

Paratus Partners Ltd

Paratus Partners

Inspection report

Regus House
Fairbourne Drive, Atterbury
Milton Keynes
Buckinghamshire
MK10 9RG

Tel: 01908082265
Website: www.paratuspartners.com

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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:

Paratus Partners is a domiciliary care agency. The service provides personal care to people living in their own homes in the community. At the time of our inspection three people were using the service.

People's experience of using this service:

People received safe care and were protected against avoidable harm, neglect and discrimination.

Risks to people's safety were assessed and strategies were put in place to reduce the risks.

Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.

Where the provider took on the responsibility, people's medicines were safely managed.

Systems were in place to control and prevent the spread of infection.

People's needs, and choices were assessed before they went to live at the service.

Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to maintain good nutrition and hydration.

Staff supported people to live healthier lives and access healthcare services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff treated people with kindness, compassion and respect.

People were supported to express their views and be involved in making decisions about their care.

People and their relatives were involved in the care planning and reviews of their care.

Systems were in place to continuously monitor the quality of the service.

The service worked in partnership with outside agencies.

Rating at last inspection:

This is a first comprehensive inspection therefore the service had no previous rating. At this inspection we found the service met the characteristics of a "Good" rating in all areas. More information is available in the full report.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Paratus Partners

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one inspector.

Service and service type:

Paratus Partners is a domiciliary care agency. It provides personal care to people living in their own homes and provides a service to older adults. At the time everyone using the service received the regulated activity 'personal care'. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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.

Notice of inspection:

The inspection was announced. We gave the provider 48 hours' notice because we needed to be sure the registered manager was available. On 30 April 2019 we visited the onsite office location to meet with the registered manager and review records. On 1 May 2019 we called people using the service, relatives and staff.

What we did:

We reviewed information we had received about the service, including information within the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information received from the provider, such as statutory notifications about incidents and events the provider must notify us about. We also sought feedback from other professionals who work with the service.

We took the information into account when we inspected the service and made the judgements in this report.

During our inspection we spoke with two people using the service and one relative over the telephone. We also had discussions with the registered manager and two care and support staff. We checked the care records for two people using the service, and examined other records relating to the management of the service. These included two staff recruitment files, staff training and supervision records, policies and procedures and quality monitoring information.

Is the service safe?

Our findings

Our findings - Is the service safe? = Good

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risks of harm and abuse.
- One person told us "I feel very safe with the carers. Absolutely." A relative said, "Yes [relative] is safe. I have no worries about that."
- There was a safeguarding and whistleblowing policy in place which described the different types of abuse, how to raise referrals to local authorities and the expectations of staff and the registered manager
- The staff and management understood their responsibilities to protect people from the risks of harm and abuse.
- Staff completed safeguarding training to provide them with knowledge of types abuse and how to report any concerns of abuse and neglect.

Assessing risk, safety monitoring and management:

- Risk assessments were in place to ensure that each person was cared for in the safest way possible. Staff understood when people required support to reduce the risk of avoidable harm.
- Risk assessments were up to date, accurate and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.
- Staff understood the plans in place to manage risks to people as the information they gave us about how they managed people's risks matched the information contained in people's care plans.

Staffing and recruitment:

- People and staff told us support with personal care was given at times that suited each individual and that staff were always available to provide this support. One person told us, "They [staff] arrive at the same time every day on the dot."
- The registered manager had effective systems in place to ensure there were always enough staff available to provide care and support. A staff member commented, "We have enough time to do all our work and spend time with people for a chat and a cup of tea."
- Robust recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references and their suitability to work with the people who used the service. These documents were then sent to an outside human resources company who checked they were satisfactory.

Using medicines safely:

- When required, people received safe support to administer their medicines. People we spoke with were happy with the support they received. One person told us, "The girls remind me to take my tablets. I can do it myself but need reminding."
- Staff told us and records confirmed they had been provided with training on the safe handling, recording and administration of medicines.

Preventing and controlling infection:

- Staff received infection control training and there was an infection control policy.
- Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when supporting people with personal care.
- People using the service confirmed staff followed infection control systems when providing personal care and when handling food.

Learning lessons when things go wrong:

- In discussion with the registered manager and staff they told us there had been no accidents or incidents.
- Staff told us if anything did occur they were confident the registered manager would share learning through discussions with them and the registered manager has systems in place to ensure lessons would be learnt when things went wrong.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed to establish how these could be met by the service.
- Staff knew people's individual preferences, likes and dislikes and routines.
- The management and staff regularly reviewed people's care to ensure their needs were being met.

Staff support: induction, training, skills and experience:

- People received support from staff that were competent and had the skills and knowledge to care for their individual needs. One person said, "The staff are very knowledgeable and have a good understanding of my condition. I don't have to explain."
- Staff told us, and records confirmed they completed an induction and ongoing training that was relevant to their role. A member of staff said, "The training has been good. I shadowed the manager who showed me what to do."
- New staff completed a thorough induction which included face to face training. The registered manager said she always worked with people new to the service and then tried to match them with a staff member who was compatible. They then shadowed the registered manager until they were ready to work alone.
- All staff we spoke with told us they were well supported in their roles and had the opportunity to talk on a one to one basis with the registered manager when they needed extra support.

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

- Where required, people were supported to eat and drink enough. People told us their meals were either prepared by family members or they used frozen ready meals, which the staff reheated for them.
- Care records showed people's dietary needs were assessed, and the level of support they needed to eat and drink sufficient amounts.

