Support Partners (Spl) Limited

Support Partners

Inspection report

Support Partners (Spl) Limited, Unit 2
The Pentangle, Park Street
Newbury
Berkshire
RG14 1EA

Tel: 01635581244
Website: www.supportpartners.co.uk

Date of inspection visit:
28 July 2016

Date of publication:
02 September 2016

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

This inspection took place on 28 July 2016.

Support Partners provides supported living to people in two supported living settings and domiciliary care support to people in the community.

The service had a registered manager as required to manage its day to day operation. 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.

People and a relative felt staff were caring and supported people's dignity and privacy. They felt staff involved them in making decisions about their day-to-day care and encouraged them to do what they could for themselves. Staff asked people's consent before providing support and respected their wishes. People's care needs were regularly reviewed with them.

Staff knew how to respond to signs of possible abuse and how to report it. They felt the registered manager would respond appropriately to any concerns raised.

People's rights and freedom were safeguarded by staff.

The registered manager addressed complaints appropriately although records could have provided more information about the action taken to resolve them. The registered manager had sought people's views about the service by means of a survey. Issues raised had been addressed. The outcome of the survey and the actions taken were reported back to people.

Medicines management systems were appropriate and all staff had their competency assessed periodically with regard to medicines management as well as infection control and manual handling. Where medicines errors had been made, staff had reported this immediately having first sought appropriate medical guidance on any necessary actions.

An appropriate recruitment process helped ensure that staff had the necessary skills and approach to care for vulnerable people. Some records were incomplete and this was addressed during the inspection.

Staff received an appropriate induction and there was a rolling programme of training to ensure this remained up to date. Their practice was monitored through a mix of spot checks of care practice, informal observation and through management working alongside them.

Staff were supported through supervision meetings and annual appraisals. Team meetings were not always

frequent, limiting the opportunities for staff to discuss care practice with colleagues.

Management monitoring systems were in place. However, the monitoring that had taken place was not always recorded. The service had a development plan which identified goals and how they would be achieved.

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.

People felt safe and well cared for.

Staff knew how to respond to concerns relating to safeguarding. They were confident management would respond appropriately to any concerns raised.

Recruitment systems helped ensure the staff employed had appropriate skills and character. Some improvements were made during the inspection to address gaps in records.

Appropriate risk management and medicines management systems were in place.

Is the service effective?

Good

The service was effective.

People felt the service met their needs well.

Staff were well inducted, trained and supported to enable them to perform their role effectively.

People's rights and freedom were managed well and appropriate support was sought from external healthcare specialists when required.

Is the service caring?

Good

The service was caring.

People felt staff were caring and treated them with dignity.

Staff worked respectfully with the people they supported. People were involved in making day-to-day decisions and choices about their lives.

Care plans also reflected a respectful and inclusive approach to care.

Is the service responsive?

Good

The service was responsive.

People felt staff were responsive to their changing needs and listened to their views.

People were involved in planning and reviewing their care. Care plans were individualised although some lacked sufficient detail. The registered manager made some immediate improvements and agreed to review all care plans.

The service had an appropriate and effective complaints system. People had raised only a few issues and these had been addressed.

Is the service well-led?

Good

The service was well led.

People and staff felt the service was well run and that the management were accessible.

People's views about the service had been sought via a survey as well as through informal means. Feedback was positive and any issues had been addressed.

The operation of the service was effectively managed and monitored.

Support Partners

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.

We last inspected the service on 29 April 2014. At that inspection we found the service was compliant with the essential standards we inspected.

This inspection took place on 28 July 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care and supported living services. We needed to be sure that management would be available. The inspection was carried out by one inspector.

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 also reviewed the information received from our survey of the views of people, relatives, staff and external health and care professionals and any notifications made by the service. Notifications are reports of events that the provider is required by law to inform us about. We reviewed the report of the previous inspection.

During and after the inspection we spoke with seven people who use the service and a relative, to seek their views about the service. We reviewed the care plans and associated records for six people, including their risk assessments and reviews. We examined a sample of other records to do with the service's operation including staff records, surveys, meeting minutes and monitoring and audit tools. We looked at the recruitment records for three of the more recently recruited staff. We observed the support provided within the supported living services. We also spoke to the registered manager, the deputy manager and three of the staff, in the course of the inspection process.

