PSS (UK)

PSS Seel Street

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

Overall summary

We carried out an unannounced inspection on 12 and 13 November 2015.

PSS Seel Street offers three distinct services.

1. Shared Lives is a form of support where vulnerable adults and young people over 16 years old live at home with a specially recruited and trained carer. At the time of the inspection the service supported 119 people.
1. Supported Living provides care and support services to enable people who need additional help to live independently in their own home. At the time of the inspection the service supported 27 people.
2. Community Support provides support for people with learning, physical and mental health difficulties when out in their local community. At the time of the inspection the service supported 99 people.

A registered manager was in post for each of the three services. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 people that we spoke with had no concerns about the safety of services. The provider had delivered an extensive training programme for staff and managers regarding adult safeguarding. The staff that we spoke with confirmed that they had attended the training and were able to explain the different types of abuse and what action they would take if they were concerned that abuse or neglect were taking place.

The care files that we saw showed clear evidence that risk had been assessed and reviewed regularly. Risk was reviewed by a manager with the involvement of the person or their relative and maintained a focus on positive risk taking to support independence.

Staff were recruited following a rigorous process which included group work and individual interviews. Each offer of employment was made subject to the receipt of two satisfactory references and a Disclosure and Barring Service (DBS) check. Staffing levels were assessed according to individual need. New staff were introduced gradually and assessed as suitable to work with the person.

Staff were identified who had common interests with the person that they would be supporting or displayed other characteristics that would be of benefit. Staff were required to complete a programme of mandatory training which included a range of relevant social care topics such as; safeguarding, medication administration, health and safety and first aid. This was followed by additional training which related to the individual and a programme of induction which included shadow shifts working with a more experienced colleague.

People's day to day health needs were met by the service in collaboration with families and healthcare professionals. Staff supported people at healthcare appointments and used information to update support plans.

We saw that staff demonstrated care, kindness and warmth in their interactions with people. Staff knew the people that they supported well. When questioned they described the person and their needs in positive terms. Staff demonstrated that they enjoyed providing support to people.

The provider made use of person-centred planning techniques to maximise the involvement of people in the planning process. We saw that person-centred plans were produced with words and pictures to aid understanding and had been subject to regular review. Key documents were signed by people using the service and their relatives where appropriate.

The provider demonstrated that they had an extensive and robust approach to quality management and had introduced a range of systems and resources to monitor and rive improvements in quality.

Summary of findings

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.

Good

Staff were recruited following a rigorous process which included group work and individual interviews and the completion of pre-employment appropriate checks.

The care files that we saw showed clear evidence that risk had been assessed and reviewed regularly.

The provider had a range of systems and procedures in place which allowed people using the services, their relatives and staff to raise any concerns.

Is the service effective?
The service was effective.

Good

Staff were identified who had common interests with the person that they would be supporting or displayed other characteristics that suited the needs of the people being supported.

Staff were required to complete a programme of mandatory training which included a range of relevant social care topics such as; safeguarding, medication administration, health and safety and first aid.

People's day to day health needs were met by the services in collaboration with families and healthcare professionals.

Is the service caring?
The service was caring.

Good

Staff demonstrated care, kindness and warmth in their interactions with people.

Staff knew people well and told us that they enjoyed providing support to people.

The provider made use of person-centred planning techniques to maximise the involvement of people in the planning process. We saw that person-centred plans were produced with words and pictures to aid understanding and had been subject to regular review.

Is the service responsive?
The service was responsive.

Good

We saw from support files that people were given choice over each aspect of their service.

Person-centred plans included details of how the person wanted to be supported and what their goals and aspirations were. They were presented in formats which were slightly different for each person and accessible to all readers.

People were encouraged to share their experiences about the provider through a range of processes including a series of surveys. Complaints were addressed in accordance with policy and procedure.

Is the service well-led?
The service was well-led.

Good

Summary of findings

The organisation had a clear set of visions and values which were displayed in posters and other promotional materials. These visions and values were clearly linked to organisational strategy and used as one of the criteria on which quality was assessed.

The registered managers that we spoke with were knowledgeable about their roles, the organisation, staff and the people that they supported.

Quality audits maintained a focus on the user experience but the organisation also had a robust approach to the monitoring of safety across its services.

