

Care Partners (Newbury) Ltd

Care Partners

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

Care Partners is a domiciliary care agency providing care and support to 62 people living in their own homes at the time of this inspection.

At the last inspection in October 2015, the service was rated Good overall with Requires Improvement in Effective (No breach). We found some people were concerned about staff timekeeping and felt their care was sometimes rushed or visits cut short. We recommended the service look further into the reasons for this in case other improvements were possible.

This inspection took place on 5 December 2017. We gave short notice of the inspection to ensure the registered manager would be available to assist us. At this inspection we found the service remained Good overall. Further steps had been taken to address the previous concerns and feedback suggested improvements had resulted. This meant the service was now rated Good in Effective. The service had been proactive in addressing this as well as working with the local authority quality team to improve records and monitoring systems.

People were kept as safe as possible because staff understood how to report risk of harm and the organisation took appropriate action when any concerns arose. People's medicines were managed within appropriate procedures where the service was responsible for this. Identified risks to people were assessed and mitigated without undue risk to people's freedom. Robust recruitment checks helped ensure that staff employed had the necessary skills and approach.

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

People's rights and freedom were protected and their consent was sought prior to care being provided to them. People were involved as much as possible in discussions about their care and day-to-day decisions about it.

Staff received a detailed induction and training programme to equip them with the skills and knowledge they needed. They received ongoing support through supervision. However, their development and support would be further enhanced through providing distinct annual development appraisals and increased frequency of team meetings.

Staff were caring and treated people with kindness, respecting their dignity, privacy and any cultural or other individual needs. The service made certain people were cared for in line with the Equality Diversity and Human Rights Act (EDHR). For example, people with 'protected characteristics' such as a physical disability had care plans to ensure they were supported appropriately with their communication assistive technology.

The service responded positively to complaints and requests for changes to people's support. People's

views had been sought about the care provided by the service. The views of staff and external professionals had also been sought and used to inform continued development.

The service was managed effectively. Records were monitored and care practice was observed to help ensure standards were maintained.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service now provided effective care.

Improvements had been made with regard to the timeliness of calls.

People's rights and freedom were respected and their consent to care was sought.

Staff received a thorough induction and ongoing training and were supported through regular supervision meetings. Improvements were planned to the appraisal system.

People's nutritional and health needs were addressed when necessary.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 service was last inspected in October 2015 when it was rated Good overall with Requires Improvement in Effective (no breach).

This comprehensive inspection took place on 5 December 2017 and was announced. It was carried out by one inspector, supported by an expert by experience who carried out telephone surveys of a sample of eight people receiving support, four relatives and eight staff. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

The service had submitted a pre-inspection information return (PIR), in September 2017. 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 the information provided in the PIR and used this to help us plan the inspection.

Prior to the inspection we reviewed all the current information we held about the service. This included any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We contacted representatives of the local authority who funded people supported by the service, for their feedback.

During the inspection we spoke with the registered manager. We examined a sample of five care plans and other documents relating to people's care. We looked at a sample of other records to do with the operation of the service, including three recent recruitment records, training and supervision records and medicines recording.

Is the service safe?

Our findings

The service continued to provide safe care and support to people in their own homes.

People were protected from abuse and harm because staff understood the signs of potential abuse and their duty to report any concerns to management. Staff completed regular safeguarding training. They felt management had responded appropriately when any concerns had been raised and would always do so. Two safeguarding alerts had been sent to the local authority by the service but were not deemed to be safeguarding matters and the safeguarding team were satisfied with the service's response.

People and relatives felt people were safe when receiving support from the service. One person said, "Yes I do feel safe. I trust them like a friend. They are like family." A relative told us, "[Name] is totally safe with his carers." Others all expressed confidence in the staff. A relative told us, "They are totally trustworthy."