Good

Is the service safe?

Our findings

People felt they were safe, when supported by the service. One person told us, "They treat me gently, I feel quite safe with them" and another said, "Yes, I feel safe." A relative said, "He is very safe, they treat [name] well."

People were kept safe because staff understood how to record and report any safeguarding concern and had confidence that the management would respond appropriately. They knew how to raise their concerns outside the service if necessary. One staff member told us, "I feel confident they would do something about any issue that we raised." Staff had received training on safeguarding vulnerable adults.

No safeguarding incidents had arisen since the previous inspection and no concerns had been raised by staff about the service.

People's care plans were supported by appropriate risk assessments addressing areas where a risk had been identified at their initial assessment. Risk assessments described the actions staff needed to take to minimise the risk and were supportive of maximising the person's freedom. For example, one file recorded the observations carried out by an appropriate external practitioner, to check the person's support needs. The focus was on providing only the support needed to enable the person to manage the activity themselves. People were involved in their assessments and risk assessments and their views were taken account of in the process.

Where care packages would not be covered due to sickness or holidays, other staff in the team were first offered the calls as overtime. If no one could cover them, known staff were sought from another agency to fill the gaps. Four regular external agency staff tended to be used in this way to cover shortfalls, working alongside employed staff, within the supported living service. The service had appropriate copies of recruitment and training information on these external staff, provided by their employing agency. However, two of their records did not indicate they had current safeguarding or infection control training. The registered manager contacted the employing agency during the inspection and obtained assurances they would update this training before the service used them again.

The registered manager felt the service had no significant difficulty with staff recruitment. She told us new staff often approached them having heard about the job through word-of-mouth. Two of the recent recruits were from the sister service Care Partners, which also operates out of the same office and was managed by the same registered manager. There were no current vacant posts.

Recruitment records showed that for the most part, the required checks had been undertaken and the required evidence retained. Where we found some gaps in recorded employment history, the registered manager immediately contacted staff and obtained written statements to cover the period of any gaps in employment. One person who had previously worked for the service, left and later returned, had only the reference from a past employer on file. They had not worked since last being employed by the service so the registered manager obtained an appropriate character reference.

The registered manager had taken disciplinary action were appropriate to address aspects of practice which fell beneath an acceptable standard.

Where people's support included help with their medicines this was addressed in their care plan. Staff and the registered manager told us that refusals of medicines were not common and had almost always been resolved by re-offering the medicine later.

Where people were prescribed medicines to help them manage anxiety, on an 'as-required' basis, staff were usually successful in supporting the person to manage their anxiety without the need for the medicine. Staff had access to clear guidelines detailing the stages of support to offer the person prior to administering the medicine.

The provider worked with external healthcare specialists to ensure that people's needs for medicines were regularly reviewed. In one case where a review had been sought, a person's medicine levels had been reduced, which had resulted in positive changes in their wellbeing and self-awareness of their needs.

Three medicines errors had occurred in the previous 12 months. In each case staff reported their error as soon as it had been noticed and had already taken appropriate action by seeking medical advice regarding the person's wellbeing. The staff involved were re-trained and had their medicines competency re-assessed. The local authority had been notified and an incident report completed and placed on the person's file.

Good

Is the service effective?

Our findings

People were happy with the support they received from the service. One said, "They support me very well" and another told us, "They provide physical and emotional support", and described them as, "Absolutely brilliant." A relative told us staff were, "…very good", and "…were always centred on what's good for [name]" and added that they, "…become like friends of the family."

People told us staff mostly arrived on time and took a flexible approach to support, based on what people wanted on the day. People generally received care from a group of known staff which made them feel more secure. One person told us they had been supported by much the same group of staff for several years. This was very positive for them as they didn't have to keep re- explaining their complex needs to new staff. Another person told us the "…agreed care is provided seamlessly". A relative added that staff provided support in a way that enabled the person's freedom as well.

The service provided both supported living and domiciliary care support to people in the community. People living in the two supported living premises were each supported to varying degrees based on their assessed needs. A further 13 people, living in their own homes received domiciliary care support in accordance with a planned schedule.

