

Partnerships in Care Limited

Roydon Road

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

Roydon Road is registered to provide accommodation and personal care for up to three people. The service provides care and support for people with a learning disability.

We inspected this service on 15 December 2016. The inspection was unannounced. Three people were living at the service on the day of our inspection.

The manager had applied to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. There were sufficient staff to meet people's needs and to keep them safe.

Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm. People were supported to receive their prescribed medicines appropriately and medicines were stored safely.

People experienced a good quality of life because staff received training that gave them the skills and knowledge to meet people's needs. Staff were well supported by the manager and provider.

Staff understood the needs of the people they supported. People were involved in determining the level of support they needed and their independence was promoted. People were supported to maintain and improve their health. Staff supported and encouraged people to maintain a healthy diet. Staff respected people choices and staff were aware of the key legal requirements of the Mental Capacity Act and gained consent before providing support.

People received care and support from staff who were kind, caring and respectful to the people they were supporting. People and their relatives had opportunities to comment on the service provided and people were involved in every day decisions about their care.

Care records were detailed and provided staff with sufficient guidance to provide consistent and effective care to each person. Changes to people's care was kept under review to ensure the change was effective. People were supported to develop and maintain hobbies and interests and were active members of the local community.

There was a strong emphasis on promoting good practice in the service. Staff were clear about the vision and values of the service in relation to valuing people, caring, working together and treating people with respect. We observed staff putting these values into practice during our inspection.

The provider had a range of systems in place to assess, monitor and further develop the quality of the service. This included quality monitoring visits of the service and monitoring of incidents, accidents, safeguarding concerns and complaints.

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.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report any concerns.

People were supported to manage their prescribed medicines safely.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

Is the service effective?

Good ●

The service was effective.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were well trained and well supported.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported appropriately in the decision making process.

People's health and nutritional needs were effectively met and monitored.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind, caring and respectful. Staff had developed positive relationships with people who used the service.

People were supported to express their views and make decisions about their care and support.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's care records were detailed and provided staff with sufficient guidance to ensure consistent personalised care to each person.

People were supported to develop and maintain hobbies and interests and were active members of the local community.

People were confident their concerns would be listened to and acted on. A system was in place to address complaints.

Is the service well-led?

Good ●

The service was well led.

Staff were clear about the vision and values of the service in relation to valuing people, caring, working together and treating people with dignity and respect.

The provider had systems in place to assess and monitor the quality of the service and these were effective.

People, their relatives and staff were asked for their views about the service and these were listened to and acted upon.

Roydon Road

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 inspection took place on 15 December 2016. We informed the manager of our planned inspection the day before it took place. This was because the manager is not always at the service and it was important they were present. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 used this information to assist with planning the inspection.

Before our inspection we looked at all the information we held about the service including previous inspection reports and notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

We asked for feedback from the commissioners of people's care and Healthwatch Norfolk.

During our inspection we spoke with two people who used the service to obtain their views about what it was like living at Roydon Road. We also spoke with the director of nursing for Partnerships in Care Limited, the manager, and a support worker. Throughout the inspection we observed how the staff interacted with people who lived at the service.

We looked at records in relation to the three people's care, staff training records and other records relating to the management of the service. These included audits and rotas.

Following our inspection we spoke with two relatives about the care that their family members received.

Is the service safe?

Our findings

We asked both people if they felt safe with the staff at the service. Both answered, "Yes." One person said, "I like living here, [the manager] helps me."

Staff told us they had received training to safeguard people from harm or poor care. The support worker told us, "I think the training covered a lot and there are files and procedures all over the place if you don't know about something. There is no reason you can't find out." The support worker and manager showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. The support worker told us they would report anything of concern to their manager or escalate "using the whistleblowing procedure." They continued, "There's a [telephone] number we were given. We've got cards with the numbers to call outside of [Partnership in Care Limited]. They were really big on it in the training. I've never seen anything [of concern]. The [people who use the service] are our main focus."

The service had a proactive approach to managing risk. Systems were in place to identify and reduce the risks to people who used the service. People's care plans contained a range of assessments that evaluated the risks of them staying at home alone, accessing the community, managing their own finances, healthcare and medicines. These assessments were detailed and gave staff clear direction as to the support the person needed to promote their independence and minimise the risks. These focused on what the individual could do, and the support they needed so that activities were carried out safely and sensibly.