PSS Seel Street

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 12 and 13 November and was unannounced.

The inspection was conducted by an adult social care inspector.

The provider had not been requested to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with people using the services, their relatives, staff and managers. We also spent time looking at records, including nine care records, seven staff files, three medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who have involvement with the service to ask for their views.

We were provided with contact details for 25 people who use the services or their family carer. Some people were unavailable when contacted. Others declined to comment or had difficulty making a contribution because of their communication needs. During our inspection we spoke with five people using the services. Two were using the shared lives scheme, two used the enable service and one was living in a supported tenancy. We also spoke to six family carers on the telephone (two from each of the three service types). We spoke with senior managers, the registered managers and six other staff.

Good

Is the service safe?

Our findings

The people that we spoke with had no concerns about the safety of services. One relative told us, "I've never had any concerns. [Relative] has a lot of trust in [their] support worker." Another relative said, "I have no concerns. [Relative] is safe with staff. When we asked people who used the services if they felt safe one person told us, "Yes, fine." Another said, "Yes [I feel safe]."

The provider had delivered an extensive training programme for staff and managers regarding adult safeguarding. The staff that we spoke with confirmed that they had attended the training and were able to explain the different types of abuse and what action they would take if they were concerned that abuse or neglect were taking place. The provider had a range of systems and procedures in place which allowed people using the services, their relatives and staff to raise any concerns. Evidence of these systems was made available during the inspection.

The care files that we saw showed clear evidence that risk had been assessed and reviewed regularly. Risk was reviewed by a manager with the involvement of the person or their relative and maintained a focus on positive risk taking to support independence. We saw that risk had been reviewed following incidents and adjustments to support plans made as a result. Staff were able to explain what action they would take in the event of an incident or emergency. Each care file contained contact details in case of emergency.

Incidents and accidents were subject to a formal review process which included an analysis that was shared with the board of trustees. We saw that this analysis had resulted in changes to the service at an individual and corporate level.

The provider had a robust approach to whistleblowing which was detailed in the relevant policy. The policy contained details of two independent organisations that could process whistleblowing concerns and advise staff. Posters were displayed with contact details in the head office. Staff were able to explain internal mechanisms for reporting concerns and were aware of the external resources available to them if required. Each of the staff that we spoke with expressed absolute confidence in internal reporting mechanisms. One member of staff told us, "All of the contact details are available where I work."

Staff were recruited following a rigorous process which included group work and individual interviews. Each offer of employment was made subject to the receipt of two satisfactory references and a Disclosure and Barring Service (DBS) check. A DBS check provides evidence that a person is suited to working with vulnerable adults. DBS checks were renewed every three years. Staffing levels were assessed according to individual need. None of the people that we spoke with said that staffing levels had ever been a concern. New staff were introduced gradually and assessed as suitable to work with the person. This assessment was completed by asking the person and their relatives about suitability and through monitoring of moods and behaviours for those people who didn't use speech.

The organisation had a robust approach to the monitoring of safety across its services where appropriate. Some safety checks are not a legal requirement for the provider in non-registered homes, for example; supported living services but were completed with the permission of the people using the service, in conjunction with landlords and in accordance with accepted schedules. These included checks on; medicines, fire safety, water temperatures and gas safety. The organisation also had a robust policy on lone-working for staff which included the provision of emergency contacts and a mobile phone if required.

Staff were trained in the administration of medicines but because the services were community-based, they were not always responsible for storage and administration. Some people who used the service were able to self-administer their medication, others required support. Medication Administration Record (MAR) sheets were completed by staff where appropriate. The records that we saw had been completed and showed no errors or omissions.

Good

Is the service effective?

Our findings

Staff were identified who had common interests with the person that they would be supporting or displayed other characteristics that matched the needs of the individual. One relative told us, "They've matched the staff to [relative]." Staff were appropriately skilled and experienced to meet the needs of the people that they supported. Skills and knowledge were assessed at the point of recruitment and subsequently through supervision and appraisal. Staff training was refreshed regularly and people were offered development opportunities to improve their skills, knowledge and experience. One member of staff said, "Staff are encouraged to develop through training and supervision." Another member of staff told us, "Staff are recruited specifically to work with an individual."