New staff received an induction based on the national 'Care Certificate' and completed assessment booklets as well as completing a programme of training. Staff competency was assessed through the independent marking of these booklets and direct observation of practice. Care certificate induction and assessments had been completed for eight staff and were in process for a further seven of the nineteen staff, awaiting external verification. The policy of the service was that the care certificate process would also be extended to existing staff so all staff had received the same standard of training and competency assessment. Where staff were not comfortable using computers, they were asked to complete Skills For Care workbooks instead, which were then externally assessed.

All staff had had their competency in medicines management, infection control and moving and handling assessed within the previous 12 months and there was a schedule for this to be repeated annually. The records of staff competency checks referred to staff seeking consent and positively involving people in their care and decision-making.

People benefitted from staff who received regular training. Staff training was delivered on a rolling three yearly programme and records suggested staff were all up to date with core training or were in the course of updating it via distance-learning workbooks. Staff were paid if they completed training in their own time. The service used local authority training course for core training in medicines, moving and handling, first aid, infection control and safeguarding.

The provider target was for staff to attend supervision meetings approximately every four months and to have spot checks carried out by senior staff with the same frequency. Records suggested this frequency was not always met although staff felt they received sufficient supervision. Staff had annual performance

appraisals. Staff had access to an out of hours phone number for advice and support from a member of management outside of office hours or could also call staff at the supported living service. Staff confirmed these arrangements were effective.

All of the people supported had capacity to make day-to-day decision and choices and were involved in planning their care as far as was possible. One person had a family member appointed with deputyship for decision making around finance.

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.

A 'best interests' decision had been made on behalf of one person regarding the use of anaesthetic to enable a diagnostic procedure. Appropriate people were involved in the decision which was recorded on file.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where the service provides supported living or domiciliary care support they are required to refer people to the local authority for them to make an application to the court of protection (COP) for an order, where their liberty is restricted. None of the people supported were under such an order from the COP. The service had put forward four people for the local authority to consider applications, as they were supported 24 hours a day and would not be able to go out in the community unsupported. However, the local authority had not felt they should be referred to the COP.

Staff sought medical help where necessary or when asked to by people. Appropriate consultation had taken place with external specialist care and healthcare staff such as the speech and language therapy team, occupational therapists, psychiatrists and an external travel trainer.

Good

Is the service caring?

Our findings

People felt the service supported them well and staff were kind and caring. One person said of the staff, "They are very good, kind and caring." Other people told us the staff, "…respect privacy and dignity" and "…involve me always in my care."

No one we spoke with raised any concerns about the approach of staff and all felt staff looked after them well.

We saw staff approached people respectfully and actively interacted with them, encouraging them to express their opinions and choices. People were asked if they were happy to go ahead before care support was given. It was evident staff and the people they supported knew each other well and relationships were positive. Staff knew how best to approach different people and treated them very much as individuals.

People were involved in their day to day care and their views were taken account of. One person who required a degree of monitoring, sometimes wished to have time away from staff. When this was the case, staff respected their wish and monitored them from a distance whilst also keeping them safe.

Care plans referred to involving people, reminding, supporting and encouraging them and identified how the person liked things done. They also identified where people were able to manage aspects of their own care so staff encouraged self-care and independence. Good detail was provided with respect to working with one person who experienced fluctuations in wellbeing depending on their situation on the day.

The dignity of people sharing the supported living premises was maximised because each had either an ensuite shower/bathroom or exclusive use of a bathroom. Staff ensured they delivered personal care support behind closed doors.

Recent changes in one person's medicines following a review request by the service had helped improve their dignity. The change had led to improvements in the person's awareness of their personal care needs so they could seek support in a more timely way.

People receiving domiciliary care support also had their dignity respected. Staff supporting one person when travelling, did so from a distance which allowed them to appear unsupported, while they were coping well with the journey, and stepped in only if required. Staff had also engaged with the station staff and transport police so they were aware of the person's needs, so they could respond in ways which supported the person's needs. The person's relative was happy this approach maximised their dignity.

The records of care observations during spot checks noted that staff addressed people's privacy and dignity in the course of providing support and involved them in decisions about their care. One older person's care plan referred to the involvement of an external advocate to help establish the person's end of life care wishes.

Good

Is the service responsive?

Our findings

People felt the service had responded well to meet their needs and always involved them in discussion about their care and wishes. One person told us, "I wanted support, not complete care, and they do that". They added that staff, "…respond to my needs changes, they bend and sway with me."

