

Caring Partners Healthcare Ltd

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Caring Partnership Healthcare Ltd is a domiciliary care agency providing personal care to people in their own home. At the time of our inspection there were 6 people using the service.

### People's experience of the service and what we found:

Not all risks were managed safely.

The provider did not always identify issues that should be reported to safeguarding or to the Care Quality Commission (CQC).

Staff were not always recruited safely and in line with current legislation.

Medicines were not always managed safely and staff were not using body maps or Medicine Administration Records (MAR).

The provider did not have sufficient oversight of the service to assure themselves that they were providing good care.

People and their families told us they felt well supported by staff who knew them well and who supported them in a person centred way.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The service was registered with us on 17 December 2021 and this is the first inspection.

### Why we inspected

The inspection was prompted in part due to concerns received about the safe running of the service. A decision was made for us to inspect and examine those risks.

### Enforcement

We have identified breaches in relation to Regulations 12, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.



## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was not always safe	<b>Requires Improvement</b> ●
<b>Is the service effective?</b> The service was effective	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service was not always well led	<b>Requires Improvement</b> ●

# Caring Partners Healthcare Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 2 inspectors 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 and specialist housing.

#### 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

The inspection was announced. We gave the service 2 days' 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.

#### What we did before the inspection

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 reviewed information we held about the service. We used this information to plan our inspection.

#### During the inspection

We spoke to 3 people who use the service, the Nominated Individual who is also the manager, 5 staff and 1 professional. We reviewed care plans, risk assessments, medicine records, recruitment files and policies and procedures.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. The key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were not always protected from abuse and avoidable harm.
- The provider had a safeguarding policy. However, this was not always being followed to keep people safe.
- The provider had not reported issues of safety to the Care Quality Commission (CQC) or to their local council, for example one incident had involved the police but the provider had not reported this to the CQC or the local council. This meant the provider could not be assured that people were being appropriately protected.
- People told us they felt safe.

Assessing risk, safety monitoring and management

The provider did not always assess risk to ensure people were safe. Staff did not always take action to mitigate any identified risks.

- Risk assessments for people were not always in place to ensure that safe support had been considered. For example, one person was at high risk of infection and another person was taking anticoagulants. Risk assessments were missing for these people. This put people at risk of avoidable harm.
- One person presented risks to staff but there was no risk assessment to support staff. This meant staff were being put at risk of avoidable harm.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

The provider did not ensure there were sufficient numbers of suitable staff. The provider did not operate safe recruitment processes.

- The provider acknowledged that their staffing levels were not as they should be due to staff leaving and staff sickness. This meant that the manager and the administration officer were working with people on a regular basis and were struggling to safely oversee the service. This left people at risk of receiving poor care.
- Recruitment was not completed safely; the provider did not always have 2 references for staff. The provider could not evidence they had seen original documents such as passports and had not established full employment histories. There was no audit trail to evidence that the manager had attempted to get the correct information. This meant the provider could not be assured they were recruiting staff who were competent and put people at risk.
- The provider could not evidence all training had been completed, this meant people were at risk of being supported by staff who were not appropriately trained.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- People were not supported to receive medicines in a safe way.
- There were no MAR sheets or body maps in place for topical creams that staff were applying. This meant that the manager could not be assured creams were being applied correctly and may put people at risk.
- One person had not been supported to take their medicines at the correct time. This meant they were put at risk of avoidable harm.
- The provider had failed to complete competency checks to ensure staff were managing medicines safely. This put people at risk of poor medicine management.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Learning lessons when things go wrong

- The provider had not introduced systems to look at what went wrong and why. For example, when one person had a series of issues the provider had not reviewed them to look for causes and learning, This meant they could not evidence that lessons had been learnt and put people at risk of poor support.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. The key question has been rated Good This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Relatives told us they felt staff responded to the needs of people, for example one member of staff had noticed a person was not well and had called the doctor to see them, another said that they receive daily feedback about their relative.
- Some people's care plans were detailed and comprehensive so staff were able to clearly understand how best to support them.
- Some people's care and support needs were not always documented effectively, for example one person experienced pressure sores but there was no management plan for them. Another person did not have detailed guidance on how to support them when they got anxious. This put people and staff at risk of avoidable harm.

