

York PA and Student Support Limited

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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: York PA and Student Support Limited is a domiciliary care agency. It was providing personal care to six people at the time of our inspection. The agency supports people with physical disabilities, mental health needs, older people and people with a learning disability or autism. The agency also provides academic support to people who are studying at York University, but that section of the agency is not regulated by CQC.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with a learning disability or autism were supported to live as ordinary a life as any citizen.

People's experience of using this service: People received a responsive service, which was tailored to their needs and wishes. Staff were recruited and matched with people, to ensure they were compatible. People benefitted from the relationships they built with a consistent staff team. Feedback we received about the staff showed us they were caring and treated people with dignity and respect.

Staff received an induction, training and support to give them the skills they needed to support people effectively. Risks to people were assessed and minimised and staff knew how to protect people from avoidable harm. People told us staff were reliable and always arrived on time. Where people required it, they were supported to receive their medicines in line with their prescription.

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

Support plans were in place to give staff the information they needed to support people in line with their preferences. These were updated when people's needs changed.

Checks were routinely conducted on the quality and safety of the service. We received very positive feedback about the registered manager and nominated individual. People and staff told us they were very approachable. Our discussions with staff indicated there was a very positive, person-centred culture within the service.

Further information is in the detailed findings below.

Rating at last inspection: Good (report published 25 August 2016)

Why we inspected: This was a scheduled inspection based on the service's previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe.

Details are in our Safe findings below.

Good ●

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 well-led.

Details are in our Well-led findings below.

Good ●

York PA and Student Support Limited

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was conducted by one inspector. An expert by experience made telephone calls to people who use the service. 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:

York PA and Student Support Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Not everyone who uses the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The agency also provides academic support to people who are studying at York University, but that section of the agency is not regulated by CQC.

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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is sometimes out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity was conducted on 29 November 2018. This included a home visit to one person and a visit to the office location to see the manager and office staff; and to review care records and policies and procedures. We made telephone calls to people who used the service between 30 November and 3 December 2018.

What we did:

Before our inspection, we looked at information we held about the service. The provider sent us a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team prior to our visit. We used this information to plan the inspection.

During the inspection we spoke with three people who used the service and one relative. We spoke with the registered manager, the provider's nominated individual, the company administrator and three care staff (known as Personal Assistants). We looked at a range of documents and records related to people's care and the management of the service. We viewed two people's care records, medication records, two staff recruitment, induction and training files and a selection of records used to monitor the quality and safety of the service. We visited one person in their own home to get feedback on the service, observe the care provided and look at the documentation available to staff in people's homes.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People told us they felt safe with the personal assistants who supported them. One told us, "Yes they make me feel very safe. I get on so well with all of them and I have every confidence in them." Another person gave us an example of how their personal assistant intervened to ensure their road safety, and told us how reassuring this was.
- The registered manager conducted assessments to evaluate risks to people's safety and wellbeing. They had recently developed additional risk assessment documentation to provide more information about the measures in place to minimise risks.
- Staff were aware of people's individual risk assessments and told us they had time to look at these, via electronic or paper records in people's care files.
- Accidents and incidents were recorded on the provider's electronic system and the registered manager reviewed these incidents to assess if any further action was required.

Learning lessons when things go wrong

- The provider learned from any incidents that occurred and took prompt and thorough action to prevent the risk of recurrence. For instance, after a missed care visit had occurred in the year prior to our inspection (the only time this had happened) the provider introduced a new electronic call monitoring system, to enable them to know straightaway that personal assistants had all arrived to visits as planned.

Safeguarding systems and processes

- The provider had a safeguarding policy and access to local authority policies and reporting procedures.
- Staff received safeguarding training and were able to describe indicators of abuse and how to report any concerns.

Staffing levels; staff recruitment

- Personal assistants were recruited to support people, according to their individual needs and requirements. People had a small number of regular staff. If there was any staff sickness or annual leave, the registered manager or other personal assistants who knew the person covered the visits.
- People told us, "They (personal assistants) are usually on time" and "Their timekeeping is very good."
- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people.

Using medicines safely

- Personal assistants who were supporting people with medicines, had received medication training. The registered manager regularly checked their competence to support people with medicines as part of spot check visits. The registered manager advised us they were also planning to develop a separate medicines

competence checklist to record this assessment.

- Information about people's needs in relation to medicines was recorded in their support plan.
- Staff completed medication administration records (MARs). These were regularly returned to the office so that the registered manager could check that medicines had been given in line with people's prescription.

