People Matter I.W.

People Matters IW Personal Assistant Recruitment and Employment Service (PARES)

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

This inspection took place on 5 February 2015 and was announced. The service provides care, including personal care, for five people with various needs including physical

Summary of findings

disability, mental health needs and learning disabilities living in their own homes. The service was registered in July 2014 and this was its first inspection since registration.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The service had been developed to enable people with support and care needs to have more choice and control over who provides their care. People were fully involved throughout the process of assessment, choosing their care staff member and in agreeing how their care needs would be met.

People's needs were well met and they spoke highly of the service. They felt care was provided with consideration and their privacy was respected at all times. Care plans provided staff with detailed information about how to meet people's needs and people were involved in regular reviews of their care. Care plans contained risk assessments which specified action required reducing risks and ensuring health and personal care needs were known and met by care staff.

Should medication be required systems were in place to ensure this was managed safely.

The service was flexible and people were able to change the time of their care if they needed to. The registered manager monitored the quality of the service by checking daily care records and through regular contact with staff and people.

There was evidence of ongoing changes to the service to ensure it met people's needs and improve the service provided. People and their relatives were complimentary about the management of the service. They felt their views were listened to and action taken when required to improve the service they received.

People felt safe with staff and there were appropriate policies and procedures in place to safeguard people from abuse. Staff had received safeguarding training and knew how to respond to concerns. The provider followed safe recruitment practices.

Staff received essential training during induction to give them the skills and knowledge to meet people's needs. Where additional specific training was required this was organised. Staff received regular formal supervision and informal support was also provided. Staff enjoyed working for the service and spoke positively about the registered manager and senior staff.

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?

Good

The service was safe. People told us they felt safe and staff knew how to identify, prevent and report abuse. Risks were managed effectively. Plans were in place to deal with foreseeable emergencies.

Systems were in place to ensure medicines were managed safely should staff need to support people with these.

The recruitment process ensured staff were suitable for their role. Staff were specifically recruited to meet individual people's needs.

Is the service effective?

Good

The service was effective. People and their relatives were happy with the service and had their needs met.

Staff were suitably trained and they received appropriate support from the provider.

People were involved in making decisions about their care and support. Staff had an understanding of the Mental Capacity Act 2005 and were clear about how they gained consent before delivering any personal care or support.

Is the service caring?

Good

The service was caring. People were cared for with kindness and treated with consideration. Staff understood people's needs and knew their preferences, likes and dislikes.

People (and their families where appropriate) were continually involved in assessing and planning the care and support they received.

People's privacy was protected and they were treated with respect.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and gave clear instructions to staff about how each person wished to be cared for.

Reviews of care were conducted regularly involving the person who was receiving care and their care staff.

The service was flexible and people were able to change the times of care visits if they needed to.

People and their relatives knew how to complain and would speak with the registered manager if they had any concerns.

Is the service well-led?

Good

The service was well-led. There was an open and transparent culture which focused on the person requiring care or support. People and staff praised the service which they felt was run well.

The provider sought feedback from people and staff. Where this had identified concerns appropriate action had been taken.

Summary of findings

There was a whistle blowing policy and staff knew how to report concerns. They were confident the registered manager would address these.

People Matters IW Personal Assistant Recruitment and Employment Service (PARES)

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 5 February 2015 and was announced. We contacted the service two days prior to the inspection as we needed to ensure someone would be in the office. The inspection was carried out by one inspector because of the small number of people supported by the provider.

Before the inspection, we reviewed information we held about the service including notifications. A notification is information about important events which the provider is required to send us by law. Prior to the inspection we received some of the information we requested about the service. We did not receive other information in the Provider Information Return as the provider had no record of receiving this request.

We spoke with one person, two relatives of people who were receiving a service and a social services care manager. We also spoke with the registered manager, the nominated individual and three care staff. We looked at care plans and associated records for three people, staff duty records, three staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

This was the first inspection for this service which was registered in June 2014.

Good

Is the service safe?

