

Partnerships in Care Limited Harrisons Yard

Inspection report

5 Harrisons Yard
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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?

Requires Improvement ●

Summary of findings

Overall summary

Harrisons Yard is registered to provide accommodation for up to three people who personal care. The service provides care and support for people with a learning disability. Two people were living at the service on the day of our inspection.

We inspected this service on 21 October 2016. The inspection was unannounced.

Although there was a manager in post, they had not yet made an application to the Care Quality Commission (CQC) to become the registered manager. 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.

Systems were in place to manage risks to people using the service. This included environmental risks, safeguarding matters, behaviours that were challenging to others and supporting people to manage their own medicines. These safeguards protected people from harm, or risk of harm occurring.

Detailed risk assessments were in place which gave staff clear direction as to what action to take to minimise risk. Risks were assessed in a consistent and positive way and protected people's dignity, rights and independence. This showed that the provider had a positive attitude towards managing risk and keeping people safe.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults who use the service by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who consider whether the restriction is appropriate and needed. The manager had made an appropriate DoLS application to the local authority to ensure that restrictions on a person's ability to leave the service unaccompanied were lawful.

There was a sufficient number of staff on duty to meet people's needs and to keep them safe. The provider's recruitment and selection process ensured staff recruited had the right skills and experience. Regular police checks were carried out to ensure staff were suitable to work with people who used the service.

New staff received a thorough induction when they started work which gave them the skills, knowledge and confidence to carry out their role. All staff received training that gave them the skills to meet people's specific needs.

Staff knew the needs of the people they supported well. People were involved in determining the level of support they needed and their independence was promoted. Staff offered people choices, for example, how they spent their day and what they wanted to eat. These choices were respected. People were supported to carry on with their usual routines, going to work, shopping and accessing places of interest in the

community.

People were provided with sufficient food and drink of their choice to stay healthy and were encouraged to maintain a balanced diet. People were supported to manage their own health and to access health care professionals, when they needed them.

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.

Systems were in place to manage risk, including protecting people from harm. Staff understood how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs.

Effective systems were in place to support people to manage their own medicines.

Is the service effective?

Good ●

The service was effective.

People's capacity to make decisions about their care and treatment was assessed.

Staff had been provided with training and support that gave them the skills and knowledge to ensure people's needs were being met.

People were provided with enough to eat and drink to maintain a balanced diet. People were supported to manage their own healthcare needs

Is the service caring?

Good ●

The service was caring.

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

Staff had developed positive relationships with people who used the service.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure that their social needs were met.

There was a complaints system in place to show that complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

The service was not always well led.

The previous registered manager left the service in October 2015. The current manager has been in post since November 2015, but has not yet registered with CQC.

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.

Requires Improvement 

Harrisons Yard

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 21 October 2016 and was unannounced. The inspection was carried out by one inspector.

We reviewed previous inspection reports and the Provider Information Record (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 spoke with both people using the service to obtain their views about what it was like living at Harrisons Yard.

We looked at records in relation to one person's care. We spoke with two staff, one was a bank support worker, the other was an activities coordinator. We also spoke with the manager and the director of nursing for Partnerships in Care Limited. We looked at records relating to the management of risk, minutes of meetings, staff recruitment and training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

Both people using the service said they, "Felt safe" and that they would raise concerns with their social worker or advocate if they were unhappy with the way they had been treated by staff. Both people told us they trusted the staff who were, "Always kind and supportive." One person commented, "Staff are always available to talk to and help me to resolve any issues I have that make me feel anxious."

Staff were aware of the provider's safeguarding adults and whistle blowing policies and their responsibilities to report allegations of abuse and poor care. Staff confirmed they had received updated safeguarding training. They had a good understanding of the procedures to follow if a person who used the service raised issues of concern or if they witnessed or had an allegation of abuse reported to them. The manager told us, and our records confirmed, no safeguarding concerns had been raised in the last 12 months. The manager and staff were clear about their responsibility to report safeguarding incidents to the local authority to ensure the safety and welfare of the people involved.

The service had a proactive approach to managing risk. 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, but not limited to electricity, gas and water supply failure and re housing people in the event of these situations occurring.

Staff understood the support people needed to keep them safe, during periods of distress and behaviour that was challenging to themselves and others. One person told us, "I can be very sensitive and take things people say the wrong way", but said, "Staff are supportive and they help me to put things into perspective."

Systems were in place to identify and reduce the risks to people within the service and the community. One person told us, "I am independent and go out and do what I want, day and night, but I have a mobile phone so that I can contact staff, or they can contact me in an emergency." The other person told us, "Staff help me to go out in the community as I am not safe on my own." Their care plan 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 yet minimise the risks. These focused on what the individual could do, and the support they needed so that activities were carried out safely.

