

# Team Personnel Solutions Limited

## TPS Healthcare

### Inspection report

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Date of inspection visit:  
10 March 2020  
16 March 2020  
21 March 2020  
23 March 2020

Date of publication:  
03 June 2020

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Team Personnel Solutions Limited is a domiciliary care agency providing personal care to three people aged 65 and over at the time of the inspection.

### People's experience of using the service

Quality assurance systems were not robust. There were no checks being carried out to monitor the service. The service was not always well led as records were not always completed. The nominated individual was open and honest. Surveys and meetings were held with people and their relatives to ask for their views and their suggestions were used to improve the service.

Staff had completed some training. However, staff had not received specific training to guide them on how to support people with their health care needs. For example, catheter care. Supervisions and appraisals had not been carried in line with the providers policy.

Medicines were not managed safely. Medication records were not accurate and did not provide clear guidance for administering medicines safely. Most risk assessments were carried out to mitigate potential risks. However, we found one risk assessment had not been completed for a person with identified risks. Incidents and accidents were managed effectively when reported. However, we found medication errors which had not been investigated.

Staff did not always understand their responsibilities in relation to the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives as staff asked people for their consent and supported them in the least restrictive way. We recommended the provider review their records in relation to best interest decisions and mental capacity assessments.

People said staff were kind and caring. People were well cared for by staff who treated them with respect and dignity. People and their relatives said they felt safe and knew the staff coming into their homes. There were enough staff to meet people's needs and recruitment processes were sufficient.

Care plans were created but not all of them contained person centred information. People and their relatives told us staff knew their needs and how to support them. Staff supported people in a way they wanted. Most staff had been trained in end of life care. However, end of life care plans had not been completed. A complaints system was in place and complaints were managed effectively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 12 September 2017). At this inspection the provider was in breach of three regulations. This service has now been rated requires improvement.

#### Why we inspected

This was a planned inspection.

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# TPS Healthcare

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 carried out by an inspector.

#### Service and service type

Team Personnel Solutions Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service including Healthwatch (Barnsley). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with one person about their experience of the care provided and two relatives. We spoke with the nominated individual, administrator and two staff members. We looked at three people's care records and one medicine record. We did not speak with the registered manager as they were not working during the time of our inspection. We looked at staff files for recruitment, supervisions and training records. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not managed safely. Medication administration records (MARs) were inaccurate and put people at possible risk. For example, one MAR recorded a person was to be given senna or movical. It did not detail the prescription for each medicine and staff had not recorded which of these medicines had been administered.
- Staff had not always recorded when medicines had been administered. For example, we could not be certain one person had received their medicines as staff had not recorded this on the MAR or in their daily notes. Another person was being given prescribed creams by staff who had not documented on a MAR that this was being given.
- Audits were not carried out to identify medication errors and we saw no evidence of checks being carried out. One staff member told us they had given a person their eyedrops but had not received any medication training.
- People prescribed 'as required' medicines did not have protocols in place to inform staff of when these should be given.
- There was no documentation in the main office about people's prescribed medicines. The nominated individual said they often received information from district nurses or family members about people's medicine changes. They did not have any current records of what people had been prescribed. Some medicines had been stopped however, there was no evidence to show this had been stopped by a prescriber.

### Assessing risk, safety monitoring and management, learning lessons when things go wrong

- Risks to people and how they were managed were not always fully reflected in risk assessment documentation. One person had swallowing difficulties and there was no record of how staff should support the person to remain safe. Staff were able to tell us how they would support the person.
- One person did not have any risk assessments in place for their physical health conditions which could put them at risk. Staff were unable to inform us what the risks would be should they require medical input. One person had a stoma bag and staff were not aware of possible risks for having this.
- Accidents and incidents reported to management had been investigated and actions taken to prevent re occurrences. However, we found medicine errors during our inspection which had not been investigated.
- There had been one recorded incident reported since our last inspection. The provider had carried out a full investigation which resulted in lessons learnt and new systems being put in place to prevent future incidents of a near missed call.

This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008

#### Systems and processes to safeguard people from the risk of abuse

- People and their relative said they felt safe with staff attending their homes. One relative said, "[Name] is safe."
- Since the last inspection there had not been any safeguarding incidents reported. The provider had a safeguarding policy with guidance on how these should be investigated and managed. Staff were knowledgeable about what constituted as abuse and said they would report any incidents of abuse to their manager.

#### Staffing and recruitment

- There were enough staff to meet people's needs. People and their relatives told us staff mainly arrived on time. One relative said, "Staff do arrive on time or let me know if they are running late. They are pretty punctual."
- The nominated individual told us they had just introduced a new app to log staff visits. This allowed the provider to have oversight of when staff arrived at visits, how long they stayed for and monitor for any late visits.
- There had been one new staff member since the last inspection. Staff had been recruited safely and all the required checks had been done to make sure they were suitable to work with vulnerable people.

#### Preventing and controlling infection

- Staff had access to personal protective equipment and used this when visiting people.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff did not always have the relevant skills and knowledge to care for the people using the service. Staff completed training that was felt necessary by the provider however, staff had not received training when people had specific care needs. For example, one care plan directed staff to clean a catheter site. However, all the staff we spoke with said they had not received training in catheter care.
- Supervisions, appraisals and spot checks were not always completed and did not follow the providers policy. The providers policy stated four supervisions annually should be carried out. We found one staff member had not had a supervision since 2016, another staff member had not had a spot check since 2017 and there had been no appraisal.

This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff had an induction programme and completed the care certificate.