Our findings

People told us they felt safe with staff because they knew them well. A person said "I trust [name of care staff]. I was fully involved in choosing them and they are very nice". A family member said, "I have no concerns for [my relative's] safety. Knowing they're safe is really important and means I can relax".

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. Staff knew how to contact external organisations for support if needed. They would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. One staff member told us "I know the manager would take action but if not I know how to contact social services if necessary". There were suitable policies in place to protect people which were written to reflect local safeguarding procedures and the service responded appropriately to any allegation of abuse. The registered manager had identified a problem and had taken all the necessary action.

Where people may incur costs related to activities there was clear information in care plans as to who would pay for these. Expenses claim forms were signed by the person or relative to confirm accuracy prior to the staff member being paid. Staff were all provided with a handbook which detailed the providers policies in connection with accepting gifts and any specific additional charges, such as refreshments, which people may be expected to pay for if on outings with care staff. This protected people from the risk of financial abuse. Copies of car insurance and MOT's were held if care staff were to use their own cars for transporting people. This ensured people should be safe when enjoying outings and activities in the community.

People's risks were managed safely. Care plans included general and specific risk assessments which were relevant to the person and identified individual actions required to reduce the risk. These included the risk due to specific health needs and vulnerability. We saw the risk assessment tool had been redesigned and were told this was because the initial one used had not covered all areas necessary. Risk assessments had been agreed by the service user or their representative and had been reviewed and agreed by the person or their representative.

Systems were in place to support people to receive their medicines safely. None of the five people receiving a service at the time of our inspection required care staff to administer medicines. Assessments included information about medicines people were prescribed which were administered by the person's relatives. The registered manager described the process, and we saw the recording forms which would be used, should a person require medicines to be administered by care staff. Medicines training had been added to induction training and existing staff had completed medicines training. The medicines policy covered all aspects of medicines administration including the application of topical creams, as required medicines and people's rights to refuse medicines.

There were enough staff to meet people's needs at all times. The agency's purpose was to provide individual care staff to meet people's specific needs. People were fully involved in the selection process of their allocated care staff. People and relatives said discussions had been held about their wishes if their care staff was unavailable. All said they had told the agency they did not want substitute workers and relatives would provide the care should, for example, their care staff be unwell or on planned leave.

Records showed the process used to recruit staff was safe and ensured staff were suitable for their role. Once potential staff for individual people were identified, the person, or their relatives were provided with the application forms to decide which staff they would like to interview. People and relatives were fully included in the interview process and their decision was final. The provider carried out the relevant checks to make sure staff were of suitable character with the relevant skills and experience needed to support people appropriately. Staff, people and their relatives confirmed this process was followed. The registered manager had access to legal advice to cover employment issues where disciplinary action may be required. They described how they had needed to use this recently.

Emergency medical information included details about the person's GP and any allergies or medical conditions. Staff completed first aid training during their induction which provided them with the necessary knowledge and skills to manage emergency health situations. Care plans also contained a section detailing contingency plans to record

Good

Is the service safe?

what would happen if circumstances arose when the person's planned formal or informal support was unavailable. This meant the service would know who to contact and what action should be taken in an emergency.

Good

Is the service effective?

Our findings

People and relatives told us their needs were "very well met". They spoke highly of the service and said they were "very satisfied" with the care provided. One person said "they do things the way I want them done". People or their relatives were fully involved in the selection of their care staff including writing job descriptions, shortlisting and interviewing potential staff. Where staff were found not to be suitable the service supported people to find more appropriate staff.

The registered manager was clear about the extent of the service they were able to provide and what they could not provide. For example, they could not provide complex moving and handling procedures that required two staff. A care manager told us the service had been unable to identify a suitable care worker for one person as they could not meet the person's needs. This meant the service would only provide staff where assessment showed it could effectively meet the person's needs. Care plans contained information about people's health needs and how these should be met. They also contained information to guide staff should a person behave in a way which may place them or other people at risk.

Staff had the necessary skills and knowledge to meet people's needs. Care staff completed an induction which met care sector standards for induction. There was an ongoing training programme that was comprehensive and gave staff the knowledge and skills needed to carry out their roles. Records showed training was provided in relevant subjects and specific training would be organised where this was identified to meet a person's needs. The registered manager was aware that refresher training would be required and had systems identified to provide this. Additional training needs relevant to the individual person cared for were discussed during supervision. The registered manager was aware of how to access specific training if required.

