The Care Partnership (UK) Limited

Norwich 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

The inspection took place on 11 February 2016 with further evidence gathered from telephone calls on 12 February and during the following week. It was announced.

The Norwich Office provides personal care to people with a learning disability who are living with their families. At the time of the inspection there were five people using the service.

There was registered manager in place overseeing this office and another one operated by the provider. 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. The management of the Norwich Office was directly overseen by a service delivery manager, accountable to the registered persons.

People experienced a service that was safe. They received assistance from enough staff to fulfil their expected care packages and to meet their needs. Staff and the management team understood their obligations to report any concerns where someone may be at risk of abuse or harm. Staff also understood the risks to which people were exposed and how they needed to support them safely.

Where staff were involved in assisting to manage people's medicines, they did so safely.

The service people received was effective. Although most staff had not been trained in the Mental Capacity Act 2005, to understand how to support people who could not make decisions for themselves, they understood their responsibilities in this area. They ensured they sought consent and understood, if people were not able to express this verbally, how people communicated by gestures or behaviour whether they would accept assistance with their personal care. They worked with other professionals to present information in a clear and consistent way so that people would be able to understand.

Staff had a clear understanding of their roles and people's needs. They had access to support from the management team when they needed it. They were alert to changes in people's well-being or health and worked with relatives to ensure people's health and welfare was promoted. This included supporting people to eat and drink enough to maintain good health, if this was needed as part of their care package.

People received support from staff who were kind and compassionate and who were respectful of people's privacy and dignity. Staff understood people's preferences, working with their relatives to establish these and their interests, if it was appropriate. Where people's needs changed, information was communicated promptly so that staff understood what was expected of them when they were delivering care.

People's representatives were confident that any concerns or complaints they wished to raise on behalf of their clients or family members would be properly addressed.

Systems for monitoring the quality and safety of the service and assessing people's experiences, were working well. The management team addressed promptly any issues that were raised with them. They had developed good relationships with people, their representatives and staff, who all expressed a high degree of confidence and satisfaction in the way the agency was being run and managed.

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.

Recruitment processes were effective and contributed to protecting people. Staff understood the importance of protecting people from abuse and enough of them were employed to meet people's care needs safely.

Medicines were managed in a way that promoted people's safety.

Risks to the safety of staff and people using the service were appropriately assessed so that they could be managed and minimised as far as practicable.

Is the service effective?

Good

The service was effective.

Although most staff had not been trained in the Mental Capacity Act 2005, they understood the importance of gaining consent from people to deliver their care and respected people's decisions.

Staff had access to training opportunities and were able to learn about people's needs from more experienced colleagues so they could support people competently.

Where it was part of people's care packages, staff understood the importance of ensuring people had enough to eat and drink to meet their needs. Staff worked together with families to ensure people's health care needs were addressed.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and compassionate.

People were treated with respect for their dignity, independence and preferences.

Is the service responsive?

Good

The service was responsive.

Staff were flexible in responding to people's changing needs when this was needed. They had a sound understanding of people's preferences and knew what was important to them and their family carers.

People's representatives were confident that, if they needed to raise any concerns or complaints on behalf of people using the service, they would be properly addressed.

Is the service well-led?

Good

The service was well-led.

There were effective systems for assessing, monitoring and developing the quality and safety of the service.

Records were maintained appropriately and were up to date.

The management team promoted an open culture, focused on the needs of each person, taking into account their views, as well as those of their representatives and staff.

Norwich 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.

The inspection took place on 11 and 12 February 2016 and was announced. It was carried out by one inspector. The provider was given 48 hours' notice of our office visit because the location provides a domiciliary care service. Sometimes there is no one available in the office.

Before we visited the service we reviewed the information we held about it. This included reviewing information about their registration, the statement of purpose explaining what the service does, and reviewing the provider's website.

People with a learning disability were using the service and would have found it difficult to answer our questions on the telephone. We therefore spoke with relatives of three people and a social worker for a further person. We also spoke with two staff members, the service delivery manager, registered manager and nominated individual representing the provider.

We reviewed care records for two people, records for three staff, and other records associated with the quality and safety of the service.

Good

Is the service safe?

Our findings

Relatives told us that they had no concerns about the way staff responded to their family members. One commented about the conduct of staff saying, "There's no reason to raise an eyebrow." They said they were confident they could speak to the service delivery manager immediately if they had concerns about the way staff interacted with the person. Another relative said their family member could express whether they liked staff or not. They felt that the person was comfortable with all the staff providing their support.

Staff spoken with confirmed that they had received training to recognise concerns that someone might be being abused. Training records confirmed that all staff had completed training for safeguarding both adults and children. Staff were clear about what they were expected to report. They said they were confident about raising any concerns and one staff member told us that they had the telephone number for the safeguarding team so they could contact them directly if necessary. We concluded that staff understood their role in contributing to protecting people from abuse.

