

# Partnerships in Care Limited

# 51 The Drive

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

This unannounced inspection took place on 8 and 9 September 2015.

51 The Drive accommodates and provides support for up to three people with a brain injury. There were three people living at the home on the day of our inspection, and these people had been living there for a long period of time.

A registered manager was in post. 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.

Staffing numbers were sufficient to meet people's essential needs. Appropriate arrangements were in place to ensure people were safeguarded from abuse and people were supported to be safe in the community with good risk assessments in place to manage risks to people's safety. Medicines were sufficiently managed and people received them in a timely manner.

Not all staff had received timely supervisions to ensure they were effective in their role and whilst the service had

# Summary of findings

completed Deprivation of Liberty Safeguards (DoLS) applications for some aspects of care there were still some they were required to submit. People provided consent for the support they received. Further input into meeting people's nutritional needs was required to ensure these were adequately being met.

Staff showed great pride and passion for their job and maintained a caring and supportive relationship with people that lived at 51 The Drive. People's dignity and privacy was respected and advocacy services were involved with supporting people.

People received support that was based on their personal needs and wishes. People were supported to identify

their changing needs and the service showed flexibility to meet any new needs that were identified. Each person had a unique care plan which adequately detailed their needs and the support they required. People were involved in deciding the care they required.

The quality assurance measures that were in place were not embedded into practice and further improvements were required. Policies and procedures required updating to reflect current practice at the service. People were supported to contribute to making improvements to the service they received by attending regular meetings. Staff were recognised and praised for extra commitment to their job.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Sufficient numbers of staff were available to keep people safe.

People were protected from harm and people felt safe when receiving support.

Risks to the health, safety or wellbeing of people who used the service were addressed in a positive and proportionate way.

Medicines were handled appropriately.

Good



### Is the service effective?

The service was not always effective.

Staff did not receive timely supervision to ensure they were effective in their positions.

The registered manager had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) however there were outstanding DoLS applications that required submitting.

Further support was required to ensure people's nutritional needs were being met.

Requires Improvement



### Is the service caring?

The service was caring.

Staff showed empathy for the people they cared for and were proud when they had achieved their goals.

Advocacy services were available and were involved in supporting people who wished to use their services.

Good



### Is the service responsive?

The service was responsive.

People were involved in deciding their care plan.

People's changing needs and preferences were identified and responded to.

People were encouraged to raise ideas and concerns about the running of the service.

Good



### Is the service well-led?

The service was not always well-led.

The systems in place to monitor the quality of the service had not always been completed in a timely way.

Requires Improvement



# Summary of findings

Policies and procedures required updating to reflect the service at 51 The Drive.

Staff received praise and recognition for their commitment to their job.

# 51 The Drive

## 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 inspection took place on 8 and 9 September 2015 and was unannounced. The inspection was completed by one inspector.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home.

We contacted the local medical centre that supports people living at 51 The Drive and asked them for their feedback on the service.

We spoke with staff at an advocacy service that regularly supports people at 51 The Drive.

We took into account people's experiences of receiving care by listening to them and we asked relatives to contact us to provide us with their feedback on the service.

We undertook general observations in the communal areas of the home, including interactions between staff and people.

During this inspection we spoke with all three people who used the service. We spoke with six care staff including the registered manager. We reviewed the care records of three people who used the service and three staff recruitment files. We also reviewed the records related to the management of the service and the quality assurance documentation that was in place.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person said “I feel safe living here. I don’t have any problems.”

Staffing levels were sufficient to keep people safe. People told us there were enough staff available to keep them safe however staff said that activities had been cancelled or delayed due to the lack of staff availability. For example, one person’s activity had been cancelled the day prior to our inspection as there were only two members of staff on duty, and one was not experienced enough to be left alone. Staff explained that people’s mental well-being was uplifted when people were supported to engage in hobbies and interests outside of the home and people were usually able to attend their activities. The registered manager explained that there were currently two outstanding vacancies and at least two job offers were in the process of being made and this would help with the current staffing arrangements.

People were safe because there were systems in place to reduce the risk of harm to people. Safeguarding policies were in place and staff were able to demonstrate their understanding of what to look out for to ensure people were not at risk of harm. Staff could explain the different types of abuse and knew how they could report any safeguarding concerns. The registered manager had a good understanding of how to respond to safeguarding concerns and there was evidence to demonstrate the registered manager’s understanding of working with the local authority if they were concerned about any safeguarding

matters. The provider had a whistleblowing policy in place which staff understood and said they would confidentially report other staff if they were concerned about bad practice.