Staff were required to complete a programme of mandatory (required) training which included a range of relevant social care topics such as; safeguarding vulnerable adults, medication administration, health and safety and first aid. This was followed by additional training which related to the individual and a programme of induction which included shadow shifts working with a more experienced colleague. Records that we saw during the inspection indicated that compliance with mandatory training was in excess of 90%. Where refresher training had not been completed within the organisation's recommended timescales managers had been alerted to the issue and had booked staff to attend the relevant courses.

Each staff file that we saw showed evidence of an individual development programme which was agreed at an annual appraisal. This programme was reviewed after six months and discussed at one to one meetings. One to one meetings took place every four to six weeks with a line-manager and included discussions on the people using the service, organisational matters and personal development.

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. People's capacity was assessed in conjunction with families and professionals. Staff were aware of the need to seek authorisation from the Court of Protection if people's liberty needed to be restricted to keep them safe.

People were supported to eat and drink in accordance with their support plans. One member of staff told us, "My team works with someone who has weight issues. Staff support them to follow the guidance of a dietician." Other people were supported with eating and drinking in community settings in accordance with their support and activity plans.

People's day to day health needs were met by the services in collaboration with families and healthcare professionals. Staff supported people at healthcare appointments and used information to update support plans. One member of staff said, "We have health training and link in with families and professionals. We keep diaries and calendars [of appointments]."

Good

Is the service caring?

Our findings

We had limited opportunities to observe staff providing support during the inspection. Where we did observe support we saw that staff demonstrated care, kindness and warmth in their interactions with people. One person using the service told us, "Staff talk to me about my activities and support. They are kind." A relative said, "[Staff member] is lovely. There's a rapport there. Staff are very respectful." Another relative told us that managers as well as support staff demonstrate kindness and consideration. They said, "They [managers] are very good to [relative]. They will phone or call in to speak to [relative]."

We saw that staff knew the people that they supported well. When questioned they described the person and their needs in positive terms. Staff told us that they enjoyed providing support to people. Comments indicated that the people using the service felt valued and involved in the development and delivery of support. One person said, "I can change my mind. They [staff] listen to me. I get involved."

The provider made use of person-centred planning techniques to maximise the involvement of people in the planning process. We saw that person-centred plans were produced with words and pictures to aid understanding and had been subject to regular review. Key documents were signed by people using the service and their relatives where appropriate.

The staff that we spoke with described the services as promoting choice, independence and control for the individual. One member of staff said, "We meet with people and discuss goals before support plans are changed. [Service user] has grown more confident and independent regarding travel and breaks." A relative told us, "[Relative] will tell staff if they don't want to do anything. Staff will offer alternatives. On bonfire night [relative] wanted to go to a firework display [in place of usual activity] and the staff responded." Choice was promoted in services where people shared their home and support. A member of staff told us, "Three people living in a house can be completely different. We take people on separate holidays because it's about them."

We asked staff about the need to respect people's privacy and dignity. One member of staff said, "We have plans in place to help people manage behaviours that might be risky or undignified." The provider offered training with regards to dignity which included reference to local and national campaigns. The provider's guide to supported living was presented in an easy to read format. It outlined what people could expect from the service and made specific reference to how privacy and confidentiality were supported by staff and the organisation. Each of the people living in community homes under the shared lives and supported living schemes had their own private room in addition to shared space.

Good

Is the service responsive?

Our findings

We looked at person-centred support plans and spoke to people and their families about their contribution to the planning of support. We saw evidence that people had been fully involved in the process and that plans were regularly reviewed. A member of staff told us, “People are fully involved in reviews. We conduct them in their homes if possible. Sometimes people don’t want families or their support worker present.” A relative said, “I have discussed [relative’s] changing needs with staff and managers.”

We saw from support files that people were given choice over each aspect of their service. This choice included; staff, activities and times of support. People were supported to explore their individuality by accessing specialist support where required. A member of staff told us about a person that was supported with a personal issue from within their own faith community. Other people were supported to follow their hobbies and interests within the community. One person told us, “I go to parties with my carer.” Other people had been supported to attend community events, go shopping and follow their favourite football team.

The person-centred plans that we saw provided a clear indication of the person’s likes and dislikes. They also included details of how the person wanted to be supported and what their goals and aspirations were. They were presented in formats which were slightly different for each person and accessible to all readers.

