New Partnerships Ltd

# New Partnerships Care

## 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? | Requires Improvement |

# Summary of findings

## Overall summary

The inspection took place on the 4 June 2018 and was announced.

New Partnerships Care is a domiciliary care agency. It provides personal care to people living in their own houses and supported living. It provides a service to people with learning disabilities. There are currently 12 people using the service.

The service provides care and support to people living in seven supported living settings, so that they can live in their own home 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy

The provider has recently appointed a new manager however they are not yet registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner.

The service was not consistently well-led. The service had appointed a new manager who was now providing leadership. The new manager had a good overview of the service and had taken steps to put systems in place to monitor and review care.

## 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 with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

People were supported with their medication.

### Is the service effective?

Good

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to, and they were supported with their nutritional choices.

People were supported to access healthcare professionals when they needed to see them.

### Is the service caring?

Good

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

### Is the service responsive?

Good

The service was responsive.

Care plans were individualised to meet people's needs. People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led

A manager had been in post for seven weeks at the time of our inspection they were not yet registered with the CQC.

The manager had taken steps to gain a clear overview of the service and care provided.

Staff were being supported to provide care.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The manager had a number of quality monitoring processes in place to ensure the service maintained its standards.

# New Partnerships Care

**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 gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector. We visited the office location on 4 June 2018 to see the manager and to review care records and policies and procedures. We also visited people in their homes on the 4 June 2018 and spoke to relatives by telephone on the 5 and 6 June 2018.

Before the inspection we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed information received from a local authority.

On the day of the inspection we met the manager at their office and spoke with them and the locality manager. We reviewed two care records, training records, three staff recruitment and support files, audits and minutes of staff meetings. We also met six people who use the service and spoke with four staff. Following the site visit we spoke with two relatives by telephone.

Good

# Is the service safe?

## Our findings

People received care that was safe and met their needs. One person told us, "The staff are good." A relative told us, "[relative name] is very happy." We saw people looked happy and relaxed in the company of staff and each other.

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. One member of staff said, "Any issues or concerns I would report it to the house leader or to the manager." The service also had a 'whistle blowing' policy where staff could discuss any issues confidentially. Where appropriate the manager had made safeguarding referrals to the local authority to investigate and had taken actions to keep people safe.

There were arrangements in place to help protect people from the risk of financial abuse. If people needed support with their money, staff kept clear records and kept all receipts. Spending was monitored and audited to insure there were not any discrepancies and that people's finances were safeguarded.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered access to the kitchen and using appliances, road safety, managing money, environmental risks and challenging behaviour. Risk management processes were intended to enable people to continue to enjoy things that they wanted to do rather than being restrictive. Staff demonstrated a good awareness of areas of risk for individuals and told us how people were supported to manage the risks.

Staff were trained in first aid and if there was a medical emergency they would call the emergency services. In addition staff were trained in the administration of emergency medication if a person needed this to manage their epilepsy. Staff also received training on how to respond to fire alerts and people had personal evacuation plans in place for staff to follow should their homes need to be evacuated.

There were sufficient staff on duty to meet people's needs. This included being able to support people with their individual programs and access to the community. Most people received one to one support throughout the day to enable them to live their life as they chose. The service in the last six months has been taken over by another provider as a consequence some staff had left. The manager was currently recruiting to vacancies and waiting for new staff to start once their employment checks are completed. In the interim agency staff have been used by the service. The manager told us that they tried to use the same agency staff to maintain consistency for people. Staff we spoke with told us that the use of agency staff had at times been problematic due to the additional support they had needed to work with people. Staff told us that this had at times had an impact on people's behaviour, as they like consistency and to build relationships with staff. Staff also told us that recently this had started to improve with the use of more regular agency staff. The manager told us that to aid consistency of staffing they had changed staffing rotas to ensure that the same staff were allocated within each supported living service and that people had a core team. This meant people knew who would be working with them every day for up to a month in advance.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, "A friend told me about the job as they thought I would be good at. I came for half a day as a trail and really enjoyed it, so applied for the job and have worked here since."

The manager had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings. The manager told us that they had a computer system in place that could break down themes for example times of incidents, staff present, outcomes, which they could then analyses and look for triggers and learning points to share with staff.

People received their medication safely and as prescribed. The service had effective systems for the ordering, booking in, storing and disposing of medicines. Medication administration records were in good order. Staff received training in medication administration and supported people with taking their medication. If people refused prescribed medication we saw from care plans there were protocols for staff to follow which included ringing 111 for advice. The manager had appropriate audits and spot checks in place to monitor medication were being managed safely.

Good

# Is the service effective?

## Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us they had completed nationally recognised qualifications and were being supported to advance with these to higher levels. One member of staff told us, "I have completed training to administer emergency medicine and I am still working my way through the care certificate." The manager told us that they did a mixture of on line training and face to face training. All training was monitored through an on-line system so that staff could see training available and book themselves to complete it. However staff told us that they sometimes had issues completing on line training due to poor internet access when working at the supported living homes.

Staff undertook a thorough induction when they started at the service. The manager worked alongside new staff to ensure they had a good understanding of people's care needs. The manager had regular meetings with new staff during their induction and probation period to review their performance and provide appropriate support and training. When new staff started working for the service they first undertook training, and then they worked for a week shadowing more experienced staff and spent time getting to know people. Staff new to care were enrolled into completing the care certificate. The Care certificate is a training course which can enable staff who are new to care to gain the knowledge and skills that will support them within their role.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2015 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. The manager told us that appropriate applications had been made to the local authority for DoLS assessments where necessary to protect people's rights.

