

Independence Matters C.I.C.

Personal Assistant Services North

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Personal Assistant Services North is a domiciliary care service that provides support to people with a learning disability in their own homes. The service's main aim is to provide support to people to enable them to access and engage with their local community and build their independence. This meant that not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 13 people were receiving a regulated activity.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Governance processes and quality monitoring procedures did not always support the delivery of high-quality, person-centred care. We have made a recommendation about governance systems and processes. Improvements required to the governance systems in place also included the way in which the service monitored support with medicines. We have made separate recommendations regarding the monitoring and auditing of medicines and the implementation of end of life care planning. Whilst quality assurance systems required some improvements the team managers in the service had a good oversight of the support provided. The staff team were supportive of each other. They worked effectively between themselves and with external stakeholders and professionals.

Recent changes within the staff team meant at times the service had to use agency staff to ensure people received their commissioned service. This was managed with little impact to people using the service although some staff felt at times this had placed an additional pressure on them. People were safe using the service, risks were identified and responded to. Staff felt a commitment to the people they supported and understood the importance of reporting any concerns to the appropriate professionals.

Staff worked proactively with health and social care professionals which helped ensure the support provided was in line with best practice. People were supported to be healthy, this included supporting people to manage their weight or accessing health care services. Staff spoke positively of the training provided and the additional support given by the provider to make sure they could meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

Staff were kind caring and supportive. Many had worked for the service for a long time and staff demonstrated a commitment to ensuring people received a good service and were treated well. Staff understood the importance of supporting people to have a say in their day to day support and enabled people to make decisions about this.

People received personalised care that met their needs and preferences. The support provided and the associated care plans were continually reviewed and updated. People's communication needs were assessed and staff utilised various communication aids to support people's communication. The service's main aim was to encourage and engage people in their community, activities, work, and promote their independence. People were supported to engage in various activities that were of interest to them. The service had received no recent complaints. Relatives of people using the service told us they felt able to raise concerns if necessary and team managers were quick to resolve minor issues.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published 17 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Personal Assistant Services North

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an Expert by Experience. 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

This service is a domiciliary care agency. It provides personal care to people living in their own homes, including supported living settings run by other providers.

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 a short period notice of the inspection because we needed to make arrangements to speak with people and relatives and ensure we could access the service's office.

Inspection activity started on 15 July and ended on 16 July. We visited the office location on 16 July.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

None of the people using the service were able to provide verbal feedback on the service. During our inspection one person visited the office and we observed the support provided to them. We received written feedback from one relative and spoke with seven relatives of people who used the service. We spoke with eight members of staff including two team managers, five support workers, and the operational quality director.

We reviewed a range of records. This included two people's care records and one person's medication record. We looked at one staff file in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the service's medication policy. We spoke with two professionals who regularly work with the service.

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 remained the same. Good: This meant people were safe and protected from avoidable harm.

Using medicines safely

- There was a system in place to ensure people received their medicines whilst staff supported them. People's care records contained information about their medicines. We looked at one person's medicine administration record and saw medicine was being given as prescribed and required.
- Staff had received regular up to date training in medicine administration. The service was not regularly carrying out competency checks. The team managers told us this was because staff completed yearly classroom based training which included an element of observation and a competency check.
- Audits of medicines were not regularly taking place. The team managers told us this was because most people requiring this support lived in supported living schemes and their staff undertook people's medicine audits.

We recommend the provider seeks advice from a reputable source regarding the oversight and auditing of people's medicine support.

Staffing and recruitment

- Some relatives and staff told us that staffing levels could be an issue but that this had limited impact on people. One relative told us, "I think they have had problems with staff lately but [name] has not said it has made any difference to them." Several members of staff told us that whilst they felt this did not impact on people it placed additional pressure at times on staff. A staff member said, "Given the circumstances I think we get through it as well as can be expected. We get everything covered."
- The majority of staff had worked at the service for some years. The team managers told us some staff had recently retired. This had left a shortfall which the service was temporarily covering with agency staff. Whilst this was not ideal the service had mitigated the risks through several measures, such as ensuring they used the same regular agency staff who met people before providing support. They told us they were actively recruiting and had reviewed their recruitment strategy with the provider the week before our inspection visit.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to report safeguarding concerns. One staff member said, "We don't accept bad practice. If we see something, anyone of us, we will report it simple as that because we work with these guys day in and day out."
- Staff had access to an NHS safeguarding app on their work phones which provides safeguarding information. The number to report safeguarding concerns was pre-loaded in to staff work phones. Staff told us they were encouraged, with the support of the team managers, to report concerns directly to the Local Authority themselves. This helped ensure the information provided was accurate.

