Partners in Care (South West) Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Partners in care is a domiciliary care service, which provides support for adults in the community, who require assistance with personal care, including those living with dementia, physical disabilities, mental health needs and sensory impairments. At the time of our inspection there were 27 people who used the service.

People's experience of using this service and what we found
People were at risk of receiving unsafe care because the information in some risk assessments was inaccurate. This meant they did not always provide the guidance staff needed to understand and minimise risks. Risks were mitigated however because the information in people's care plans did reflect the current risks and the action needed to keep people safe. In addition, people were supported by a consistent staff team who knew them very well and had a good understanding of their needs.

Although the care plans contained clear guidance for staff about how to meet people's needs, they did not contain any information about their background and interests. Staff told us this would support them in getting to know people. Despite this, people told us they did receive personalised care. They were supported by kind and caring staff who knew them well and understood their needs. One person told us, " You get to know the carers. They are a lovely bunch. Great friends. "

The provider and registered manager led an open, transparent and person-centred service which helped people and staff feel valued and supported. They were committed to continuing to learn and improve the quality and safety of the service. They responded immediately to feedback given during the inspection and took action to address the concerns raised.

Clear processes were in place to ensure effective monitoring and accountability. There was a quality assurance programme which was informed by feedback from people, relatives and staff.

People said they felt able to raise any concerns and were confident they would be acted on. However, they were unsure of how to formally make a complaint, although the policy was in a folder kept in their homes. The registered manager planned to review the policy and discuss it with people at their reviews to make it clearer for them.

Staff promoted people's privacy and dignity, and people told us they were involved in decisions about their care. They 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 needs were assessed before they started using the service and regularly reviewed. When people needed support with taking their medicines, this was provided safely.

People were supported to live healthier lives, with staff supporting and contacting health care professionals when needed. Staff worked in partnership with other professionals to ensure people received the right support.

People were protected from the risk of abuse and avoidable harm. Lessons learnt from accidents and incidents were used to prevent reoccurrences. Robust recruitment checks were carried out for staff before they started working at the service.

Staff followed appropriate infection control practices. Written information had been given to people to explain about the coronavirus, and the guidance introduced by the government to minimise the spread. People told us they appreciated this, saying, "It's good to have it in black and white."

Staff received a comprehensive induction, training and supervision to support them in their role, and were encouraged and supported in their professional development. They felt valued by the management team and their hard work was recognised and rewarded.

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

Rating at last inspection
The last rating for this service was good (published 21 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Partners in Care (South West) Limited on our 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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Partners in Care (South West) Limited

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 houses, flats and specialist housing.
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 a short period of notice of the inspection because we needed to be sure that the provider/ registered manager would be in the office to support the inspection.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with the provider, registered manager, care co-ordinator and two members of care staff. We also spoke with two people and one relative by telephone. We had written feedback from another relative. We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures. We received updates about the actions the registered manager had taken in response to feedback given during the inspection.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question had deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had failed to ensure risk assessments consistently and accurately provided the guidance staff needed to understand and minimise risks. The risks associated with people's care needs had been assessed and recorded. This included consideration of people's mobility, nutrition, physical and mental health and any potential hazards within their home environment. However, the quality and accuracy of the risk assessments was not consistent.
- Some risk assessments were detailed, with clear guidance for staff about how the risks should be minimised. However, some risks had not been clearly identified, for example related to visual impairment. The risk assessment documented only that the person wore glasses, when they were partially sighted. Another risk assessment had not been reviewed for some time. This meant it did not reflect the current risks for the person which had increased significantly.
- Risks were mitigated because the information in people's care plans did reflect the current risks and action needed to minimise them. In addition, there was a stable staff team who knew people very well and had a good understanding of their needs. We discussed our concerns with the registered manager who, before the end of the inspection had reviewed and updated all the risk assessments to ensure their accuracy. They had also sought additional guidance from external health professionals to support staff to safely manage specific health issues.
- There were effective systems to ensure information about changes to people's needs was shared on a day to day basis. Staff were kept informed via text message and reported any changes in people's needs to the office. This meant action was taken promptly to keep people safe, for example through referrals to the community health team.
- There were systems in place to ensure people would not be placed at risk if there were any problems affecting service provision, such as staff sickness or adverse weather conditions. People's level of vulnerability was assessed to ensure the most vulnerable people would be prioritised if there were any problems.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe being supported by the service. One person said," I feel safe. The carers are kind and caring. We have a laugh. I feel comfortable with them."
- All staff undertook training in how to recognise and report abuse. They said they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people.
- Safeguarding concerns were managed appropriately, and the service worked effectively with the local authority and other agencies to ensure concerns were fully investigated and action taken to keep people safe.