Staff showed a good understanding of how they were able to keep people safe whilst at home or out in the community. Staff explained how they encouraged appropriate behaviours and understood when it was appropriate to give people time and space on their own. This was managed effectively and people were supported to manage their own behaviour.

People’s care requirements were regularly reviewed. This ensured that care was in keeping with people’s current needs. People were encouraged and supported to carry out activities that could involve an element of risk but plans were in place to minimise those risks. For example one person who liked to go out in the community alone had been gradually supported to do this, and appropriate measures were in place so they were now able to go out independently. The person had been given a mobile phone and they had been helped to understand how to use it. They also carried information about their medical condition in the event of an emergency.

A medication protocol was in place which adequately described the process staff should follow whilst administering and handling medicines. Staff were able to describe how they safely gave people their medicine and this was in line with the protocol. Medicines were securely stored and the medication records matched the medicines that people received.

# Is the service effective?

## Our findings

There was some variation in the frequency of supervision sessions between staff and their manager and this impacted on the level of support offered and opportunities for staff to receive feedback about their performance. Some staff told us that they had not received supervision on a regular basis and supervision schedules confirmed that some staff had supervision every three months whilst others had to wait for up to six months. The registered manager told us that staff should have supervision approximately every three months. However the staff supervision policy stated that staff should receive supervision at least six times a year.

All staff received a mandatory induction before they were able to support people living at the home. Training records showed that all staff, including bank staff, received appropriate training on an annual basis. Staff explained that training focused on the needs of the people that lived at the home and how to keep them safe. One member of staff told us that they had received training which focussed on how to support people with brain injuries, which they said they found very useful.

The registered manager had a good understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). DoLS had been applied for on an individual basis in relation to restrictions on access to the person's bedroom and alerts for staff when the fridge was accessed. The person had been consulted about this, and had agreed that the restrictions were appropriate. The registered manager was aware that further DoLS applications were required for people accessing the community but for people's safety the restrictions were still in place. People were always asked to give their consent for the support they received, and their ability to make their own decisions about the support they received was

respected. The registered manager and the staff worked to protect the best interests of people who used the service and evidence of this was documented in each person's care plan.

People living in the home had access to a range of health care professionals to help support their care and treatment program, and with staff support they were able to meet with these professionals. People said if they were unwell they were supported to obtain medical assistance in a timely way. We saw evidence that staff had supported people to access the dentist, and had followed up results of medical tests that had been conducted at the hospital. We spoke with the local doctor's surgery and they gave praise about the home. They told us that staff were prompt to discuss people's general health and they had no concerns about the service.

Staff were aware of the requirement to ensure people's dietary needs were supported however there was no guidance about how to monitor this effectively to ensure their needs were being met in this way. Concerns had been raised about the nutritional needs of one person and there was a need to improve the assessment and monitoring of this aspect of their health. Following our feedback the provider took immediate action to begin to implement a Malnutrition Universal Screening Tool (MUST) to ensure people's health was monitored and reviewed in a better way.

People understood healthy eating choices and staff were aware of the support people required to make healthy eating choices. Within the kitchen area there were pictures and posters advising people about how to create a healthy meal. Staff explained the positive progress people had made in understanding this, and were often able to make their own healthy choices. One person said "I do know what foods are good and bad and I do think about it now."

# Is the service caring?

## Our findings

People told us that they were happy with the staff and how they treated them. One person said, “The staff here are really good.” Another person said they felt that the staff treated them reasonably well and another person said “I get on really well with the staff here.” People were relaxed and comfortable around staff and staff showed genuine care in the way that they supported people. It was clear that staff had people’s best interests at the heart of what they did. Staff treated people in a caring and respectful way and showed pride and compassion when describing the positive progress people had made since they had started using the service. It was clear to see the joy staff and the registered manager felt when they explained how one person was able to go out in the community alone with minimal staff support.

One person carried out an activity alone in their bedroom and we heard staff enthusiastically giving praise and encouragement to the person when they had finished the activity. The person enjoyed the recognition they had received and responded positively to this.

People’s dignity and privacy was promoted and respected. Staff spoke to people with respect and people were encouraged to be independent. People had their own rooms and people told us staff did not enter unless they were given permission. One person told us that staff understood the support each person required and they were given their own privacy in the bathroom.