We found that risks to people's safety and welfare were assessed within their plans of care. There was guidance for staff about how they should minimise these. For one person, the service delivery manager gave us detailed information about particular risks to the person's safety and that of staff working to support them. They told us what was being put in place to minimise these so that the person had improved and safer opportunities to go out and about. This information was consistent with what a staff member and relative told us about measures to promote the person's safety.

We also noted that there was clear information in the care plan about known and possible triggers for aggression or agitation. This enabled staff to take these into account and minimise risk. There was also guidance about what staff could try to support the person to regain their composure. We concluded that there were good arrangements for promoting people's safety and trying to balance risks with opportunities for people.

We noted that risks to staff associated with the location of people's homes, access and facilities, were assessed to determine whether the proposed care could be delivered safely.

The provider's nominated individual also told us how there were plans to update the computer system they used so that this would enable staff to 'check in' remotely using their mobile telephones. This would assist in monitoring whether staff had experienced difficulties getting to the person's home to deliver care and to respond promptly to any concerns about this. Staff told us that there was always a member of the management team they could get hold of if they were unsure about something or if there was an emergency and they needed advice.

People's relatives told us that they had not experienced missed calls and that staff always stayed for the expected amount of time. One relative went on to say that sometimes staff would stay over their time if necessary. Another described how the agency had been flexible in increasing support when their home circumstances had changed.

The agency office had only been registered for a year before this inspection and the management team were hoping to increase the numbers of people supported. Our discussion with the service delivery manager and registered manager showed that they were very aware of the importance of balancing the recruitment of sufficient and suitable staff with the care needs of people receiving the service.

We reviewed recruitment records for three staff. For two of these, their records did not include a reference from their last employer, when they had been working in care services. We discussed this with the management team. They made us aware of the circumstances surrounding this and explained that the recruitment process had started while the agency was still undergoing the registration process with the Care Quality Commission.

Applicants and the management team had considered that seeking references in these circumstances might have led to them losing work from their employer at the time. Staff had provided other sources of references and these had been taken up instead. During our inspection arrangements were made to ensure the files for those staff contained written information about the circumstances surrounding their recruitment and that references from their last employer could now be taken up.

We found that applicants were asked to provide a full employment history with their reasons for leaving previous posts and a written explanation of gaps. We noted that enhanced disclosures were completed to ensure that staff were not barred from working in care services with either children or adults. We concluded that staffing levels and recruitment practices helped to promote people's safety.

Care plans for people included clear guidance about whether staff were to assist people with medicines or whether this was done by family members. Where one assessment indicated that staff needed to administer a medicine and that the family administered others, we found that there was an appropriate medication administration record (MAR) chart. This showed what staff had given to the person and how much. There was also guidance for staff about how to document if the person refused their medicine.

Staff spoken with confirmed that they had completed training in the administration of medicines and we saw evidence of this contained within their files. We noted that MAR charts were archived monthly within the office. A sample we reviewed showed that they were audited by the service delivery manager to ensure that staff were recording their involvement properly. We concluded that, where the agency was involved in administering medicines, the arrangements for managing these contributed to promoting people's safety.

Good

Is the service effective?

Our findings

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.

Training records showed that three of the 11 staff listed had completed training in the MCA to help them understand the principles of people making decisions for themselves. Others had not. However, care plans included information for staff about how people communicated. For example, we found clear information about how someone would express their refusal, through their behaviour, to receive assistance with showering. A member of staff providing support to that person was clear with us that they would respect the person's decision for example, to refuse a shower. They said that they would ask at a different time or would offer support to wash instead. They understood how the person's behaviour communicated refusal or implied consent to receiving care. Daily notes we reviewed showed when the person had refused personal care and that staff respected their decision.

For a second person we noted from discussion with the management team and their care records, that the person may give the impression they understood information, but this may not always be the case. The management team were able to tell us how they explained information consistently and repeatedly so that the person was able to understand it. The person's social worker told us that the agency always double checked with them how to manage situations where the person wanted to make changes to their care package but may not always understand the consequences. They went on to confirm how staff offered consistent and repeated explanations so that the person was able to understand and make better decisions. We concluded that, although not all staff had been trained in the MCA, the principles of the legislation were followed. People were assumed to have capacity and staff sought their consent, including interpreting their gestures and behaviour, before they delivered care.

People's relatives said that they were satisfied that staff were competent to meet people's needs. One told us that they had a core group of consistent staff, and although one of them was still getting to know the person, they had no concerns about their skills. Another relative commented that the skill mix between the staff working with their family member, "…works very well. They all bring something to the party."

