

The Entirety Partnership LLP

Entirety LLP

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?	Good ●

Summary of findings

Overall summary

Entirety LLP is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. CQC only inspects the service being received by people provided with 'personal care', that is help with tasks related to personal hygiene and eating. Where they do this, we also take into account any wider social care provided. At the time of our inspection four people were receiving this service.

At our last inspection of the service in March 2016 we rated the service 'Good'. The service had been operating at that time at a location based in London Borough of Croydon. In August 2016 the service moved to its current location based in the London Borough of Sutton. The rating for the service was not affected by this change.

This inspection took place on 7 November 2018. At this inspection we found the evidence continued to support the rating of 'Good'. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continued to provide care and support that was personalised and tailored to people's needs. People received support that had been planned and agreed with them. Their choices for how support was provided were respected and staff delivered this in line with people's wishes.

Staff knew people well, understood their needs and how these should be met. Staff supported people to take part in a wide range of activities or pursue interests that were important to them. They encouraged people to be involved in all aspects of their care and support to promote their independence. Staff treated people with respect and maintained their dignity and privacy when providing support.

Staff supported people to eat and drink enough to meet their needs. Staff communicated well with others involved in people's care so that they were well informed about people's health and wellbeing, particularly if there were concerns about this. Staff demonstrated a good understanding of people's healthcare needs and how they should be supported with these in a timely and appropriate way. People received their prescribed medicines as required.

Staff were trained to safeguard people from the risk of abuse and knew how to report any safeguarding concerns about people to the appropriate person and agencies. Staff understood the risks posed to people and followed current guidance about how these should be minimised to keep people safe from injury or harm. People were safe because staff followed good practice to ensure risks were minimised from poor hygiene and cleanliness.

There were enough staff to meet people's needs. The provider maintained recruitment and selection processes and carried out appropriate checks to verify staff's suitability to support people. Staff received relevant training and had work objectives that were focussed on people experiencing good quality care and

support. These were monitored and reviewed through regular supervision and staff team meetings.

Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and supported people in the least restrictive way possible. The policies and systems in the service supported this practice.

Relatives and representatives of people were satisfied with the care and support provided. They and staff spoke positively about managers and described them as accessible and supportive. The provider had aims and standards for the service and communicated to people what they should expect from staff in terms of quality of care.

The provider had systems in place to monitor and review the quality of service and to deal with any complaints made about the service. Records relating to people, staff and to the management of the service were up to date and well maintained.

The service continued to have a registered manager in post. The registered manager was aware of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service.

Further information is in the detailed findings below.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Entirety LLP

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 checked 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.

This inspection was announced and took place on 7 November 2018. We gave the provider two weeks' notice of the inspection because senior staff are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection was carried out by a single inspector.

Before the inspection, we reviewed the information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sent out questionnaires to staff involved in people's care and asked them for their feedback about the service. Their responses were analysed to provide us with a view about what they thought about the service. We also looked at statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

During the inspection we visited the provider's office and spoke to the registered manager. We looked at the records of two people using the service and two staff records. We also looked at other records relating to the management of the service.

People using the service had complex communication needs so could not share with us their view of the service. After the inspection we spoke to the relatives and representatives of three people using the service and asked them for feedback and their experiences of the care and support provided to people. The registered manager also sent us additional information after the inspection that we had requested. This included the service's policies for safeguarding adults, lone working and dealing with complaints as well as the current staff rota.

Is the service safe?

Our findings

People were safe with staff. A relative told us, "I trust staff completely as I know them, and I trust their decisions." Another relative said, "[Family member] is safe and happy. One thing less I have to worry about is I know [family member's] safe." A person's representative told us, "I feel [person] is very safe with staff when they go out."

Since our last inspection, the provider continued to support staff to safeguard people from abuse. Staff had been trained in how to safeguard adults at risk and knew when and how to report a safeguarding concern about an individual to an appropriate person and/or agency, to investigate. The registered manager was aware of their responsibility to liaise with the local authority if they were made aware of safeguarding concerns about a person. They told us no safeguarding concerns about people had been reported to them since our last inspection.

Systems remained in place to assess, identify and reduce risks to people using the service. People were involved in these assessments and their views and choices were used to inform plans about how to keep them safe whilst maintaining their independence and freedom. Guidance was in place for staff on how to manage and mitigate identified risks. This information was current, so staff had up to date guidance about the support they should provide to keep people safe. The registered manager, who regularly supported people, demonstrated good understanding of the support people needed and any associated risks.

There were sufficient numbers of staff to support people. Staff rotas took account of people's specific needs and identified risks so there were enough staff to support them safely. Staff had training and information about the provider's lone working policy so that they were aware of the steps they should take to ensure their own personal safety when working alone with people.

The provider maintained recruitment and selection processes and carried out appropriate checks to verify staff's suitability to support people. We noted health questionnaires were not routinely taken up for new staff. We discussed this with the registered manager who told us a health questionnaire would be requested from future applicants to seek assurances about their fitness to support people.

Where staff were responsible for this, they supported people to take their prescribed medicines. A relative told us, "The medication is a big thing to take on and they deal with this really well." Staff had received training in medicines administration. There was good information on people's records about their prescribed medicines and how they should be supported with these. Records showed staff recorded what medicines people were given. The registered manager reviewed these records to seek assurances medicines had been administered appropriately by staff.