Both people using the service told us there was always a member of staff available when they needed them. One person said, "If I need help at night, I only have to knock on the staff sleep in room door and they will come and help me." 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 both people. However, they advised if a third person moved to the service, staffing numbers would be reviewed. Staff confirmed the staffing arrangement was sufficient to enable them to meet the current needs of both people using the service.

The Provider Information Record (PIR) stated that a rigorous recruitment and selection process was in place.

This included a recruitment and retention policy which ensured all staff were subject to a criminal record check before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers to make safer recruitment decisions and prevents unsuitable staff being employed. Both staff spoken with confirmed that all relevant checks, including a DBS and appropriate references, had been obtained prior to them commencing work. Examination of staff files showed that all of the permanent staff working at Harrisons Yard had worked there for many years. The manager told us, and records showed that, staff's DBS checks were being renewed three yearly to ensure they continued to be suitable to work with people using the service.

Both people using the service told us they managed the administration of their own medicines. Both kept their medicines in their rooms and were able to tell us what medicines they were taking and why. Staff had a good knowledge of the medicines people were prescribed and made regular checks 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.

Is the service effective?

Our findings

The PIR identified that the provider had a proactive approach to the learning and development of their staff. All new staff are 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 bank staff told us they were in the process of completing the care certificate and had also completed an in house induction programme. This had included shadowing an experienced member of staff, which had helped them to get to know the needs of the people they supported and cared for. They commented that the training and support they had received during their induction had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. They also commented that they felt supported by the manager and the staff team and had been able to discuss any issues they had or needed clarified.

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

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 told us they felt supported in their role. They received regular supervision where they had the opportunity to discuss the support they needed about their work and to discuss their training and development needs.

Both people using the service told us their independence was important to them and although they were able to do a lot of things for themselves they occasionally needed support from staff. Both people told us that they were asked for their consent before staff provided assistance. Comments included, "They [staff] always ask before they offer to help me" and "I am independent, but staff do help me when I need help, they [staff] do ask my permission before they help me."

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.

Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). They showed a good understanding of promoting people's rights, equality and independence. Both people using the service had been assessed as having capacity to make their own decisions including minor medical treatment. However, if a situation arose where major medical treatment was needed, procedures were in place to ensure any decision would be discussed with appropriate professionals to ensure the person was supported to make a best interest decision.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. 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. An Independent Mental Capacity Advocate (IMCA) had been making monthly visits to discuss the DoLS authorisation with the individual and what this meant to them. The person who the DoLS related to told us they were aware this restriction was in place and why. They told us this was to keep them safe.

People confirmed they were provided with a balanced diet and had sufficient quantities to eat and drink. Staff told us although healthy eating was promoted, people were able to have what they wanted to eat, as this was their choice. One person told us, "The food is really nice; however I am trying to be careful with what I eat. I have been advised by my GP that I need to eat healthily to avoid putting on weight." Both people told us they discussed food choices and preferences at monthly house meetings and that their choices were reflected in the menus. One person told us, "I eat well. I get nice food and can choose what I want to eat. I make my own snacks and can help myself to drinks whenever I want one."

People told us they had access to health care professionals and were supported to manage and maintain their own health. Both said they managed their own appointments to see the dentist, GP, and annual health checks. Comments included, "I make my own appointments and let staff know the date and time to put in the diary" and "I have my own diary so that I can make my own appointments to see my GP to review my medication and for routine blood tests to check my diabetes."

Is the service caring?

Our findings

People told us that staff were caring and listened to what they had to say. One person commented, "The staff are very kind to me, they give me advice, it's their job, but they don't try to stop me doing what I want to do." Staff were clear that their role was to promote independence and encourage people using the service to do as much as they could for themselves. House meetings were held monthly, both people using the service and staff attended. The minutes of these meetings showed that people were involved in determining the kind of support they needed to have choice and control over their lives. For example, how they spent their day, places they wanted to visit, appointments and what they wanted to eat. One person commented, "I can make suggestions at the house meetings about my choice of trips out, what happens at Christmas and what to eat."

The interaction between staff and people was warm, caring and friendly. A core of staff had worked at the service for a long time and knew the needs of the people well. This continuity of staff had led to people developing meaningful relationships with them. One person told us, "I have been here a long time; I like all the staff, especially my key worker." [A key worker is a named member of staff who works with the person and acts as a link with their family]. Both staff spoken with had a good knowledge about people's background, current needs, what they could do for themselves, how they communicated and when they needed help and encouragement.

People were supported to express their views. One person told us, "I was involved in discussions and asked my opinion about a third person moving into the house. Whilst I have been told there are no immediate plans for this to happen, the manager did listen to what I had to say." Both people using the service told us they had access to an advocate. 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. Both people confirmed they were able to meet and discuss issues with their advocate, if they needed to.

