

Middlesbrough Borough Council

South Tees Home Support Service

Inspection report

Children with Disabilities
2nd Floor, The Viewley Centre, Hemlington
Middlesbrough
Cleveland
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Tel: 01642579160

Date of inspection visit:

09 January 2019

11 January 2019

17 January 2019

Date of publication:

14 February 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 9, 11 and 17 January 2019 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection.

The service was last inspected in July 2016 and was rated good. When we returned for this inspection we identified issues with staff training and the provider's quality assurance processes. The rating of the service deteriorated to requires improvement. This is the first time the service has been rated required improvement.

This service is a domiciliary care agency. It provides personal care to people under the age of 18 who live with a physical or learning disability.

Not everyone using South Tees Home Support 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. At the time of our inspection eight people were receiving personal care from the service.

The service operated in line with the Registering the Right Support guidance. These values include choice, promotion of independence and inclusion. People using the service could live as ordinary a life as any citizen. Although the service had not been originally set up and designed under the Registering the Right Support guidance, they were continuing to develop their practice to meet this and used other best practice to support them.

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. The registered manager was registered in 2011. The registered manager had been absent on planned leave and had returned to work the day before our inspection began. During that time the service had been managed by an interim manager, who also assisted with this inspection.

Training was taking place but the provider's governance systems were ineffective at monitoring and recording this. The provider did not have systems in place to assess, monitor and improve the quality and safety of the service.

Risks to people were assessed and steps taken to reduce them. The provider had effective infection control policies and procedures in place. People were safeguarded from abuse. Plans were in place to support people in emergency situations. The provider monitored staffing levels to ensure people were supported safely. The provider's recruitment processes minimised the risk of unsuitable staff being employed. Policies

and procedures were in place to provide support with medicines if needed.

Staff were supported with regular supervision and appraisal. A detailed assessment was carried out before people started using the service to ensure the appropriate support was available. The service worked closely with other healthcare professionals to ensure people received effective support. 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. People were supported with food and nutrition.

Relatives we spoke with told us staff were caring and kind. External professionals also spoke positively about the support provided by staff. People were treated with dignity and respect. Staff were passionate about their roles and committed to supporting people to live full and happy lives. Staff were knowledgeable about issues surrounding equality and diversity and were clearly committed to treating people as individuals. Policies and procedures were in place to support people to access advocacy services if needed.

People received person-centred supported based on their assessed needs and preferences. Staff were knowledgeable about people's communication support needs and were able to interact with people effectively. People were supported to access activities they enjoyed. Policies and procedures were in place to investigate and respond to complaints. The service did not provide end of life care.

Staff spoke positively about the leadership provided by the registered manager and the culture and values of the service. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken. Feedback was sought from relatives and staff. The service had a number of links with other professionals and community agencies to help improve people's health and wellbeing.

We found one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014, in relation to good governance. You can see what action we took at the back of the full version of this report.

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.

Risks to people were assessed and reduced.

Staffing levels were monitored to ensure they were safe.

Effective infection control policies and practice were in place.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Training was not always effectively recorded.

Staff were supported with supervisions and appraisals.

People were supported to have maximum choice and control of their lives.

Is the service caring?

Good ●

The service was caring.

Relatives spoke positively about the care people received.

Staff treated people with dignity and respect and promoted their independence.

Procedures were in place to support people to access advocacy services where appropriate.

Is the service responsive?

Good ●

The service was responsive.

People received person-centred support.

People were supported to take part in activities they enjoyed.

Systems were in place to investigate and respond to complaints.

Is the service well-led?

The service was not always well-led.

The provider did not have systems in place to assess, monitor and improve the quality and safety of the service.

Staff spoke positively about the culture and values of the service.

The service had community links that benefited people who used the service.

Requires Improvement 

South Tees Home Support Service

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 inspection took place on 9, 11 and 17 January 2019 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection.

We visited the office location on 9 and 17 January 2019 to see the registered manager and office staff, and to review care records and policies and procedures. We also spoke with relatives on the telephone on 11 January 2019.

The inspection team consisted of one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider had not been asked 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 contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by South Tees Home Support Service.

