Independence Matters C.I.C.

Personal and Community Support Services 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?	Good

Summary of findings

Overall summary

Personal and Community Support Services Personal Assistant Services North provides personal care to people with learning disabilities, who live in their own homes.

This announced inspection took place on 26 September 2016. There were 21 people receiving care at that time.

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.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. Staff were well trained, and well supported, by their managers.

There were sufficient staff to meet people's assessed needs. Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

People received their prescribed medicines safely. People's health, care and nutritional needs were effectively met.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. The provider was aware of what they were required to do should any person lack capacity. They had made appropriate requests to commissioners to assess people's capacity in regard to specific decisions. However, the provider had not yet completed their own assessment of people's mental capacity and it was therefore unclear how people's day-to-day care was being provided in their best interest. The provider had recently created a policy and procedure in relation to the MCA. The registered manager received this during our inspection and told us it would be implemented shortly and would assist them to bring about the necessary improvements.People received care and support from staff who were kind, compassionate and respectful to the people they were supporting. People and their relatives had opportunities to comment on the service provided and people were involved in every day decisions about their care.

People's care records provided staff with detailed guidance to ensure consistent care was provided to each person. Changes to people's care was kept under review to ensure the change was effective. People were supported to take part in social and recreational activities that promoted their well-being and reduced the risk of social isolation.

The registered manager was supported by a staff team that included team leaders and support workers. The

service was well run and staff, including the registered manager, were approachable. People and relatives were encouraged to provide feedback on the service in various ways both formally and informally. People's views were listened to and acted on. People had access to information on how to make a complaint and were confident their concerns would be acted on.

We saw there were systems in place to monitor the quality of the service. When areas for improvement were identified action was taken to address the shortfalls. People and their relatives were asked for their views and staff were always looking for ways to improve the service.

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.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely

People were supported to manage their prescribed medicines safely.

Is the service effective?

Good

The service was effective.

The provider was not acting fully in accordance with the Mental Capacity Act 2005 (MCA) legislation to protect people's rights. People's capacity to make decisions about their day-to-day care was not assessed. However, the provider was taking action to rectify these deficiencies. This was to ensure that people's rights were always protected in line with the MCA.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported.

People's health and nutritional needs were effectively met.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind and compassionate.

People and their relatives had opportunities to comment on the service provided.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care records provided staff with detailed guidance to ensure consistent care was provided to each person.

People were supported to take part in social and recreational activities that promoted their well-being and reduced the risk of social isolation.

People had access to information on how to make a complaint and were confident their concerns would be acted on.

Is the service well-led?

Good

The service was well led.

The registered manager was experienced and staff ensure that people benefited from safe and appropriate care.

People were encouraged to provide feedback on the service in various ways. People's comments were listened to and acted on.

The service had an effective quality assurance system that was used to drive and sustain improvement.

Personal and Community Support Services Personal Assistant Services North

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 announced inspection took place on 26 September 2016. This was because we needed to be sure the registered manager would be available. It was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also asked for feedback from the commissioners of people's care and Healthwatch Cambridge.

During our inspection we spoke the registered manager, two team leaders and four support workers. We also looked at three people's care records, staff training records and other records relating to the management of the service. These included audits and meeting minutes.

Due to their complex communication needs, people were not able to tell us about their experience of the service. Therefore, following our inspection we spoke with the relatives of three people who received the service and one social care professional who has regular contact with three other people.

Following our inspection the registered manager provided us with additional information in relation to the

implementation of the Mental Capacity Act 2005.

Good

Is the service safe?

Our findings

Relatives told us they thought their family member felt safe when receiving care. One relative told us this was because their family member was "not anxious" when with the staff. Another family member said, "I have to have an awful lot of trust. Some [staff] don't take the same care, but I'm a fussy [relative]. [My family member] is safe with them."

Staff told us they had received training to safeguard people from harm or poor care. They showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. Staff told us they felt confident that their manager's would act on any concerns they raised and that they knew how to make referrals directly to the local authority if they needed to.

