

The Entirety Partnership LLP

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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

We inspected the Entirety Partnership on 23 March 2016. The inspection was announced 48 hours in advance because it is a small service and we needed to ensure the provider or registered manager was available. This was the first inspection of the Entirety Partnership which registered with the Care Quality Commission (CQC) in December 2014.

The Entirety Partnership is a service which provides personal care to young adults in their own home. At the time of our visit there were three people using the service.

Some people using the service were unable to communicate verbally, we therefore spent time speaking to their relatives.

The service had a registered manager. A registered manager is a person who has registered with 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.

People were safe. Staff had good knowledge of how to identify abuse and the action to take if abuse was suspected. Care was planned and delivered to ensure people were protected against avoidable harm. People received their medicines safely.

Staff arrived on time and stayed for the allotted time. People were cared for by a sufficient number of suitable staff to keep them safe and meet their needs. There was continuity of care and staff understood people's needs. People received the help they needed to maintain good health.

People were cared for by staff who had the necessary experience and knowledge to support them to have a good quality of life. Staff understood the relevant requirements of the Mental Capacity Act 2005 and how it applied to people in their care.

People were treated with respect, compassion and kindness. People's individuality was at the centre of how their care was delivered. They were fully involved in making decisions about their care. People were supported to participate in a variety of activities in the community which helped to prevent them becoming socially isolated.

The registered manager understood what was necessary to provide a good quality service and had a variety of systems in place to regularly check and monitor the quality of care people received.

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.

Staff knew how to recognise abuse and how to report any concerns. Risks to people were assessed and effectively managed. There was a sufficient number of staff allocated to people to help care for them safely and meet their needs. People received their medicines safely.

Staff were recruited using a thorough recruitment process which was consistently applied. Appropriate checks were carried out before newly appointed staff began to work with people.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had the training, knowledge and skills to carry out their roles effectively. The provider supported staff through regular supervision and staff meetings.

People were supported to make their own decisions. Staff understood the main provisions of the Mental Capacity Act and how it applied to people in their care. People were supported to maintain good health and have access to healthcare services.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and caring. Staff treated people with dignity and respect.

People were actively involved in making decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's needs and care was delivered

in the way people wanted it to be. People were supported to participate in a variety of activities in the community.

The registered manager actively sought people's feedback.

Is the service well-led?

Good ●

The service was well-led.

The service was well managed and organised. People and their relatives were complimentary about the quality of care provided. There were effective systems in place to monitor the quality of care people received.

People's care files, staff files and other records were securely stored, well organised and promptly located.

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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 23 March 2016. The inspection was announced 48 hours in advance because we wanted to be sure the registered manager would be available to speak to us during our inspection. The inspection was carried out by a single inspector.

People using the service had complex needs and no or limited verbal communication. We spoke to two people's relatives, two staff members and the registered manager. We also spoke with a representative of a local authority which commissions the service.

We looked at the care records of three people using the service, two staff files, staff training and supervision records and a variety of the service's policies and procedures.

Is the service safe?

Our findings

People's relatives were confident people using the service were safe and knew who to contact if they had any concerns. One relative told us, "I'm sure [the person] is safe." Another relative told us, "I have no doubt [the person] is safe."

The registered manager and staff had good knowledge on how to recognise any signs of potential abuse and knew how to respond if they had any concerns. The service had appropriate policies and procedures in place which gave staff guidance on how to help keep people safe. Protecting people from abuse was also discussed during staff and supervision meetings.

There were systems in place to protect people from avoidable harm which were consistently applied by staff. People had individual risk assessments and detailed risk management plans. Risk assessments were carried out to help ensure people's safety and maximise their independence. These had been developed with people and their relatives and contained the views of people using the service to the issues raised. Risk assessments were formally reviewed annually with people using the service and their relatives but also updated by staff if there was a change of circumstances.

The risk assessments we saw covered a range of daily activities and possible risks including people going swimming, or to football matches. As well as considering the risks posed by the person participating in an activity, risk assessments were also carried out on the environment where the activity was due to take place. For example, a person who enjoyed attending football matches had risk assessments and management plans covering travelling to matches and their safety within the football stadium.

