

The Care Partnership (South West) Ltd

The Care Partnership

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

About the service

The Care Partnership Limited is a domiciliary care agency. The agency specialises in providing care to adults who have a learning disability, physical disability and/or sensory impairments. The Care Partnership is classed as a small agency which means that it provides support with personal care to no more than 100 people. At the time of this inspection the agency was providing support with personal care to six people. The people we met had very complex physical and learning disabilities and not all were able to communicate with us verbally. We therefore used our observations of care and our discussions with staff, relatives and professionals to help form our judgements.

People's experience of using this service and what we found

People were supported by staff that were caring and treated them with dignity and respect. Staff understood the needs of the people they supported well and knew them as a person. All the feedback we received from people's relatives and healthcare professionals was positive.

Risks of abuse to people were minimised. Assessments of people's needs identified known risks and risk management guidance was produced for staff which they understood.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. There were systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority.

People were supported by staff who had the skills and knowledge to meet their needs. Staff felt supported by the registered manager. Staff understood their role and received appropriate training that supported them in their roles.

Staff worked together with a range of healthcare professionals to achieve positive outcomes for people and followed professional advice to achieve this which included administering people's medicines as prescribed.

People's care plans were consistent and had a person-centred approach to care planning. Staff supported people to maintain important relationships and continue personal hobbies and interests.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard [AIS]. The standard was introduced to make sure people are given information in a way they can understand. The registered manager was aware of the AIS and ensured information was shared in an accessible way.

People's concerns and complaints were listened to and responded to. Accidents, incidents and complaints

were reviewed to learn and improve the service. People and their relatives commented positively about the registered manager and the quality of care their family member received. No concerns were raised about the quality of care provided.

Quality monitoring systems included regular audits to ensure people received good care. These were effective and evidenced that The Care Partnership had an effective governance system in place.

The registered manager had ensured all relevant legal requirements, including registration and safety obligations, and the submission of notifications, had been complied with. The registered manager felt staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 29 November 2017 and this is the first inspection.

Why we inspected

This was a planned inspection based on this being the first inspection for this service..

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Care Partnership

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 [the Act] as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one Inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also supported by three care managers.

Notice of inspection

This inspection was unannounced. The inspection site activity started on 17 July 2019. The second day inspection site activity was announced and took place on 18 July 2019 and the third day was announced and carried out on the 24 July 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with two people and four relatives about their experience of the care provided. We spoke with eight members of staff including the two finance directors and the registered manager. We also looked at records relating to the running of the home. Records included, two care plans, two medicine records, training data, two staff files and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good.

Systems and processes to safeguard people from the risk of abuse

- People receiving care and support from The Care Partnership told us they felt safe. One person indicated they felt safe by holding up their thumb. A relative told us, "[Person's name] is safe since moving to The Care Partnership." Another relative said, "I have full confidence [person's name] is safe."
- There were systems in place to safeguard people from the risk of abuse. Staff knew how to recognise and report potential abuse. One staff member told us, "We all have a DBS and we do training." Another staff member said, "We are all aware of the safeguarding lead and what to do if they didn't do anything and we all have the local safeguard numbers in our phones." Adding, "The registered manger made us put it in our phone."
- Staff had been provided with training on safeguarding adults and people were given information that explained how to contact external agencies and report abuse if they needed to.
- The registered manager understood their responsibilities to raise concerns and record safety incidents and report these internally and externally as necessary. The registered manager told us "We are meeting with the local authorities safeguarding lead to make sure we get it right".

Assessing risk, safety monitoring and management

- Risk assessments were in place and there was clear guidance for staff to ensure known risks to people were reduced. For example, staff should withdraw support if the person makes it clear they don't want that staff member to help them. This helped people remain calm and reduced incidents.
- There were systems in place to safeguard and protect staff. There was a lone working policy, which staff knew about and staff said they could contact the registered manager at any time and they would respond. One staff member said, "Yes there's a lone working policy and risk assessments for individuals."

