff we spoke with understood the importance of the MCA in protecting people and the importance of involving people in making decisions.

All of the care records we looked at contained signed consent to care and treatment records to evidence people had been consulted and had agreed to their support plan. This showed people had been involved in



making choices and decisions about the care and support they received.

People had good access to healthcare services. Staff were proactive in requesting visits or reviews from health professionals such as GPs or other health care professionals. Staff recorded all contacts and visits from healthcare professionals in people's care plans. This meant staff had clear guidance on people's health care needs and people's healthcare needs were met.

People told us that staff from the service gave them the assistance they needed with their meals. People's files had information about their food preferences and tastes, as well as guidance for staff in relation to how people should be supported in relation to nutrition and hydration. We checked a sample of people's daily notes, where staff recorded the care provided at each visit, and saw that staff were providing food in accordance with people's assessed needs.

## Is the service caring?

### Our findings

People confirmed staff were always very polite and included them when making decisions about how they wanted their care provided. People using the service praised the service they received. Comments from people included, "The staff are always kind and caring," "The staff are lovely, they are kind and caring" and "The staff are always helpful and friendly."

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed that staff had a very good rapport with people and interactions were very kind and encouraging. One person told us "The staff help me with my money, I love shopping and they take me shopping. I am really happy with the care I receive."

We saw evidence that the support provided was person centred. Staff told us they had access to adequate information about how to support people and ensure their care was tailored to their needs and preferences. Care files we read contained details about people's likes and dislikes. They also outlined their abilities, so people's independence could be respected and encouraged.

People consistently praised the competence and the attitude of the staff and were very happy with the quality of care. Every person we spoke with told us care staff treated them with respect and dignity, and agreed with the statement that staff were caring and kind.

People using the service told us that staff had a caring approach, and praised the way staff upheld their dignity and treated them with respect. Staff described to us how they provided care in a respectful manner, while they maintained the person's dignity. This included enabling people to make choices and respecting their decisions.

Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

We saw that through the inclusive approach to support planning, key information about people's lives, their individual identity, culture and what was important to them was captured as part of their person centred plans. This meant the service respected people's right to equality diversity and human rights.

## Is the service responsive?

### Our findings

People's care records contained good information about the person's needs, any risks associated with their care and their preferences. Care plans were written in a person centred way that gave staff clear guidance about how to support individual people.

Care plans we looked at contained an assessment of people's needs, which had been carried out when they began to use the service. This assessment was set out in sufficient detail for staff to understand what care was required. When staff completed a care visit they recorded details of the tasks undertaken in people's daily notes. We cross checked these with people's care assessments and found that staff were carrying out the support and care that the person had been assessed as needing.

The registered provider worked responsively with external professionals, such as social workers, occupational therapists and speech and language therapists. We saw records were documented following any input from health care professionals and we saw care plans had been updated following a review. This meant the team sought appropriate support and advice from the relevant support services.

People told us the staff supported them really well and helped them to get out into their local community. For instance, one relative we spoke to told us, "[My relative] used to be reluctant to go out and take part in activities in the community. With the care and support of the staff [My relative] is much more tolerant of going out into the community.

People told us they enjoyed the activities that they were supported to take part in. A team leader showed us a folder containing pictures of activities that people undertook. This included supporting people to access a festival of words event and poems that a person using the service wrote and was published. While we were visiting one person in their home they told us how much they had enjoyed a recent visit to a nightclub and a Christmas party that had been organised by the registered provider.

People told us communication was good. We asked people using the service, and care staff, about the effectiveness of communication within the service. One person told us, 'if you have any problems you just ring the office, there is always somebody there if you need them.'

People told us they were encouraged to give their views and raise concerns or complaints. However, none of the people spoken with had had cause to raise concerns and were happy with the service they received.

People's care files contained a copy of the registered providers complaints policy which set out how people could make a complaint to the registered provider, and what timescales responses would be made in, as well as what action people could take if they were unhappy with the registered provider's response.

The complaints record showed there had been four complaints received within the five months before the inspection. The registered provider had investigated the complaints and taken action to address any shortfalls or implement changes that were required.

## Is the service well-led?

### Our findings

There was a registered manager in place. 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.

Staff members told us the registered manager was very supportive and there was an open door culture. Staff spoke consistently about the service being a good place to work. They told us they felt supported, received regular supervision and had access to plenty of training opportunities. Comments included, "I love working here, and there is something very special about working at Principal Care." Minutes of staff meetings showed they were encouraged to express their ideas on how to develop the service.

One member of staff told us, "I feel so supported working here, the registered manager respects everybody's needs and wishes and they [registered manager] listens to staff. All the staff are so supportive; it's a pleasure to come to work."

Systems were in place that continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. The documentation showed that management took steps to learn from such events and put measures in place, which meant they were less likely to happen again.

Meetings and surveys gave staff the opportunity to give their views, opinions and share ideas they may have to make improvements to the service. We saw records of managers meetings and staff meetings that discussed training, eLearning, supervision and appraisal and the new electronic care monitoring system. This showed the registered manager was actively seeking the views, opinions and encouraging care staff to make improvements to the service.

A customer satisfaction survey was carried out that included questionnaires that were sent to people used the service and the relatives. We saw that the results of the survey were in the main positive. Comments included, "No problem with all staff. I am happy with all staff", "We are very happy with the services" and "Happy with the support but would love more communication when support worker changes."

The registered provider and registered manager understood their responsibilities and were aware of the need to notify CQC of significant events in line with the requirements of the provider's registration. Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents and safeguarding allegations, as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe. We also contacted the local authority safeguarding and commissioning team. They raised no concerns about the care and support people received. The rating from the previous inspection was displayed in the office.