

Nottingham Community Housing Association Limited

Personalised Support Team – Nottingham

Inspection report

64 Mansfield Road
Nottingham
Nottinghamshire
NG1 3GY

Tel: 08451960061
Website: www.ncha.org.uk

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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

Personalised Support Team – Nottingham provides personal care and support to people in their own homes. This is the first inspection of the service since it was registered on 12 April 2015.

We carried out this inspection on 4 July 2017. It was an announced inspection, which meant the provider knew we would be visiting. This was because we wanted to make sure the registered manager, or someone who could act on their behalf, would be available to talk with us.

A registered manager was in post. 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 appropriately recruited, trained and supported. They had undergone a comprehensive induction programme and, where necessary, had received additional training specific to the needs of the people they were supporting. Communication was effective and regular meetings were held to discuss issues and share best practice. Staff understood their roles and responsibilities and spoke enthusiastically about the work they did and the people they cared for.

The provider had detailed policies and procedures relating to medicines management. Staff understanding and competency regarding the management of medicines was subject to regular monitoring checks and medicines training was updated appropriately.

Staff knew the people they were supporting and provided a personalised service and used effective systems for gaining consent. Individual care plans, based on a full assessment of need, were in place detailing how people wished to be supported. This helped ensure that personal care was provided in a structured and consistent manner. Risk assessments were also in place to effectively identify and manage potential risks.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Systems were in place to effectively monitor the safety and quality of the service and to gather the views and experiences of people and their relatives. The service was flexible and responded positively to people's changing needs and any issues or concerns raised. People and their relatives told us they were confident that any concerns they might have would be listened to, taken seriously and acted upon.

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 were protected from the risk of abuse and avoidable harm. Risks associated with care were identified and assessed. People received personal care in a timely manner. Safe and robust recruitment procedures were in place and people had confidence in the staff and felt safe when they received personal care.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and experienced to provide their personal care. Consent to care was sought, and where appropriate, the provider followed the Mental Capacity Act 2005. People were supported to access health services when needed, to maintain their well-being.

Is the service caring?

Good ●

The service was caring.

Staff were kind, patient and compassionate and treated people with dignity and respect. People were involved in making decisions about their care. As far as practicable they were consulted about their choices and preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good ●

The service was responsive.

People felt consulted and valued and were directly involved in planning and reviewing their individual care planning. The service was creative and innovative in providing personalised care and support, in accordance with an individual's identified wishes and preferences. People knew how to make complaints and raise concerns.

Is the service well-led?

Good ●

The service was well led.

There was an open and inclusive culture where staff felt valued and supported by the management. Systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of care provision and actions were taken to improve people's experience of care. People, relatives and staff felt confident to raise concerns and make suggestions.

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Personalised Support Team – Nottingham

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.

The inspection took place on 4 July 2017 and was announced. The provider was given 48 hours' notice of our visit, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited. The inspection team consisted of one inspector and an expert by experience, who carried out telephone interviews. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We requested feedback from local care commissioners and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. Commissioners work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

We checked the information that we held about the service and the service provider. We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the provider to send us a Provider Information Return (PIR) and this was submitted. 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 spoke with five people who used services and six relatives. We also spoke with three care support workers, one team leader (quality supervisor) and the registered manager. We also looked at documentation, which included three people's care plans, incorporating comprehensive risk assessments, as well as two staff training files and records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with said they felt safe and were satisfied with the service they received. They told us they were well cared for and felt comfortable with the staff who provided their support and personal care. One person told us, "I feel safe with [Care support worker], I like her, in fact I like them all and [registered manager] the boss is wonderful." Relatives also spoke positively about the support their family member received and the reassurance and 'peace of mind' they felt, knowing their family member was safe and well cared for.

Some people who used the service had very limited verbal communication. We spoke with the support worker for one such individual; they asked the person to, "Do thumbs up for yes, thumbs down for no and thumbs sideways for not sure." The person was happy to do this. We asked if they felt safe and were happy with the carers from PST (Personalised Support Team); they gave a thumbs up. We also asked if the carers arrived on time and managed their care and support needs within the allocated time, again they gave the thumbs up.

The provider had effective systems in place to identify and manage risks to keep people who used the service safe. Staff were aware of people's individual care and support needs. They also understood the importance of accurate and updated support plans, which helped keep people safe and ensured consistency and continuity of their care. Staff we spoke with were confident the people they supported were safe and they understood the importance of ensuring personal and environmental risk assessments were regularly reviewed to reflect changing needs or circumstances. We saw each person who used the service had a care file containing copies of updated assessments used to identify their support needs and any associated or potential risks. This demonstrated any such risks to people's safety were appropriately managed.