Systems were in place to identify and reduce the risks to people who used the service. Care plans contained a range of detailed assessments that evaluated the risks people may be exposed to. For example, people accessing the community, moving and handling, reducing anxiety and eating and drinking. These assessments gave staff clear direction as to what action to take to minimise risk. One staff member told us, "It's about managing everything to prevent things happening." The assessments focused on what the individual could do, and the support they needed so that activities were carried out safely and sensibly. For example, one person was at risk if they drank too much fluid. Their care plan advised staff to provide the person with drinks in smaller containers. This helped the person to drink appropriate amounts of fluid to meet their needs.

Staff understood the support people needed to keep them safe, during periods of distress and behaviour that was challenging to themselves and others. Staff told us of the importance of understanding the person's needs and how to communicate effectively with them. One staff member told us, "You have to assess and recognise when you can let [person do something] and when you can't [because it's not safe]."

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. Accidents and incidents were recorded and acted upon. Where any untoward event had occurred, risks were reassessed and where necessary additional measures had been put in place to reduce the risk of reoccurrence. For example, additional staffing.

Staff considered ways of planning for emergencies. Each person had a recently reviewed individual evacuation plan within their care plans. This helped to ensure that appropriate support would be given in the event of an emergency, such as a fire at their home. Staff were all issued with mobile phones so they could easily contact a manager for support should the need arise.

The staff we spoke with told us that the required checks were carried out before they started working with people. These included two written references, proof of recent photographic identity as well as their employment history and a criminal records check. A staff member told us that they were interviewed "about my values, not focusing on what I knew but how I wanted to support people." A senior staff member confirmed this. They said. "It's not always about experience. It's about having the right values. We need to

know we've got the right [staff] for our customers." Staff members told us they had had to wait for satisfactory checks to be received before starting work with people. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

There were sufficient staff to meet the needs of the people receiving care.
Relatives told us that the service was reliable and that staff arrived as arranged. One relative said, "They've never missed." Another relative said, "There's been the odd instance of staff sickness, but it's not too bad. It's not that often, we can get over that."

People's needs were assessed and agreed prior to care being provided. Senior staff then matched support workers with the appropriate skills and training to provide care to each person. Each person had a core team of support workers who worked with them. The number of staff depended on the person and what support they required.

Senior staff told us that if a support worker was absent at short notice, they discussed this with the person's relative or carer and offer alternative staff to cover the visit where this was appropriate.

Relatives were satisfied with the way staff supported their family members to take their prescribed medicines.

There were appropriate systems in place to ensure people received their medicines safely. Staff told us that their competency for administering medicines was checked regularly. During this inspection, staff only supported people with medicines that were prescribed to be administered 'when required'. Protocols provided staff with detailed guidance of when these medicines were to be used. This included, for example, the circumstances and frequency of when the medicines should be given and when additional medical assistance should be sought.

Good

Is the service effective?

Our findings

Relatives told us that staff respect people's wishes when they do not consent to an activity. For example, one relative told us that their family member usually enjoys a specific activity within a venue. On a recent occasion, their family member indicated they wanted to leave the venue. The person continued to indicate they wanted to leave when staff repeated the offer of the original activity and an alternative activity. The relative told us staff respected the person's decision and left the venue. They said, "[My family member] was happy when [they] left. The staff were really surprised."

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. The application procedures for this is made by the commissioners of care to the Court of Protection (CoP). Staff had identified people who they felt may lack the mental capacity to make specific decisions. For example, safely access the community without staff support. Staff had raised with this with commissioners in order that applications to the CoP could be considered.

Managers and staff had received training in the MCA and had an understanding of this. Throughout our inspection staff described encouraging and enabling people to make decision about their day-to-day lives. The people who received care had complex health conditions that may affect their decision-making. However, in the absence of mental capacity assessments, it was not clear how the level of people's mental capacity was assessed or how they were supported in making decisions. The provider had recently created a policy and procedure in relation to the MCA. The registered manager received this during our inspection and told us it would be implemented shortly and would assist them to bring about the necessary improvements .