People were given a number of options if they chose to complain about the service. They could speak directly to staff or managers. They could also use the easy to read complaints process. We saw that there were a small number of formal complaints received by the provider. Each complaint had been processed in a timely manner and a written response produced for the complainant. This was in accordance with the provider’s complaints policy.

People were encouraged to share their experiences about the provider through a range of other processes including a series of surveys. Each document relating to these processes was produced in an easy to read format. The results were analysed and reported to senior managers. We saw evidence that managers had acted effectively to address issues and to communicate changes with people using the services, their families and staff.

Good

Is the service well-led?

Our findings

A previous inspection had found that action was required to improve quality audit processes. The provider had responded by completely overhauling its systems and creating new job roles to manage the data collected. The processes were designed to collect information and promote the involvement of people using the services, their families, staff and external stakeholders. The processes were extensive and extremely well structured. Information was presented with clarity and effectively communicated to people using the services and staff. A relative told us, "I am always asked for my views. [Relative] is asked too." Another relative said, "I can honestly say that if I have a problem the managers will resolve it." A member of staff told us, "They [provider] have got a good quality process. We have action plans to improve quality."

The organisation had a clear set of visions and values which were displayed in posters and other promotional materials. These visions and values were clearly linked to organisational strategy and used as one of the criteria on which quality was assessed. Staff were able to explain the visions and values of the services and applied them in their practice.

We saw evidence that people's views had been actively sought by the provider and used to inform strategy. We also saw that the provider had been open and transparent about where improvements were required and communicated this to all stakeholders. Version 2 of the quality assurance framework was produced in November 2014 and described the purpose, framework, target-setting and reporting requirements. It had a focus on the user experience, safety and effectiveness. We saw clear evidence that this framework had been fully implemented within the provider's services at all levels. The quality assurance audit template required managers to report on the person's experience of the service through a range of person-centred metrics such as; respect, involvement, consent, safety and enablement.

Quality was discussed at all formal meetings including staff supervisions, reviews and board meetings. Furthermore we saw that the quality assurance framework had generated improvements in a number of areas, for example; the person-centred focus of support plans and supporting people to vote in the general election. We were shown reports and an analysis of findings which was detailed and honest with regards to failings and improvements. The reporting requirements focused on a range of key performance indicators (KPI) which were mapped to the regulatory framework. The analysis was based on qualitative and quantitive data and was scored using a colour-coding system to aid understanding and monitoring. The quality assurance framework and its objectives were shared with staff at team meetings and through a series of roadshows.

Staff demonstrated a clear and consistent understanding of the quality assurance framework and noted the difference that the approach had made to the organisation recently. Each member of staff that we spoke with said that there had been a noticeable improvement in the organisation which had been sustained over the past year. The quality and frequency of communication was highlighted as an area where practice had improved. They felt valued, supported and proud to work for the organisation. One member of staff told us, "The culture here is very positive. There have been positive changes. You can see why they were made." Another member of staff said, "I'm proud of my diploma and working for PSS." A different member of staff said, "I think it's a good company to work for. I still wake up wanting to go to work."

The leadership team were visible and accessible to all service users and staff throughout the inspection process. One person who used services said, "I know my way around the PSS building. I visit the managers." A member of staff told us, "The attitude that PSS have towards their staff is exceptional. I feel totally supported." We spoke with two members of staff that had experienced significant health issues. Both told us that the organisation had been flexible and supportive throughout their illness.

The registered managers we spoke with were knowledgeable about their roles, the organisation, staff and the people that they supported. They were able to provide evidence to support the inspection process in a timely manner and facilitated meetings with service users, family members and staff. They understood their responsibilities in relation to the commission and their registration and spoke with great enthusiasm about working for the organisation. Each said that they were well supported by senior managers. They understood their roles in relation to the assessment and monitoring of quality and coordinated the collection and collation of data in relation to quality and safety audits.

Good

Is the service well-led?

The organisation had commissioned an external evaluation of quality through the Investors in People programme. The report produced in July 2015 confirmed that the organisation met the required standard at silver level and also confirmed the commitment to a process of continuous improvement. The report noted a strong focus on improving performance through people and engagement. The organisation had worked with a specialist project to produce accessible adult safeguarding training for people with different communication needs.