Environmental risk assessments, fire safety records and routine safety checks of utilities, such as gas and electricity were in place to support people's safety. A business contingency plan was in place to respond to emergency situations, including utilities supply failure and re housing people in the event of these situations occurring. Staff considered ways of planning for emergencies. Each person had a recently reviewed individual evacuation plan within their care plans. This helped to ensure that appropriate support would be given in the event of an emergency, such as a fire at the service.

Staff understood the support people needed to minimise the frequency, and keep them safe during, periods of distress and behaviour that was challenging to themselves and others. One person told us, "I sometimes hit staff." Staff explained, and the person's risk assessment and care plan showed, that the person sometimes got upset and expressed this by shouting at or hitting staff. Staff were aware of the identified triggers and told us they avoided these whenever possible. They were also aware of the specific response identified in the person's care plan to diffuse these situations when they arose.

People told us there were always staff available to support them and that they liked the staff.

The manager told us the current arrangements for one member of staff on duty 24 hours a day had been assessed according to the needs of the people using the service. An additional staff member was on duty at specific times to support people with individual activities, for example, shopping. Staff confirmed the staffing arrangement was sufficient to enable them to meet the current needs of the people using the service.

A relative told us, "There's been a turnaround on staff recently but this hasn't affected [my family member's] wellbeing in anyway." The manager told us the service was not fully staffed at the time of our inspection. They said these vacancies, and staff leave, were covered by permanent staff working additional hours and "bank" staff. The provider had recruited a "bank" of staff who worked flexibly across three of the provider's services. A bank support worker told us this arrangement worked well and meant care and support was only provided by staff who knew and understood the people's needs.

The support worker we spoke with told us that the required checks were carried out before they started working with people. These included two written references, proof of recent photographic identity as well as their employment history and a criminal records check. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

People were satisfied with the way staff supported them to take their prescribed medicines. One person told us that the staff always gave them their medicines and never forgot about this. Another person said, "I do my own [medicines]. I keep them in my room." Both people were able to tell us about the medicines they were taking.

Staff had a good knowledge of the medicines people were prescribed and made regular checks in line with the person's care plan to ensure they were taking their medicines correctly. Staff ordered people's medicines and made regular checks to ensure these were being stored and disposed of safely.

Clear protocols were in place for medicines prescribed to be taken "when required". These protocols provided staff with the guidance of when these medicines were to be used.

Is the service effective?

Our findings

People told us they liked the staff who worked at the service and made positive comments about them. One person described a staff member as, "A lovely man" and another as being "Very, very funny." Another person told us all the staff were "Alright." Both relatives praised the staff. One relative said, "Everyone who works there has always been second to none." They said, "Staff seem very well trained and know what they are doing."

The provider had a proactive approach to the learning and development of the staff. All new staff were required to complete the Care Certificate in the first three months of their employment. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health. It applies across health and social care and sets a minimum standard that should be covered as part of induction training of new care workers.

A new member of staff told us they had completed the provider's week-long induction course. This was a mixture of classroom and online training that covered the core training the provider had identified as mandatory for all staff prior to providing care. They told us the training had included safeguarding people from harm, health and safety, first aid, behavioural support and breakaway techniques. This training was then followed by a period of "shadowing" experienced staff so they got to know the people they would be supporting. The staff member said they were in the process of completing the care certificate. They told us that the training and support they had received during their induction was "more than enough" and had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively.

The manager confirmed that following induction, training was scheduled annually that covered a range of topics including safeguarding people, medicines management, and health and safety. Staff told us the training provided gave them the knowledge to meet people's specific needs. For example epilepsy and how to recognise and respond to changes in people's behaviour.

Staff were clear that they did not use restraint to deal with behaviours that were challenging to others. They were confident the training provided to recognise and respond to changes in people's behaviour had given them the skills to support people when difficult situations had occurred.

Staff members told us they felt well supported by the provider and the manager. One member of staff told us, "It's a bit daunting being on your own for the first time [but] I feel really supported." They went on to tell us that they were able to access support out of business hours through an effective on-call system. Staff received formal one to one supervision every two months and annual appraisal of their work.

People's care plans placed strong emphasis on people's independence and staff supporting them to maintain and develop this.

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 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.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that an appropriate DoLS authorisation was in place for one person to lawfully deprive them of their liberty for their own safety. This authorisation prevented them accessing the community without a member of staff.