Relatives were complimentary about the staff and the service their family member received. One relative told us, "[The staff] are very good. We have the right people for [our family member]. They're very familiar with [our family member]. It makes a lot of difference to [our family member]." A social care professional told us, "[The people] know [which staff] are coming and look forward to [seeing them]."

People received care from people who were trained to meet their needs. Relatives told us they felt people were well trained to support their family members. One relative said, "Staff have all done the training they needed to do." Another relative said staff were frequently receiving training in different topics.

In the PIR the registered manager told us that induction included the Care Certificate. This is a nationally recognised qualification in social care. In addition, staff completed training that the provider deemed to be mandatory prior to providing care. Topics included moving & handling, medicines management and mental

capacity. Staff confirmed this was the case. One staff member told us, "[My manager] wanted me to have the formal training before I interact with [people]." They went on, "I've been very impressed with the training."

New staff benefit from mentoring from established staff with respectful working practice. Once staff had completed their training they 'shadowed' a more experienced member of staff until they felt confident to provide care. A senior staff member told us, "I want to know that when a new member of staff goes out with person they are as confident as they can be."

In addition to the mandatory training, staff received additional training specific to the needs to the people they were supporting and their roles. For example, some staff had received training in supporting a person with a percutaneous endoscopic gastrostomy (PEG). This is a tube that enables the person to receive food and medicines directly into their stomach. Senior staff told us they had received management training, such as how to effectively supervise and appraise staff members work. One senior staff member said they were enrolling in level five NVQ in health and social care. This showed the provider supported people to achieve nationally recognised qualifications.

Staff members told us they felt well supported by the registered manager and senior staff. Staff received annual appraisal and formal supervision at least three monthly when their goals were reviewed. One member of staff told us, "Senior [staff] are very approachable." Another staff member said, "[Senior staff] are good as gold. They're approachable and really nice. We all help each other out." In addition to professional support, one staff member told us they had received considerable personal support from senior staff during a difficult personal time.

People were supported to receive sufficient food and fluids while receiving care. Records showed that staff worked with healthcare professionals to support people to maintain their food and fluid intake where this was appropriate. Consideration was given to people's particular needs in relation to food and fluids. For example, care plans provided detailed guidance, and staff talked confidently, about assisting a person to receive nutrition through a PEG.

Relatives told us that staff kept them informed if they noticed any changes in the person's health. Staff were aware of and knowledgeable about people's healthcare needs, including when emergency assistance should be sought. Staff explained to us of the importance of following the guidance put in place by healthcare professionals. For example, in relation to the procedures to follow when supporting a person with the management of seizures.

Care plans contained detailed guidance for staff about people's healthcare conditions, the signs to look for and what action to take. For example, one person was particularly prone to seizures. The signs of these seizures were clearly recorded for staff with the action they should take. This showed that staff supported people to maintain their health.

Good

Is the service caring?

Our findings

Relatives were complimentary about the staff. One person said staff treated their family member "very well. [Person] always looks forward to seeing [the staff]."

We saw the provider had received compliments from relatives of people who received a service. These included, "I think the present staff are the best [family member] has ever had. They really understand and care for [my family member]… We can tell that [my family member] trusts and loves [support worker] which is so lovely for us to see."

We asked staff if they would be happy with a family member being cared for by this service. All staff responded positively. One staff member said, "One hundred per cent!" Another commented, "Most definitely." They explained this was because the service provided people with the "freedom to go out and do what they want to do during the day." A third staff member told us, "I wouldn't want anybody else to [care for my family member]."

Senior staff told us of the importance of "matching" support workers with people to ensure staff had not only the right skills, but also a personality that suited the person. Relatives confirmed that this was achieved. One relative described the staff as being, "The right people" to care for their family member and said, "They've got a good team there." Another person told us that senior staff changed their family member's support worker to help their family member feel more comfortable with staff supporting them. A staff member also talked of the importance of the "matching" process. They described senior staff allocating introductory visits when they started working with a person, often shadowing another staff member who knew the person well. They said, "We need to be relaxed and confident about the work." This helped staff build meaningful relationships with people.