Staffing and recruitment

● The provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the service. This included Disclosure and Barring Service checks (DBS). The DBS checks people's criminal history and their suitability to work with vulnerable people.

● People said the service was reliable. They received copies of the rota and the office kept them informed of any changes. The registered manager told us," If the carer is going to be more than half an hour late, we will ring them and let them know. If there is no carer to go, then the care co-ordinator and myself will go. We would always send someone."

● People felt safe because they were supported by a consistent team of staff and got to know them well. The staff rounds had been constructed to ensure consistency and allow care staff plenty of time to spend with people

Using medicines safely

● People received their medicines safely and on time. Medicine administration records (MAR) were kept recording details of people's medicines and when they were given.

● Staff received annual training in medicines administration to ensure their knowledge and skills remained current. Their competency was assessed through spot checks.

● Regular checks of MAR were carried out to ensure safe practice. Staff were encouraged to report any medication errors to the office. Prompt action was taken in response to any concerns identified in the administration of medicines to minimise the risk of recurrence.

●Care plans contained detailed guidance to ensure people received their medicines in line with their needs and preferences. For example, "All medicines are taken in the morning. If you place the tablets in X's hand, they will take them. They are left handed. Make sure they have taken them all and not dropped any on the floor."

Preventing and controlling infection

● People were protected from risks related to the spread of infection. Staff were provided with personal protective equipment for use to prevent the spread of infections.

●Staff had received training in infection control. They understood what action to take to minimise the risk of cross infection, such as the use of gloves, aprons and good hand hygiene to protect people.

● Staff and people using the service had been given clear information about the coronavirus, and how to protect themselves and others

Learning lessons when things go wrong

●Staff had a clear understanding of the policy and processes in place for managing accidents and incidents. They used them to respond, report and document any incidents as they occurred.

●The provider reviewed accidents and incidents to determine what worked well, lessons learnt, and improvements needed to minimise the risk of recurrence. During the inspection they added an incident record to the front of people's files, to make it easier to see and review the incidents and actions taken.

●The manager was very proactive during the inspection in response to the feedback given, beginning to implement changes immediately.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 registered manager met with people and relatives to discuss the support they required before care packages were put into place. Assessments of people's needs included an assessment of the home environment as well as physical, emotional and social needs.
- The registered manager kept themselves up to date with best practice guidance and care and support was delivered in line with this.

Staff support: induction, training, skills and experience

- Staff knew people well and how to support them. As regular care workers they were able to recognise any deterioration in physical or mental health. One carer told us how they supported a person who sometimes wouldn't eat. "We have to try different ways to cajole them. Make them something up that they fancy." The persons relative confirmed, "With gentle encouragement by the carers they usually manage to get X to have something and have persevered with them. Their appetite has got better lately. They always ensure that they have their breakfast each morning as well before giving them their medication."
- Staff new to the service completed the providers comprehensive induction. They also completed on line training and shadowed experienced members of staff. They told us, "It was a good induction with really experienced carers. I didn't have to go out on my own until I felt confident. The training was on line and was really good. They are hot on training."
- The providers mandatory training was due to be refreshed at least every 12 months, so staff kept their skills and knowledge up to date. This included safe handling of medicines, food hygiene, moving and handling and safeguarding. Specialist training was arranged to meet people's individual needs if required, for example training in the use of nebulisers with the community nurse team.
- Staff told us they felt well supported. They had regular supervision and 'spot checks' were carried out to monitor care practices and identify strengths and learning needs.

