Care Quality Commission

Care Partners (Newbury) Ltd

Care Partners

Inspection report

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Ratings

Overall rating for this service	Good
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?	**Good**

Overall summary

This inspection took place on 22 October 2015 and was announced to ensure the registered manager was available.

Care Partners is a domiciliary care agency providing care and support to 76 people living in their own homes. 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.

The service was praised by people, relatives and professionals for its responsiveness and caring approach. People felt staff listened to their wishes and involved them in their care. People felt safe and staff understood their responsibilities around safeguarding.

Summary of findings

Some improvements were needed to recruitment records to demonstrate that the recruitment procedure had been applied rigorously in all cases.

Some people were concerned about the timekeeping of staff and felt their care was sometimes rushed or visits cut short. The agency was aware of this from its own surveys and had taken some steps to address it, although further work was needed in this area. We have made a recommendation that the service examine this problem further to identify and address the reasons why the issues persist.

People generally felt the staff treated them with dignity and respect.

Staff had regular training, supervision, appraisals and team meetings, and felt supported by the registered manager, who was felt to be open and available.

Staff were good at identifying changes in people's needs and reported their concerns to the office or direct to health professionals so they could be addressed.

The manager monitored the operation of the agency and sought the views of people, relatives, staff and external professionals to inform its future development. People felt the service was well led.

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.

Good

People felt safe when being supported by the staff. Appropriate action had been taken to safeguard people when necessary.

Staff understood their responsibilities and how to keep people safe.

The agency had a robust recruitment system to ensure staff were suitable to care for vulnerable people although some improvement to recruitment records was needed.

Is the service effective?
The service was broadly effective. However, some further attention was required to reduce the number of late calls and related issues.

Requires improvement

External professionals were happy with the support provided by the agency.

Effective training and support were provided to staff.

Staff were good at passing on concerns about people's wellbeing so that appropriate external support was sought.

Is the service caring?
The service was caring.

Good

People felt the agency and its staff were very caring and treated them with dignity and respect.

People felt well supported, consulted and involved in their care.

Is the service responsive?
The service was responsive.

Good

People and professionals praised the way the agency responded to people's changing needs.

People were involved and consulted about their care needs. Care plans were reviewed and updated when necessary.

Is the service well-led?
The service was well led.

Good

People, staff and professionals felt the agency was well led.

The agency sought the views or people, relatives, staff and external professionals about its practice and sought to improve the service.

The registered manager monitored the operation of the service and provided clear expectations to staff.

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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 22 October 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection was completed by one inspector.

Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

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 looked at the information provided in the PIR and used this to help us plan the inspection.

We contacted representatives of the local authority commissioners and external health professionals and received feedback from three local authority representatives about the service. During the inspection we spoke with the registered manager about the service. Following the inspection we spoke with seven people using the service and three staff.

We reviewed the care plans and associated records for six people, including related risk assessments and reviews. We examined a sample of other records to do with the operation of the service including staff records, complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for the three most recently appointed staff.

Good

Is the service safe?

Our findings

People felt safe when being supported by staff from the agency. Everyone we spoke with told us this. People's comments included: “I feel absolutely safe with them”: “definitely”: “I feel safe, they are more like friends” and: “I am safe always”. External professionals also felt people’s safety was maintained by the staff. People who responded to our written survey also all felt safe when being supported by the agency and their relatives agreed.

One matter had been reported to the local authority safeguarding team, which was closed by them on the same day following a report of the actions taken by the agency. Appropriate medical advice had been sought at the time, following a medicines error and staff retraining and competency assessment had taken place.

Staff had been made aware of the agency’s whistle-blowing policy as part of the interview process and had received training in this and safeguarding vulnerable adults. Staff confirmed they knew how to report any concerns and understood their ‘duty of care’ to do so. They were also aware of how to safeguard people from abuse or harm and knew to record and report anything which caused them concern. Staff understanding in these areas had been checked during spot check observation visits by management to monitor staff practice. Staff were confident the management would respond appropriately to any concerns raised. One staff member gave an example of a concern they had reported to the registered manager about a person’s wellbeing. The registered manager had taken action to ensure appropriate monitoring had been put in place, which established that all was well. The registered manager’s contact log, which recorded concerns about people’s wellbeing reported to the office, showed appropriate action was taken where concerns had arisen. Contact had been made with external agencies where necessary to pass on concerns.

Health and safety risks to staff and the people supported were assessed through an appropriate risk assessment when planning the care package. Copies of these were on people’s files. Any potential hazards identified had been referred to the person or their family to be addressed. Moving and handling equipment which staff would use in the course of providing support was checked to make sure it was safe, and where applicable, had been serviced. Staff moving and handling practice was assessed informally during management spot check visits and referred to in records of these. However, the records of competency assessments were not consistent. The manager agreed to record these as part of spot check visits until all staff had these as part of their care certificate.