People were supported with their dietary needs. Staff supported people with planning their meals, cooking and shopping. Staff told us that they tried to encourage people to eat healthily. Some people were able to help in the preparation of food and develop their cooking skills. For other people staff prepared food for them. One member of staff said, "I cook all the meals from scratch to make them as healthy as possible." Staff also supported some people with eating if required. A member of staff said, "You have to be really observant as [person name] can eat quickly and choke on their food."

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any hospital appointments as scheduled. People had health action plans in place describing how to keep them healthy and what support they needed. When required people received specialist support and review from learning disability professionals and their GP.

Good

# Is the service caring?

## Our findings

Staff provided a very caring environment. Throughout our observations there were positive interactions between staff and people. One person told us, "The staff are good, I like living here."

During our observations we saw staff had positive interactions with people. We saw staff talking to people in a kind and gentle way and people smiling in response to this. Staff knew how to respond to help reassure people if they were becoming anxious or distressed. We saw staff quickly intervened to distract one person who was becoming anxious by taking them out for a drive. The atmosphere was relaxed and friendly between staff and people. Staff spoke fondly of people one member of staff said, "They feel like my second family to me and I want what is best for them, so that they have a voice and are listened too."

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw that the staff were very good at ensuring people were able to communicate with whatever forms they found comfortable. We saw people's care plans were very detailed to show staff how to best support them with communication. Some people were able to express their needs verbally or by the use of sounds, other people used body language and some sign language. People were also supported to communicate through the use of signs, pictures or visual prompts and some people used computer technology such as ipads. The new manager had also recently bought communication packs to be implemented with people who may find them useful. These packs would allow people to have written diaries or picture diaries with them to help with their communication and memory. This showed the service was acting within the guidelines of accessible information for people.

People their relatives or their representatives were involved in the planning of their care and support needs. People were supported as individuals to enhance their quality of life, this included respecting their age, cultural and religious needs. Since the new manager has been in post they have arranged to meet with people, relatives and staff to review care plans and people's care packages. In the process of doing this they have involved other health professionals to ensure people are receiving the correct support packages. One relative said, "I have met with the manager and we have liaised to go through the care plan and time table of activities."

People were treated with dignity and respect. One person said, "Staff treat me well." Staff respected people's privacy needs and people were given the space to spend time on their own in their rooms if they wished. Some people in the shared houses also had keys to their rooms so that they could be locked if they wanted them to be. People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home and into the community.

Good

# Is the service responsive?

## Our findings

People received care that was individual to them and personalised to their needs. From care plans we reviewed we saw these were very person centred and individual. Each support plan had step by step guidance on how to best support their needs. The new manager told us that since they had been in post they had taken time to get to know people and review their care plans. The manager had met with people, family, staff and other health professionals to update and review people's care packages. In addition the new manager had put condensed summaries in place to help staff to understand people's support needs when they first meet them.

The service was responsive to people's changing needs. The new manager as part of their review had identified where people needed more support and had made referrals for this. For example to social services to increase funding packages or to Occupational Therapist to assess people's needs and the equipment they had to aid their independence.

People were encouraged to follow their own interest and hobbies. Staff told us that most people had their own cars which staff could drive to take them out for community activities. People had varied past times which included swimming, horse riding, and attending clubs. Staff told us that some people liked to go shopping, to parks or to the local beaches. One person told us, "I have been out to Maldon today. A bird tried to eat my sandwich."

The service had a robust complaints procedure. Since the new manager has taken over they have been meeting with families to address concerns raised. One relative told us, "Any problems are being dealt with. They are moving in the right direction." Another relative told us that they are still currently working on their concerns and that they are waiting to see if there is a positive outcome.

The manager told us that they did not currently support anyone on end of life care, however if needed they would work with other health professionals to support people at the end of their life.

Requires Improvement

# Is the service well-led?

## Our findings

The service was taken over by a new provider in September 2017. Since this time the service has gone through a period of change with new management structures being implemented. A manager has recently been appointed however they have not yet completed the process to be registered with the CQC. 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.

From talking with staff and relatives the service has lacked leadership following the initial change of provider. However since the new manager has been appointed and commenced work staff are now feeling more supported and relatives are more confident in the provider. One relative said, "The manager knows what they are doing, they have great plans moving forward."

Since being in post the manager has spent time contacting and meeting relatives to discuss the care packages in place for their relatives. This involvement has given relatives a voice to be involved in their loved ones care. This has also given the opportunity for other health professionals to be involved such as social workers.

Staff felt supported by the new manager. Staff told us that more stability had been put into place and more structure in their working environment. For example staff were now allocated as part of core teams providing care to people instead of being allocated across different locations. This also meant people had consistency in the support they were receiving from staff. The manager was very visible across the services, one member of staff said, "The manager is always here or popping in everyday to check everything is alright." Another member of staff said, "The manager is very supportive, since they started I have their mobile number and their home number. One day when I was having issues I rang them up and they came in straight away to support me and help out." Some staff told us that they felt communication still needed to improve as often staff were unsure about any changes being made. To address this, the manager had started a communication book at each of the services. Prior to the new provider staff use to receive emails to their personal accounts however due to a risk of confidentiality breaches the new provider does not endorse this form of communication. Instead the manager told us that the provider is setting up personal accounts for staff under their technology systems which will provide a safer level of security.

Staff shared the manager's vision for the service. One member of staff told us, "We want people to have the best life possible." Another member of staff said, "We want to look after people's interests, listen to them and help them to go out as much as possible."

The service had been developed in residential areas as family homes. There were good links from the service into the local community facilities and most people had their own cars for use to access the community.

The manager had a number of quality monitoring systems in place to continually review and improve the

quality of the service provided to people. They carried out regular audits on health and safety, infection control, finance, medication and care records and this information was used as appropriate to continually improve the care people received.