

The Entirety Partners Limited

Entirety

Inspection report

187 Buckhurst Avenue
Carshalton
Surrey
SM5 1PD

Tel: 07759931785

Date of inspection visit:
20 May 2022

Date of publication:
21 June 2022

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

About the service

Entirety is a small domiciliary care agency that provides personal care to people living in their own homes in the community. The service provides support to people with learning disabilities and/or autistic people. 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 our inspection there were three people using the service.

The service was previously known as Entirety LLP but operated under a different legal entity. The new provider registered with us in November 2020.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support

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. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests in their local area. Staff helped people access specialist health and social care support in the community. They supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people with their medicines to achieve the best possible health outcome. Staff helped people to play an active role in maintaining their own health and wellbeing. Staff followed effective processes when providing personal care and when preparing and handling food to reduce infection and hygiene risks.

Right care

Staff promoted equality and diversity in their support for people. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care and support plans reflected their range of needs and this

promoted their wellbeing and enjoyment of life. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care and support because trained staff could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection

This service was registered with us on 17 November 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 5 December 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Entirety

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 one inspector.

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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 19 May 2022 and ended on 26 May 2022. We visited the location's registered office on 20 May 2022.

What we did before the inspection

We reviewed information we had received about the service since they were first registered. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to the registered manager and two care support workers. We also spoke to three relatives about their experiences of using the service. We reviewed a range of records including two people's care records, records relating to staffing, and other records relating to the management of the service including the service's 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 service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. A relative told us, "I trust them completely. I think [family member's] very safe with staff." Another relative said, "They make sure [family member] is safe at all times and I can trust them."
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management

- People were safe and free from unwarranted restrictions because the service assessed, monitored and managed safety well. A relative told us, "They think of safety first and foremost. They always think about risk in terms of the activities [family member] does." Another relative said, "I think they have an extremely good understanding about safety risks to [family member]."
- The service helped keep people safe through formal and informal sharing of information about risks. A relative told us, "They give me feedback and I've learnt a lot from them about the support that [family member] needs...they are safety conscious."

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people. The registered manager, when planning staffing rotas, made sure people could take part in activities and visits how and when they wanted.
- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals. A relative told us, "I think the staff have the right attitude. They are there for the people and really understand the needs of people."
- Every person's record contained a clear summary profile with essential information and dos and don'ts to ensure that staff could see quickly how best to support them.

Using medicines safely

- People could take their medicines in private when appropriate and safe.
- Staff provided the support people needed to take their medicines safely. We saw a good example of this for one person who took their medicines in a specific way due to a healthcare condition and staff understood how to support them, so that the person received their medicines safely.
- People were supported by staff who followed systems and processes to administer and store medicines safely

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

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 for this service. This 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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, communication tools and human rights. A relative told us, "I feel the staff are well trained and understand the needs of people. They are very aware of people's needs."
- Updated training and refresher courses helped staff continuously apply best practice. At the time of this inspection the registered manager was working with their training provider to plan and deliver updates and refresher training to all staff in the coming months.
- Staff received support in the form of continual supervision and recognition of good practice. The registered manager and staff team worked closely together and had daily conversations to share information and talk through any issues or concerns they had about people.
- Staff could describe how their training and personal development related to the people they supported. A staff member told us how safeguarding training had helped them stay alert and aware to changes in people, who might not be able to say that something was wrong.

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in choosing their food, shopping, and planning their meals.
- Staff supported people to be involved in preparing and cooking meals in their preferred way.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. The registered manager told us, "We do a planning session with people, their relatives and staff and talk about what people might eat. We try and encourage healthy eating."
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People had health actions plans and health passports which were used by health and social care

professionals to support them in the way they needed

- People were supported to attend annual health checks, screening and primary care services. A relative told us, "They go to hospital appointments with us and share what they know about [family member]."
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. We saw a good example of this where the registered manager had identified a person's needs had changed significantly and engaged with the appropriate health care professionals to make sure the person received the support they needed to continue to live at home safely and comfortably with their family.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff empowered people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

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 for this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Staff saw people as their equal and created a warm and inclusive atmosphere. A relative told us, "They think of us as family and that's the difference... they make sure everyone is included and no one is left out. They don't leave [family member] out. They are caring and include them in everything." Another relative said, "They are like friends. We are very close."
- People were well matched with staff supporting them and as a result, people were at ease, happy and engaged. A relative said, "The staff are really in tune with [family member's] tastes and what she likes and it's nice to have [staff's] perspective. I think they treat [family member] marvellously and treat her very well. They look after her and she actually looks forward to seeing them and going out with them." Another relative told us, "I think [family member] really likes being supported by staff. They are like her friends. They make sure they buy things that reflect her needs and interests."
- People were valued by staff who showed genuine interest in their well-being and quality of life. A staff member told us, "I want to give people something to do and keep them fulfilled and do things they like to do and give them choices about what they like to do. I want them to have a happy fulfilling life."
- Staff members showed warmth and respect when interacting with people. A relative told us about staff, "They care from the heart. I want them to be part of [family member's] life and they most definitely are."