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. People and their relatives spoke positively about the staffing levels in the service. One relative commented, "People can almost choose their own core staff team." Another relative said, "Registered manager recruits to the persons needs, if the staff member is not able to meet their needs they don't work with them."
- Staff told us people's needs were met. One staff member told us, "We listen to people, we are person centred." Adding, "We don't control their lives we respond to their requests." Another staff member said, "We facilitate as much as possible we encourage positive risks like walking to places on their own."
- The registered manager told us each person had their own core staff team and they did not work with anyone else. This meant people using the service did not have their care and support compromised.
- There were systems in place to ensure suitable staff were recruited. Prior to working with people checks were carried out such as with the Disclosure and Barring Service [DBS]. The DBS check ensures people

barred from working with certain groups such as vulnerable adults would be identified.

Using medicines safely

- The provider had implemented safe systems and processes which meant people received their medicines in line with best practice.
- Medicine Administration Records [MAR] were completed and audited appropriately. We reviewed two MAR charts these had been filled out correctly with no gaps in administration.
- Support plans clearly stated what medicines the persons GP had prescribed and the level of support people would need to take them.
- Senior staff carried out regular audits. All staff had received training in the administration of medicines, which the provider regularly refreshed.
- The service had a medicines policy which was accessible to staff.

Preventing and controlling infection

- People were protected from the risks of infection spreading. A relative told us, "Staff support [relatives name] to keep their environment clean."
- Staff were knowledgeable of how to prevent the risk of infection.
- Staff encouraged people to do their own cleaning as part of their daily routine. One staff member said, "[Persons name] has their own special routine because of their needs." Another staff member said, we get all the right equipment such as gloves and aprons."

Learning lessons when things go wrong

- There were systems in place to review accidents and incidents.
- Incidents were analysed by the registered manager and action was taken where required to prevent further incidents.
- One person had an incident in the community. After investigating it the provider reviewed the core team and ways of working with the person.
- The provider removed the staff member for the core team and introduced new ways of supporting this person when in the community.
- Where complaints had been received, records showed these had been reviewed and actions had been completed. The registered manager communicated outcomes to staff which reduced the possibility of recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support

This is the first inspection for this newly registered service. This key question has been rated Good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's physical, mental and social needs prior to agreeing a care package. These assessments were comprehensive and assisted staff to develop care plans for the person.
- The provider did not take on new packages of care without a core staff team in place to ensure people's needs could be met in full.
- Staff delivered people's care, treatment and support in line with legislation, standards and evidence-based guidance to achieve effective outcomes.
- Information was available for staff to support people living with some complex needs such as Autism. This helped staff to provide appropriate and person-centred care according to individual needs.

Staff support: induction, training, skills and experience

- Staff had appropriate skills, knowledge, and experience to deliver effective care and support. One staff member told us, "[Care managers name] is putting package together for each service user a person-centred training kit."

A relative said, "It can take a long time to get to know [relative's name]. The [registered manager's name] only brings staff on board that [relative's name] will accept."

- Staff completed an induction when they commenced employment. There was a system in place to remind staff when their mandatory training was due. Staff completed training in line with this system.
- Staff received training which was relevant to the individual needs of the people they supported. For example, all staff had received training in Autism and diabetes.
- The provider told us they had arranged additional training for staff to administer specialist health procedures as this was a new required need.
- The provider carried out supervision in line with their supervision policy. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future and training and development needs.
- Staff received annual appraisals to monitor their development. Staff told us, "We have regular supervision and appraisals. It is a time to get feedback and develop ourselves."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff completed food hygiene training and evidenced they knew about good practices when it came to food. One staff member told us, "We cook depending on the person's needs." Adding, "People choose their own food we discuss menus and encourage them to make choices in the shop." A relative said, "[Relative's name] eats a much better diet now. They used to eat one thing but staff have slowly encouraged them to eat a more varied diet."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff made appropriate and timely referrals to other relevant professionals and services. They acted promptly on their recommendations.
- Care records showed people had access to professionals including; GP's, Dentists, Audiologists and Chiropodists. Health professional visits were recorded in people's care records.