People who used the service had very limited communication skills and we were not able to speak with them during inspection. We spoke with three relatives of people using the service. We also spoke with two external professionals who worked with the service.

We looked at three care plans and handover sheets. We spoke with six members of staff, including the registered manager, interim manager and support staff. We looked at three staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

Relatives told us staff kept people safe. One relative we spoke with said, "They keep [named person] safe. They (staff) know what they're doing." An external professional told us, "Staff have gone over and above to help support children in emergency situations. (Staff) will always stay behind to make sure children are safe."

Risks to people were assessed and plans put in place to reduce the chances of them developing. Support plans had guidance to staff on how people could be safely supported, for example, when staff were using hoist equipment to help them move. Staff were knowledgeable about people's support needs, risks arising from them and actions to take to keep them safe. One member of staff told us, "We keep people safe by making sure we know where people are and what they're doing, make sure they avoid danger." We did see that some risk assessments lacked detail on some specific health conditions that people had. We spoke with the registered manager about this, who said they would be reviewed and action taken to update them.

Accidents and incidents were monitored to see if lessons could be learnt to help keep people safe. Records showed that staff were quick to act on any concerns they had and to discuss these with people's relatives and other professionals involved in their care. One external professional said, "They're good at managing risks to keep people safe."

The provider had effective infection control policies and procedures in place. Staff confirmed they were familiar with infection control principles and were provided with all the personal protective equipment (PPE) needed to carry out their roles. One member of staff said, "We get all the PPE we need. We just take it from the office."

People were safeguarded from abuse. No safeguarding issues had been raised since our last inspection, but staff displayed a good knowledge of the types of abuse that can occur in care services and said they would not hesitate to report them. One member of staff told us, "I'd report any concerns immediately. I know the steps to take it higher if I needed to."

Plans were in place to support people in emergency situations. The provider had a contingency plan with guidance on providing a continuity of care in situations that disrupted the service. The registered manager said, "Our team have the ability to work in an agile way. We can manage a lot of stuff remotely." This helped ensure people would receive support in emergency situations.

The provider monitored staffing levels to ensure people were supported safely. Staffing levels were based on the assessed level of support people needed. The provider had recently restructured. Some staff had transferred out of the service and had not yet been replaced, but the interim and registered manager said plans were in place to do this. The interim manager said, "Work is ongoing with staffing. We know the numbers aren't right at the moment. I think it just needs some tweaks to the restructure. We're looking at recruiting some additional staff for home support, though we haven't had any missed calls."

Staff confirmed there had been recent pressures on staffing but said everyone had worked together to ensure people's support was not disrupted. One member of staff said, "I'd say we need more staff with the restructure, but we're all good at chipping in and helping out. It's not a strain and things don't get missed." Relatives told us people were supported by stable staffing teams. One relative we spoke with said, "I'm aware there have been some issues. I don't think we've suffered because of it. All (staff) worked hard to cover."

The provider's recruitment processes minimised the risk of unsuitable staff being employed. Applicants were required to submit an application form setting out their employment history, written references were obtained and Disclosure and Barring Service (DBS) checks carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and to minimise the risk of unsuitable people from working with children and vulnerable adults.

At the time of our inspection nobody who used the service received support with managing their medicines. Policies and procedures were in place to arrange this should it be needed.

Is the service effective?

Our findings

Staff received a wide range of mandatory training to help them deliver effective support. Mandatory training is the training and updates the provider deems necessary to support people safely and effectively. This included training in first aid, health and safety and equality and diversity. Staff spoke positively about the training they received. One member of staff said, "We do all sorts of training. We can access lots." An external professional we spoke with said, "Staff know what they're doing. Really have a knowledge of what needs to happen." A relative told us, "Staff are trained on [person's] specific health conditions. They know how to support him."

Training records were not always up-to-date or reflective of training completed. Training was planned and recorded on a chart which showed when it had been completed and when refresher training was due. This showed refresher training was overdue in some areas. Some training expired in 2017. The chart also showed that some staff had never completed mandatory training in some areas such as fire safety and infection control despite having worked at the service for a number of years. This training had now been arranged. The registered manager said they were sure training had taken place and that the training chart was not accurate. As part of the provider's restructuring the service was receiving additional administrative support, which would assist with keeping accurate training records.