We discussed how the service ensured people's safety and welfare when the office was closed. The registered manager described the out of hours cover provided by the 'SMaRT Team' (Support Management and Response Team) who helped ensure the safety and welfare of people in their own homes. As well as a readily accessible point of contact, the team had access to all individual support plans and would respond – in their Smart car – to any request for assistance or advice. The SMaRT Team provided support for people who used the service and staff working in the community.

We found that care staff were appropriately trained and were aware of and followed policies and procedures relating to the safe handling of medicines. People and relatives we spoke with were happy and confident medicines were safely handled and managed. We spoke to one relative about the care staff administering medicines to their family member. They said they felt this was being done safely and told us, "The carers are very good, they give medicine to [family member] four times a day, and it's all under control." This view was echoed in other similar comments we received; one person told us, "I have medicine for my heart and yep it's always on time." This meant people were supported to have their medicines as prescribed.

Staff told us they had received training in supporting people with their medicines. They said this was

updated regularly and checks were carried out by the quality supervisors. This was supported by training records we were shown. Individual care records contained clear information about each person's medicines and the support they required. The registered manager told us as part of the initial needs assessment people were asked to sign a consent form, confirming their agreement to staff assisting or administering medicines. We saw completed client consent forms to support this. This helped ensure people received their medicine safely.

People who used the service were protected from the risk of abuse by staff who were trained to recognise and respond to safeguarding concerns. Staff we spoke with showed a good understanding of their responsibility to identify and report issues or concerns to the registered manager. We saw safeguarding policies and procedures were in place. Staff had received relevant training regarding what constituted abuse and understood their responsibilities in relation to reporting such concerns. They told us because of their training they were aware of the different forms of abuse and were able to describe them to us. They also told us they would not hesitate to report poor or unsafe care practice to the registered manager and were confident any such concerns would be taken seriously and acted upon. One member of staff told us, "It's what we are all trained to do and I wouldn't hesitate to speak to [Registered manager] if I needed to and I just know he would deal with it straight away."

The registered manager told us any accidents and incidents were reviewed and monitored, to identify potential trends and to prevent reoccurrences. They also said care plans and risk assessments were regularly reviewed to reflect changing needs and help ensure people were kept safe. We saw documentation to support this, which included a recently incorporated section regarding 'Lessons learned'.

People were protected by a safe and thorough recruitment process. We saw people were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work. We saw that all staff had completed an application form and provided proof of identity. Each staff file also contained two satisfactory references and evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This meant people and their relatives could be reassured staff were of good character and suitable to carry out their roles and responsibilities.

Is the service effective?

Our findings

People received consistent care and support from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. People and their relatives spoke positively about the service provided and how reassured they felt with the care staff. One person told us, "My carers all know what they're doing. They are wonderful and I really don't know what I would do without them." Another person said, "They (Care support staff) are brilliant and we all get on well. They always come in with a smile; they give me my medication, a shower – anything I need. These staff are wonderful and they help me with cooking and baking, if I want."

Staff said they felt confident in their roles and spoke positively about the support and training they received. They also described the benefits of the comprehensive induction training they had received when they started working at the service. One member of staff told us, "The training here is excellent and they cover everything." Another member of staff described how all new staff initially shadowed more experienced colleagues on calls until they felt confident and had been assessed as competent to undertake their roles and responsibilities. They told us, "Obviously, observing and working closely with experienced colleagues is very useful for gaining skills and getting to know people and their routines." They went on to say, "But for me the most important thing you need to develop is trust between you and the person you are supporting . . . and that takes time." Another member of staff said, "We do frequent top-up refresher training to keep us all up to date."

New staff had completed the Care Certificate. This sets the national minimum recommended training standards that all new non-regulated care staff should achieve before they provide care. Staff were knowledgeable about people's care needs and preferences, and felt care records had enough information about people's health conditions and the support they needed. Training records we looked at showed staff all received a comprehensive induction programme and all essential training. This demonstrated staff had the necessary skills and knowledge to carry out their roles and responsibilities.

Staff told us they were supported through regular supervision and annual appraisals. Observations of staff practice were also completed and enabled the quality supervisor to monitor staff practice and ensure they had the skills, knowledge and competence to fulfil their role. Formal supervision provided each employee with the opportunity to meet, on a one to one basis, with their line manager to discuss any work related issues, monitor their progress and identify any additional support or training needs. Records showed staff also had access to development opportunities. The registered manager confirmed regular supervision sessions and annual appraisals were carried out for all staff and we saw appropriate records to support this.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this must be

made through the Court of Protection for people living in the community. If people living in their own homes are receiving restrictive care that may amount to a deprivation of their liberty, an application must be made to the Court of Protection to ensure that restrictive care is lawful and in a person's best interests. No-one receiving personal care from PST – Nottingham was subject to restrictive care that would require a court application.