Staff support: induction, training, skills and experience; Staff working with other agencies to provide consistent, effective, timely care

- People and their families told us that staff had the skills needed, one person said, "All staff know what they are doing".
- The provider ensured the service worked with other organisations to deliver effective care.

Supporting people to eat and drink enough to maintain a balanced diet, supporting people to live healthier lives, assess health care services and support.

- People were supported to eat and drink enough to maintain a balanced diet.
- People told us that staff knew how to support people safely, one person had a special diet, and this was followed appropriately.
- People were supported to live healthy lives. People and their families said they were supported to access services if needed.

Ensuring consent to care and treatment in line with law and guidance

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.

- The provider was not working with anyone who required support with decisions but had a policy in place to enable them to work with people).



# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. The key question has been rated select option Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported, respecting equality and diversity. Respecting and promoting people's privacy, dignity and independence

- People were supported with respect and staff promoted their independence.
- Relatives told us that staff always talked to people about what they were going to do before completing tasks.
- Relatives told us that people were supported to make choices about what they did and where they went.
- One relative told us, "Interaction is good, the carers are all very nice and help them to do what they like", another relative told us they had, "Observed interactions are very good between carers and my relative."

Supporting people to express their views and be involved in making decisions about their care

- The manager told us they sought feedback from people but could not demonstrate that they had done this. They said informal feedback had been sought but they had not sent questionnaires to seek feedback from people and their families.

We recommend the provider ensure they seek regular feedback from people and staff.

- People and their relatives told us that staff worked in partnership with them and listened to them when they made decisions.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. The key question has been option Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were supported as individuals, in line with their needs and preferences.
- One relative told us staff supported their relative to access the community to do hobbies. Another person said the support had, "Given me a life and enabled me to continue working."
- However, care plans did always not reflect the support people needed. Because there were few service users and staff knew them well this had not impacted on the support they received at the time of the inspection.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints from people but had a policy in place should they receive any.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were understood and supported.

End of life care and support

- There were no people being supported on end-of-life care at this inspection.

# Is the service well-led?

## Our findings

This is the first inspection of this newly registered service. The key question has been rated 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.

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 provider could not fully demonstrate an understanding of their responsibilities under the Duty of Candour.
- The provider had a policy on the Duty of Candour but at the time of the inspection told us they had not had any incidents where they needed to use this.
- The provider had not reported issues to either safeguarding teams or to the CQC. For example, the provider had an incident that had involved the police but they had not reported this to either their local safeguarding team or the CQC.

We recommend the provider ensures they follow current legislation to report issues to the CQC.

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

- The provider did not have an effective management structure and the provider did not monitor the quality of care provided in order to drive improvements. This meant people could not be assured they were receiving high quality support.
- There were ineffective audits in place so issues could not be identified and acted on effectively.
- Incidents and accidents were reported but the quality of reporting was poor with missing information about when incidents occurred and to whom. This meant the provider could not review and look at themes and trends to develop safe services.
- The provider failed to manage incident reporting effectively and could not demonstrate learning from incidents.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider did not always have effective systems to provide person-centred care that achieved good outcomes for people. However, people and their relatives told us they experienced care that was inclusive and did achieve good outcomes.
- People and staff were not always formally involved in the running of the service however people told us that when they raised issues with the manager they were listened to and actions had been taken.
- People and their families felt they were supported by staff that knew them well and that listened to them

to ensure they were supported well.

Continuous learning and improving care; Working in partnership with others

- The provider had not created a learning culture at the service, so they could not demonstrate how care was improved.
- The provider could not demonstrate effective audits had taken place before the inspection to review practice which would enable learning.
- The provider told us they worked in partnership with others, this was reflected by the professional we spoke to.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were not always supported in a safe way.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have good oversight of the service.
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider was not recruiting people in line with current legislation