

Partnership Care London Ltd

# Partnership Care London

## Inspection report

Osmani Centre  
58 Underwood Road  
London  
E1 5AW

Tel: 07900383435

Date of inspection visit:  
13 February 2020

Date of publication:  
11 March 2020

### 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

Partnership Care London is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection the service was supporting two adults with learning disabilities.

### People's experience of using this service

People told us their family members were treated with respect by staff. Care workers spoke the same language as people and understood their cultural needs. Staff were experienced with working with adults with learning disabilities and used signs, symbols and photographs to help people communicate their needs and make decisions. A relative told us, "[My family member] is happy with them and gets a good service."

There were appropriate procedures to keep people safe and protected from abuse. The provider assessed risks to people's wellbeing and had clear guidelines to manage these risks. Staff were recruited safely and knew how to protect people from infection. The service was not supporting people to take medicines but had appropriate procedures to manage medicines safely if necessary.

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. People's ability to make decisions was assessed and the provider followed the law in involving families in making decisions in people's best interests. Staff received appropriate training and supervision to do their jobs. The provider assessed people's health needs and made sure they had the right support to eat and drink.

People had personalised care plans which met their assessed needs and staff recorded how they had followed these. Managers regularly checked whether people's care needed to change or if families needed additional support. There were suitable arrangements for dealing with complaints if this was needed.

Managers checked with families that they were happy with their care and carried out regular observations of staff to make sure they were delivering care well. There were suitable systems of audit in place to ensure standards were maintained.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 15 February 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on when the service registered with us.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Partnership Care London

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report.

We reviewed information we held on the service, such as notifications of serious events the provider is required to tell us about. We checked information about the organisation held by Companies House. We used all of this information to plan our inspection.

#### During the inspection

Inspection site activity took place on 13 February 2020. We spoke with the registered manager and two directors of the service. We looked at records of care and support for both people who used the service, and

records of recruitment, training and supervision for both care workers. We reviewed a range of policies and procedures.

After the inspection

We made calls to two care workers and two relatives of people who used the service with the support of a Bengali interpreter.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to safeguard people from abuse. Staff had received training in safeguarding adults and understood their responsibilities to report concerns.
- People told us they felt safe with their family members using the service. A relative told us, "[My care worker] is safe, I know him a long time."
- There were suitable processes to safeguard people from abuse. The provider had a policy which outlined forms of abuse and the responsibilities of staff to report these. The provider also produced an easy read leaflet for people and their families about keeping safe, forms of abuse and why this should be reported.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider carried out comprehensive assessments of risks to people's safety. These included risks from people's living environments, health conditions and behaviour. The provider and their staff had worked with people in other placements for many years and understood the particular risks to people well.
- There were suitable risk management plans to reduce risks to people who used the service. This included guidelines on supporting people in the community and how to manage behaviour which may make people unsafe. Managers checked staff understanding of these during supervision. The provider and their staff told us there were no current behaviours of concern but understood the need for more detailed guidelines should this change.
- There had not been any incidents or concerns, but the provider had appropriate policies to help them learn lessons from any future occurrences. Incident forms included an area to reflect on lessons learned from the incident and required the registered manager to make recommendations such as care plan changes to prevent a recurrence.

Staffing and recruitment

- The provider followed safer recruitment processes to ensure staff were suitable for their roles. This included obtaining proof of identification, the right to work in the UK and evidence of satisfactory conduct in previous roles. Staff were checked with the Disclosure and Barring Service (DBS) before they started work. The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.
- There were enough staff to safely meet people's needs. Each care worker was allocated to one person, but there were cover arrangements in place if the primary care worker was unavailable. The provider told us they had more care workers on hold in the event they started supporting more people.

Using medicines safely

- The service did not support people with medicines but had assessed people's needs. The provider recorded which medicines people took and who had responsibility for this and checked that staff knew they

were not to administer medicines.

- There were appropriate measures in place should people require medicines support in future. There was a suitable medicines procedure for staff to follow and staff had received training in managing medicines. We saw an example of an appropriately designed medicines administration chart which the provider told us they would use if needed.

#### Preventing and controlling infection

- Staff knew how to protect people from infection. Care workers received training in infection control and managers checked that staff were using equipment appropriately.
- The provider assessed risks from infection. Each person had an infection control risk assessment which included food handling, kitchen areas and whether there were adequate hand washing facilities. These were detailed and contained information on risks specific to people.



# 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.

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

- The provider had a range of policies to ensure that care was delivered in line with the law. Policies were written to a high standard and included links to guidance and best practice. Staff reviewed policies as part of their induction.
- People's needs and choices were assessed before they started to use the service. Assessments were comprehensive in their scope, and included people's health conditions, their abilities and their needs in a range of areas. Assessments were informed by family members, the local authority and the provider's own direct experience of working with people in other placements.

Staff support: induction, training, skills and experience

- The provider worked to ensure staff had the right skills to support people. Staff had nationally recognised qualifications in care and received training in key areas such as moving and handling, health and safety and first aid.
- Managers checked that staff had the right skills to carry out their roles. Staff had regular supervision in which they checked staff understanding of people's needs, behaviour and communication. Supervisions were also used to ensure staff understood key policies and to check what was working well.