We saw staff had developed effective working relationships with people. They were aware of - and closely monitored - their routine health needs and individual preferences. Staff we spoke with also understood the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. They were aware decisions made for people who lacked capacity needed to be in their best interests. Mental capacity assessments had been undertaken where people were unable to make specific decisions about their personal care and support. We saw, where appropriate, family members and health and social care professionals were involved in these decisions. We saw there was a record of meetings held and decisions made in the best interests of the individual. This meant people experienced positive outcomes regarding their healthcare needs and demonstrated the service worked in accordance with the principles of the MCA.

We saw people who used the service were, as far as practicable, actively involved in planning and agreeing to the care they received. Relatives who we spoke with said care staff routinely discussed with them the level of support required and always respected their decisions, regarding the level of care and support their family member required. People told us that, as necessary, the care staff supported them to have sufficient to eat and drink and always respected their right to make their own choices. This demonstrated people had been consulted and had consented to the care and support they received.

The registered manager confirmed the service worked closely with other healthcare professionals including GPs, occupational therapists dieticians and district nurses. We saw records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans. This helped ensure people's individual health care needs were effectively met.

Is the service caring?

Our findings

We received positive comments from people who used the service and their relatives regarding the care provided. People said they were supported, with dignity and respect, by kind and compassionate staff. One person told us, "My carers are lovely; they come in at 8.30 in the morning, bring me a cup of tea and then help me in the shower. I've certainly got no complaints."

A relative we spoke with was happy with the level of care his family member received but commented on inconsistencies amongst the carers. They told us, "They (support staff) try their best but they can sometimes have different styles. They explained that after discussions with managers at PST it had been agreed new carers would be introduced to shadow existing support staff. They went on to say "Hopefully this might bring a bit more stability to [family member's] routine."

People and their relatives we spoke with said staff provided personal care and support in a respectful and professional manner. They described how carers routinely closed doors and curtains, if necessary, and explained clearly what they were going to do before carrying out personal care. People also described the kindness and consideration they were shown while they were being supported with their personal care.

There was a caring ethos amongst the staff we spoke with and they had clearly established good working relationships with the people they supported and had a good understanding of their care needs. Staff we spoke with recognised the importance of treating people as individuals, with dignity and respect. They were knowledgeable and showed awareness and a sound understanding of the individual preferences and care needs of people they supported. We saw the language and terminology used in care plans and support documents was respectful and appropriate. This demonstrated people received care and support in a way that helped ensure their privacy and dignity was maintained.

Communication was effective throughout the service and the registered manager confirmed regular formal and informal meetings took place to enable staff to discuss issues, including ongoing support packages. Staff emphasised the importance of developing close working relationships with individuals and being aware of any subtle changes in their mood or condition. Consequently they were able to respond appropriately to how individuals were feeling. This meant people were supported in a consistent manner by staff who understood their ongoing care needs.

People told us they were involved in making decisions about their care, treatment and support. They and their relatives felt 'in control' of the care and support provided and confirmed they had been consulted and actively involved in the writing and reviewing of their care plan. This was supported by plans we saw, which clearly demonstrated people's preferences, likes and dislikes had been taken into consideration. People's relatives said they were also consulted regarding any changes to their family member's care plan and had taken part in reviews. One person told us, "I have my care plan reviewed usually every six months." People and their relatives also told us they felt confident their views were listened to, valued and acted upon where appropriate. This helped ensure people were actively involved in their individual care planning and the support they received met their identified needs.

Is the service responsive?

Our findings

People we spoke with told us they felt consulted, listened to and valued. They said staff who supported them knew them well and responded appropriately to their needs and wishes. They told us staff had a good understanding of their requirements and were aware of and sensitive to their preferences and how they liked things to be done. One person told us they were happy with the food that was prepared by the care staff and they had all the necessary and appropriate equipment provided in their home to meet their needs. A relative we spoke with told us, "[Family member] has got a very good relationship with the carers who come in on a regular basis."

Another person talked with us about the service user 'Open Day' which they said was held at the office on the first Tuesday of the month and was open to anyone who received a service from PST. They told us, "I went there last Tuesday to see everyone. They serve coffee and cake and we can sit together and talk and discuss any problems or concerns we might have." They went on to say, "There are always staff there from PST who are good at listening and sorting out any problems." One of the open days coincided with our inspection of the service. During our visit to the office we saw positive, friendly and good natured interaction between people who used the service and staff, all of whom clearly enjoyed this popular social get-together. This demonstrated the service was innovative and proactive in meeting people's social care needs.