Ensuring consent to care and treatment in line with law and guidance

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People being supported by The Care Partnership were living with complex health conditions, which affected some people's ability to make some decisions about their care and support.
- The registered manager had referred five people to the local authority requesting they submit a DoLS application for each person.
- All five referrals had not been authorised at the time of the inspection. However, the provider had been in regular contact with the local authority because these five people did have restrictions in place for their safety.
- When people lacked capacity, assessments and best interest paperwork was in place for areas such as personal care, medicines and finance.
- Staff showed a good understanding of the [MCA] and their role in supporting people's rights to make their own decisions.
- During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- Within some records the provider had highlighted where a person had an appointed Lasting Power of Attorney [LPA] in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. Comments included, "Yes." when asked if staff were caring. One person held their thumb up when we asked if staff treated them well. "One relative said, "I thank god we have people who think about, and are very caring towards [Relatives name]."
- Staff spoke positively about their work and the people they supported. One staff member said, "Everyone wants the same outcomes for people we do what we need to do, their quality of life is fantastic."
- Compliments from people and relatives had been received. One comment read, "Very happy with the way [relatives name] looks and general persona, very relaxed."
- People's religious beliefs were considered, one person told us how staff supported them to attend church regularly.
- Nobody we spoke with said they felt they had been subject to any discriminatory practice, for example on the grounds of their gender, race, sexuality, disability, or age. Training records showed that all staff had received training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- People's care records had information about their life history, interests, significant people and preferences and the registered manager and staff were familiar with these details.
- We observed during the inspection how staff members checked in with people confirming what they wanted to do.
- One person said they wanted to go swimming, the staff member discussed which pool they might like to attend as they preferred a quiet pool.
- A relative who told us, "They are so proactive they said to me can we get [relative name] a hot tub, its routine now, they go for a bike ride and back to the hot tub."

Respecting and promoting people's privacy, dignity and independence

- We observed people being treated with dignity and respect whilst visiting in their homes.
- A relative we spoke with told us, "They have so much respect for my relative, just have to see the work they have done with them."
- People were encouraged to be as independent as possible, support plans detailed the level of support people needed.
- One person liked to go out on their bike, they were not safe to go on the road but staff supported them to follow a safe route near to their home. Another person showed us their tickets to the circus.
- Staff supported people to carry out paid employment and volunteering roles in local shops.
- One person told us how they enjoyed the work they did, Staff told us this person was so well known in the

community now.

- People's confidentiality was respected, and people's care records were kept electronically where staff had individual passwords to access records.
- People were supported to maintain and develop relationships with those close to them. Relatives told us, "You get a true picture from the registered manager." And "Registered manager always welcomes us we are so glad to have them back looking after our relative."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was personalised to them because staff knew people well and respected their wishes where appropriate.
- Care plans were person centred which meant any new staff had clear guidance on how to meet people's needs.
- People and family members felt involved in their care. We observed staff involving people in decision making about what activity they wanted to do that day. Staff explained how people had structured routines they had chosen. A staff member said, "[Persons name] gets very anxious if staff do not follow their chosen routine". One relative told us, "[Registered manger's name] gets to know his clients. He is clever. He makes sure his staff works for the client."

The provider told us, "Two people are now involved in interviewing for new staff. "They added, we plan to create forums so relatives can be much more involved in the service development as well as their relatives care."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard [AIS]. The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the AIS and the requirement to adhere to its requirements.
- Staff told us they would assess anyone who could not communicate and identify the best way for people to reduce barriers when their protected characteristics made this necessary.
- Care records had communication profiles that showed how staff should support people to communicate.
- We observed staff communicating using signing with one person. Staff used another person's preferred method, which was repeating everything back to them to confirm staff understood what they had said.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities that were socially and culturally relevant to them.
- The provider told us they carried out monthly aspiration meetings. This was a meeting specifically focused on what the person wanted to achieve.
- We reviewed one person's record of aspirations, it included activities they had completed such as going to

the cinema and planning a holiday.