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

- The service worked in partnership with other agencies and health and social care professionals to maintain people's health. For example, health watch, other care providers, people's GP's and district nurses.
- Staff were aware of what action to take if people were unwell or had an accident. Although at the time of our visit no situations had occurred where they had needed to follow this procedure.

- People's care records contained information about people's medical history, their current needs, and the healthcare professionals to contact should relatives or staff have any concerns about people's deteriorating health.

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. We checked whether the service was working within the principles of the MCA.

- Staff had understood the importance of supporting people to make choices and maintain their independence, and people we spoke with told us their consent was always gained from staff before carrying out any care.
- The registered manager confirmed no people using the service were currently subject to any restrictions under the Court of Protection.

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

Good: 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:

- People told us they felt well cared for by staff and had good relationships with them. One person said, "I have the same staff visit so they know exactly how I like things. They are very kind and caring." A relative commented, "The carers look after [relative] and are patient and respectful."
- Discussions with staff demonstrated they had a caring attitude towards people and had a good awareness of providing person centred care, in meeting people's individual preferences.
- We saw compliments received from people and relatives who had used the service. One read, 'Thank you for being understanding and very patient whilst providing care and support to my [relative] at a very difficult time for my family. The staff were very friendly, and our main carer would go out of their way to see to a seamless transition/handover in the evenings. We will be eternally thankful for your great kindness.'
- Staff told us they enjoyed their job and reflected pride in their work. One said, "I love my job. The best thing about it is the relationships you build with people. It's more than a job to me."

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

- People were supported to express their views and be involved, in making decisions about how they wanted their care and support to be provided.
- We saw that people's care was regularly reviewed and changes were made to care records when their needs and or preferences changed. One person told us, "I have a care plan and it reflects my needs very well. The manager always visits me regularly and asks if I'm happy with my care."
- Staff understood the importance of promoting equality and diversity. One relative told us, "[Relative] likes things to be done in a certain way. The carers are very respectful of my [relatives] wishes and understand how they like things to be done."
- Through our discussions, we noted that arrangements were in place to meet people's personal wishes and diverse needs. For example, care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

Respecting and promoting people's privacy, dignity and independence:

- People told us their privacy and dignity were always respected. For example, they described how staff ensured curtains and doors were closed when providing their personal care.
- People confirmed the staff promoted independence. For example, ensuring people were encouraged to do as much for themselves as possible."
- All staff signed up to a confidentiality agreement. Electronic care records were password protected and

information about people's care was only shared with people's consent and on a need to know basis.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's needs were assessed prior to them receiving a care package and information from the need's assessment was used to develop a care plan.
- Care plans took into account people's preferences for how they wished to be supported, which included any cultural or religious requirements and staff we spoke with knew people well, and the care they wished to receive.
- We saw that care plans had been kept under review, to make sure they reflected people's current circumstances. The registered manager told us, "Because we are small we can react to changes very quickly." This helped ensure staff provided appropriate support to people.
- People told us they received good quality care that met their needs. One person said, "This is the best care company I have had. They are very good, and I give them 99% out of a 100%. I should give them 100% but I don't give that to anyone."

Improving care quality in response to complaints or concerns:

- The provider had a complaints procedure which was accessible to people using the service.
- People and relatives said they felt comfortable to make a complaint if they needed to. One person told us, "I was given information about how to make a complaint. I don't have anything to complain about, but I know what to do if I need to complain."
- We saw that the service had not received any complaints; however, there were systems in place to respond and investigate complaints when needed.

End of life care and support:

- At the time of our inspection the service was not providing any end of life care to people.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People told us they felt the service was well run and responsive to their concerns and needs. One person said, "Yes I know who the manager is. She provides my care and is very nice, and very approachable. I would speak to them if I needed anything at all."
- There was a positive, open and honest atmosphere within the service. One person told us, "The manager is very supportive and very approachable. We meet up regularly and can talk about anything."
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support. For example, the provider used a secure social media platform to keep in communication with the staff. This ensured staff were kept up to date with schedules and any changes in people's needs.

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

- The registered manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.
- Staff knew how to whistle-blow and how to raise concerns with the local authority and the CQC if they felt they were not being listened to or their concerns acted upon. One told us, "I would have no hesitation in reporting anything I was worried about."
- The registered manager carried out regular quality audits to check that staff were working in the right way to meet people's needs and keep them safe. We saw that quality checks were effective and identified areas where actions needed to be taken.
- The registered manager was aware of and had systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- People were encouraged to use an on-line review system to make comments and give feedback. One read, "We have had an excellent service with the same people caring for me every day. This has been so reassuring and reduced my stress levels."

- The registered manager was actively involved in providing day to day support to people. This meant they were able to understand people's views and needs daily.
- The registered manager regularly worked alongside the care staff to provide support daily. This meant regular conversations and observations took place of staff practice ensuring an open and honest culture.

Continuous learning and improving care:

- The registered manager ensured that information from audits, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improvements to the quality of care people received.
- The registered manager liaised with other care agencies and health watch to learn and develop the service, based on current best practice.

Working in partnership with others:

- The service worked in partnership with other care providers to support care provision. For example, GP's, district nursing staff and dieticians.
- Where changes in care were made we saw staff had good communication systems in place to share information about people's needs.