Staff we spoke with told us of the importance of routine and consistency, which helped ensure people received care and support in a way that reflected their needs and preferences. Staff we spoke with had developed close working relationships with the people they supported. They were knowledgeable about people's needs and fully aware of their individual wishes and preferences. A senior carer explained, before anyone received a service, a comprehensive initial assessment of their personal circumstances was carried out, with the full and active involvement of the individual. The assessment established what specific care and support needs the person had and incorporated personal and environmental risk assessments. This was supported by completed assessments we saw and confirmed through discussions with people and their relatives. This demonstrated staff had an excellent understanding of people's identified care and support needs and they were flexible and responsive to such needs.

We saw that from the initial combined needs and risk assessment a personalised care plan was developed, again with the active involvement and full agreement of the individual. The online support planning and risk assessment system helped ensure the office based managers were able to respond to any issues raised by the supported person and do so in line with the agreed support plans. We saw, as a result of this, any necessary changes to individual support plans, which were identified, could be responded to and the system updated accordingly. This meant the support team members had accurate and up to date information available to them, via their mobile tablet devices, which helped ensure peoples changing support needs were responded to and met in a consistent and structured manner.

We saw individual plans specified what care and support the person required and detailed how they wished the support to be provided, in accordance with their identified preferences. We saw samples of completed plans and spoke with people regarding their personal experience of the care planning process. People and

relatives we spoke with said they were fully involved in drawing up their personal care plan and confirmed the plan accurately reflected their individual support needs. This demonstrated people's care needs were being met and they were supported in accordance with their choice and preference.

As previously documented, people were also supported by the Support Management and Response Team (SMaRT) . The registered manager told us, "Our SMaRT support provides immediately accessible contact, advice, guidance, and a physical response if needed, at any time of day, 365 days per year. " They said the team members had access to the same support plans and risk assessments so they were able to respond immediately and appropriately, should they be contacted by a supported person. We saw people had also contacted the SMaRT to let them know they wanted to rearrange, or cancel, their planned support sessions. This demonstrated a responsive approach to meeting people's support needs, which reflected individual wishes and preferences.

The provider had a complaints policy and procedure in place. People were provided with a service user guide when they started using the service. The guide included details of the 'Praise or Grumble' feedback scheme to 'Help us improve our service by telling us what you think.' We saw where complaints had been made they had been dealt with in line with the policy. People and their relatives we spoke with were aware of how to make a complaint, if necessary and were confident any such issues would be appropriately addressed. One person told us, "There's always someone to talk to if I'm worried about anything." Another person said, "If I needed to complain I know what to do and know it would get sorted . . . but I don't need to." This demonstrated people knew how to raise concerns or make a complaint and were confident any issues raised would be listened to, taken seriously and acted upon.

Is the service well-led?

Our findings

People who used the service and their relatives told us they thought the service was well managed and communication with the office was effective. One relative told us, "Yes, I think it is well managed; and [Registered manager] does a very good job." They went on to say, "The staff in the office all talk to me – and they listen – which is so important. We're on first name terms."

The service had a positive ethos and clear set of principles and values. . People we spoke with, without exception, told us how much they appreciated their carers, the communication with the office and how valuable the service was to them. Care staff we spoke with were friendly and helpful and clearly shared the provider's vision and values for the service; which included promoting people's independence and ensuring their choice, involvement, dignity and respect. This demonstrated a positively, open and inclusive culture, which centred on the needs of people who used the service.

There were systems in place to monitor and improve the quality of the service provided. Regular service audits were completed, such as care records, medicines records and reviews of the individual support people received. We also saw audits had been carried out to seek feedback from people who used the service, their relatives and other stakeholders. This included sending out surveys and telephoning people who used the service and their relatives.

The provider's quality assurance system also included unannounced visits at people's homes to check they consistently received care and support in accordance with their agreed care plan. A quality supervisor told us they visited each person who received a service, every 12 weeks, to undertake a quality monitoring audits which included "Client satisfaction and quality of record keeping." We saw completed documentation to support this. They said they also conducted observations to monitor how staff delivered care and support to people who used the service. Records completed following those checks showed care practices were assessed including how support was delivered, health and safety, dignity and respect. This demonstrated the service was committed to ensuring quality provision and driving improvement where necessary.

During our inspection staff spoke very positively about the registered manager, who they described as, "Approachable" and, "Very supportive." They also said they felt valued by the registered manager and one member of staff told us, "I think [Registered manager] really does appreciate what we do, he instils in us that the staff here are the bedrock of the service."

We saw organisational policies and procedures which set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This again demonstrated the open and inclusive culture within the service.

Services that provide health and social care to people are required by law to notify the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had notified

the CQC of all significant events which had occurred, in line with their legal responsibilities.