The PIR referred to the promotion of a culture of treating people with respect and dignity. Our observation of how staff and the manager interacted with people during our inspection confirmed this approach was adhered to. The manager and staff were respectful when talking with people, referring to them by their preferred names and were discrete when discussing personal matters. Both people said they felt respected by staff and said that any personal issues were discussed in the privacy of their bedroom. People also had access to a cordless telephone and confirmed they were able to make telephone calls in private. They also told us they were supported to manage their own mail, although if needed staff helped them with healthcare and legal mail. The manager stated where decisions about healthcare or legal matters were required a best interest meeting would be arranged with relevant people, including the persons advocate to help the person make an appropriate decision.

Staff told us people were encouraged to maintain personal relationships and were supported to do this. People told us they regularly visited their relatives, or their relatives came to the service. One person told us, "My family can visit when they want to; I also meet up with friends at coffee mornings." Comments made in

relatives questionnaire about contacting and visiting the service confirmed people were supported to maintain relationships with their families. One person commented, "All requests to visit, take my [person] out or arrange visits to my home have been met, there has never been a problem."

Is the service responsive?

Our findings

People told us they received personalised care that was responsive to their needs. The care plan we looked at was reflective of the person's needs. This person told us they had been involved in setting up and agreeing their care plan. They commented, "It is all about my life and my holidays." The records confirmed the person had been involved in the assessment, planning and review of their care needs. Comments made in a questionnaire completed by their relative confirmed they had been consulted in the implementation and review of their [person's] care plan. They had commented that their views had been "...acknowledged and listened to with regards to the care and support their [person] received."

Both people told us that six monthly reviews were taking place with their advocate, social worker, family, relevant staff and the manager. The most recent meeting for one person identified what was working well, on going health issues and future goals. From these meetings the manager had identified people's health needs were changing as they were getting older. To ensure people remained healthy and were provided with the appropriate level of support the manager had identified where additional staff training was needed. They had contacted the training manager to arrange to arrange specific training on managing diabetes and had sought advice from healthcare professionals such as district nurses regarding the administration of insulin.

Staff told us there was a number of ways in which information was shared, so that they were kept up to date about changes in people's needs. For example, daily staff handover sessions ensured any relevant information was handed over to staff coming on to shift. These handovers were documented, including any health issues for staff to refer to.

Staff were able to clearly describe the content of people's care plans and knew the needs of the people in their care 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. Behavioural support plans had been developed which identified the triggers to changes in people's behaviour and strategies 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 understood the support people needed when they experienced distress and during incidents of behaviour which was challenging to others.

Staff told us both people using the service were well known and had good links within the community. One person commented, "I love living here and being so close to town, I walk right out of the door and I am in town." Both people told us staff supported them to maintain their hobbies and interests, such as attending Norwich FC, musicals in London's West End and bowling. One person told us, "I like going to the shops to buy books, as I love reading. I also go to a coffee morning every Monday where I meet my friends."

The PIR identified that no complaints had been made about the service provided at Harrisons Yard in the last 12 months. This was confirmed by the manager at the inspection. People using the service and staff told us they were aware of the complaints procedure. People told us they knew how to raise a complaint. Staff

confirmed they knew how to respond to complaints. The manager told us any complaints and outcomes following investigation would be 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, but has not yet registered with CQC. It is a requirement of the provider's registration to have an individual who is registered as a manager at the service. The manager informed us they were in the process of applying for their DBS and would then be submitting their application to us to become the registered manager.

Both people using the service said the manager was "A really nice person and approachable." They said they could speak to them at any time, in person or by phone.

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. One member of staff commented, "I really enjoy working here, the focus is on supporting people to live their life to the full and being able to make a difference to their life." Another member of staff commented, "The culture in the service is professional and positive, staff are really supportive and really care about the people using the service."

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. People using the service and staff attended monthly 'House meetings' where issues were discussed as a group. Minutes of the meeting showed a range of issues were discussed including the décor and maintenance of the building.

Both the manager and staff spoke of clear leadership across the service and organisation. 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 if they had a problem or had something to contribute to improve the service. Staff confirmed regular staff meetings took place to share information and ideas on how to improve the service and to ensure people's needs were being met. Staff told us they received a copy of the providers 'team brief' via email. This document contained information about the organisation and was cascaded to all staff. Staff told us the team brief was discussed at team meetings and they were encouraged to provide feedback.

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. For example, staff had identified when escorting a person to the theatre in London, travelling on underground did not work and it was agreed for future trips a coach would be booked to take them directly to the theatre.

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 with the results of the audits and was being used to drive improvement.

Provider compliance assessment visits were 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 feedback 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. Additionally 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 feedback 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.