

J&J Williams Ltd

Personal Assist South Yorkshire

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Personal Assist is a domiciliary care agency, providing personal care to people in their own homes or flats. At the time of the inspection 26 people were using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 17 people were receiving care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Care plans were person centred, however did not always contain enough information about how to support people with their communication or sensory needs. The registered manager did not have sufficient knowledge about how to provide quality care for people who have a learning disability and staff did not have appropriate training in this area. However, people and relatives told us they received the right support from staff. Risks to people were assessed and people were protected from the risk of unsafe care and harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

The service had recently undergone some staffing and recruitment issues, which meant at times staff were late for calls. The provider had recognised these concerns and had taken action to address them, to improve people's support. People and their relatives told us they felt safe and staff were competent and kind. Accidents and incidents were monitored, and notifiable incidents were reported to external agencies where required.

Right Culture

Effective governance and quality assurance systems were not in place to drive improvements in the service. People and relatives told us there was a lack of leadership. Complaints were dealt with in a timely manner, with actions arising to learn lessons from these. Staff told us they felt able to raise concerns and were supported in their roles.

Systems and processes were in place to protect people from the risk of avoidable harm. Staff were trained and knowledgeable about how to spot signs of suspected abuse and how to raise concerns. Safeguarding

concerns were investigated and reported to external agencies where required. Staff received training in relation to infection, prevention and control and people told us staff followed guidance and wore personal protective equipment, to help prevent the spread of infection. People received their medicines as prescribed.

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

Rating at last inspection

The last rating for this service was good (published 6 November 2018).

Why we inspected

We received concerns in relation to staffing, training and leadership. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Personal Assist on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation the provider implements staff training and reviews their records regarding supporting people with a learning disability.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Personal Assist South Yorkshire

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 30 January 2023 and ended on 6 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We reviewed 4 care records, 4 medicines records, 3 recruitment and a range of records relating to the management of the service. We spoke with 2 people and 6 relatives. We spoke with 6 staff, including the provider, registered manager and care staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- We received mixed feedback about staff. Some people and relatives told us they were pleased with the staff and others told us that staff were often late and the service required more staff.
- The registered manager informed us of some recent recruitment difficulties. This meant people had sometimes received late calls, people we spoke with confirmed this. People told us communication from the office and management team was poor when staff could be late.
- The provider had recognised these difficulties and had taken action to improve staffing levels. The service had reduced the amount of care packages they provided and had recruited more staff. The provider assured us this was now resolved moving forward.
- Staff were recruited safely and pre employment checks were undertaken prior to staff providing support to people. This included employment references and Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions
- Some people and relatives told us staff were kind and caring. Comments included, "The staff are brilliant, I have no problems with them." And, "The staff are wonderful, I can't fault them. They talk to [name] and get on well with [name]."

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of unsafe care and harm.
- Staff were trained and knowledgeable about how to spot signs of abuse and how to report concerns. One staff said, "I have learnt what signs to look out for if someone maybe suffering from abuse and who I need to report things to, so we ensure our service users remain safe."
- Where safeguarding incidents had occurred, the management team reviewed these and reported incidents to CQC and the local authority safeguarding team as required.

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

- Risks to people were assessed in line with their individual needs. For example, 1 person's care plan detailed risks in relation to mobility and care records clearly guided staff about how to safely transfer this person.
- People and their relatives told us they felt safe and risks were managed. One relative said, "I feel [name] is safely cared for. Staff go above and beyond. Carers stay with them when they are eating to keep them safe from any choking risk." One person said, "I've got bars to hold onto and the staff move me by standing transfers. The occupational therapist has looked at me and everything is risk assessed."
- Accidents and incidents were recorded and monitored, with actions taken to mitigate future risks to

people.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

- Staff were trained to support people with medicines administration and additional training was completed where required. For example, staff providing support to people with epilepsy received training around peoples recue medication.
- Relatives told us people received their medicines as prescribed. Comments included, "Staff remind [name] to take their medicines, they make sure they have taken them, and they record" and, "They give [name] liquid medicines and liquidised crushed tablets. There hasn't been any problems."
- Medicines records were completed and where people received 'as required' medicines, protocols were in place to guide staff about how to safely administer them.

Preventing and controlling infection

- Staff were trained and understood their roles in relation to infection, prevention and control. One staff member said, "I help control the spread of infection by not wearing jewellery, regularly washing my hands, keeping my nails short and ensuring I am wearing personal protective equipment."
- Spot checks were undertaken by the senior staff team to ensure staff were adhering to the services policies and procedures.
- People and relatives told us staff wore personal protective equipment (PPE) and disposed of PPE correctly.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care records did not always contain enough detail about how people liked to be cared for and the level of support people required.
- Peoples specific communication needs were not always detailed in care plans, to provide staff with adequate guidance about how people used different styles of communication.
- The service provides support to some people who have a learning disability or autism. Care plans did not always detail people's specific needs or how to support them with their sensory needs. The registered manager did not have sufficient knowledge about how to provide high quality support for these people and staff had not completed mandatory training in this area. Following the inspection, we signposted the provider to guidance and training.
- People and relatives told us communication with the leadership team was sometimes poor and where staff were late for calls, they were not always informed. One relative said, "My biggest grumble is that we are not informed about changes that are made and our needs are not listened to." Another relative said, "They could communicate better, to let people know what is going on."
- The service provided an easy to read service user guide to people, to assist them to understand how the service operated and who to contact if they had any concerns.

We have made a recommendation the provider implements staff training and reviews care records regarding supporting people with a learning disability.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had audit systems in place to monitor the quality of the service. However, these were not always completed in line with the providers own policy. For example, medicines audits were in place, but not regularly completed. We found this had not impacted on people.
- Staff were not always provided with adequate support to assist them in their roles. Staff supervisions and medicines competency checks were not completed in line with the providers own policy. The provider informed us that shortfalls in the service was due to the leadership team providing direct care to people due to staffing issues and assured us this issue was resolved moving forward.
- Staff meetings regularly took place, but records did not evidence that staff were provided with opportunities to raise concerns or suggestions. However, staff told us the management team were approachable and they felt listened to. One staff member said, "I can raise concerns and feel like they do get

listened to." Another staff said, "We have meetings and I feel the office (leadership team) are very approachable."

- Where complaints were raised, these were appropriately recorded, investigated and actions taken to address these.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care.

- Feedback was not sought from people, relatives or staff to drive improvements. Relatives were not always involved in care reviews.
- People and relatives did not always feel listened to or that improvements were made. One relative said, "I have never been asked to give feedback about the service, there is no communication." Another relative said, "The manager visited at the beginning and an assessment was done. They came to our home and a care plan was made. Since then a couple of care plans have come out but I've not been involved in the reviews."
- The provider had recognised where improvements were required and had recently implemented an improvement plan, which detailed concerns we found during our inspection. This detailed what actions were required to improve the overall governance and quality of the service; however, this was yet to be embedded into practice.

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

- The registered manager understood their roles and responsibilities under duty of candour, which requires them to be open and honest when things go wrong.
- The management team had reported notifiable incidents to the CQC and local authority when required.

Working in partnership with others

- The service liaised with external healthcare professionals to ensure people received support with their healthcare needs. One relative told us, "The staff have taken advice from the occupational therapist about [name] risk of choking."