The registered manager explained that staff recruitment had been a challenge due to the number of other competing local care services and other employers. Apart from the usual local advertising the agency had used leaflet drops, particularly to recruit staff for calls in rural areas to reduce travel times. Most recruitment was through word of mouth recommendation. The agency had also made links with local schools to offer appropriate opportunities to young people with an interest in care work alongside experienced care staff, with people’s consent.

In order to ensure that people were supported by staff with the necessary skills and approach, the agency had a robust recruitment process. However, the recruitment records were not always fully transparent. For example two people’s employment histories were not clearly documented. The manager undertook to address this and wrote to the staff to request full details in these cases. The application form had been redesigned and the new format made clearer the employment details required. Criminal records checks had been carried out and some records of interview were made. References had been obtained but in one case were not yet on the person’s file. Where referees had failed to respond the applicant had been asked to supply an alternative referee.

Where people required support with their medicines this was provided by staff who had received training in this and whose competency had been assessed although this had not always been recorded in detail. In some cases we saw that brief visual observations of medicines administration had been recorded as part of management spot check visits.

Medicines refusals although uncommon, were recorded on the Medicines Administration Record (MAR) form and followed up with a call for medical advice. One person’s MAR sheet contained gaps in the record which the manager explained, but the reason had not been recorded as required on the form. The manager agreed to remind staff to ensure some record was made against each administration time.

Good

Is the service safe?

There had been six medicines errors recorded in the previous twelve months. The registered manager had analysed these and no identifiable patterns were evident. Appropriate action had been taken on each occasion to reduce the risk of recurrence and there had been no repeat errors. For example in one case a brief additional call was added specifically to administer the person's medicine at the required set time.

Requires improvement

Is the service effective?

Our findings

Most people told us they were happy that the service was effective and met their needs. One person described the staff as: "unfailingly helpful" and the service as one: "I can wholly recommend". Another said: "The agency are very good. I find that they genuinely care and are empathetic". Other comments included: "I get a good service from them"; "they are wonderful, they do little extras" and: "I'm well looked after".

There had been two missed calls in the last 12 months. The reasons for these had been identified and addressed. Staff now had their call schedule available to them via a computerised system so any changes were immediately passed on. The agency did not have a call monitoring system as their commissioning local authority did not use or require one. The registered manager explained they relied on staff calling the office if they were running late or unable to attend a call or on people or relatives notifying them if staff had not arrived on time. People and relative's feedback regarding the timeliness of calls suggests this was not always effective in ensuring visits took place as planned. Although some people were happy with staff timekeeping and understood why they might be held up sometimes, others were not always happy.

We were told by some people that staff were: "always in a bit of a hurry" and: "they arrive on time mostly and some call me if late". One person felt that insufficient travel time was included to enable staff to get from call to call without causing them to be late, rush their tasks or cut calls short. Another person said: "Some carers are very good, arrive on time and provide a good service, others are always late, in and out very quickly and do the minimum required". One relative observed that there had been a couple of occasions when staff hadn't turned up for calls but in each case the manager had been contacted and had rectified the situation immediately.

People who responded to our written pre-inspection survey were broadly happy with the service and the support received. However, 17% reported that their care had not always been provided by consistent group of staff. Thirty-six percent reported that staff did not arrive on time, some of whom also said staff hadn't always stayed for the allotted time or completed all the required tasks. This was also reflected in the survey responses from relatives. The registered manager said they encouraged staff to call ahead to people or call the office to contact on their behalf if running late but this would only be effective where people were able to respond to the call. She explained that unlike a lot of agencies they had set call times and did not state a time span either side of the call time, to allow flexibility due to traffic problems. Notified late calls were monitored by the registered manager. Staff confirmed they tried to contact people or the office when running late, and said that at times the office passed their next call to a colleague so they could get back on schedule.

One care manager told us they were very happy with the support the agency had provided. They said the Agency had: "gone over and above for [name] who has a large care package and no family members to help him". Another care manager described how one person had benefitted from the support of the agency. One member of staff in particular had given the person increased confidence in themselves. One care manager suggested that staff might benefit from additional training such as in some of the medical conditions which people may be living with and on dignity. The added that overall: "the agency provided a good service".

Staff had received an induction which included introductory core training. This included input on medicines management, safeguarding, and moving and handling before being observed providing support to ensure they were competent. They then completed the full core training within the first six months in post. All new staff were required to complete the care certificate induction within 12 weeks. Some observations relating to this had taken place including those for competency around moving and handling and medicines. Three staff had begun working towards the care certificate, supported by an external training company.