Staff told us they were supported appropriately in their role. They received one-to-one sessions of supervision with the registered manager every two months. These provided opportunities for them to discuss their performance, development and training needs, which the registered manager monitored effectively. Systems were in place to undertake yearly appraisals once staff had been employed for this long. Staff said they were able to receive immediate support via telephone at any time and could visit the office if they wanted to discuss any concerns face to face. One member of staff said "I really feel supported, I can call them anytime and they always make time for me". People were cared for by staff who were motivated and supported to work to a high standard.

People were supported to eat and drink enough and to maintain a balanced diet. One care plan identified that the person wanted to be able to cook their own meals "not from a packet". The person had been supported to change their care worker as the first worker had not been meeting this need. We saw in their daily records that they were now being supported to do this. Another person's care worker had identified that the person wanted, and was capable of, being more independent when they had their meal at a social activities group. Action had been taken to ensure people required the correct level of support whilst maximising their independence and skills development.

Staff gained consent for care from the person prior to providing this. One said "if [the person] does not want you to do something they make this clear even though they cannot speak". If a person refused care staff would encourage and explain why the care was important but would not continue without the person's consent. They said in such circumstances they would inform the main family carer and record this in the person's daily records. If care was repeatedly refused staff said they would consult the registered manager for guidance. The registered manager said they would discuss this with the main family carer and organise a review of the care plan. People and relatives, where appropriate, signed to give or withhold permission for information in care plans to be shared with local authority professional workers. Consent and confidentiality issues were therefore understood and followed by staff.

All the people using the service had cognitive impairment to some degree. Staff had received training in the Mental Capacity Act, 2005 (MCA) during their induction. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant.

Staff showed an understanding of the legislation and described how they sought consent from people before

Good

Is the service effective?

providing day to day care. The people they supported were capable of making their own decisions and they supported them to communicate this where needed. The registered manager had information and access to advocacy services should these be required.

Good

Is the service caring?

Our findings

People were cared for with kindness and compassion. People and their relatives were complimentary about the level of care and kindness shown by staff. One person said they felt their worker was “a friend” and they enjoyed their time together. A relative said they were “very happy” with the care provided. They described how the person receiving the service was “always pleased to see their care worker” indicating that they were happy with the way they were cared for.

People were able to express their views and were actively involved in making decisions about their care and support. Care plans and daily records of care showed that people (and their families where appropriate) were continually involved in assessing and planning the care and support they received. People’s preferences, likes and dislikes were known and support was provided in accordance with people’s wishes. Relatives described how new care staff had received a long introduction covering many visits to the person before they had commenced taking them out. The relative said this meant the person and staff had got to know each other which was important as the person did not have verbal communication. This had also provided the relative with the opportunity to provide lots of individual information about the person about their likes, dislikes and wishes and how they communicated things. This meant the staff member would be able to understand the person’s communication and respect their wishes.

Staff spoke fondly of the people they cared for and treated them with consideration. Staff clearly understood people’s needs and identified how they met these. Staff were aware of the need to respect people’s dignity when delivering personal care. They told us they did this by ensuring doors and curtains were closed and explaining to people what they were doing. Staff were aware of how personal care such as support with continence needs should be provided in the community whilst ensuring people’s dignity. Relatives said they had no concerns about privacy and that dignity was maintained at all times. People and relatives were actively involved in selecting their care worker meaning care was only provided by staff people were happy to receive care from.

Good

Is the service responsive?

Our findings

People and relatives praised the quality of care and told us their needs were met. One person said, “I get all the help I need”. A relative told us “The care is excellent”. Relatives told us the service had implemented changes to care plans and care staff where this had been necessary. They said the service responded promptly to any concerns or changes required. Relatives told us care staff were always punctual and provided the service and care as detailed in care plans. People told us the service was flexible and they were able to change the times of care visits if they needed to.