People were encouraged to express their views and make their own choices. An advocacy service was in place to promote people’s choices and we saw evidence that the service worked with people to achieve their personal goals. We spoke with staff from the advocacy service who stated, “It’s a brilliant service, they involve advocacy all the time and are quick to check they are doing everything right”. The advocacy staff also confirmed that they were able to talk to the people who lived at the home in private whenever they needed to.



# Is the service responsive?

## Our findings

People's care plans confirmed that a detailed assessment of people's needs had been obtained and this was regularly reviewed. Staff actively worked with people to identify their interests and hobbies and worked towards including this in each person's timetable. One person told us they enjoyed playing their guitars and this had been accommodated into their timetable. The service responded to the changing needs and requests of people. For example staff told us that they had worked to gradually reduce the support one person required so they were able to go to the shops, café or library alone. As the person became more familiar with the local area and gained more confidence, the level of support was reviewed and amended to suit the person's needs. One person told us they really enjoyed going out alone.

People were supported to be actively involved in their care planning. Staff met with people to discuss any changes they wanted to make to their care plan. Following this people had a more formal meeting with senior staff to decide how their care plan would be modified. Formal care plan assessments were held every six months however staff met with each person approximately every two to four weeks to discuss any issues or changes they wanted to make. People were able to sit at the computer to see what had been written and to empower people to write their own views if they wished. One person told us, "The staff

help look after me, and they do the right things". Another person told us that they were supported to be independent and felt like they had lots of freedom living at the home. The person's care plan detailed the activities they were able to do independently and we saw them doing their own washing without staff support. The person showed pride that they could do this without staff assistance and they told us they did not need help from staff with this.

People were supported to organise their own activities which reflected their interests. The service held joint meetings with people from another service owned by the provider to decide on a different community trip which took place approximately every two months. People provided their own suggestions for new activities, or places to visit and they were empowered to organise the trip themselves. People were supported to take on their own responsibilities, for example to research ticket prices or transport options. People told us they enjoyed these activities.

People we spoke with told us they had no cause to complain and they were satisfied with the support they received however we saw in one person's care plan notes that they wished to make a complaint. We saw that the registered manager had met with the person and discussed their concerns and they had agreed on the next steps. We noted that this had not been recorded in accordance with the provider's complaints procedure.

# Is the service well-led?

## Our findings

There were a range of quality assurance and governance processes in place and these helped monitor the quality and safety of the care provided and the way in which the home operated. However we found that some aspects of these processes were not fully embedded in practice and that there were areas where further improvements were required. Some of the policies we looked at contained information that was incorrect or was not adhered to by the service. For example the safeguarding policy contained out of date contact details. The medication protocol stated that there would be a medication audit on a weekly basis, however the last medication audit was conducted four weeks prior to the inspection. And the complaints policy stated that any informal complaints must be recorded in the informal complaints log but we were aware of complaints that had not been recorded in this way.

There was a system in place for the provider to complete a monthly compliance assessment of the home however this had not been completed for almost three months before our inspection.

Staff understood that the ethos at the service was to treat each person as an individual and to give each individual the best possible life that they were able to have. We saw that aspects of the care provided evidence of how this was being put into practice and it was clear that people who used the service were encouraged and supported to be independent and regain skills that they had lost or to develop new ones. People had tailored activity programs to meet their interests and needs and were supported with long term goals to improve their independence.

People were supported to attend meetings related to the running of their home and they were encouraged to raise

suggestions, ideas or concerns. These meetings were led by people who lived at the home with staff support. The meetings covered a variety of topics which had included menu options and facilities within the home.

People told us that they usually received feedback about the issues they raised, or that positive action took place once an issue had been raised, but that sometimes they had to raise the same issue more than once for action to be taken. For example, during the summer months people asked to have lighter foods and they had to repeat their request for this to be actioned. We also saw that the results and subsequent action plan of a resident survey, completed in November 2014 were not held by the registered manager.

Staff felt they did not receive enough support from the registered manager. The registered manager confirmed that they attended a number of the meetings with people at 51 The Drive however staff said they did not see the registered manager frequently enough. Staff said although the registered manager was located in the building next door they would only contact them in an emergency and would try not to disturb them on a day to day basis. Records showed that the registered manager attended the formal care plan meetings however we did not see evidence that they spent time at the home on a regular basis.

Staff were given praise and recognition for extra commitment to their role. The registered manager held regular staff awards and staff were encouraged to nominate their colleagues for outstanding work. For example staff were given small gifts for flexibility and commitment to taking on extra work, and were thanked for the support they gave each other during a refurbishment to the kitchen at another service owned by the provider.