Training was provided through a mix of classroom courses, distance and computer-based learning. Some local authority training courses were accessed. Training was often accompanied and assessed through the completion of written booklets to check what had been learned. The call rostering system used by the agency highlighted when staff were two months from requiring training updates to enable these to be planned effectively. This was monitored by the manager and administrator.

Requires improvement

Is the service effective?

Staff were offered training on managing challenging behaviour related to dementia and were able to describe how they gave people time and space where necessary to process information and to calm down if they became agitated.

Staff attended regular supervision meetings with the registered manager and had at least annual appraisals to review performance and identify future goals or training needs. Staff had a mix of one to one supervisions, spot checks of their practice and an annual appraisal. The registered manager said she had some form of contact with most staff on a weekly basis so they could raise any concerns they might have. Staff told us they could also seek support through contact with management via the out of hours system. The manager told us she also offered an open door to staff to come and discuss anything informally and this was confirmed by staff.

Consent for care plans was sought either from the person supported or their representative and recorded within their files. Around 80% of the people supported were able to give verbal consent at the time of care support being given and many others could indicate consent non-verbally when staff explained what they were going to do.

The Mental Capacity Act 2005 (MCA) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. People without capacity to consent to certain decisions had a relative with power of attorney (POA) or a deputy appointed by the court of protection to safeguard their rights. The registered manager was aware who had granted POA to a relative although they had not routinely retained a copy of this on their files to evidence this.

Where staff had concerns about people's health or wellbeing they were clear they would either contact the office for them to seek medical advice or refer to the GP directly. Staff had received specialist training and been competency assessed by district nurses in the past to enable them to support people's needs. For example around people who required feeding directly via a tube into the stomach. On occasions staff worked with the district nursing service to monitor people's health needs around such things as pressure area care, although they were not directly involved in this aspect of care themselves.

We recommend that the service explores the reasons for the high level of reported late calls and associated concerns and takes action to improve their practice accordingly.

Good

Is the service caring?

Our findings

Feedback about the care provided by the agency was mostly positive aside from the comments about timekeeping. People commented: “they are a great help to me and I look forward to their visits”; “it is a first class service”; “I get a good service from them, we have a giggle, they are always happy and cheerful”; “they chat to me and ask how I’m feeling” and: “I can’t find any fault with them, they are very attentive”. One person said they: “could never have coped without their help, which was caring and unfailing”.

Relatives told us: “the staff are very friendly and do all they can” and described staff as: “extremely caring and supportive”. A relative also provided positive feedback about the care provided by staff direct to the Commission via our website. They described staff as: “a fantastic group of carers who go above and beyond their duty” adding: “I wanted to share my appreciation of this, in my opinion five star service”.

People felt involved in their care and encouraged to do things themselves. One person said: “they discuss things with me”. Observations as part of the care certificate made reference to the approach and manner of staff and involving people in their care as well as achievement of the task observed. For example one observation record noted the staff member showed understanding of involving people in their care, explained what they were going to do and respected their dignity. Others noted that staff had communicated well, checked with the person and sought their consent before providing support.

People funding their own care or their representatives were fully involved in the assessment and care planning process to identify their needs. Where people were funded by the local authority the outline care plan provided to the agency was also discussed and reviewed with them to create their individual care plan to ensure their needs were met. Care plans also identified how people wished to be addressed.

People felt the staff treated them appropriately and respectfully. One person told us: “They look out for my dignity, they listen to me” and another said: “they show me respect”. The manager explained that dignity and privacy were discussed with people as part of the care planning process. For example people were asked where they preferred personal care support to be provided, particularly where others lived with them, in order to maximise their dignity. People were encouraged to do as much for themselves as possible, to ensure that their retained skills were not undermined. Care plans also made references to maintaining people’s dignity.

Good

Is the service responsive?

Our findings

People praised the responsiveness and flexibility of the service to their changing needs. One person told us: “the care I receive is proportionate to my needs as I grow more elderly. It is flexible and I can always speak to the person in charge if there is some task I can no longer manage”. People and relatives said the agency consulted with them and they could make decisions and choices about their care and support. One person said: “they know me now, they are flexible and will vary appointments”.

One external professional commented that staff had been proactive in identifying and meeting needs that had not been identified in hospital. Another external care professional told us they were happy with the flexible approach of the agency in meeting people’s changing needs.

People’s files contained copies of assessments and care plans. Care plans had been reviewed and updated as changes in people’s needs had been identified. Care plans contained details about people’s individual wishes, likes and preferences about how they were supported. They also described how people’s physical or mental health affected their needs, where necessary. One person’s file included information on how to support them effectively to minimise their anxiety.

