

# The Care Partnership (UK) Limited

## Waveney Office

### 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

This inspection took place on 17 and 24 July 2018. The service received 24 hours' notice of the inspection.

Our previous inspection in June 2017 had identified two breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans were not person centred and did not contain sufficient information to ensure care was delivered safely. At this inspection we found that improvements had been made and the service was no longer in breach of the regulations.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Responsive and Well-led to at least achieve a rating of good. This was provided and has been completed by the service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. CQC inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. We also take into account any wider social care provided. At the time of our inspection the service was supporting 16 people.

Since our last inspection the provider had re-written all the care plans for people using the service. This had been carried out with the involvement of people using the service and their relatives. Care plans were now person centred and provided staff with the information they required to provide care and support required. Care records showed that people's needs were assessed before they started using the service.

People told us they felt safe whilst receiving care and support. The registered manager and care staff understood their responsibilities with regard to safeguarding people. Staff had received training in the protection of vulnerable adults.

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.

There was an effective recruitment and selection procedure in place. Staff attend care visits on time and stayed for the agreed length of time. If a member of care staff was delayed due to unforeseen circumstances people were contacted to inform them of the delay.

There was a safe system in place for the management of medicines and medicines administration records were completed accurately.

Staff told us they were supported by the provider and registered manager and were comfortable raising any concerns. People and family members told us the management and office staff were approachable and if they had any concerns they would feel confident to raise them with the registered manager.

There were processes and procedures in place to identify any shortfalls in the service provided and ensure that people received a good quality of care. The provider had recognised where improvements were needed and taken actions to address these.

## 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.

Risks were assessed and managed to keep people safe.

Medicines were administered safely.

There were sufficient staff to provide the care and support people required.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who had received the necessary training to carry out their role effectively.

Staff received regular supervision.

The service worked across organisations to ensure people received effective care and support.

People were supported when required to attend health care appointments.

### Is the service caring?

Good ●

The service was caring.

People developed positive relationships with the staff who supported them.

People were involved in making decisions about the support they received.

People were supported to retain their independence.

People were treated with dignity and respect and their privacy was maintained.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were met in a way they liked.

Care plans included the appropriate information to help ensure care was provided in a person centred and safe way.

Where people were supported at the end of their life we received feedback that the service provided this with compassion.

### Is the service well-led?

Good ●

The service was well-led.

The management team were aware of the challenges facing the service.

Staff were supported by the management to provide good quality care.

Audits and quality assurance processes were in place to monitor the quality of care provided.

# Waveney Office

## **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.

This announced comprehensive inspection was carried out by one inspector on 17 and 24 July 2018. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that someone would be available.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

On the first day of our inspection we visited the offices of the provider. On the second day of the inspection we visited three people who used the service in their homes where we also spoke with a relative. We spoke with the provider, the registered manager and three care workers. We reviewed three people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of three care workers.

# Is the service safe?

## Our findings

At our last inspection of 6 June 2017, the key question for Safe was rated Requires Improvement. This was because improvements were needed in the way the service assessed and managed risks. Risks related to the people developing pressure ulcers and risks relating to the moving and handling of people were not assessed and managed. Neither had the service identified what level of support a people needed with their medicines. At this inspection, we found this key question had improved and is now rated Good.

At this inspection we found care plans now contained a comprehensive assessment of risks associated with people's care. For example one person's risk assessment for moving and handling described how the person liked to be supported when using a hoist. It clearly set out which loops in the hoist sling should be used to ensure the person was transferred safely. When speaking about being moved with the use of a hoist one person told us they felt, "Very, very safe." Other risk assessments included people's risk of developing pressure ulcers and their risk of falls. Risks were managed so people were supported to stay safe. The risk assessments identified people's individual risks whilst promoting independence. For example, when a person may need to be supported with the use of hoist and when they may be able to move without support. Risk assessments were reviewed regularly and updated as and when people's needs changed.