Our judgment was that training was taking place but that the provider's governance systems were ineffective at monitoring and recording this.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff were supported with regular supervision and appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of meetings showed they were used to review knowledge and performance as well as any issues staff wished to raise. Staff we spoke with said they found these meetings supportive, with one saying, "We use them to reflect on our work."

A detailed assessment was carried out before people started using the service to ensure the appropriate support was available. This process included people, their relatives and other external professionals involved in their care. One external professional we spoke with said, "We work closely with them to see if they can meet people's needs."

Once people started using the service staff continued to work closely with other healthcare professionals to ensure they received effective support. Support plans contained evidence of communication and working with professionals such as consultants and community practice nurses. One external professional told us, "They're good at telling us about any health changes."

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. We checked whether the service was working within the principles of the MCA. The service supported people under the age of 18. Consent was obtained from parents of those holding parental responsibility for people, and this was clearly recorded in people's support plans.

Some people received help with managing food and nutrition as part of their support, including nutrition by percutaneous endoscopic gastrostomy (PEG). A PEG is a tube which is passed into a person's stomach to provide a means of providing nutrition when oral intake is not adequate or possible. People's nutritional support was clearly recorded in their support packages. Relatives we spoke with said people received the support they needed.

Is the service caring?

Our findings

Relatives we spoke with told us staff were caring and kind. One relative told us, "The staff are so caring and kind. [Named person] is so happy when they come in. She enjoys kisses and cuddles with them, and doesn't do that with everyone." Another relative said, "The staff are all really nice. They'll do anything for him. They're very good with care."

External professionals also spoke positively about the support provided by staff. One external professional told us, "They've kept families together. It's lovely to see." Another external professional said, "[Named relative] is happy with the service."

People were treated with dignity and respect, and staff worked hard to include all members of people's family in their support. A relative we spoke with said, "It's not nice having people in your house, nobody wants it, but they make it easier. They always try their best to blend in with what we're doing." Another relative said, "They're very respectful. They respect our culture."

Staff were passionate about their roles and were committed to supporting people to live full and happy lives. Support plans contained guidance on how staff could promote people's independence and encourage them to develop new skills. One member of staff told us, "We massively promote people's independence. We encourage them to do as much as possible for themselves."

Relatives said staff had professional but close and friendly relationships with the people they supported, which had a positive impact in their health and wellbeing. Staff we spoke with were very knowledgeable about the people they supported, both in terms of their support needs and their personality as a whole. An external professional said, "They really know the people they're supporting. They play a critical role keeping kids with families. They do a fantastic job, they know his needs inside out."

Staff were knowledgeable about issues surrounding equality and diversity and were clearly committed to treating people as individuals. People's religious and cultural needs were considered and included in people's support plans. Relatives we spoke with said staff helped people to live the lives they wanted to lead. One relative said, "They do everything we want."

The service had received a number of written compliments and thank you cards thanking staff for their kind and caring support. These were saved and shared with staff.

At the time of our inspection nobody at the service used an advocate but policies and procedures were in place to arrange this if needed. Advocates help to ensure that people's views and preferences are heard.

Is the service responsive?

Our findings

People received person-centred support based on their assessed needs and preferences. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person.

Support plans were developed collaboratively with people's relatives and external professionals involved in their care. Though people had limited verbal communication the care planning process was always explained to them and staff tried to involve them in this as much as possible. The involvement of people and their relatives helped to ensure people's voices were reflected in support plans. A relative we spoke with said, "They're very good, very responsive."

Plans were detailed and included guidance to staff on the support people needed and how they wanted this carried out. They included detailed background information on people's health conditions and any specific support needs arising from them. Staff told us care plans contained all the information they needed to provide safe and responsive support. One member of staff said, "Support plans have everything we need, though we know the children we're supporting well anyway. We never take children out before reading the plan." Support plans were regularly reviewed to ensure they reflected people's current support needs and preferences.