Risks to people continued to be minimised through risk assessment and action where necessary to minimise risk. One file did not have a current premises risk assessment, but this was completed the day after inspection. Some non-applicable risk assessment formats were present uncompleted in files. The provider agreed to remove these where the risk did not apply, to reduce the potential for confusion. Appropriate incident and accident forms were completed by staff where these events arose. These were reviewed by management to identify any training or other issues and referred on to the local authority care manager where necessary. The service had a business continuity plan in the event of a range of foreseeable emergencies arising, for example, computer failure or extreme weather.

The service used a variety of ways to recruit staff including social media, leaflets, shop advertisements and contact with sixth-form colleges. A robust recruitment system was used to check the suitability of potential staff to provide care to vulnerable people.

People and relatives of those who were helped with medicines felt staff were efficient. One said, "They do give me my medicines on time, very efficiently." Staff reminded other people to take their medicines and they found this helpful. One said, "They ensure I take my pills." Management had identified an issue with the number of medicines recording errors and had recently redesigned the medicines administration record used as part of addressing this. Other steps being taken included, picking up recording errors individually in staff supervision, providing re-training and refreshing competency checks. No medicines administration errors had occurred. Medicines competency observations were present on staff files.

People told us the staff always wore their uniforms, gloves and aprons when they should. No concerns were raised about the infection control practice of staff.

Is the service effective?

Our findings

When the service was last inspected in October 2015, it was rated Requires Improvement in this domain (no breach). We found some people were concerned about staff timekeeping and felt their care was sometimes rushed or visits cut short. The agency had picked this up from its own surveys and had taken steps to address this concern. We recommended the service look further into the reasons for this in case other improvements were possible. The service, like many others, had experienced problems with recruitment which had impacted on their performance in terms of the timeliness of calls.

Since that inspection the management had been proactive in handing back a number of more distant and rural care packages in one area which were contributing to timekeeping issues and proving hard to cover by staff in the immediate area. This had enabled further improvements in timekeeping within the current staff resources.

Most people we spoke with said staff generally arrived on time although some said they were often a bit late. This was a significant improvement over the written survey responses received prior to the hand-back of calls. One person said, "They are normally on time but they let me know if they are going to be a bit late." Another said of the staff, "They normally come within a few minutes of their time, they are very reliable." No one had experienced any missed calls. In addition, people told us, "They often stay over time, they have time for me," and, "They never rush, they do what's expected of them, they're not clock-watchers." Feedback from people and relatives suggested they were not given a rota from the service detailing in advance which staff would be calling and that staff changed frequently. Views on this were mixed. Some people were not unduly bothered by this and got used to new staff over time. Others would have preferred more consistency.

People and relatives felt staff were competent and well trained. One person said, "They know what they are doing," another told us, "I think they are very well trained, and they carry out all the tasks asked for." Other comments included, "They are competent and they are more caring than the previous agency I had," and "I have every confidence in the efficiency of the carers, they help me with my age-related frailty." A relative commented, "They all seem to be au fait with their duties."

Staff felt they received a good induction and could shadow experienced colleagues until they felt confident to work alone. Staff mostly said their training was thorough and they completed regular on line updates and distance learning courses. They confirmed regular spot checks of their practice took place. One staff member said, "Training is always up to date and they are always on top of it." One staff member felt their training was, "A bit higgledy piggledy," but added that they did receive updates. Staff told us they received regular support via supervision from the management team but that appraisals were not always done annually. Appraisals were carried out integrated with the supervision process so it was not always easy to identify the process. The registered manager agreed to consider undertaking appraisals as a distinct process.

Records showed that 90% of staff had completed the Care Certificate induction and training and the newest three staff were due to complete it in January 2018. Two of the senior staff had completed an on-line

training course to enable them to assess staff competencies. Ten staff had completed a care qualification such as the National Vocational Qualification (NVQ) or equivalent. Ongoing training was provided through a mix of distance learning, face to face training and computer-based courses. Competency was verified using observations and spot checks. The service's computer system alerted management when training was coming up for renewal to enable this to be monitored easily.