Staff spoken with confirmed that they had access to training. They said that some of this was by e-learning or video but there was practical training for first aid and moving and handling. They told us how they worked 'shadowing' shifts with other colleagues if they were new to a client. One staff member told us that they felt the agency, "…takes into account people's needs and staff skills. The shadowing opportunities worked well." They told us how the agency was patient with them, giving them additional shadowing opportunities until they felt confident to work with the person on their own.

One staff member told us, "I'm supported 100%. Definitely." Both staff spoken with told us that they had the

opportunity to go over any issues they might have come up against and get support in their work. Another staff member, also involved in training, described how work was in progress to develop the Care Certificate. This is considered to be best practice in terms of staff induction. They said that they could see a 'thread' through the expected standards and were making sense of how they fitted together and inter-linked.

The service delivery manager informed us that there were quarterly one to one supervision sessions with staff. Supervision is needed so that staff have the opportunity to discuss their work and performance as well as any development or training needs. One staff member confirmed this was the case. Another said that a formal recorded meeting had taken place during their probation period, after they had been in post for three months but they had not had anything formal since then. We found that they had been in post for just over six months so the proposed frequency was only slightly overdue. We found that records showed the service delivery manager carried out some spot checks to ensure that staff were performing as expected during their visits. A relative confirmed that spot checks on staff had taken place with their permission in their home.

Most people using the service received support from their families in maintaining their diet. We spoke with a relative of one person whose care package included assistance with meal preparation. They described how staff did this with them, "...from scratch..." using fresh ingredients. They felt that this ensured the person received a healthy diet which they enjoyed.

People using the service were living with their relatives. This meant that relatives were largely involved where appointments were needed to promote people's health and welfare. However, we saw from records that the service delivery manager also attended events such as one person's Care Programme Approach review if this was agreed as appropriate. This enabled them to have an up to date view of expectations in relation to the person's health and complex needs. We also noted from discussions with a relative that the agency staff were working with them and an occupational therapist to help meet a person's needs. We concluded that the agency supported people with their health and access to appointments where this was part of their care package.

Good

Is the service caring?

Our findings

People's relatives spoke highly of the approach staff used towards their family members and when they were delivering care. A relative commented that they felt their family member needed stability, which they got, and had a good relationship with the staff supporting them. They told us that they felt agency staff did a really good job. Another relative told us, "[Person] can't speak but they are very considerate and talk to [person] as well as me." They described how staff got down onto the floor with the person and engaged with them at their preferred level. A social worker also told us that they felt the agency had been, "…brilliant…" about the support they offered and really listened to the person's needs.

Staff described to us how, if the service delivery manager identified they might be appropriate to work with a particular individual, this was discussed with them. They felt consideration was given about the 'matching' process so that they could develop good relationships with people using the service.

A relative described how staff spent some time with the person when they were off duty, to provide additional support because the person had become unwell. They felt that, "Staff go the extra mile." They went on to tell us, "On a scale of one to ten, I would probably give them eight and a half or nine because there is no such thing as a perfect ten!" We concluded that staff had developed positive and caring relationships with the people they supported and their relatives.

Relatives confirmed that they were involved in supporting people with decisions about their care and that staff listened to their opinions and views. One commented to us how the service delivery manager was very good at involving their family member in reviews. They said that this member of the management team, "…asks questions in the right way to get [person's] views." We concluded that people were supported to make decisions about their care, as far as practicable and that family members were encouraged to support them with this. Relatives also confirmed that they felt staff gave people the opportunity to do as much as they could for themselves so that their independence was promoted as far as possible.

Relatives told us they felt that staff were mindful of privacy and dignity for both themselves in their own homes and in the care they delivered to their family member. One said, "They [staff] are respectful of everyone's privacy. I feel I can point out if there are issues about staff conduct. Staff are on trial first and not foisted on [person]." The relative said that they felt their family member was, "…involved in the picking process…" for the staff who were to support them. They were also able to give examples of how staff interacted really well with the person but also respected their family member's wish to have some "…quiet time…" on their own during visits. Another relative told us that the records staff made about care delivered on their visits were, "…open, clear and to the point." They had no concerns that any of the written notes were disrespectful or inappropriate in any way.

Good

Is the service responsive?

Our findings

Relatives of people using the service felt that staff and the management team responded well to changes in people's needs. For example, one relative described how much they valued that staff had been alert to changes indicating the person's mental health was declining. They told us, "Staff recognised what was going on." For another person, their relative told us, "They [staff] all know what [person] is like, when things are building up, they can anticipate problems. They have to know and understand [person] from actions."