Supporting people to eat and drink enough to maintain a balanced diet, supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care plans guided staff to offer people choices of what they wished to eat and drink.
- People and relatives said staff knew their needs. For example, one person was at risk due to their swallowing difficulties and the relative said, "Staff are aware of this and they sit with them when eating."
- People had access to the relevant health professionals and followed the advice given to them. For example, the provider ensured one person had a walking aid in place as their health had deteriorated and it was advised that a walking aid maybe required.
- Relatives said their loved ones had access to health professionals and the provider was kept informed of any changes to peoples care. One relative said, "We have district nurses coming in once a week. We also have the hospice involved."

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

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Capacity assessments had been completed. However, there was no record to show how these decisions were made. This does not follow best practice in line with the act. Staff understood the MCA however; one staff member was unable to tell us what best interest decisions were.
- Best interest decisions had not been recorded. However, staff knew those people who lacked capacity and what support they required. Relatives said they had been consulted with about peoples care and decisions made to support people in the least restrictive way.
- Care plans guided staff to always seek consent before carrying out any duties.

We recommend the provider ensures all best interest decisions follow the Mental Capacity Act.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives said staff listened to them and were caring. Comments included, "They are caring and flexible. They are a pleasure to have in our home and remain professional at all times" and "Staff are great. They do things to a very good standard, they are very approachable, and you feel you can talk to them. They are friendly and nice."
- Staff treated people with respect. One relative said, "The team of carers who work with my husband treat him like he is a human."
- Peoples diverse needs were being met. The administrator told us they attended one person's funeral in clothes that represented their culture to show respect to the person and their family whilst in their place of worship.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to remain as independent as possible. Some people using the service independently administered their own medications. One staff member said, "We try to encourage them to do things they can do. We do this all the time. We support them during this time."
- Staff respected people's privacy and dignity. One relative said, "They are always positive and polite making sure they announce themselves before they begin their care."

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

- People were offered choices such as what to eat and drink, their wishes for care and how they wanted to spend their time. One relative said, "They always talk through what they are doing and will always bring concerns to my attention."
- People and relatives were asked for their views through surveys. The registered manager and nominated individual also completed regular visits to people's homes to gather feedback.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were completed however, these were not always personalised. For example, one care plan had not recorded a person's preferences for dressing. One person was being seen regularly by a district nurse, however, this was not identified in the care plan.
- Care plans were not always available to people and their relatives. One relative said, "There is no care plan for mum in the home. I have only seen the initial assessment. There is no end of life care plan."
- Staff we spoke with knew people well and could tell us about their individual needs. People and their relatives told us they usually saw the same staff at visits.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The nominated individual understood and followed the AIS. The nominated individual told us information could be made available in different formats if required for example, items in larger print.

### Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and felt confident their concerns would be managed effectively.
- The registered manager and nominated individual often visited people to ask if people and relatives if they had any concerns to raise.
- The provider had a complaints policy and procedures were followed. There had been one complaint since the last inspection. An investigation was carried out and outcomes shared with the relevant people.

### End of life care and support

- People using the service were receiving end of life care. There was no end of life care plans in place to guide staff on how to support people. Most staff had received training on end of life care and knew people's needs.
- The nominated individual said, they had regular contact with local hospices who worked alongside them. One relative sent a thank you card which stated, 'I would just like to say how wonderful [name of staff] was with my partner in their last few weeks. [Name of staff] sat with [Name] on an evening allowing me to sleep. They allowed [Name] to roam around the house, helped them with the toilet and re assured them when they

were a little confused. All of which I am very grateful for and gave me peace of mind.'

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support;

- Governance systems were not robust. There was no evidence of audits being carried out to monitor the service. The nominated individual said the registered manager carried out checks but there was no record of this.
- We found medicine errors which had not been identified by the provider prior to our inspection.
- Records were not always completed. Some assessments had not been signed by staff to show who completed the record. Some care plans lacked detail as sections had not been completed, one plan had not identified a person's preferences for personal assistance and emotional/spiritual support.
- People using the service were receiving end of life care however, there were no care plans to guide staff on how people should be cared for during this time. One person did not have a risk assessment even though they had potential risks relating to their physical health.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual had a good knowledge of their regulatory responsibilities.
- Staff told us they found the nominated individual and registered manager very approachable and felt supported.

How the provider understands and acts on duty of candour responsibility

- The nominated individual understood and acted on their duty of candour responsibilities. They encouraged candour through openness in all their interactions and encouraged staff to report mistakes.
- Where errors were identified these were discussed appropriately and any learning shared. However, we found errors during our inspection which had not been identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Satisfaction surveys were carried out with people on an annual basis. The last survey in 2019 showed people and their relatives were very satisfied with the care they received and found the staff to be excellent.
- Staff meetings took place. We saw two staff meetings took place in 2019. During these staff were kept informed about best practice and ensuring records remained accurate.

- The provider used an app to communicate with staff about any changes to people's care. They shared messages through this.

Continuous learning and improving care; Working in partnership with others

- The registered manager attended the Leeds care association and manager forums to learn from others and improve practice.
- The nominated individual said they continuously looked to improve their care. For example, they had recently introduced a new computer system to track and monitor home visits.
- The provider worked in partnership with health professionals and local hospices to ensure people's care needs were being met.

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      | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Medicines were not always managed in line with best practice and risk assessments were not robust.                                      |
| Regulated activity | Regulation  |
| Personal care      | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider failed to assess, monitor and improve the quality of the service and maintain appropriate and contemporaneous records.             |
| Regulated activity | Regulation  |
| Personal care      | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The provider failed to ensure appropriate training was made available to staff and supervisions, appraisals and spot checks were not always completed. |