A relative was also happy the staff involved their family member in care decisions and also kept them informed where necessary. A relative told us the service always put their family member's needs first and, "staff have prioritised [name's] needs in a crisis."

Staff described how they always prioritised the needs of the person they were supporting. If the person required additional support or medical help, they would remain with them and contact the office who arranged someone else to cover their next call or obtained medical help if needed.

One person told us they had regular meetings with the deputy manager to review their needs. Staff felt the care plans were kept up to date and when anything changed they were notified via text or through handover or the communication book.

The manager told us people were involved in their care planning and reviews as much as they were able. We saw that care plans involved some evidence of this consultation in terms of individual wishes and preferences.

Care plans were supported by appropriate risk assessments and, where necessary, with guidance for staff from external healthcare specialists, for example, on managing epilepsy or behavioural support. Most care plans provided sufficient detail to enable staff to deliver the support in a person centred way. However, some care plans lacked sufficient detail about how to deliver the identified care or did not always cross-reference between different relevant documents such as risk assessments. The manager made some immediate amendments following the inspection to address this, including the provision of an additional risk assessment and undertook to review all care plans with this in mind.

The complaints procedure was provided to people and their relatives within the service user guide. It was also available in large print and easy-read versions to support staff to explain it to people. Staff understood their role could include supporting people and advocating for them with regard to complaints although none had needed to do so. Most people we spoke with had not had cause to raise any complaints to the service. One person raised a number of specific issues which we referred to the deputy manager who was due to meet with them the following day. One person had raised an issue about a staff member in the past and told us, "It was addressed really well."

No formal complaints had been made in the last 12 months. Two informal comments had been raised which had been addressed. For example, a change had been made to one person's support staff because they did not gel with the previous staff member. The level of detail regarding the actions taken in response to these issues was not sufficient. The registered manager agreed the additional detail discussed during the

inspection would be added to complete the record.

Good

Is the service well-led?

Our findings

People and relatives were happy that the management of the service were accessible. They listened and responded to any concerns raised. When issues had been raised they were resolved.

Staff were positive about the management of the agency and felt it was well run. One staff member said, "The manager is very good to me" and added, "…they are flexible." Staff felt that teamwork and motivation was good. Although whole-team meetings did not take place very often, communication was also maintained via communication books, through text updates, and by means of handovers in the supported living services. Team meetings were held more often between staff working in the supported living services although feedback from staff about their frequency varied between six-weekly and quarterly.

The registered manager said their target was to undertake spot checks of staff approximately every two months. The records we saw suggested these took place although less often that the target frequency. These checks were supplemented by competency observations with regard to moving and handling, infection control and medicines management. Managers also carried out a lot of informal observation of practice, working shifts within the supported living houses, although these tended not to be recorded as part of the monitoring process. The content of files was checked periodically although no record was made of this. The registered manager created new recording formats for management visits and file audits during the inspection, to be used to document these checks. Monitoring visits to the supported living services had led to discussions with the landlord resulting in improvements to the environment. For example, windows and kitchen tiles had been replaced after concerns about their condition had been raised by the management on behalf of tenants.

The registered manager and deputy manager carried out some domiciliary care calls in the community as well as doing post-call visits to seek feedback. People or staff could also visit the office to discuss any issues or concerns. The registered manager told us one person regularly visited the office for a chat. The service had a two year development plan which included an action plan for how identified developments would be progressed. Staff were each given a handbook detailing the expectations on them. Calls were monitored through calls from service users and from staff if they were running late or needed to remain at a call. All of the people who received domiciliary care support were able to contact the office if they were concerned about staff not having arrived.

The Commission had not received any notifications of incidents since the last inspection in April 2014. In discussion with the manager we identified one incident over 12 months ago which should have been notified, but no other notifiable events had taken place. The registered manager undertook to ensure that any such matters would be notified in future.

Annual surveys about people's views regarding the service were carried out and the outcome reported to everyone. People confirmed that their views had been sought by a survey as well as through reviews and other meetings with management. They also confirmed management carried out spot checks on staff periodically and observed them at work. The outcomes from the most recent survey in November 2015 were

mostly positive and any issues were addressed. No staff survey had been carried out to seek the views of staff about the operation of the service, however the manager told us one was planned. Staff told us they had informal opportunities to raise any concerns.