People told us they received their medicines as prescribed and on time. A relative told us how they worked with care staff to ensure a person received their medicines as they should. Records clearly described what support people required with their medicines. We saw in one person's care plan that staff left a person's medicine out after the morning call for them to take at lunch time. Staff were able to clearly describe how and why they did this although there was no written risk assessment. We brought this to the attention of the registered manager who immediately addressed the concern. There was a medicines administration policy in place and protocols to support staff to administer 'as required' medicines appropriately for people. Care workers had received training in medicines administration and their competency was assessed by the registered manager. There were regular checks and audits to identify shortfalls with medicines administration and management. This supported the service to address any errors or concerns quickly.

People told us that they felt safe when receiving care and support from the service. When asked if they felt safe with care staff one person said, "Yes no problems. They are brilliant carers."

There were policies and procedures in place for safeguarding people. Records showed that all staff had received safeguarding training relevant to their role. Staff demonstrated an understanding of the different types of abuse, signs and symptoms that they needed to be aware of and who they needed to contact should they have any concerns. All staff stated they were confident the registered manager would address any safeguarding concerns they had promptly.

The registered manager told us that they did not take on any new care packages unless they were certain that they had sufficient staff to cover the call visit. People we spoke with told us that care staff were rarely late but that if they were delayed they were always contacted to let them know. One person said, "It is very rare for them to be late. If they are delayed they will let us know." They then went on to be complimentary about how staff had managed to get to them to carry out care during the severe winter weather. People also

told us that they received care and support from a regular team of care staff. One person said, "Yes I have a regular team but if I have to have somebody different it is a carer I have had before." This meant that people received consistent care and support from care staff who were aware of their needs.

There were recruitment procedures where checks had been completed to help ensure suitable staff were employed to care for and support people. These included checks with the disclosure and barring service (DBS) which checks if applicants have a criminal record or if they are barred from working with vulnerable people. Staff completed an induction programme and Care Certificate record book when they started. They also shadowed experienced staff until they were competent and were introduced to all the people they would provide with care and support.

People we spoke with told us that staff wore their personal protection equipment (PPE) when providing care and support. A relative said, "Yes they always wear gloves and wash their hands." Care workers were provided with training in infection control and food hygiene. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment PPE, such as disposable gloves and aprons.

The registered manager was aware of the need to record and review any safety concerns. However, there had not been any accidents or incidents since our last inspection.



# Is the service effective?

## Our findings

At our last inspection of 6 June 2017, the key question for Effective was rated Good. At this inspection we found that the service continued to be Good.

Records showed that people's care needs were assessed prior to the service providing care and support. The assessment covered people's physical, mental health and social care preferences to enable the service to plan to meet their diverse needs. Assessments were detailed and provided clear information about how to provide support to the person. Information had been included from the person, their family and other involved professionals. This showed the service had a robust assessment process in place to ensure they could meet people's needs.

Staff had the skills, knowledge and experience to deliver effective care and support. Staff told us they received induction training and on-going refresher training. One member of staff said, "The training here is very good." The staff training records confirmed that all staff completed training in a variety of subjects relevant to their role, this included safeguarding, moving and handling and infection control. Staff confirmed they also received specific training to meet people's individual needs. For example, Percutaneous Endoscopic Gastrostomy (PEG) feeding, (which is a feeding tube passed into the stomach), and catheter care training had been provided by a community nurse. A health care professional told us, "The client has complex changing needs, the service has always been responsive to these and provided appropriate training for the staff in a timely manner."

Staff told us they felt supported by the registered manager. One member of staff said, "They are always at the end of the phone." Another member of staff said, "If I have any queries I give [registered manager] a call." Staff told us that they received regular supervisions with the registered manager. Supervision is a one to one meeting with the manager or senior to discuss staff's development and performance. Records we saw confirmed this. The management team also carried out regular spot checks to ensure staff were providing a good standard of care.

There was an induction programme for new staff which included a health and safety introduction, principles of care, safeguarding and effective communication. New staff also shadowed existing staff to develop their knowledge.

People we spoke with were able to make their own decisions about what they ate and drank. Where staff supported people to prepare food people told us that this was carried out as they wished. One person told us how, if they wanted a meal that was stored frozen but needed to be cooked from chilled staff would get it out of the freezer to defrost. Where the service shopped for another person we saw that the care plan contained instructions to ensure that the food was stored and used appropriately.