The 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. No best interest decisions were in place at the time of inspection. 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 procedure for this in domiciliary care agencies is via the local authority to the Court of Protection. No applications to the local authority had been made for the people supported at the time of inspection.

People told us staff always sought their consent before providing support. One person said, "Their [staff's] manners are sublime." Staff described asking people if they were ready, before commencing care tasks. The registered manager told us that each person supported had been involved in devising their care plan, to varying degrees, with support from family members where necessary. The care plans had all been reviewed recently. People had a care plan devised with the provider, whether they were self-funding or their care was paid for by the local authority.

People were happy with the support they received with meal preparation, where this was part of their care. Staff prepared meals and offered support and encouragement for people to eat them. Those for whom meals were prepared felt staff looked after this aspect well. Where health concerns arose, referral to appropriate external health professionals was discussed with the person or their family.

Is the service caring?

Our findings

The provider and staff continued to provide a caring service.

All of the people and relatives we asked were very happy with the compassion and care of the staff. One person said, "They get to know about people's families, they are nice people." Another told us, "They come in with a sense of humour." A relative commented, "They're very good to my husband." Another relative said, "She's good, she even put up all the Christmas decorations." People's responses to the pre-inspection written survey also indicated a high degree of satisfaction with the care provided and the approach of staff. All respondents reported staff were caring and kind and treated them with respect and dignity and relatives agreed. However, some people said they had not been introduced to new staff before they provided them with support, which they would have preferred.

People were treated as individuals and any equality and diversity needs were met. The service's website included a statement regarding equality of opportunity although there was scope for further improvement in terms of the visual representation of this. Staff completed distance learning training on equal opportunities.

People and where appropriate their families, continued to be involved in discussions about the person's support needs. These were reviewed with them on a regular basis to ensure the care plan still met their needs. Staff said people's needs and preferences were clearly documented in care plans, which were kept in people's homes for them to read. When they were going to visit a new person, staff said they would check with colleagues or the office for any necessary information as well.

People were asked before staff provided their care and staff would use gentle persuasion if the person was reluctant to have their care needs met. If they continued to decline their care this was recorded and reported to management to take any necessary further action. People's care plans made reference to staff asking how they wanted things done and checking people were happy for them to continue. For example, one care plan noted, "Please ask if I want my hair washed."

People felt staff treated them with kindness and respected their privacy and dignity. One person said, "They always do things properly, they don't rush me." Another explained that staff put them at their ease. Staff received training on respecting people's dignity and privacy and were asked questions about it at interview. Care plans referred to enabling people to do what they could for themselves. For example, one care plan noted, "Allow me to do as much as I can on my own." Where one person used a computer tablet to aid communication, clear instructions and diagrams were provided in their care plan so staff knew exactly how to set it up. This enabled the person to maximise their dignity and independence.

Staff explained various ways they maintained people's dignity while supporting them with personal care. For example, by ensuring curtains were closed and people were kept as well covered as possible. The registered manager felt the service had also improved people's dignity by handing back to the local authority a number of 15 minute calls. This was because the required tasks were hard to complete within that time

without rushing people. Relevant documents such as the complaints procedure could be made available in large print or audio versions where people would benefit from this.

Is the service responsive?

Our findings

The service still provided responsive care to people.

Most people could recall having seen their care plan and some could recall it being reviewed with them to obtain their input. One person said, "I know we have a copy of the care plan and I believe it is reviewed annually." Another person told us, "I would recommend Care Partners to anyone needing care in their home." People were happy that detailed records were kept of the care provided. One person said, "They religiously fill in their folder with notes."

The service complied with the Accessible Information Standard, which is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. Key information could be made available in large print, audio or symbol versions if necessary. Information was made available in a range of alternative formats if required. The complaints procedure was usually provided in standard typed format and was explained to people and relatives. People were asked during spot check visits whether they had any concerns.