Preventing and controlling infection

- Staff received guidance about infection prevention and control. They used personal protective equipment when required, such as disposable gloves.

Is the service effective?

Our findings

Effective – this means 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.

Staff skills, knowledge and experience

- People felt staff had the right skills and knowledge to support them effectively. Their comments about staff included, "I think they are very well trained and have all the skills needed to look after me well" and "They are all excellent; well trained and competent carers." A relative told us, "They are all great and I have every confidence they look after [Name] very well."
- Staff received an induction and training to prepare them for their role. Staff were satisfied with the training they received.
- The provider conducted spot checks and observations of staff delivering care, to check on their competence. Any issues about staff competence were addressed by the provider to improve practice.
- Staff received supervision and appraisal.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff providing consistent, effective, timely care with and across organisations

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- The provider conducted an assessment of people's needs, to ensure they could provide an appropriate service for them.
- The provider worked with other organisations to ensure people's holistic needs were considered and met.

Supporting people to eat and drink enough with choice in a balanced diet

- Where it was part of someone's support package, staff provided support with meals and drinks. People confirmed they were satisfied with the support they received in this area, and one person told us, "They get my meals ready for me and make sure I have a drink before they leave. I choose whatever I fancy to eat."
- Information about nutritional and hydration needs was recorded in people's support plans.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the Mental Capacity Act (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Nobody who used the service at the time of our inspection was deprived of their liberty.
- Not all staff had a confident understanding of the MCA. However, all staff we spoke with had a clear understanding about the importance of getting people's consent, and knew to seek further advice if they had any concerns about people's ability to understand particular decisions. People confirmed staff always asked their views and sought consent before supporting them.
- The registered manager had recently completed training to enable them to deliver MCA training, and advised us they planned to roll this out to staff as soon as possible.

- People's consent to their care was recorded in their support plan. Where people had a Lasting Power of Attorney (LPA) for health and welfare decisions, the provider retained evidence of this.

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

- People had access to health care professionals, and received support with this where required. People told us, "They help me with appointments and prescriptions" and "They would take me [to appointments] if I needed them to. They do phone for prescriptions for me."
- Basic information about any health conditions people had was included in their support plans. There was more detailed information about specific support staff needed to provide in relation to healthcare needs, such as catheter care.

Is the service caring?

Our findings

Caring – this means 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

- The feedback we received from people and relatives was consistently positive and showed that people felt valued and respected by staff. People said their personal assistants were caring and commented, "Nothing is too much trouble for them" and "They are wonderful girls. They are kind, compassionate and very caring. They are thoughtful too. They do my shopping and put my rubbish out. All very helpful to me."
- When asked if staff were caring, a relative told us "Very much so. [Name] has needed antibiotics recently and they even called in to make sure they had had them at the right time" and "They are wonderful when they speak to [Name]. They have so much patience and are very understanding."
- It was evident from our observations that people had built warm, caring relationships with staff, and they knew each other well.
- The provider recruited and matched staff with people they felt they would be most compatible with, in terms of skills and personality. One person we spoke with told us this worked really well. They found it nice that they shared a similar previous career as their personal assistant.
- People were always supported by staff they knew. One person told us, "If a new person covers, [Registered manager] would arrange for them to come out and shadow for an hour so I'm never chucked in with people I don't know."

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

- People confirmed their personal assistants always listened to them, involved them in decisions and respected their views.
- The provider shared information with people about local advocacy organisations, for people who may benefit from independent support with decision making. Information about relevant organisations was included in the provider's handbook for people who used the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted. Support plans included instructions to staff about how to promote people's dignity and independence.
- Staff gave us examples to demonstrate how they maintained people's dignity when providing them with personal care. This was confirmed by people we spoke with. One person described to us how sensitive their personal assistants were, when assisting with particular tasks. Another said that staff "Always" respected their privacy and dignity and commented, "When they are helping me wash or shower they make sure I am covered up"
- Staff promoted people's independence by tailoring their support according to people's abilities.
- Staff received equality and diversity training as part of their induction. The registered manager provided an example of how staff supported one person to challenge discrimination in the community. They advocated

for the person and supported them at meetings, leading to positive changes in the person's living arrangements.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care