Relatives expressed confidence that any changes in people's care were responded to promptly and efficiently so that staff knew what was going on. For example, one relative told us, "They are very quick off the mark with updates if something changes. They'll send staff a text or email if I let them know that something had changed, for example medicines." Another relative confirmed to us that they and the person receiving care were regularly consulted to see if the person's needs had changed and whether the plan for their care needed to be changed in any way. Staff said that they felt there was enough information within people's care plans for them to understand what support people needed. They were able to tell us in detail about the needs of the individuals they were supporting.

For some people, support with social activities and accessing the community was a part of their care package. Staff were able to tell us about the things people liked. There were plans, following action to review transport arrangements, to increase one person's opportunities to go out. A staff member told us how they would be looking at the person's needs and interests before planning the activity and recognised what environmental issues might make the person anxious. The information they gave us was consistent with what we had seen in the person's care plan. We concluded that staff were aware of the importance of delivering care that was centred on the needs and preferences of each individual.

We reviewed the complaints information that was given to people. This was clear that the service delivery manager was empowered to investigate complaints on behalf of the registered manager and provider. We discussed with the nominated individual that it did not contain information about the stages of the process. For example, it was not clear how complainants could escalate their concerns within the provider's systems or that they could refer the results to the ombudsman. It was clear in the guidance that some people may not be able to put their complaints in writing and these were still to be treated as complaints with support offered if it was needed. The findings from the provider's quality assurance survey showed that people (or their representatives) knew how to raise complaints. The management team told us that no one had needed to make a complaint about the service they had received.

People using the service would largely need the assistance of their family members or others, to raise any concerns about the service. Family members and a social worker spoken with were all very confident that any complaints or concerns they raised would be dealt with. For example, one relative told us, "I have a copy of the information about complaints. I have a lot of confidence that [service delivery manager] would deal with it." Another relative said, "There's a copy of the complaints information in the back of the folder but I've not needed to use it. I'm confident that [service delivery manager] would flip over backwards to sort things out, or [registered manager] would." We concluded that the service would listen and learn from people's

concerns and complaints.

Good

Is the service well-led?

Our findings

The service had been registered for a year and no complaints had been received either at the agency or with the Care Quality Commission during that time. One letter of compliment to the manager from a family member just before our inspection, expressed the view that the agency was providing excellent care and said, "The team you have put together [regarding support] is second to none." The correspondence indicated that relatives valued the way the management team had put together the care package that their family member needed.

Staff, people's relatives and a social worker had no concerns about the management and leadership of the service. They expressed the view that the service delivery manager was very approachable and always listened to their views and concerns. Those who had dealings with the registered manager also described her as approachable and open to suggestions. We concluded that people or their representatives were enabled to express their views openly about the care delivered. The management team understood the specific needs of individuals using the service and had built up a relationship with them and their family members.

Staff felt that they could always contact someone from the management team if they had any issues and felt they would be listened to. Staff and representatives of people using the service, confirmed that they were always able to contact a member of the management team. They said that this could be by e-mail or telephone. They told us that, if they left a message, they always received prompt call back when it was needed or requested. Staff spoken with were very enthusiastic about how much they enjoyed their work and expressed that morale was high. We concluded that the service had developed good relationships between the management team and staff.

A relative told us how a member of the management team came to see them two or three times a year to make sure that they were satisfied with the service and find out whether anything needed to change. Relatives also confirmed that they were asked for their opinions about the quality of the service. We discussed with the nominated individual the way that results were analysed across their services. Survey responses each year were added to those from the previous year, potentially compromising their ability to identify trends and drive improvements. However, the registered manager had access to individual annual questionnaire and was able to explain how they had discussed the only criticism received with the person who had made it. We concluded that there were systems in place to ensure people were provided with good quality care and to make improvements if this was needed.

We noted that records relating to people's care needs were up to date, having been compiled recently due to the agency registering in February 2015. Staff and relatives of people using the service were confident that care plans and records or risk assessments would be updated promptly in response to any changes. The service delivery manager audited the daily notes that staff completed to ensure they were appropriate, clear, and signed. A relative had commented that they found one entry had not been legible but this had improved and we noted that the service delivery manager had audited their family member's records. We found that there was a log of any issues identified when these were checked at the office. These identified

shortfalls and described how they had been addressed and with whom. We discussed with the management team that, where issues had been taken up directly with staff, it would be appropriate to record these on staff files so that any persistent failings could be appropriately addressed.

We saw that there were 'spot checks' on the performance and conduct of staff. These included monitoring that the staff member turned up on time, was appropriately dressed and had their identity badge. The service delivery manager completed these checks and also took into account the approach of the staff member towards the person and their relatives. They told us how they sought permission from family members to complete the checks but did not tell staff this was happening. Staff confirmed to us that this happened. We concluded that there were robust systems for checking the quality and safety of the service and making improvements where these were needed.