Supporting people to express their views and be involved in making decisions about their care; respecting equality and diversity

- People, and those important to them, took part in making decisions and planning their care and risk assessments.
- People were given time to listen, process information and respond to staff and other professionals. We saw a good example of this where a person was supported to attend a review meeting with their family and other health care professionals. They were given time to think about the information given to them and then share what their thoughts about this were.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. A staff member told us, "Through time I've come to know what [person using the service] wants and you can tell whether she likes something or not happy."
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. A relative told us, "They think about what [family member] would like and find things that interest him and take him to

places. They put him first and what he would like."

- Staff routinely sought new leisure activities and widening of social circles. The registered manager told us they were continuously looking for new things for people to do and get involved in, helping people widen their interests, meet new people and make new friends.
- Staff knew when people needed their space and privacy and respected this.

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 for this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. A relative told us, "They are very person centred and put [family member] first."
- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans
- Preferences (i.e. gender of staff) were identified and appropriate staff were available to support people.
- People were supported to understand their rights and explore meaningful relationships.
- The service met the needs of people using the service, including those with needs related to protected characteristics.

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.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

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 were supported to participate in their chosen social and leisure interests on a regular basis. We saw people attended a wide range of activities and events that reflected their interests, for example, dance classes, aqua, going out for meals, going to the zoo or local farms, going to football matches, shopping or getting health and beauty treatments.
- Staff ensured adjustments were made so that people could participate in activities they wanted to do. We saw a good example of this for a person who enjoyed horse racing. The person's sight had started to deteriorate so staff helped them buy and read a specialist newspaper dedicated to the sport every week and commentated on races so the person knew what was happening in the race.

- People were supported by staff to try new things and to develop their skills. Staff helped people to have freedom of choice and control over what they did. A relative told us how staff had supported their family member to try new styles of clothes and take an interest in their personal appearance which had given them pride and confidence in their appearance.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. A relative said, "I've never felt scared or frightened to say something if I was concerned." Another relative told us, "I can always phone [registered manager] and she's always there to listen."
- The service had systems in place to deal with concerns and complaints, investigate them, learn lessons from the results and to share learning with the whole team and the wider service.

End of life care and support

- None of the people using the service required end of life care and support at the time of this inspection.
- People were not routinely asked about their wishes for the support they wanted to receive at the end of their life. The registered manager told us they would make sure this information was collected and recorded on people's records. This would help to ensure that staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

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.

This is the first inspection for this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- The registered manager worked directly with people and led by example. Relatives told us the registered manager was approachable and took a genuine interest in what people and relatives had to say. A relative said, "[Registered manager] is very approachable and [family member] has known them for 30 odd years so there is a lot of trust."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. A staff member told us, "I feel very well supported and can talk to the managers at any time."
- Management and staff put people's needs and wishes at the heart of everything they did. A relative told us, "I am pleased the way they work. It's not about the staff. It's about [family member] and they put her first."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had the skills, knowledge and experience to perform their role and a clear understanding of people's needs. A relative told us, "I think [registered manager] is a good manager. She's a born leader and I've never heard or seen anything untoward."
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- The registered manager worked closely with the staff team and undertook daily observations of their practice to make sure they kept people safe, protected people's rights and provided good quality care and support. A staff member told us the registered manager gave them feedback about their practice at supervision meetings which helped them to improve in their role. We noted the registered manager did not formally document the outcome of their observations of staff. They confirmed they would do this, so that there was a clear record of how any issues or concerns were raised and dealt with by the service. □
- The registered manager understood and demonstrated compliance with regulatory and legislative requirements.
- Staff delivered good quality support consistently. A relative said, "I have nothing but praise for them. They look after [family member] really well. The staff have known [family member] for years from previous organisations...they know [family member] inside out...they are very caring and very understanding and they are very good to us and they are always there to help." Another relative told us, "I think they are a

wonderful life saving service for me. They have always been good...they are totally dedicated people. Never known a bad staff member...If I have a problem I know they would be there for me. [Family member] loves them." Another relative said, "I think this service is really good and very reliable. [Family member] is so happy with them. The carers know him very well and they are a big part of his life."

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care; working in partnership with others

- The registered manager made sure the views and suggestions of people and relatives were listened to and acted on to help develop and improve the service for people.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The service worked well in partnership with other health and social care organisations, which helped people using the service improve their wellbeing. Staff listened to feedback from health care professionals and acted on their recommendations to help people achieve positive outcomes and improve the quality of their life.