Wherever possible people were supported to have control over their care. For example, staff told us of one person was reluctant to accept care from anyone except from a very small team of staff. This was respected and staff looked for ways of introducing other staff into the team. They told us the person was "given control and made the choice" when they accept a new member onto their team of support workers. This was backed up with positive reinforcement and led to the successful expansion of this person's care team.

Relatives told us they were involved in agreeing their family member's plan of care. They told us staff informed them of any changes that took place, for example, to the person's health or wellbeing, while the service was provided. We saw that people's views about their care was acted upon. For example, we saw that a person requested to visit a garden centre and that this was facilitated.

Staff also provided valuable support to relatives. This was referred to in two compliments. One commented, "They are all helpful and friendly to me and treat me as a friend." Another person said, "[Staff member] was also a great support to me … [Staff member] is a good listener."

In the PIR the provider said, "Our core values are Dignity, Respect, Compassion and Kindness. We expect to

observe staff demonstrating values that uphold respect for everyone they come into contact with. This is to be reflected in all communication, behaviour and language." Relatives confirmed that they and their family members were treated with respect. Throughout our inspection staff spoke in a way that respected people and demonstrated kindness and compassion. One staff member told us, "We do this job because we really care." Compliments received also reflected this. One compliment read, "When [person] was in hospital [staff member] came and helped support [person], giving [person] the security of a voice [person] knew. [The staff member] continued to give [person] personal care with professionalism and kindness. [Person] always responds to [staff member's] voice by smiling which shows what a good support [staff member] has been… and the good relationship [staff member] has with [person]."

Good

Is the service responsive?

Our findings

People and relatives felt that staff understood and responded to people's needs. One relative told us, "[Staff] are very familiar with [my family member]. It makes a lot of difference to [my family member]." A social care professional agreed. They said they felt that staff knew the three people they worked with very well and had a good understanding of their needs. A relative had written and complimented the service, "Care staff with [the service] could not be improved upon. All staff know how to stimulate [person], make [person] laugh and keep [person] happy. [Staff] talk to [person] all the time, even if [person] doesn't respond. Most importantly, they all understand autism. As you will appreciate this takes a great deal of worry off my mind."

People's care needs were assessed prior to them receiving the service. This helped to ensure staff could meet people's needs. This included people's life history, preferences, allergies, and their hobbies and interests. This assessment formed the basis of people's care plans and was to help ensure that the care that was provided would effectively and consistently meet people's needs. For example, there were clear instructions as to how to care for a person who was feed via a Percutaneous endoscopic gastrostomy (PEG). This included how to care for the site and how their nutrition and medicine should be managed via the tube. A staff member told us, "Care plans show exactly, stage by stage, what to do." Another staff member said, "The support plan is an important document. They inform us about how we support [people]." We saw some care plans were helpfully supported by pictures illustrating, for example, how to support a person during hydrotherapy.

Staff talked passionately about the people they supported and had a good understanding of their individual personalities. They had a good understanding of what could cause people's behaviours to change and how to support them with this. Care plans provided detailed person centred guidance in relation to this. For example, key words or objects of reference to help the person understand what was going on and planned. Staff highlighted the importance of reading and understanding these before providing care. Staff told us that they always met the person, often shadowing staff who knew the person well, prior to being responsible for providing care. People's care plans were reviewed regularly and reflected people's changing needs. This helped to ensure that people received consistent, effective care.

Relatives commented that people enjoyed the activities their family member took part in. One relative said, "[My family member] loves sports. [My family member] is wheelchair bound and has severe physical disabilities. [Staff] take [my family member] to sports facilities. This had a positive impact on [my family member's] physical abilities." Two relatives commented on how much their family member "looks forward" to their time with the staff. A social care professional told us how a staff member had supported the people they worked with to take a holiday. They said, "[Person] loved it. It would have been a lot more difficult t for us to sort out [without the staff member]." They went on to tell us that the service provided workers of the same gender to work with the three people with whom they had regular contact. They told us this was particularly beneficial for these people because in other areas of their lives they were mainly cared for by people of the opposite sex. They said the service provided the people with "fun ways of bonding" and opportunities for "important interactions". This showed that people were supported to take part in social and recreational activities that promoted their well-being and reduced the risk of social isolation.

