

Partnerships in Care Limited

51 The Drive

Inspection report

Kingsley
Northampton
Northamptonshire
NN1 4SH

Tel: 01604710145
Website: www.partnershipsincare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

51 The Drive is a small residential home providing personal care, rehabilitation, therapy and support for up to three people with acquired brain injuries. At the time of inspection, three people were living in the home.

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

Systems and processes to ensure people were protected from harm were not always effective. Unexplained injuries had not always been properly recorded, reported, investigated or monitored.

Systems and processes in relation to health and safety oversight needed strengthening. Some environmental risks were not mitigated. We found window openings were not consistently restricted and a large freestanding wardrobe was not secured to the wall.

People had their needs assessed prior to moving into the service, the service had developed comprehensive person-centred care plans and risk assessments. People were supported to regularly access support from the provider's transdisciplinary team of professionals and relatives told us they were kept updated with people's health and wellbeing needs.

Staff promoted people's independence. People and their relatives where appropriate were involved in care planning and care was regularly reviewed and adjusted to support people to meet their identified goals.

People were supported to take part in activities that interested them and to maintain relationships with people who were important to them.

The registered manager gathered feedback and sought views on the quality of the service. The feedback people had provided was recognised and actioned.

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.

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

Rating at last inspection

The last rating for this service was good (published 17 July 2019)

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safeguarding, the premises and governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

This service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

This service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

51 The Drive

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

51 The Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider sent us a 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. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care

provided. We spoke with seven members of staff including the director of clinical services, registered manager, senior community support assistants and community support assistants.

We reviewed a range of records. This included one person's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and accident/incident information.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Unexplained injuries had not always been properly recorded, reported, investigated or monitored. We found two undated body maps which recorded a person had sustained two separate injuries. These injuries had not been reported to the registered manager. We raised this with the registered manager, who promptly followed this up by taking the necessary actions.
- The provider had a safeguarding policy in place and staff had received training in this area. The registered manager informed us following the inspection, the staff team would be provided with additional safeguarding training.

We found no evidence that people had been harmed however, the registered manager had failed to ensure that bruises and injuries investigated and reported appropriately. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We highlighted our concerns with the registered manager who following the inspection provided evidence of action taken to mitigate risk.

- Staff understood the provider's whistleblowing procedures, whistleblowing is when a staff member reports suspected wrongdoing at work. A staff member can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if anyone's health and safety is in danger.

Assessing risk, safety monitoring and management

- The service had identified that some people sometimes suffered distress that placed themselves at risk of harm. They had not taken the appropriate actions to minimise these risks within the environment. This included securing heavy large furniture such as wardrobes to walls and ensuring window restrictors were fitted in line with best practice guidance to prevent falls and injury. We raised this with the registered manager and director of clinical services who promptly arranged for this work to be completed.
- Health and safety checks did not include monitoring of first aid kits. We found an out of date swab in the kitchen first aid kit.

We found no evidence that people had been harmed however, the provider failed to ensure a safe environment. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care

Act 2008 (Regulated Activities) Regulations 2014.

- Risks for people had been individually assessed. Care plans and risk assessments showed the action staff should take to minimise any risk of avoidable harm.
- Staff were knowledgeable about people's risk assessments, we found that people's risk assessments matched their support needs and provided clear information for staff to follow.
- We found that maintenance checks had been regularly carried out to the home's environment which included fire safety and water checks to ensure it was safe.

Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure the people they recruited were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.
- There were enough staff to keep people safe and meet their individual needs. The staff team were also supported by a neighbouring service also operated by the same provider. This ensured continuity of care if there was staff absence. Staff and relatives both felt the service was adequately staffed.
 - Staff spoke positively about their induction. Staff told us "The induction was good, I learnt so much in the training, I also shadowed and read people's care plans. I got to know everything I could."

Using medicines safely

- Medicines were managed safely. Staff received training in the administration of medicines during their induction and undertook annual refresher training. Staff received regular checks and direct observation of their practice to ensure medicines were administered safely.
- Regular checks were completed of the medication stock and records, we reviewed these records, we found that people had their medication administered safely and in line with the prescribing instructions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had systems in place to monitor the quality of the service, the outcomes of the monitoring activities were shared with staff to drive improvements,
- The registered manager had identified that improvements were required to the recording of medication. We could see this had been actioned and staff had been provided with additional support in how to record medication correctly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The people living in the home were encouraged and supported to add to the decoration, we saw that people's creative work on display.
- The provider had identified that improvements were required to the décor, windows, doors and garden fences. There was a plan in place to refurbish these areas.
- The home had put systems in place in the communal areas to facilitate social distancing during the COVID-19 pandemic.

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

- People's needs had been individually assessed. Care plans and risk assessments detailed the action staff should take to minimise any risk of avoidable harm.
- People's needs and choices had been identified in their care plans. For example, one person preferred to take a bath rather than a shower. The person's care notes recorded that this choice was followed.
- Staff spoke with knowledge and understanding of the people they were supporting. One staff member told us, "I support [person] to cook, I guide [person], I will do a task whilst they watch, then [person] has a go, we do things together as a team."

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and supported to meet their needs. Staff completed a wide-ranging induction when joining the service which included training specific to the people they would be supporting.
- Staff said they felt supported by the registered manager and senior community support assistants. Staff had regular supervision's and staff meetings. This meant important information was shared with the staff team, who then had the opportunity to discuss this as a group and suggest any improvements to the service.

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

- People were encouraged and supported to cook their own meals and people were involved with planning what they would like to eat.
- People's care plans clearly detailed their eating and drinking needs. We saw that people's food and fluid intake was monitored when appropriate.
- Staff had received training in food safety. We observed people and staff following good hygiene practice when working in the kitchen.

