

The Personal Support Network (Teesside) Limited

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Inspection report

Langridge Initiative Centre
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12 February 2020

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Personal Support Network (Teesside) Limited is a domiciliary care service providing personal care to people in their own homes. The service supports people in Middlesbrough area. At the time of the inspection 54 people were receiving personal care from the service.

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.

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

People had a positive experience with the care they received and spoke positively about staff. Independence was promoted, and staff treated people with dignity and respect.

Medicines were managed safely. Risks were monitored and addressed. Staffing levels were safe and regularly reviewed.

We made a recommendation about the provider's medicines policies.

Audits were carried out to monitor and improve standards. We received positive feedback on the management and leadership of the service. Effective partnership working took place.

We made a recommendation about the provider's medicines audits.

People's needs were assessed to ensure the service was right for them. Staff received training, supervision and appraisal. 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.

People received person-centred care and were involved in regular reviews of this. People were supported to avoid social isolation and develop new life skills. The provider had an effective complaints process.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 March 2019). There were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We also met with the provider following the inspection to discuss their plans to improve the service. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 well-led.

Details are in our well-led findings below.

Good ●

The Personal Support Network (Teesside) Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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

Two inspectors, an assistant inspector, a medicine team support officer and an Expert by Experience carried out this inspection. 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 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

We gave the service 48 hours' notice of the inspection. This was because staff worked with people in their own homes and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 January 2020 and ended on 12 February 2020. We visited the office location on 15 January 2020 and 12 February 2020.

What we did before the inspection

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. We sought feedback from the local authority and professionals who work with the service.

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 eight people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff, including the registered manager, the nominated individual, support and office staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eight people's care records and 10 medicine records. We looked at four staff files in relation to recruitment and staff supervision. 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 records relating to people's community links and outcomes.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Systems were in place to ensure people were administered their medicines correctly.
- Guidance for the management of 'when required' and topical medicines was in place.
- Some medicine records needed to be updated and the provider's medicine policy did not contain consistent guidance on how this should be done. The registered manager said this would be reviewed immediately.

We recommend the provider reviews their medicines policy to ensure it guides staff on all aspects of medicine administration.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed, recorded in their care plans and updated when they changed. One person told us, "I feel safe. If I say what I want them to do, they do it for me."
- Systems were in place to learn lessons and improve the service when things went wrong.
- The provider had plans in place to ensure people received care in emergency situations.

Systems and processes to safeguard people from the risk of abuse

- Clear processes were in place for investigating safeguarding incidents. Staff received safeguarding training and said they would not hesitate to report any concerns they had.

Staffing and recruitment

- Staffing levels were regularly reviewed to ensure people received safe and timely care. Staff said absence through holiday and sickness was covered.
- People and relatives said staff usually arrived on time and informed them if they were running late. One person said, "I have the same staff. I know them pretty well."
- The provider carried out a number of recruitment checks to ensure suitable staff were employed, including interviewing applicants and obtaining references.

Preventing and controlling infection

- Staff received infection control training and had easy access to the gloves and aprons they needed.

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. 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

- An assessment of people's needs was carried out to ensure the right support was available before they started using the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had a good understanding of the people they were caring for and how to manage any health-related concerns.
- Care records showed external professionals were involved in people's support and consulted to make sure their health care needs were met.

Staff support: induction, training, skills and experience

- Staff received regular training in areas relevant to their roles. Staff spoke positively about their training.
- The provider had a clear and effective induction programme for new staff. This included training and shadowing more experienced staff.
- Staff were supported with regular supervisions and an annual appraisal, which they said were useful. One member of staff told us, "They're always willing to listen."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff had a good understanding of people's eating and drinking requirements. They ensured people received a balanced diet in line with their needs and preferences.

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 were involved in decisions relating to their care. People or appropriate parties were asked to

consent to care plans.

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

- Staff were caring and kind and ensured people were well treated. One person said, "They are kind and gentle and will do anything for me."
- People and relatives said staff were skilled at making people comfortable and relieving anxieties when providing support. One person said, "If I have a rough time the carers tell me I am doing a good job."
- People were respected and valued as individuals. A relative told us, "They take time out to talk which makes us feel that is she is safe and happy."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Comments from people and relatives included, "They always knock, never just come in" and, "They do respect my space."
- Staff supported people to keep their independence and do as much as possible for themselves. A relative told us, "[Named person] likes to be as independent as she can. The carers encourage [named person]."

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

- Staff supported people to be involved in and agree decisions about their care.
- People and relatives said they were asked for their views and felt comfortable giving feedback.
- Systems were in place to help people access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard.

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. 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

- Care plans were detailed, person-centred and reflected the level of support people wanted and needed.
- Regular reviews of care plans took place. People and relatives were involved in reviews with their views clearly recorded. One person told us, "If anything changes I let them know."
- Staff were knowledgeable about people's support needs, and effective systems were in place to update them if these changed.

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.

- Care plans contained information about people's communication needs, which were met.

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 worked to ensure people had opportunity to meet their social needs. A 'safe space' had been created in the same premises as the office for people to have an inclusive place to meet.
- People using the service had developed positive relationships with one another.
- Staff supported people to maintain and develop skills they could utilise in their daily lives.

Improving care quality in response to complaints or concerns

- Effective systems were in place to investigate and respond to complaints. One person told us, "I've not raised a concern but I would feel comfortable to do so."

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to ensure good governance processes were in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Audits were carried out to monitor and improve standards. Action was taken where issues were identified.
- Medicine audits had improved but did still not always cover all areas of medicine practice. The registered manager said action would be taken to address this.

We recommend the provider reviews their audit process to ensure it encompasses all aspects of medicine administration.

- People, relatives and staff spoke positively about the leadership and management of the service. One member of staff said, "They're [the registered manager] very friendly and helpful. They know what they're doing."
- The service supported people to set and meet personal goals and achieve positive life outcomes.

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

- The provider had an open and transparent culture, with frequent communication with people, relatives and staff.

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

- Feedback was regularly sought and acted on. People, relatives and staff said they felt their opinion mattered.

Continuous learning and improving care; Working in partnership with others

- The service worked with a range of agencies and external professionals to reflect on and improve practice.

For example, an LGBTQ+ charity was advising on care plan templates.