We received positive feedback from health care professionals about how the service worked with them to meet people's needs. They told us, "We have a good working rapport and I look forward to continue to work with [registered manager] in the future." Where the service shared the care of a person with another agency

we also received positive feedback from the professionals involved. A healthcare professional told us, "The Managers have been proactive in promoting team work despite the challenges of working with another agency, to ensure the care package can run as smooth as possible for the client and family."

People told us that the service supported them with their healthcare needs. One person said, "They suggest when I should see a doctor." A relative told us that the care staff were particularly good at communicating with their relative and recognising when they needed more support. Care plans we looked at demonstrated that people were referred to other health professionals such as the speech and language professionals and the dietician when necessary.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff we spoke with understood that they were required to obtain people`s consent before they provided care and support. They told us that they always asked the person if it was ok to assist them and always respected the person's wishes. For example, the registered manager told us they contacted the person who used the service and their relatives to inform them about the inspection taking place and to obtain their consent for us to contact them and obtain feedback.

# Is the service caring?

## Our findings

At our last inspection of 6 June 2017, the key question for Caring was rated Good. At this inspection we found that the service continued to be Good.

Everybody we spoke with, including health care professionals, told us that the service supported people in a kind and caring way. One person receiving care and support told us, "They help me no end." Another person said, "I am delighted with my care company. I recommend them to everybody." One person told us about how they had fallen and the member of care staff had stayed with them until the emergency services arrived and had provided with reassurance and support during the wait.

Staff had developed positive and caring relationships with people and demonstrated that they knew about their individual preferences, likes, dislikes and daily routines. One person told us, "They do little extra's, like let the cat in." A staff member we spoke with was able to tell us how they maintained people's privacy, dignity and independence. We were not able to observe care being delivered but when one staff member spoke with us they talked about the person they supported in a kind, caring, and sensitive way.

One person who used the service was both positive and complimentary about the staff that provided their care. They said, "They are perfect for me."

A relative of a person who had difficulty speaking told us how impressed they were with staff patience when communicating with their relative. They also told us that staff were aware of their relative's abilities which could change daily and that staff supported them to do as much as they could each day. They went on to tell us that they now felt confident to go out and leave carers to provide support which had made a significant improvement to their and their relatives wellbeing.

People told us that staff had the time to provide the care and support they needed and had the time to listen and talk with them. One person told us that they had confidence in staff and a member of care staff was taking them to a friend's funeral. Another person told us that staff respected their decisions about the care and support they wanted each day. They said, "I did not want a shower yesterday so they helped me to have a wash."

People who used the service and their relatives told us they had been consulted and involved in their care planning. We saw documented evidence of this within the care plans we reviewed where people had signed which confirmed that they agreed with its content.

Staff respected people's privacy and dignity. One person said, "They knock and open the door, I shout come in. That is how I like it." A relative told us that staff supported a person to maintain their dignity. They gave an example of when they, the relative had been supporting the person who had swallowing difficulties with their breakfast. They told us that the member of care staff had waited for the person to swallow their food before coming into their line of sight which meant the person was not distracted and could enjoy their food.

People's private and confidential information was stored securely within the main office and we saw that confidentiality was maintained by the registered manager. The registered manager was aware of how to contact advocacy services for people to use, when required.

# Is the service responsive?

## Our findings

At our last inspection of 6 June 2017, the key question for Responsive was rated Requires Improvement. This was because care plans did not contain sufficient information to ensure that care was personalised. At this inspection we found that the service had made improvements and we have rated the service Good in this key question.

Following our last inspection, the service had sent us an action plan stating that all care plans would be re-written in a more person-centred way. At this inspection we found that this had been carried out. Care plans had been re-written with the full involvement of people and their relative, if appropriate. A relative told us how, when their care plan had been re-written the service had worked closely with them and their relative to ensure their care plan exactly met their needs. They said, "They ask me about the care plan. We took a long time doing the care plan. It is very detailed." When we asked another person about the content of their care plan they said, "I have got exactly what I want in my care plan." People also told us that their care plan was reviewed regularly with them and sooner if people's needs changed. One person told us, "The care plan is reviewed regularly. If something changes the care plan is amended promptly. The girls tell the office and it is done."