- People who used the service indicated the service was responsive to their needs and their personal assistants supported them in the way they wanted. People told us "They know me very well now and how I like things doing. They always listen to me" and "Yes, they know me very well. And I only have to ask once and it is done for me."
- The provider developed a support plan with each person, based on their needs and preferences. These were routinely reviewed and updated when people's needs changed. These were available for staff to access in people's homes and via smart mobile phones, on the provider's secure electronic care planning system.
- Support plans contained information about people's communication needs. This helped to meet the requirements of the Accessible Information Standard (AIS). The AIS is a legal requirement for all providers who receive any public or NHS funding.
- Staff recorded details of each care visit on the provider's electronic care planning system. This enabled the provider to check that care was provided in line with people's support plans.
- People and staff confirmed that at each care visit, in addition to the routine care tasks required people were able to direct what else they wanted to do, including going out shopping, to appointments or social activities.
- A staff member told us, "I love the person-centred side of this service. The fact that it's not for you it's for them. When we arrive they (people) tell us what they want. It's really diverse and we get to do different things, like going out for the day."
- The registered manager told us they were particularly proud of how well the service responded to people's changing needs. For instance, keeping care packages open when people were in hospital, so that staff were ready to start support again straightaway, when people returned home.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which was available to people who used the service.
- People we spoke with confirmed they knew how to raise a complaint and would feel comfortable doing so. People told us, "I would speak to [registered manager] if I had any concerns but have never needed to," "I would not hesitate telling them if I was not happy. I would ring the manager" and "Yes, I would feel very comfortable if need be. I would ring [registered manager] and speak with her"
- The service had not received any formal complaints in the year prior to our inspection, but told us how they had addressed informal concerns and issues raised. The registered manager had learned from one issue that had occurred since our last inspection and described how they would approach it differently should anything similar occur again. The provider was committed to using concerns and complaints as an opportunity to improve the service for people.

End of life care and support

- At the time of our inspection, the service was not providing end of life care to anyone. Where the service had previously supported one person at the end stage of their life, staff had worked alongside the person's GP and community nurses to ensure they received appropriate care. Staff involved had also attended an awareness session with MacMillan nurses.
- The registered manager advised us that support and specific guidance for staff would be arranged on an individual basis should anyone need end of life care in the future.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was a registered manager in post, who ran the service alongside the nominated individual.
- Everybody we spoke with knew the registered manager and spoke highly of them. People told us, "[Registered manager] is very helpful and you can easily get hold of her" and "[Registered manager] is a great person, you can relate to her. If any personal assistants are off she has covered, that says a lot. All the staff that I've ever come across have always been so positive about [registered manager] and [nominated individual]." A relative described the registered manager as "Fabulous."
- The registered manager was aware of their role and responsibilities, including what events they needed to notify CQC about. They had submitted notifications in line with legal requirements.
- Staff received supervision and support to develop their practice.
- Information related to people who used the service was stored securely in the office and electronically. The provider had updated their data protection policy to reflect the latest data protection laws. This helped to ensure the integrity of confidential information.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider had a quality assurance system and the registered manager completed audits to monitor the quality and safety of the service. This included checks of care logs and medication records. They also completed spot checks of the support being delivered, to monitor the quality of the service.
- We saw the provider had received compliments and emails of appreciation from relatives and social care professionals.
- The registered manager attended training to further develop their skills and cascade learning to staff.
- The provider had been accredited by a specialist Autism support organisation.
- The provider promoted a positive person-centred culture. Staff were consistently positive about the management and leadership of the service and told us they were well supported. One told us, "[Registered manager] and [nominated individual] would go out of their way for us too." Another commented, "It's a nice team. Everyone wants to do their best for people and focuses on this."

Engaging and involving people using the service, the public and staff

- Staff felt involved and respected. One told us "[Registered manager] and [nominated individual] are always trying to improve things and think of new ideas. They like people with different talents so always ask us things and get our ideas and views."
- The provider conducted surveys to gather feedback from people who used the service and other

stakeholders. They used these to identify any areas for improvement. We saw feedback responses indicated a high level of satisfaction with the service.

- People told us they would feel comfortable speaking to the registered manager or calling the office if they had any questions or wanted to make any changes.
- The provider produced a newsletter at least twice a year to keep people informed about any changes at the service.

Continuous learning and improving care

- The registered manager demonstrated a commitment to providing high quality care and continual improvement of the service.
- Since our last inspection, the provider had implemented new systems to improve and develop the service. This included investment in a secure electronic care planning system and work with an external consultancy who had audited the company's health and safety systems and human resources policies and procedures. The provider had made some updates to their systems as a result.

Working in partnership with others

- The provider worked in partnership with other organisations and built links in the community for the benefit of people. For instance, they had identified and promoted local day clubs and community groups they thought people they supported would enjoy.
- The provider had connected with other providers locally to initiate a small home care provider network, to share ideas and best practice. This was in the early stages of development.