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

- Staff supported people's nutrition and hydration needs by helping them with shopping, preparing food and monitoring. The Provider Information Return (PIR) stated, "If mobility was an issue we would consider how they would be able to access food and fluid and if it would be beneficial for them to have some form of help with this…Equally if there were cognitive issues/ short term memory we would consider them at risk as they will likely forget to eat and drink, or believe that they have eaten when they actually have not. In these cases, we will place food and fluid charts in their folders for this to be monitored." Any concerns were referred to external health professionals.
- Staff were knowledgeable about people's preferences and dietary requirements and gave examples of how

they needed to remind and encourage some people to eat and drink sufficiently. They had completed training in dysphagia (swallowing difficulties) and knew how to support people at risk of choking. One person told us, "They Know what I like food wise, and the right consistency. It goes down easily. They understand."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 registered manager worked within the principles of the MCA. Staff knew how to support people to make choices and these were clearly identified in care plans.
●People's consent was clearly documented, and relatives and other care professionals were involved where appropriate with decisions on care and support.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
● Staff supported people to access appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. The PIR stated, "We have excellent working relationships with the District Nurses and communicate with them regularly."
● The service had worked effectively with the local authority and relevant healthcare professionals, such as G. P's, community nurses and occupational therapists to ensure people's health needs were met. For example, they had worked closely with healthcare professionals to learn how best to support a person with sight loss to orientate themselves around their home.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

●People told us staff were kind and caring. Comments included, "You get to know the carers. They are a lovely bunch. Great friends. "and, "Sometimes we are nearly out of milk and then some appears in the fridge." Written feedback stated," The care and kindness we receive is of the highest order and we feel looked after and secure as a result. As the carer of our family I feel fully supported and both our care needs are looked after well."

●Staff were committed to providing a person-centred service where people were treated as individuals and supported to make choices. A member of staff told us, "X was reluctant to engage. We have a good relationship now, a laugh and a joke. Their world is quite limited these days, so we have loads of conversations about what they used to do."

●The registered manager showed us an 'Above and beyond' book, which documented when staff had 'gone the extra mile' for people. Examples included a care worker taking a home cooked meal and a glass of sherry to a person on their own on Christmas day, and staying with them for a few hours. Another member of staff went to visit a person in hospital because they were feeling low and missing the care staff.

● People's needs in relation to the protected characteristics under the Equalities Act 2010, were considered as part of their initial assessment process. Staff received training in equality and diversity and told us they were committed to ensuring people's cultural and religious needs were respected.

Respecting and promoting people's privacy, dignity and independence

●Staff described how they respected people's privacy and dignity when supporting them with personal care; "I make sure the person is not on show. I draw the curtains and shut the door if there is anyone else in the house. I always put as towel around their waist until I've finished their top half."

●People's independence was promoted, and staff were supported in this through guidance in care plans. For example, one person's care plan specified they required a particular bowl and spoon to enable them to eat unassisted.

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

● Peoples views and those of their relatives were sought about the quality of the service and the support they received. They and their advocates where appropriate, were involved in developing their care plan, identifying what support they required from the service and how this was to be carried out.

●Annual satisfaction questionnaires were sent to people, asking for their views about the support provided.

●Relatives told us they were kept well informed about the wellbeing of their family members.

●The service was a strong advocate for people, signposting them to other resources in the community and

liaising with health and social care professionals to ensure their needs were met.

●Written information had been given to people to explain about the coronavirus, and the guidance introduced by the government to minimise the spread. People told us they appreciated this, saying, "It's good to have it in black and white."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

● Staff knew people well and had built positive relationships with them. However, although the care plans contained clear guidance for staff, they did not contain any information about people's background and interests, which staff told us would be helpful. They told us, "It's a starting point to get to know people." We discussed this with the registered manager, who began to rectify this during the inspection.

● Care plans were person centred. They were developed with people and their advocates where appropriate, which meant their preferences about how they wanted to be supported were documented. They were reviewed annually, or if people's needs changed, to ensure their accuracy.

●Staff told us the care plans enabled them to understand and meet people's needs effectively. "I read the care plan and find out what's going on. If there's anything I'm not sure about I will ring the office and ask."

● People had a copy of their care plan in their homes, which was kept up to date. This meant they were available to people and their relatives at any time. One relative told us, "There's lots of information in the care plan. When care staff record the daily notes, they explain what they've done."