Staff files demonstrated that appropriate recruitment checks were conducted before new staff were allowed to work with people. These included, criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, professional references and evidence of relevant qualifications and experience. These checks minimised the risk of people being cared for by staff who were unsuitable for their role.

The number of staff required to care for people safely was determined as part of the initial assessment process and reviewed if there was a change in a person's needs. Relatives told us that people were supported by the right number of staff and that staff arrived on time and stayed for the time allotted. One relative told us, "They are very reliable."

Staff had been trained in how to administer medicines safely and there were appropriate arrangements in place for storing, administering, recording and disposing of people's medicines when at home and in the community. Relatives told us that people received their medicines as prescribed. Staff completed medicines administration records which were regularly checked by the registered manager. Staff training and monitoring checks by the registered manager helped to ensure people received their medicines safely.

Is the service effective?

Our findings

People were cared for by staff who had the training, skills and appropriate support to carry out their role effectively. Relatives commented, "They are very well trained and pay great attention to detail" and "All the staff are very experienced". Staff felt supported. One staff member told us, "We work well as a team and support each other."

Staff were required to complete an induction. This covered the main policies and procedures of the service and gave newly appointed staff the opportunity to get to know people using the service. Staff had received training in areas relevant to their work such as safeguarding adults and infection control before they began to work for the service. We saw that staff were due to undertake refresher courses in the coming months, in areas relevant to their roles. Staff with relevant training supported people whose specific health needs required specialist skills to minimise the risk of people receiving inappropriate or unsafe support. For example, staff supporting people who lived with epilepsy had received epilepsy training. Staff had regular supervision where they discussed their training needs and their performance was reviewed. Staff also attended regular staff meetings where they received guidance on good practice.

Staff understood the importance of obtaining people's consent and asked for people's consent before providing support. One staff member told us, "Although [the person] cannot communicate verbally [the person] is very expressive and certainly lets us know what she does or doesn't want." Care records indicated that people were involved in making decisions about their care and support needs. The registered manager told us that people's capacity to decide on how their care was provided was always discussed at the initial assessment stage.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager and staff were familiar with the general requirements of the MCA. Although no applications had needed to be made, there were procedures in place to get the support of the local authority to apply to the Court of Protection if they considered a person should be deprived of their liberty in order to get the care and treatment they needed.

Staff supported people to maintain good health and have access to healthcare services. Staff were in regular contact with external healthcare professionals and worked well with them. People's care plans had detailed information on their health conditions and specialist treatment plans. This helped staff to identify any

deterioration in a person's health and take appropriate action.

Is the service caring?

Our findings

Relatives told us the staff were kind, caring and treated people using the service with respect. Staff had formed meaningful relationships with people which helped to make people feel they mattered. Relatives commented, "I couldn't be happier with them. They really care about [the person]" and "They are really caring and do much more than they have to." Relatives told us staff interacted and engaged with people in a positive and supportive way. Relatives said of the staff, "They are very encouraging and [the person's] confidence has really grown" and "[The person] looks forward to them coming. They do so much together".

The registered manager and staff spoke about people in a caring way and said they enjoyed working for the service. One staff member commented, "I love this job and I'm very fond of [the person]." The registered manager told us, "We care about the people we support and their families. We do whatever we can to make their life easier." This was confirmed by a relative who told us, "They are ever so good. [The person] quite often has to go into hospital on an emergency basis and they are ever so supportive. They've even stayed with the person at the hospital when I had to go to an appointment."

People were involved in developing their care plan with their relatives input. Staff used a variety of methods to involve people who were unable to communicate verbally in the care planning and delivery process. Staff knew people well and communicated effectively with them in a way they understood. Care plans were regularly reviewed with people using the service and their relatives. People and their relatives felt listened to and felt in control of their care planning and the care they received. Records demonstrated that information received from people and their relatives had been used to update care plans or to inform discussions at staff meetings.

People were given a lot of information in a format they understood. This included what to expect from the service and how they could make contact with the registered manager. Relatives said they knew who to speak to at the service's office if they wanted to discuss their care plan or make a change to it.

People were supported to have their privacy, were treated with respect and their dignity maintained. Staff had a good understanding of the importance of maintaining people's privacy and dignity and were able to give us examples of how they did so day to day, for example, when providing personal care.