Staff met people and their relatives before they started providing support. This helped staff to learn more about people and to discover what was important to them and their relatives. One member of staff told us, "We find out about the support people need through meetings, and through social worker referrals. If we get someone new we always go out and speak with parents and carers." An external professional said, "They really know the people they're supporting. They play a critical role keeping kids with families. They do a fantastic job, they know [named person's] needs inside out."

Staff were knowledgeable about people's communication support needs and could interact with people effectively. Support plans contained detailed guidance on people's non-verbal communication methods. Relatives and external professionals said staff could interpret and respond to these. An external professional told us, "[Named person] is registered blind and also deaf. Staff are able to engage and interact with him." The registered manager was able to explain how the service applied the principles of the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. For example, staff could access training on communication techniques and the service was reviewing various computer applications to assist with non-verbal communication.

People were supported to access activities they enjoyed. Support plans contained information in people's hobbies and interests, and relatives said staff played an important role in ensuring people could access these. Records contained evidence of people enjoying activities such as swimming clubs, musical activities and attending local groups and clubs.

One relative we spoke with said, "They take [named person] out to activities. They always enjoy them. The staff are really good at that." Another relative told us, "They take [named person] out to activities. He really enjoys it, getting out to places." An external professional we spoke with said, "They take him out for loads of activities, like fun clubs."

Policies and procedures were in place to investigate and respond to complaints. The service had not received any complaints since our last inspection. Relatives said they were aware of the complaints procedure and would be confident to raise them. One relative said, "We know how to raise complaints. They're really good at dealing with them."

The service did not provide end of life care. The registered manager could explain how people would be supported to access suitable services if this was needed.

Is the service well-led?

Our findings

The provider's quality assurance systems were ineffective. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

A 'registered manager's monthly monitoring form' was used to assess areas including support plans, staff files and health and safety records. This had last been recorded as completed in March 2017. The registered manager said a deputy manager had completed some after March 2017 but there was no record of this. This meant we could not see how the registered manager was monitoring standards at the service. The registered manager and interim manager said that additional administrative support for the service would assist with ensuring quality assurance checks were carried out in future.

There was no record of any quality assurance checks or systems carried out by the provider to monitor or improve standards at the service. The registered manager said provider-level checks were not carried out, but that there was a new provider service manager in place who was supporting the registered manager in the leadership of the service.

This meant the provider did not have systems in place to assess, monitor and improve the quality and safety of the service.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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. The registered manager was registered in 2011. The registered manager had been absent on planned leave and had returned to work the day before our inspection began. During that time the service had been managed by an interim manager.

Staff spoke positively about the leadership provided by the registered manager and the culture and values of the service. One member of staff said, "[The registered manager] is good, supportive. You can go to her with any issues" and, "Friendly, welcoming, we're all open minded here. We're caring and all work well together."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Feedback was sought from relatives and staff. Informal feedback from relatives was regularly sought, and a feedback survey sent out annually. The latest survey had been carried out in early 2018, and we saw it

contained positive feedback about the service. A relative we spoke with said, "They ask if we need anything."

Monthly staff meetings took place to update staff on development at the service and give them an opportunity to raise any issues they had. Staff described these as open and useful meetings. One member of staff told us, "Staff meetings are useful, we get all of the updates. We have a little green frog that we hand around at the meeting as a problem-solving tool. Like a brainstorming session. We do what we're proud of, too. Then hand the frog around again."

The service had a number of links with other professionals and community agencies to help improve people's health and wellbeing. The registered manager took part in a fortnightly multi-agency panel that was attended by learning disability and mental health professionals. This was used as a forum to discuss and seek advice on people's support needs. The service also had close links with occupational therapists and speech and language therapists, who shared the latest guidance and best practice with staff. Staff were in regular contact with schools attended by people they supported. The service had links with Parents 4 Change and attended conferences they held. Parents 4 Change is a local relatives group that works to ensure young people with disabilities and special educational needs are involved as equal partners in decision making with local education, social care, health and voluntary agencies.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Training was taking place but that the provider's governance systems were ineffective at monitoring and recording this. The provider did not have systems in place to assess, monitor and improve the quality and safety of the service. Regulation 17(2)(a) and (d)(i)</p>