Care plans referred to supporting people to make day to day decisions for themselves. Where people needed support around moving and handling to meet their needs, sufficient information was provided about how to achieve this. Where people’s needs might change suddenly, this was identified and clear contingency plans were present.

The registered manager told us that people’s care plans were reviewed with them or their representatives whenever requested or necessary due to changes in people’s needs or wishes. The registered manager met periodically with people to check whether the care plan was still meeting their needs as well as listening to feedback from the staff providing people’s support. This was done immediately following care visits so people’s experience was still fresh in their minds.

The manager’s contact records demonstrated how they responded promptly to concerns about people’s wellbeing communicated to them by staff. They indicated the actions taken to address concerns and showed staff were alert to changes in people’s needs.

The registered manager told us people were given a copy of the complaints procedure in the service user guide given to them at the start of their support package. A copy was kept in the care record file in each person’s home. She also checked periodically with people that they knew about this. From our survey most people were aware they could make a complaint to the agency if they were unhappy about anything and some people had contacted the registered manager to raise issues. Most felt that their concerns had then been addressed satisfactorily.

The service had received eight complaints in the previous 12 months and 18 written compliments in the same period. Appropriate action had been taken to address each issue and reduce the risk of recurrence.

People’s feedback regarding complaints was mixed. One person told us they were unhappy about the lateness of staff and that they were always in a hurry but they hadn’t complained as they were good in other respects. Another person said they hadn’t had cause to complain and anything they raised was always dealt with quickly. Another told us: “if I was unhappy I’d ring the office and it would be sorted”.

One relative had complained about the way the agency had terminated their care package and the process of change to another provider. The registered manager said they had discussed and tried to address their concerns with the relative. Some of their issues related more to the local authority but the manager acknowledged they could have communicated more effectively to the relative. An external professional praised the management for their prompt action to address one person’s complaints, which they felt was excellent.

Good

Is the service well-led?

Our findings

People told us the service was well run and felt the registered manager was always contactable if anything needed to be discussed. People felt that the registered manager listened to what they had to say and took action about it. One person described the registered manager as: “wonderful”.

One external care manager told us that communication with the agency’s office was; “fantastic” and also praised the actions taken in response to their discussions. Another care manager also praised the registered manager’s communication, caring approach and responsible attitude towards service improvement.

The registered manager had clear expectations in terms of their care practice and communicated this well to staff. Staff received regular support and could contact her at any time if they wished. This was confirmed by staff, one of whom described her as: “a very open door manager”. Feedback from staff was positive about the registered manager. One staff member said: “I can always talk to the manager” and confirmed that she carried out spot checks and sought people’s views about their care after visits. Another staff member described the agency as: “a very good employer” and said that the manager would also: “muck in” if they were under pressure.

The agency sought and acted on advice from care managers, health professionals and others and accessed external training to develop its staff.

No notifications had been received from the service. In discussions the registered manager identified two events which should have been notified. She agreed to make retrospective notifications in each case and ensure that any future notifications were made. Notifications are reports of events that the provider is required by law to inform us about.

The registered manager carried out spot check visits to monitor care practice and had regular informal contact with staff as well as through supervision and appraisals. Staff files showed these took place as stated. Records showed that issues identified by people were followed up and some were raised with staff in their supervision. Team meetings took place approximately every two to three months. The minutes showed they provided opportunities to discuss practice as well as any concerns about individuals. Two meetings were held on each occasion to maximise attendance.

Contact logs were maintained by the registered manager to ensure that issues or concerns were followed up and raised externally when necessary. She also monitored any accidents and incidents to identify any necessary improvements.

People told us the service had sought their opinions about the care and support provided. Quality surveys had been sent to people on an annual basis although not everyone could recall this. The manager carried out visits following care calls to seek people’s verbal feedback about their experience. People also confirmed that the manager carried out spot checks to observe the practice of care staff. The registered manager had also carried out a staff survey to identify any issues of concern to the care staff and had taken action in response to the issues raised.

Customer satisfaction surveys had been completed in 2014 and 2015 although the results of the most recent survey were yet to be analysed. Questionnaires had been sent to people, relatives and external professionals seeking their views so that the service could obtain feedback from all interested parties. Feedback received to date from the recent survey included some concerns about staff punctuality and the number of changes of care staff as had been raised with us.

Changes made as a result of previous survey feedback included seeking feedback via visits immediately after care calls rather than during them, so people felt able to speak freely. The on line system for informing staff about their call schedule had also been introduced following feedback to reduce the risk of miscommunication.