Assessing risk, safety monitoring and management

- Relatives and staff told us they felt people were safe using the service. One relative told us, "[Name] uses a stand aid and needs help with feeding. They make sure [name] is safe when transferring them and eating."
- People's care plans contained clear and detailed guidance on individual risks to the person and how to manage these.
- The service identified risks and worked proactively with other professionals to act in response.

Preventing and controlling infection

- Staff had received training in infection control. A relative told us staff followed standard infection control procedures.

Learning lessons when things go wrong

- A system was in place to review accidents and incidents. This included an incident form which covered a 'lessons learned' section. The team manager told us they regularly reviewed and discussed incidents at team meetings.

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 remained the same. Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Staff holistically assessed and supported people's physical, mental, and social needs. They liaised and worked effectively with other services that people accessed, ensuring information was shared as necessary.
- Staff worked with other health professionals such as occupational therapists and nurses to help ensure the support provided was in line with best practice guidance. For example, staff had identified a change in one person's mood and had worked with a health professional to review and implement a positive behavioural support plan.
- Records showed where staff had concerns about people they contacted relevant health professionals in a timely manner.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge required. One relative told us, "I think [staff] are all very well trained and competent people." Staff spoke positively of the training and support provided to them. A staff member said, "When I did training with the hub it was really good, very helpful, and informative." Two other staff told us additional support and training was provided if staff requested it.
- Records showed staff were up to date with their mandatory training and staff told us they received regular supervisions and appraisals.
- New staff received an induction and completed the care certificate where required. The care certificate is an agreed set of standards that sets out the knowledge, skills, and behaviours expected of their role.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to eat and drink enough. A health care professional told us staff were proactive in identifying concerns about people's weight and helping them access a weekly weight clinic.
- Records showed where required staff monitored people's nutritional intake and adhered to professional advice, for example by supporting people to follow their diet plans or eat food that had been assessed as suitable and safe for them to eat.

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.

- People's right to make decisions and their consent to care was respected. Relatives told us staff involved people in decisions. One relative told us, "I know they talk to [name] all the time. [Name] definitely makes their own decisions about things."
- The service had considered if people could consent to their support around specific needs, such as communication or diet. This was recorded and if the person could not consent a best interests decision on how to provide the care was taken, and recorded.
- A deprivation of liberty assessment tool was in place to help staff identify situations which might require an application to the Court of Protection.

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. Good: 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 received support from kind and caring staff. One relative told us, "[Staff] are all very kind and caring people. They are very patient and understanding." Another relative said, "[Staff] are very kind. They bring [name] here to see me now. They are very respectful and don't talk down to [name] at all"
- Most staff had worked at the service for many years and knew people well. A staff member told us, "A lot of us have been here years, continuity is very important to the people [using the service]."
- Staff demonstrated a commitment and care towards the people they supported. One staff member said, "We're all about the clients and that's what keeps me in my job. We have a good relationship with our clients and within the team, that's what I like." Another said, "I love the people and the staff."

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

- People were supported to express their views and make decisions. A relative told us, "Day to day [name] chooses what she wants to do etc. We go to the meeting once a year to make sure all is ok and look at her care plan"
- Staff reviewed and discussed the person's care with them regularly whilst providing support. Staff were clear that their remit was to support people with decision making and respect their choices. One staff member said of the person they supported, "If there is something [name] doesn't want to do we don't do it and [name] can make that clear."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people's independence. A health care professional told us the service was always supportive of and willing to try different strategies to enable people with their independence. A relative told us, "Name goes out and about and has as normal life as possible,"
- Staff were mindful of people's privacy and dignity. They spoke respectfully about people and were mindful of protecting people's confidential information.

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 remained the same. Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their needs and preferences. Staff consulted with people to ensure the care given was person centred. A relative told us, "I think [name] is treated like an individual, very much so. [Name] has a lot of one to one time to do things they want to do" A staff member told us, "This is definitely the best place I've worked for, its very person centred."
- People's care plans were continually added to and updated as people's needs changed. All staff were encouraged to input and review care plans. A staff member told us, "You've all [staff] got the input that goes in to the care plan, they are all live." Care plans provided lots of person centred detail which helped staff provide the support people required.