Staff had access to personal information which was kept in a folder in the person's home. This contained a copy of the care plan and the risk assessments. The plan of care gave appropriate information and guidance to staff so that they could provide care safely and appropriately. Care plans contained detailed information for care staff as to what was required on each visit and how the person wanted their care provided. For example, one person's care plan stated they did not like soap on their face when having a wash and which colour flannel to use.

Care plans also contained information about people's hobbies and interests which provided subjects for discussion with care staff. For example, one person's care plan recorded their interest in playing bridge.

The service had not had any formal complaints since our last inspection. Everybody we spoke with told us that they had not had any reason to complain but knew how to do so and would have no hesitation in doing so if required. One person said, "I would ring [registered manager], but I do not need to." Another person said, "I would not hold back if I needed to complain." The service had a complaints policy. In a recent quality assurance survey by the service 100 per cent of responses received stated they knew how to complain.

At the time of our inspection the service was not providing end of life care. However, they did support people who had been discharged from hospital for end of life care when required. We received feedback from a community liaison nurse involved with hospital discharge who told us, "[Registered Manager] always remains kind, compassionate, thorough out and has always seen patients in a timely manner. I've seen her with patients and families and she has always remained professional and kind. We have a good working rapport and I look forward to continue to work with [Registered Manager] in the future." We also saw that the service had received positive feedback from nursing staff on how they dealt with the care of a patient after death.

# Is the service well-led?

## Our findings

At our last inspection of 6 June 2017, the key question for Well-led was rated Requires Improvement. This was because quality assurance processes had not identified that care plans were not of a good standard. At this inspection we found that audit and quality assurance processes were effective in ensuring a good standard of care was being delivered.

At our previous inspection there was no registered manager in place. Since that inspection the manager has registered with the Care Quality Commission. 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.

Everybody we spoke with was complimentary about the management of the service. A relative said, "The quality of the care is second to none." A person using the service said, "The service is very well run." Care staff we spoke with told us the registered manager was approachable and responsive to any concerns raised.

After our last inspection and the rating of Requires Improvement the registered manager and the provider had provided us with an action plan which set out how they planned to improve the service. At this inspection we found that they had followed the action plan and the service had improved. For example care plans had been re-written and contained detailed information on the care and support people received.

Staff told us that the management kept in touch with them and responded positively to any concerns they raised. One member of care staff said, "I pop into the office and have a chat if I am passing. Communication is very good from the office." Referring to the person they supported they told us, "If circumstances change I will tell [registered manager] and they will come out to assess and amend." The registered manager told us that they also provided care and support on a regular basis which helped them to monitor the care provided. Staff also told us that if they wanted any further training they were confident the service would support them with this.

A relative gave us an example of how staff had recently supported them when they required increased support at short notice. They told us how the care staff had worked together to provide cover over the weekend, finishing by saying, "If I need extra help they are there."

The registered manager used a variety of methods to check the quality of the service being delivered. This included monthly audits of documentation such as the medicines administration records and carer daily notes when they were returned to the service. A quality assurance survey had been sent out to people using the service in June 2018. The provider told us that they were still in the process of analysing the responses but that the majority of feedback was positive.

The registered manager told us they felt supported by the provider in their role. The provider visited the

service twice weekly. They told us that they did not have a formal set of audits but would deal with any current issues. They had recorded the subjects which had been discussed with the registered manager during recent visits. These had included the recent changes to data protection regulations, staffing levels during the forthcoming holiday period and issues surrounding a particularly complex care package. They had also recognised that the registered manager needed practical support and a senior member of staff had been trained to support with on call arrangements and with office duties.

The service worked in partnership with other agencies to provide care and support. This included working with another agency to provide a person's support and also working with social workers to provide support in a particularly complex care package.