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

- The provider assessed people's nutritional and hydration needs. Where people required support with food and drink this was recorded in care plans. Care plans were clear about what needed to be done by staff and what families provided support with, for example families would prepare food and care workers served this to people.
- There was information on people's diets, this included foods that people liked and didn't like and whether people followed any particular cultural diets.
- Care workers documented how they had met people's dietary needs in line with people's plans. This included information about what the person had eaten and how they had been offered choices.

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

- The provider assessed people's healthcare needs. This included finding out what conditions people had and how this may affect their wellbeing and care needs. There were clear guidelines on what health services were involved with people and how issues of concern should be reported.
- People's oral care needs were met. The provider assessed the support people required with brushing their teeth and maintaining oral health and care workers recorded that this had taken place.

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.

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

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

- The provider assessed people's capacity to make decisions about their care. People's decision-making abilities were considered throughout people's assessments, including simple and complex decisions and the support people required to make decisions.
- People using the service were assessed as not being able to make decisions about their care. The provider had worked with families and the local authority to make decisions in people's best interests in line with the MCA.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- People told us their family members were treated with dignity and respect by care workers. A family member told us, "She does everything with respect, the both of them are very happy." Managers contacted family members every two months to ask if people had any concerns and whether staff were helpful and courteous.
- Care plans included information about what people could do for themselves and how best to promote this. People told us their care workers had worked with their family members for many years. A family member told us, "They know [my family member] a long time, [the care worker] was his one to one carer and we have been very satisfied."
- The provider assessed people's religious needs, including when and how people were supported to the mosque and observances people did in their own homes. There was information on people's language needs, and culturally appropriate foods. People's family members told us their staff came from the same culture as they did and understood their needs well.

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

- People benefitted from care workers who spoke their language. A family member told us, "[The care worker] speaks to [my family member] in Bangla...she understands her and what she wants."
- Care workers understood how to help people make decisions. People had systems of communication they had been using for many years, including Makaton and staff knew how to use these. People were helped to make decisions by using symbols and photographs of their daily routines. People's communication needs were documented, including words they could say for themselves and signs they used.

# Is the service responsive?

## Our findings

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

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

- The service worked with people and their families to plan their care. People's care plans contained information on people's identified needs and how they wanted these needs to be met. There were clear guidelines and timetables for staff to follow.
- Staff recorded how they had met people's needs. This included ticking off particular tasks such as shaving and bathing and providing a detailed written log of the person's wellbeing and activities. A family member told us, "They come on time and they do everything, the whole family is very happy with the service."
- The provider contacted family members to offer support. For example, if a person's main carer was away, managers contacted family members to see if they needed extra time or support and when people had difficulties arranging their direct payments.

Meeting people's communication needs

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

- The provider was meeting the AIS. There was a policy in place outlining the service's responsibilities to ensure people were offered information in a suitable format. The provider's assessments flagged up people's communication needs and how the service should meet these.
- People received information in a way which was suitable for them. The provider used objects of reference and photographs to support people to make decisions about their daily routines.

Improving care quality in response to complaints or concerns

- People told us they had not had cause to complain but were confident they could complain if they needed. Comments from family members included "If [my relative] isn't happy with we can speak to a manager", and "They come and ask if there is any problems, and they tell us who we can talk to."
- There were suitable processes for addressing complaints. People received information on how to make a complaint, and these would be addressed and in what timescales.

# Is the service well-led?

## Our findings

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

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

- The provider had experience in supporting people with learning disabilities. The service had been set up by experienced managers who had worked in other local services for people with learning disabilities who knew their service users well. A director told us, "In this area people know us very well; on a personal level people and parents know us well too."
- Managers told us they worked to build links with people. A director told us, "We are trying to focus on the individuals, we think directors don't often get a chance to know our clients."

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

- Managers had systems to monitor the performance of staff. Managers carried out spot checks on staff when they working to ensure that standards were met. This included whether staff had arrived on time, followed care plans, greeted people appropriately and obtained consent to care. Managers used spot checks and supervisions to ensure staff understand procedures such as infection control and safeguarding adults.
- Managers had systems of audit in place. This included checking staff record keeping and ensuring that files were kept up to date. There was a more detailed yearly audit which the provider told us they would be using in the coming months.
- Procedures were clear about the duty of candour. Incident and complaints policies outlined the responsibilities of the provider to share information, including information about what had gone wrong and how to use this information to prevent a recurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff told us they were well supported by their managers. Comments from care workers included "The managers help you, everything is OK" and "The manager, anything you need he's helpful". Staff regularly met with managers to review their performance and discuss if any further support was required, such as additional training.
- Managers engaged with people using the service. A manager contacted a person's family member every two months to check people were happy with the service and whether there were any concerns. A family member told us, "They come and ask questions, if there are problems, I think they are taking it seriously". People and their families' views were obtained when managers carried out spot checks. The provider also

carried out a satisfaction survey and a more detailed yearly check, and regularly contacted people to see if they required additional support.

#### Working in partnership with others

- The provider had good links with the local community. Staff had worked in other learning disability services, including day services, and maintained links and information on how best to support people. Staff knew local places of worship and visited these regularly with people. The provider told us, "We work with the community learning disability service, and they say if they have people they will contact us."