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

- People received support from the providers transdisciplinary team of health professionals. This included occupational therapists, speech and language therapists and psychologists. The team provided detailed assessments and reports which were regularly reviewed. An outcome from this, was that people had agreed goals in the care plans and they were supported by the staff team to achieve these.
- People's records showed they regularly accessed support from healthcare professionals to meet their needs such as GP's and consultants. Relatives told us they were kept updated following any appointments the person attended.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- Staff had received training in the principles of the MCA and DoLS. This training was reoccurring, so staff were able to refresh their knowledge and understanding.
- People had individualised mental capacity assessments in place, it was clear what decisions people could make for themselves. Where a person was unable to make a specific decision, we saw evidence that a best interest decision had been made with the involvement of the person's relevant people.
- Staff had a good understanding and working knowledge of the principles of MCA. Staff told us the process they would follow, if an assessment determined a person lacked capacity to make a specific decision.
- We saw evidence that the applications for DOLS had been completed and submitted correctly.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed staff to be considerate and friendly throughout the inspection. A relative told us, "The staff are lovely, you can see how happy [person] is, I know [person] is settled."
- People were supported and encouraged to make decisions regarding their day to day routines. We observed staff showing patience and understanding when speaking with people.
- Care plans contained information on people's choices and personal relationships, and the support staff needed to provide to ensure people's individual needs were met.

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

- People and their relatives where appropriate were involved in their care planning and how they wished to be supported, people were also given the opportunity to regularly review their care plan to see if any changes needed to be made.
- Staff understood the importance of listening to people's views. One staff member told us "I always make sure I chat and listen to people, I am always interested to find out as much as I can, so I know then how to support them in the best possible way."
- The registered manager had ensured people had regular access to advocacy services, to support them in making decisions. Advocates are independent of the service and support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People received care which promoted their independence. One person told us "I love the staff, they are helping me to achieve things." Staff spoke with enthusiasm about supporting people to achieve their goals.
- Staff spoke about the people they supported with knowledge, respect and understanding. One staff member told us "I do my utmost to support people, we take time teaching people new skills so they can learn to do things themselves."
- People's records were stored securely which maintained people's confidentiality. The provider was meeting their responsibilities under the General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People's needs were regularly reviewed, and support was adjusted as required. Staff documented people's achievements, which meant progress towards identified goals was monitored and evaluated.
- People's needs were assessed prior to admission to the service. Care plans contained detailed information on people's history, likes, dislikes and outcomes they wished to achieve.

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.

- People's care plans detailed their communication requirements and the support needed to ensure these were met.
- We found information on display in the service had been produced in people's preferred accessible format.

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 take part in activities that interested them. We could see that the service had facilitated regular activities within the home and in the local community. One person told us "I like to go out shopping, I go all the time, I like to help out."
- People were supported to maintain relationships, a relative told us "The staff are very good in helping [person] to keep in touch. I receive pictures and phone calls of when they have been out anywhere." And "It's great that they allow pets, [person] loves the cat."

Improving care quality in response to complaints or concerns

- The service had not received any complaints since the last inspection. The service had a complaints policy in place and the registered manager had a good understanding of this and the actions they would take in the event of a concern or complaint being raised.
- Relatives told us they knew how to complain and were given the opportunity to raise concerns or queries. The service regularly communicated with people's relatives and information was shared appropriately.
- The service had received many compliments, these were on display in the main entrance and included

quotes from people stating how happy they were with the service.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection.
- People using the service were given the opportunity to express their wishes for the care they would like to receive at the end of their life.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes to ensure people were protected from harm were not always effective. The providers governance procedures had not identified the potential safeguarding concerns we found at the inspection. This included accurate recording, investigation and reporting of unexplained injuries.
- The providers systems and processes to identify environmental concerns failed to identify inconsistencies and inaccuracies in audits. Wardrobes had been documented as being secured to the wall, but we found this was not the case. Window restrictions had been documented as being in place, and not fit for purpose, however we found that they were not in place in all first-floor rooms.
- The providers health and safety checks did not include auditing first aid kits to ensure these had the correct and in date equipment.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We highlighted our concerns with the provider who during and following the inspection provided evidence of the actions taken to mitigate risk.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive, person centred approach to the planning, delivery and review of people's care, this was demonstrated by the staff knowledge and understanding of the people they were supporting.
- Staff felt supported in their roles. Staff told us "[Registered manager] is very easy to talk too, she is approachable and very helpful."

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; Continuous learning and improving care

- The registered manager understood their duty of candour responsibilities. Positive relationships had been developed between people using the service, relatives and staff.

- The registered manager and staff were clear about their roles and responsibilities. There was a clear process that staff followed if something went wrong. The service operated an on-call system which meant staff seek management advice at any time.
- The registered manager was open and transparent about the improvements that were required and promptly informed us of how these would be addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager gathered regular feedback about the quality of the service through discussions with the people using the service, their relatives and the staff team. The feedback received had been recognised and actioned.
- Staff meetings took place regularly, staff told us "We have regular meetings, we discuss any changes or updates, we can discuss concerns. At the last meeting we started planning a team building exercise."
- The registered manager had a supervision schedule in place to ensure that staff had a regular one to one meeting. Staff told us they felt supported by the registered manager and their colleagues.

Working in partnership with others

- People were regularly supported by the providers transdisciplinary team of professionals which enabled effective coordinated care for people, which met their health and wellbeing needs.
- We saw that the service had acted promptly when there had been a concern about a person's health, the service had contacted the relevant health professional to seek advice and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Unexplained injuries had not been properly reported, investigated or monitored.
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Window openings were not consistently restricted and a large free standing wardrobe was not secured to the wall. The provider had failed to maintain a safe environment.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were either not in place or robust enough to demonstrate safety was effectively managed.