Care was provided in a very individual and personalised way. Care plans provided comprehensive information about how people wished and needed to receive care and support. Where people required a high level of support, this was detailed and included people’s daily routines and how they preferred to do things. Where people were receiving support to access the community and attend social activities information about their preferences was included. Care plans had been developed with and by the person. They or their relatives had signed these to confirm their agreement with them. Records of daily care confirmed people had received care in a personalised way in accordance with their individual needs and wishes.

Reviews of care were conducted at least every three months or when a person’s care needs changed. The service had a schedule of reviews in place which were conducted by the registered manager. Prior to reviews people or their relatives completed a pre review form enabling them to consider their views prior to the review meeting. An easy read version of the pre-review form was available should this be required. We saw this had been used for one person with a learning disability prior to their review. Staff told us they were included in reviews of the people they supported. Following the review any changes were agreed with the person or their relatives who signed the review records.

The provider had a complaints procedure in place. People and relatives told us they had not had reason to complain but knew how to if necessary. Information about how to complain was provided within the services information leaflet provided to people. Reviews, which were completed three monthly, included a specific question asking if there was anything about the service the person was unhappy with. The provider was actively requesting information to improve the service and address any complaints.

Good

Is the service well-led?

Our findings

People and relatives told us their views were fully considered and they were very happy with the service provided. They were involved in reviews and when required the registered provider had acted on their requests. People, relatives and staff said the service had a very individualised and person focused culture. The emphasis was always on the individual being in control of their care and how this was provided. People were actively involved in every part of the assessment process and in the development of their care plan and reviews. People and relatives were confident any problems would be resolved by the registered manager. One said "any problems, I just tell (name registered manager) and it gets sorted out".

The service was in the process of changing the providers Nominated Individual (NI). The NI is the provider's representative responsible legally for ensuring the quality of the service people receive. The person registering as the NI was in day to day contact with the running of the service with the registered manager. They had frequent contact with staff and people and were therefore able to monitor the service on a continuous basis.

Staff praised the management of the service and said they were able to raise any issues or concerns with the registered manager who "always listened and responded". Staff enjoyed working for the service and one stated "it's the most supported I've ever felt", they added "I really enjoy my work".

Care staff recorded all visits on a 'support work log'. The registered manager stated they reviewed these when they were returned to the office at the end of each month. They checked that staff had undertaken the required visits and completed the tasks and activities described in the care plans. Timesheets were signed by people or their relatives to confirm staff had completed all visits required. This ensured people had received the service they were supposed to receive.

The registered manager stated their intention to conduct a yearly survey once the service had been operational for longer and had more service users. However, people's views about the service were sought at each review when people completed a pre review questionnaire. This asked specific questions about the care staff, including punctuality, work quality, communication and the provision of care or support. People were also asked to provide any additional comments about their experience of using the service, and if they had any suggestions for how the service could be improved. We saw where reviews had identified that people were not entirely happy with the service they were receiving; action was taken to rectify the problem. People and relatives told us about action which had been taken in response to their comments and that they were now very happy with the service they received.

Procedures were in place to record and investigate accidents and incidents. Records showed one had occurred in January 2015. The person had received additional support from their usual care staff to attend hospital for emergency treatment and to support them on their return home. This accident could not have been foreseen or prevented but the recording systems would have allowed for changes to care plans and risk assessments had this been appropriate.

The provider had a clear set of policies and procedures which set out how the service would operate in a safe, effective and caring way. Staff were given a handbook outlining key aspects of the policies and how they were expected to conduct themselves when delivering care and support. An appropriate whistleblowing policy was also in place and staff told us they knew how to use it.

There were plans in place for the future development of the service. A deputy manager had commenced employment and taken on most of the office and staff management role. The various forms, such as risk assessments and staff application forms, had been redesigned since the service commenced operating. This had identified not all essential information was included on the forms. The registered manager told us they had attended a local safeguarding conference which had provided lots of valuable information and they had met other care providers. They had decided to join a local care providers group having found contact with members helpful and felt this would help the service as it developed. The registered manager was open to identifying areas for improvement and took action to develop the service when this was required.