Relatives said that staff listened to them and that they knew who to speak to if they had any concerns. Everyone we spoke with was confident the registered manager or another member of staff would listen to them and address any issues they raised. One relative told us if they had any concerns they would "raise them with the manager. They're very good. They do listen." Another relative told us that when their family member wasn't comfortable with a staff member, they spoke to a team leader and another staff member was allocated to work with them. They said, "[The team leader] is very good I know I could call [them]. [They] always listen."

Each person had been provided with information about how they could complain, make suggestions or raise concerns about the service. Staff had a good working understanding of how to refer complaints to senior managers for them to address. The provider told us they had received no complaints since our last inspection.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided.

The registered manager was supported by a staff team that included team leaders and support workers. Staff were clear about the reporting structure in the service. All the staff we spoke with were familiar with the procedures available to report any concerns within the organisation. They all told us that they felt confident about reporting any concerns or poor practice to more senior staff including the registered manager.

Staff made positive comments about the management of the service. One staff member said, "There's a lot of thought by the manager about how the service is provided. Managers listen to us." Senior staff confirmed the registered manager was supportive and approachable. Likewise, support workers praised the support and management they received from team leaders. A team leader shared the feedback they had received from staff. Comments included, "[My manager] made me feel valued again in my working role." Another commented, "I have nothing but praise. I feel valued and supported at work by my team leaders… [the team leader] is probably the best manager I have had in 33 years in work."

Staff received regular supervision and annual appraisal. All staff said they could speak freely at these and during staff meetings. One staff member told us, "We can put ideas forward and discuss how can we achieve it. [Manager's] never put a block on anything. It keeps us all fresh." Another staff member said about their team meetings, "We bring everyone to the table to discuss anything that's come up."

The registered manager fostered a culture of positive relations and good team work to ensure people were always at the centre of the service. Staff repeatedly referred to the good "teamwork" that occurred. Several staff made positive comments about this. These included, "We all work flexibly and pull together." Another staff member said people always "come first."

The service had effective systems to manage staff rotas, match staff skills with people's needs and identify the capacity they had to take on new care packages. This meant that the registered manager only took on new work if they knew there were the right staff available to meet people's needs.

The provider had an effective quality assurance system in place. In their PIR the provider told us, "We use a variety of methods to quality assure our services. Quality of service is fed back from customers and staff. Customers have annual reviews where their service is assessed and objectives set for the next year. Support plans are live documents and are reviewed and updated as a person's needs change. We saw this was the case. Various audits were carried out to ensure the service was running smoothly. This included, for example, spot checks of care records to ensure they were up to date and met the provider's required

standard. We saw that where shortfalls were identified, action was taken to bring about improvement. For example, additional information being added to a person's care plan to provide additional guidance for staff.

In addition to formal reviews, we saw that people's views were sought through surveys and more informally on a day-to day basis. Comments from the surveys were very positive. A person had said, "I'm happy and [staff] look after me." Comments from relatives were also positive. They commented on the good relationships between the people receiving the service and staff, staff attitude and understanding of people's needs, and the way they interacted with people.

The registered manager explained how information received was analysed to ensure the quality of care provided to people was maintained. The information included feedback from audits, surveys, accidents, incidents, complaints, concerns and compliments that were received. Where shortfalls were identified an action plan was compiled to bring about improvement. These were monitored by the registered manager and their line manager.

The provider and registered manager recognised and celebrated success. The provider had introduced 'recognition certificates' to recognise staff who had "gone the extra mile" to support people. The registered manager told us that four people had received this certificate within the service from the managing director. This was because they had supported a person with particularly complex and challenging care and behavioural needs to "stay safe and lead a fulfilling life in the community".