One person used assistive technology to enable them to communicate and staff had clear instructions on how to ensure the equipment was accessible to them. Another person had a remote control which operated various devices within their home and staff ensured they could access this before leaving.

Most people we spoke with hadn't needed to raise any complaints with the service. Two people who had done so were happy with the response received and the action taken. People felt any issues they raised with the office were dealt with quickly.

Three complaints had been made and addressed in the 12 months prior to this inspection. The service received 11 compliments in the same period. The registered manager was exploring the use of a call monitoring system to further improve oversight of call arrival and departure times as this had sometimes been of concern to people and the local authority. Other improvements had been made as a result of feedback. For example, staff had completed record-keeping training, medicines administration record sheets had been redesigned and a new format devised for recording spot checks.

The service liaised effectively with other professionals when required. Appropriate referrals were made to healthcare professionals and communication with the local authority was positive. A representative of the local social work team told us, "In general, I have found the office staff, kind, caring, efficient and wanting to work with me to improve any concerns raised. Overall the carers provide a good service looking at risks, time management and a good level of quality care."

Is the service well-led?

Our findings

The service continued to be managed effectively. A registered manager was in place as required. 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.

People were mostly happy with the accessibility of management to discuss anything of concern. Management were seen as approachable and helpful. People were happy management monitored the work of care staff. One person commented, "The manager comes round and checks," another told us they had, "Visits by the carer's superiors to check their work." One person said of the office staff, "They are not too quick to come back, but they do sort things out." Another said management had cancelled a review appointment the previous week.

Staff felt the positive caring ethos of the service was effectively promoted through the staff handbook and policy document. Staff completed training on dignity and privacy as part of their induction. Most staff felt there was a good teamwork ethos, although one staff member felt not all were, "team players." One member of staff felt some colleagues needed additional training to ensure more vulnerable service users received, "The service they deserve." Staff travel time was still an issue for some staff who felt this meant they needed to apologise for lateness too often.

Management had worked effectively to address some previous records and monitoring shortfalls identified with the local authority and had made a range of changes to address these. This included improved documentation and care monitoring processes. The registered manager had responded proactively to some previous issues around care delivery by handing back some care packages to the local authority. This had enabled consolidation of the service within the existing staff resources to reduce lateness and associated issues. This handback also helped improve care delivery by removing a number of 15-minute calls within which the required care was not easily achievable. The current registered manager was stepping down as manager of the service to concentrate on managing the provider's other service. A new manager was already in post and due to apply for registration. This step was designed to enhance the availability of management and to provide more time for service development.

People and relatives knew that new staff shadowed experienced colleagues and staff practice was checked through spot checks. They felt staff were well supervised and monitored. Although staff felt well trained and supported some felt team meetings could be held more often. One said they had only been to two or three team meetings in the last two years. Team meeting minutes indicated there had been two meetings in 2017. Most staff also felt the on-call phone was not answered promptly enough, which wasted their time waiting for responses.

Management monitored staff training, medicines records, accidents, care reviews and files. They also carried out periodic spot checks to monitor staff care practice. The service's computer systems identified when

training updates became due as well as other issues such as due dates for criminal records check updates, and staff vehicle MOT's. A business plan for the period 2015-2018 provided a set of goals for the service over the period although it did not identify target dates or what progress was made in the identified areas. The newly appointed manager indicated the plan would be reviewed and updated.

Surveys of people, relative's, staff and professional's views had taken place previously, most recently in November 2016. The latest survey was overdue but was to be carried out in January 2018. People's views were also sought during spot check visits and reviews and people were told they could change staff if they did not 'click' with the staff assigned. Staff feedback from the latest survey was positive with between 70% and 100% positive responses. The feedback from professionals was also very positive with all respondents rating the service good or excellent. Feedback from service users and relatives was positive with between 92% and 100% of respondents rating the service between satisfactory and excellent.