We found the service was working within the principles of the MCA. People were supported by staff who had a good knowledge and understanding of the MCA. Both staff and the manager had a good level of knowledge about their duties under the MCA and how to support people with decision making. Where people had been assessed as not having the mental capacity to make specific decisions, for example, in relation to large expenditure, we saw that decisions were made in their best interest. Records showed that the views of appropriate people had been taken into consideration. For example, people who knew the person well. This showed that consideration had been taken to ensure the service was provided in people's best interest and in the least restrictive manner.

People confirmed they were provided with a balanced diet and had enough to eat and drink. They said they liked the food and were consulted about menu choices. One person said they helped decide on the menu. They said, "We choose two meals a week each." One person described the food as "Good" and became excited when they told us about the meals they had chosen. Staff told us they promoted healthy eating but that people were able to have what they wanted to eat. We saw that staff had supported one person to reduce the amount of caffeine and alcohol they drank with positive effects on the person's health. People were supported to maintain healthy weights.

People told us they had access to health care professionals and were supported to manage their own health. One person told us that if they were unwell, staff "take me to the doctors." They assured us they were "alright" during our inspection. Both people said staff supported them to make and attend health appointments. A relative told us "[The staff] are on top of health issues." We saw that staff had supported people to access specialist healthcare when this was required. For example, the continence advisor and speech and language therapists.

Is the service caring?

Our findings

People and their relatives were complimentary about the staff. People said they liked staff and made favourable comments about them. One relative said, "The staff are really good. They have a real connection with [my family member]." Another relative described staff as "sympathetic and caring." Our observations showed that people were comfortable with staff and found them approachable. Interactions were friendly, patient and caring.

Staff told us they would be happy with a family member receiving care from this service. A staff member told us, "The main reason is we treat [the people who use the service] pretty much how we want our family members to be treated. All staff are different, so not [all staff] treat [the people who use the service] exactly the same, but it's a good mix of younger and older [staff], rather like a family."

Staff told us that their role was to promote independence and encourage people using the service to do as much as they could for themselves. For example, how they spent their time, places they wanted to visit, and what they wanted to eat. People had their own bedrooms and staff had supported people to personalise their bedrooms with items of their choosing, such as bedding and pictures. One person told us that they very much enjoyed shopping with a particular member of staff because the staff member was "good at helping me choose new clothes."

People were kept informed about changes to the service. For example, a person asked the manager to explain a letter they had received telling them about changes to the provider organisation. The manager explained the changes and reassured the person that the same staff would work with them and that they would continue to live at Roydon Road.

People were supported to express their views continually throughout our inspection. Staff supported them to do this by offering appropriate choices and asking questions that helped them to explore the options available to them in a way they understood. For example, how they spent their day and the meals they ate. All three people using the service had been supported by an advocate or an advocacy service. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights, in order to ensure that their rights were upheld.

Relatives told us that they felt staff consulted them and kept them informed of anything affecting their family member. One relative said, "If there's a problem that we need to know about we get a phone call from [the staff]. They do keep us in the loop. They're very good at that."

Our observations of staff interacting with people found that staff knew people as individuals and socially discussed their activities and interests with them. Staff were kind, caring and respectful to the people they were supporting. Staff called people by their preferred name and spoke in a calm and reassuring way. They were discreet when discussing personal matters.

Is the service responsive?

Our findings

People and relatives felt that staff understood and responded to people's needs. One relative told us, "[My family member has] got a really good life [at Roydon Road]. This really is [my family member's] home." Another relative told us staff understood and met their family member's needs, they continued, "[My family member] couldn't live in a much better place."

Records provided detailed information to help staff meet people's needs. This included information about their life history as well as their current care and support needs and preferences. Care plans provided detailed guidance on how people's needs should be met. This helped to ensure that staff would effectively and consistently meet people's needs. People's care plans were reviewed regularly and reflected people's changing needs.

Staff described the content of people's care plans and knew and understood people's needs well. Staff talked passionately about the people they supported and had a good understanding of their individual personalities and what could cause their behaviours to change. They understood the support people needed when they experienced distress and during incidents of behaviour which was challenging to others. Support plans identified the triggers to changes in people's behaviour and provided guidance for staff to follow to minimise the risk of harm occurring. These plans had been written in a way that guided staff on how to support people in a consistent and positive way. The plans promoted people's dignity and rights, and protected them and others from potential risks of harm.