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.

●Staff knew people very well and understood their individual communication needs. Care plans provided guidance, for example reminding staff to make contact with one person by patting them on the shoulder and putting their hearing aids in so they could communicate.

● Information could be provided in a range of formats if required. A book of pictures was avoidable in the office to support communication if required. During the inspection one person, who was partially sighted, told us they would like to receive the staffing rotas in large print. The registered manager responded immediately by creating two examples of large print rotas for the person to see which font they preferred. In the event they chose to continue having the information read to them by staff.

Improving care quality in response to complaints or concerns

● The service had a complaints policy, and a copy was kept in their homes for them to refer to. The annual satisfaction questionnaire asked people whether they knew how to make a complaint.

● People and their relatives told us they felt able to raise any concerns and were confident they would be acted on. However, they were unsure of how to formally make a complaint. We raised this with the registered manager. They undertook to revise the care plan policy to make to clearer and to discuss with

people at their reviews to make sure they understood.

End of life care and support

- Staff worked closely with health professionals to support people at the end of their lives. Support and training was available to enable them to support people effectively at this time.
- The service was not supporting anyone with end of life care at the time of the inspection.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● There was a governance framework in place which promoted quality and safety, but it had not identified some of the issues we found during the inspection, i.e. that risk assessments were not always accurate, and that care plans did not contain information about people's background and interests. We found these issues had not impacted on the support provided however. Care plans did contain the guidance staff needed to understand and minimise risks, and staff knew people very well. The registered manager took immediate action in response to feedback given. All risk assessments were reviewed to ensure their accuracy, and work to improve care plans had commenced before the end of the inspection.

● Staff practice was observed regularly through spot checks. The findings were shared with staff in supervision, and strengths and areas for improvement identified. The sample of checks we reviewed showed positive outcomes in all areas and this was reflective of the feedback we received from people and their relatives.

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

● There was a small but effective management team at the service, which included the provider. They promoted a transparent and open culture and were 'hands on', working alongside staff to deliver care, observe practice and review care plans. They knew people very well and had detailed knowledge of their support needs.

●The registered manager told us they were committed to giving the best possible care. They said, "Because we are small our service is a lot more personal and I think that's what matters to the clients. They won't see lots of different carers in a week, and that's very important to me." They told us they were careful to recruit staff with the right values, saying, "You can't do this sort of [caring] work unless it's in you."

●The registered manager understood their duty of candour responsibility to notify CQC appropriately of significant incidents including allegations of abuse and serious injuries.

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

●People and their relatives spoke positively about the service they received. They said the registered manager and staff were committed to providing high quality care. A relative commented, "As far as myself and my family member are concerned, they are doing a good job. I think it's important in the care industry

to give good feedback where it is due."

●Staff told us they were well supported and felt valued by the service. One member of staff said, "I've never done care work before and I really enjoy it. They are really helpful and approachable and 'on the ball." The management team confirmed, "We just don't think about the business. We think about the carer's families and their whole situation. If someone is having an issue we will help."

●Staff were asked for their views in an annual satisfaction survey and at four monthly team meetings. The opinions of people and their relatives were sought at care plan reviews, and annual satisfaction surveys. The manager told us, "If any action is required, we address it straight away. We don't leave it."

Continuous learning and improving care

●The registered manager was committed to their own professional development and keeping up to date with best practice guidance. For example, they completed mandatory training alongside staff, and attended local authority and provider forums to inform themselves about developments in the care sector and share best practice ideas.

●The management team were committed to ensuring staff had the support they needed to develop their confidence and skills and fulfil their role effectively. Staff were supported to complete further vocational qualifications and rewarded for good practice through a 'staff member of the month' and annual reward scheme.

Working in partnership with others

●The service worked in partnership with a range of external health and social care professionals such as the local authority, GP's and community nurses. This meant they could provide a 'joined up' response to meeting people's needs, with the person being supported at the centre. The manager told us, "We spend a lot of our time making phone calls to people and checking up on the outcome of visits. I phoned the community nurses for three people this morning."

●Partners in care worked closely with local community organisations to provide a holistic response to people's needs. For example, signposting them for support with social activities, meals and laundry services if required.