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.

- People's individual communication needs were assessed and met. Staff provided us with different examples which demonstrated different communication strategies and aids were utilised to assist people with communication and understanding.
- Care plans were written in simple easy to follow language and the service used pictorial aids where necessary.

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.

- The service's main aim was to encourage and engage people in their community, activities, work, and promote their independence. As such the provision of personal care was ancillary to these needs.
- People were encouraged to engage in activities that met their interests and needs. Care plans in place detailed activities people liked and how staff could support this. The service made use of people's local communities as well as supporting people to be part of the wider Independence Matters community, through accessing events, activities, and socialising with other people that used the provider's community hub.
- Relatives told us staff were mindful of the relationships they had with people. They supported people to maintain these relationships through regular contact.

Improving care quality in response to complaints or concerns

- The service had not received any recent complaints. Relatives told us they felt able to complain but had never needed to. One relative said, "We would complain if need be, but never had the need. Things are sorted out straight away."
- People and relatives had the opportunity to raise any issues they had via a yearly quality assurance questionnaire. We saw any minor issues from this had been identified and addressed.

End of life care and support

- None of the people using the service required end of life care. The service had not discussed or planned for end of life care. There were no records of people's wishes and views on this subject. The team managers told us the provider was currently in the processing of arranging training in end of life care and reviewing how they supported this within their domiciliary care services.

We recommend the service seek advice from a reputable source on end of life care and care planning for people with learning disabilities and autism.

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: Governance systems and processes 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

- Quality monitoring systems were in place. Team managers carried out regular audits of the service which covered areas such as people's care records, communication, and staff files. The registered manager would audit these by checking them and signing off on identified actions when they were complete.
- The team managers had a good oversight of the service and what actions they might take to drive improvements. For example, they had undertaken recent work improving staff recording. However, these improvements, and actions from the audits, did not feed in to an overall action plan for the service. This meant it was hard to establish and monitor what actions needed to take place, by who, and when. It also meant these actions could not be analysed to help identify any common themes or issues.
- Other quality monitoring systems and processes did not fully support the managers in undertaking their roles. For example, audits in place were generic for all the provider's services, including residential care, this meant some sections of the audits were not always being completed and did not always capture particular issues or themes within this setting, for example in relation to medicines management. Additionally, the systems did not easily support the 'live' updating of care plans as two separate paper copies, one in the person's home and one in the office, were being used and this increased the risk of potential errors.
- The operational quality director told us the provider had recognised improvements were needed with governance systems and was in the process of commissioning a new improved system.

We recommend the provider seek advice from a reputable source to ensure improvements made take in to account the service's setting, aims, and are effective in monitoring and driving improvements in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had an inclusive culture and ethos. Staff were involved in the running of all the provider's services through a staff advisory board and there was a clear sense of ownership and pride in the service from the staff we spoke with. One staff member said, "This is definitely the best place I've worked for, its very person centred, everyone is very together as a team."
- Most staff told us they felt listened to and supported, however there was a perception from some staff that increased workload pressures and staffing issues had impacted on the accessibility and support provided by the management team. However, staff were supportive of each other and worked well together.
- Whilst people and relative's feedback was sought informally and via quality assurance questionnaires, it

was not always clear how people and relatives were engaged and consulted on the service provided. Documents, such as care plans and best interest decisions did not always clearly identify if the person and other relevant people had been consulted.

- The service actively engaged in developing relationships with other stakeholders and healthcare professionals. The provider had developed these relationships for the benefit of people using their services, for example through regular weight clinics or activities at the community hub where the service was based. Team managers and staff had a good knowledge of accessible resources within people's own community.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We found one safeguarding incident had occurred in the service which we had not been notified of. The service had notified other relevant parties but had omitted to notify us. All other incidents had been notified as required.

- Staff were open and honest about incidents that occurred within the service. The registered manager had notified us and other relevant parties when other incidents occurred.

Continuous learning and improving care; Working in partnership with others

- The service encouraged reflection and learning to help improve the quality of care. The team managers had developed a number of tools and approaches to use within team meetings to encourage staff to reflect and improve their practice.

- Staff utilised both internal and external professionals to ensure they implemented support that met current guidance and best practice.