Staff told us both people using the service were well known and had good links within the community. One person told us, "I can go out whenever I like" and went on to tell us about their job, a day out on the train and shopping. People told us that staff supported them to maintain their hobbies and interests. Each person had a weekly activities programme that they had devised with staff. These contained a mixture of work and/or chores, such as vacuuming and laundry, and recreational past-times. These included attending clubs, shopping, aircraft watching, bowling, and craft activities.

Staff told us people were encouraged and supported to maintain personal relationships. People told us that staff supported them to send cards and gifts to their relatives and friends on special occasions. People told us staff supported them to regularly visit their relatives, or their relatives came to visit them at the service. Relatives said they felt staff welcomed them when they visited their family members.

People told us they could talk to staff or the manager if anything worried them. They said that staff listened to them and provided us examples of when this had been the case. Staff confirmed they knew how to respond to complaints.

The manager told us there had been one complaint since our last inspection. Staff had supported a person living at the service to complain after the provider banned smoking cigarettes in the house. Records showed this was investigated and the person was supported by an independent advocate. A resolution was reached and a separate building was identified for use when people wanted to smoke cigarettes. The manager told

us that investigation and the outcome of complaints were shared at operational meetings to learn from things that had not worked as well as expected.

Is the service well-led?

Our findings

The previous registered manager left on 1 October 2015. The current manager has been in post since November 2015, and has applied to register with CQC. The manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications had been submitted to the CQC in a timely manner.

Both people using the service said the manager was, "nice" and that they felt they would listen to them. Relatives praised the service. One relative told us, "It's a fantastic service. It couldn't be better." Another relative told us, "[My family member] is very happy [at Roydon Road] and we're happy with how they manage [the service]."

The PIR stated, 'The input from staff is very important to the success of the service and the way they support people is key to ensuring a high standard of care is provided.' Staff were clear about the vision and values of the service in relation to valuing people, caring, working together, treating people with respect and taking quality to the highest level. Staff had a clear understanding of these values and were observed treating people with respect and dignity throughout the inspection.

Staff spoke of an open culture within the organisation. They were aware of the whistleblowing process and who to contact. Staff told us they were encouraged to contact senior managers and the chief executive to talk openly about issues, whether they wanted to complain, raise concerns or to share ideas on how to improve the service.

The manager and staff member described clear leadership in the service and across the organisation. One member of staff commented, "I'm happy working here. I think the service runs really well. I think a lot of it is about how the organisation is run." The manager told us the director of nursing was supportive and valued their opinion when making decisions about the service. Staff told us the service was well organised and that the manager was approachable, supportive and involved in the daily running of the service. They said they felt comfortable approaching the manager at any time and that they felt well supported.

The manager confirmed they worked alongside staff to assess and monitor the culture in the service, and identify what worked well and where improvements were needed.

The provider had a range of systems in place that assessed and monitored the quality of the service, including shortfalls and the action taken to address them. A quarterly audit was undertaken of all the organisation's specialist residential services and a report produced of the findings. The audit covered resident focus, safety and risk management, clinical governance, staff recruitment, and the financial status of the organisation. Additional audits of infection control, medicines and health and safety matters were also routinely undertaken. An action plan had been developed from the results of the audits and was being used to drive improvement.

Provider compliance assessment visits had been undertaken on a monthly basis by senior personnel in the organisation. These showed that the environment, outcomes for people using the service, food, complaints and safety matters were reviewed. A summary of the visit identified what was working well in the service and where improvements were needed.

Incidents and accidents that occurred in the service were audited to identify trends. Minutes of the quarterly health and safety meetings confirmed these were discussed and action was taken, where required, to minimise identified risks. Additionally, incidents were discussed at people's reviews, and changes made to their care to minimise further incidents occurring.

The provider had a range of ways in which people could give feedback on their experience of the service and raise any issues or concerns they may have had. Informal feedback was obtained via day-to-day conversations and communication from the staff team. Feedback was also sought from people using the service at their individual service reviews. Satisfaction surveys were sent to the people using the service and their relatives in the form of questionnaires. The results of the most recent questionnaires reflected people felt staff provided the right level of support and encouraged them to maintain contact with their family and friends which was something very important to them. People also said that they valued the support from their key workers, and although they had access to an advocate, they often preferred to discuss issues with the staff they knew rather than people they meet occasionally. A relative told us they had been asked their views on how the service could be improved. However, they said they couldn't think of anything because the service was, "perfect for [my family member]. It's a fantastic service. It couldn't be better."