Is the service responsive?

Our findings

People received care that met their needs and were satisfied with the care provided by staff. A relative told us, "They are wonderful. We're really happy with them." Another relative commented, "They're brilliant. We couldn't ask for more."

People's care was provided flexibly so that where there was a change in a person's circumstances or routine, staff were able to meet their needs without delay. This helped to ensure staff were meeting people's current needs. One relative commented, "We work in partnership to make sure that [the person's] life is as fulfilling as possible." Another relative said of the staff, "They really go out of their way for [the person]."

People's assessments considered every aspect of their daily needs including their dietary, personal care, communication, social and health needs. People's specific needs and preferences were taken into account in how their care was planned and delivered. Care files contained an information sheet about the person using the service which had been completed by the person and their relatives. People had individual care plans for each aspect of their daily care such as moving and handling, epilepsy and attending activities. Care plans had special instructions for staff on how the person wanted their care to be provided, what was important to them and detailed information about how to meet people's individual needs.

There was continuity of care. People received support from a consistent staff team. This meant that staff had a good understanding of people they cared for and how they preferred their care to be delivered. A relative told us, "We know everyone that comes and they know [the person] well."

People were supported to participate in a variety of activities in the community individually and as part of a group. Staff supported people to spend time participating in the activities people had chosen and to spend their time day to day in the way they preferred. People's social lives reflected their age, interests and cultural background. The registered manager told us, "We work hard to ensure people have full and active lives." A relative told us, "[The person] wouldn't be able to do a quarter of the things she does if it wasn't for their support. She's hardly ever in." Another relative told us, "They are always suggesting new things for [the person] to do or if [the person] shows an interest in doing something they will do their best to make sure it happens." This helped to prevent people becoming socially isolated.

The registered manager routinely sought people's and their relatives' views on the care they received by speaking to them regularly to get their feedback and check their care plans were meeting their needs. Relatives were also encouraged to contact the manager by telephone or email if they had comments, suggestions or concerns. People and their relatives felt staff and the manager listened to them. Relatives told us, "The manager and staff are very responsive. We're always on the phone" and "We work in partnership. I get an email every week setting out the plan for the week ahead".

When people first began to use the service they were given a service user's agreement. This gave people information on how to make a complaint and how they could expect complaints to be dealt with. The service had not received any complaints but relatives told us they knew how to make a complaint and

would do so if the need arose. Relatives were confident any complaint would be dealt with appropriately.

Is the service well-led?

Our findings

The service was reliable and well organised. Relatives told us they knew what to expect from the service and that the standard of care was consistent. People got the information they required such as, the details of replacement staff when the usual staff member was going on holiday. Policies and procedures were in place to support staff in carrying out their role effectively. Staff enjoyed working for the service and felt supported by the provider and registered manager.

The registered manager encouraged a culture of open communication. Relatives of people using the service and staff told us the registered manager was accessible and approachable. One relative told us, "We see and speak to her regularly." Another relative told us, "I speak to her all the time. I feel that I could contact her at any time." A staff member told us, "I wouldn't be afraid to tell her if I'd made a mistake. She is very supportive, all the team are."

The registered manager and staff understood the responsibilities of their role. The staff team were experienced, knowledgeable and understood the needs of the people they supported. Regular staff meetings were held and they were well attended. Staff told us that staff meetings were a good forum for sharing ideas and getting guidance on good practice.

The provider had a variety of arrangements in place for checking the quality of the care people received. The registered manager conducted regular audits of people's care plans, staff training and staff supervision. Feedback on the quality of care provided was sought from people using the service, their relatives and staff. The provider used feedback to make improvements to its policies and procedures and to improve the quality of care people received.

We requested a variety of records relating to people using the service, staff and management of the service. People's care records were fully completed and up to date. People's confidentiality was protected because the records were securely stored and only accessible by staff. The staff files and records relating to the management of the service were well organised and promptly located.

The provider had plans to improve the service and the quality of care people received. This included extending the training available to staff and increasing the competency checks carried out to test staff understanding of their training. The registered manager was enthusiastic about her role and keen to learn from other professionals in the social care sector in an effort to develop and improve the service.