Improving care quality in response to complaints or concerns

- The provider had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome.
- People and relatives felt confident about raising any concerns. They said they would speak to staff or the registered manager. One relative said, "It took time to trust because I have had such a bad experience previously but we are getting there and they always respond well when I say anything."
- Complaints we reviewed were investigated appropriately and responded to in a timely manner.

End of life care and support

- At the time of the inspection there was no one being supported by the Care Partnership who required end of life care.
- Three people had future plans in place, which detailed what they would like to happen in the event they should need end of life care.
- Staff told us they had not had end of life training, which meant staff could not be sure they would be delivering the right care for someone if they should need end of life care.
- We discussed this with the registered manager who assured us they would review their end of life policy to ensure they worked in line with current national guidance and best practice.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. This is the first inspection for this newly registered service. This key question has been rated Good.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a clear vision to deliver care and support that promoted a positive culture. ● Their mission statement said, "Recognise the individual need for personal fulfilment and offer individualised programmes of meaningful activity to satisfy that need of Service Users and staff."
- Processes in place supported this mission statement. Staff appreciated the values of the provider and the way it was run. A member of staff told us, "We are like a family, I wouldn't have come here if it wasn't for [registered managers name]."
- All the feedback we received throughout the inspection was positive. People we observed were happy and comfortable during interactions with staff.
- The manager was well known by people and their relatives. People we could speak with, their relatives and staff told us they had confidence in the registered manager. One relative said, "Complete confidence in [registered managers name] they know what they are doing."
- The registered manager told us that key messages were communicated regularly through day to day contact with staff. Staff we spoke with confirmed this and told us they felt communication was good. One staff member told us, "We have an [online application] we use so we get any updates immediately."
- The registered manager promoted the ethos of honesty, and records evidenced a willingness to learn from mistakes when things had gone wrong.
- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.
- It was clear there was a mutual respect between people and staff.
- Without exception, relatives told us The Care Partnership was well led. Comments from relatives included, "So proactive." And, "Works with [relatives name] they know them as well as the staff do." Comments from staff included, "They take an active role in supporting people and staff, they do shifts just like us, it is so well led."
- The registered manager worked closely with people and the staff team. The registered manager had a proactive style of leadership which people responded well to.
- It was very evident the registered manager was passionate and dedicated to providing a responsive service for people. For example, carrying out regular aspiration meetings with people meant they were totally committed to providing the best service they could deliver, resulting in the best possible outcomes.
- Staff felt valued by the registered manager and told us they were confident their contributions were appreciated. One staff member told us, "I took a pay cut to come here because of the values." The provider

said, "We are looking at ways of showing staff they are valued."".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There was a strong framework of accountability to monitor performance and provide clear lines of responsibility. The registered manager was supported by three care managers and senior care workers. The registered manager took any major operational decisions to the board of directors for consideration and agreement.
- There were effective quality assurance arrangements in place to raise standards and drive improvements.
- The providers approach to quality assurance included completion of an annual survey. The results of the most recent survey had been extremely positive. There was also a system of audits to ensure quality of the service was checked, maintained, and where necessary improved.
- Audits that were regularly completed included checking medicine records were accurately completed; checking care plans were to a good standard and regularly reviewing and monitoring accidents and incidents.
- There was a culture of openness and honesty. Feedback on the service was encouraged through conversations with people, their relatives and staff.
- The provider had a development strategy to improve the service. This included involving people and their relatives in service development.
- Staff were motivated by, and proud of the care they gave. One staff member told us, "I took a pay cut to come here, that's how proud I am to work here."

Working in partnership with others

- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and collaboration with care managers, GPs, District Nurses, local churches and local community service. This enabled the service to provide comprehensive care