Staff had received training in infection control and had access to supplies of personal protective equipment (PPE) to help them reduce the risk of spreading and contaminating people with infectious diseases.

Is the service effective?

Our findings

The provider had systems in place to assess and plan support for people in line with current legislation, standards and evidence-based guidance to help people achieve effective outcomes. For each person using the service the information from their assessment had been used to develop an individualised support plan so that staff had relevant and current information about the care and support they required to meet their needs. Staff knew people well and how their needs should be met. A relative told us, "All the staff have really got to know [family member] so well...they know [family member's] moods and when [family member] is unwell they know how to look after them." A person's representative said, "We coordinate very well together, and they understand [person's] needs very well."

Since our last inspection, staff continued to receive relevant training to help them meet people's needs. Staff were also supported to continuously improve in their role. Staff had supervision (one to one) meetings with their line manager to discuss their working practices, any issues or concerns they had about their work and any further training or learning they needed to help them provide effective support to people. Responses we received from questionnaires we sent to staff prior to this inspection showed that staff felt they received appropriate training and supervision in their roles to enable them to provide the support people required.

Where staff were responsible for this, people were supported to eat and drink enough to meet their needs. Information had been obtained about people's dietary needs and how they wished to be supported with these including any specialist requirements people had due to their healthcare conditions. Staff were aware of people's preferences for food and drink and ensured these were met. Staff recorded what people ate and drank so that there was good information for others involved in people's care to assess they were eating and drinking enough to meet their needs.

Staff helped people to keep healthy and stay well. Staff understood people's healthcare needs and how they should be supported with these in a timely and appropriate way. A relative told us, "[Family member] has been going through a lot of health changes and the staff have been brilliant and supportive of this." Staff recorded their observations about people's general health and well-being. They communicated well with others involved in people's care particularly if there were concerns about a person's health so that appropriate support could be sought for them. A representative of one person said, "[Staff] communicate really well with us about any concerns about [person's] health."

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 with appropriate legal authority. Any application to do so must be made to the Court of Protection.

We checked whether the service was continuing to work within the principles of the MCA. All staff had received training in the MCA and associated codes of practice. The registered manager understood their

responsibilities under this Act. Systems were in place assess people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place where if people lacked capacity to make specific decisions about their care and support the service would involve people's relatives, representatives and others such as healthcare professionals, to ensure decisions would be made in people's best interests.

Is the service caring?

Our findings

We received positive feedback about staff from relatives and representatives of people using the service. A relative said about staff, "They're more like friends and they get involved in everything... [family member's] not ignored...when [family member] isn't well they're always here with them and keep them occupied... they're very caring towards [family member] and to everyone they support." Another relative told us, "The staff love [family member] and accept and respect [family member] ...we're really happy with them. Their hearts are in the right place." A person's representative said, "All the staff are brilliant and there's such a good relationship between [person] and staff."

There was good information for staff in people's care records about how people communicated and expressed themselves which helped staff better understand what people wanted in terms of their care and support. This included important information for staff about how to recognise when people with more complex communication needs, might be in pain and the appropriate action to take in these instances.

Staff rotas were prepared well in advance by the provider and sent to people and their relatives/representatives so that they knew when and from who they would be receiving support. The provider took steps to ensure that wherever possible people using the service received support from the same staff. This helped to ensure continuity and consistency in the support people received. This was important as this helped to build positive and caring relationships so that people would feel comfortable and confident receiving support from staff.

Relatives and representatives of people using the service said people were treated with dignity and respect. A relative told us staff were attentive to their family member's appearance and supported them to buy clothes that suited their personal style. The registered manager regularly supported people and told us the various ways they ensured people's privacy and dignity particularly when they were being supported with aspects of their personal care. This included seeking people's consent before providing any support, offering choice and giving people time to do things at their own pace. This demonstrated staff were sensitive to people's needs and discreet when providing care and support.

People were supported to be as independent as they could be. People's support plans set out their level of dependency and the specific support they needed with tasks they could not undertake without help, such as getting washed and dressed. Staff were encouraged to prompt people to do as much for themselves as they could to help them to retain control and independence over their lives.

Is the service responsive?

Our findings

Since our last inspection, people continued to receive care and support that was tailored to their needs. A relative told us, "Everything is about what [family member] wants to do...they're always talking to people and asking people what they want to do, and they give them choices. And everyone is involved." Another relative said, "They focus on what [family member] wants to do and she's having the best time of her life... they have been very flexible and very responsive with the support and will accommodate any changes without hesitating."

People and those involved in their care contributed to the planning of their care and support. This helped to ensure that people's decisions and choices were used to inform the care and support provided to them. People's records contained current information about the support they needed from staff with their personal care needs, their dietary needs and their physical and psychological health needs. People's care plans set out how and when support should be provided by staff.

People's care and support needs were reviewed with them. When changes to their needs were identified through these reviews, people's records were updated promptly so that staff had the latest information about how to support people appropriately.

Where staff were responsible for this, they supported people to take part in a wide range of activities or pursue interests that were important to them. This included supporting people to take trips and participate in activities out in the community. This helped to ensure people's social and physical needs were met to positively promote their health and wellbeing. A relative told us, "[Family member] goes swimming, to the cinema and to shows. [Family member] has a whale of a time!" A representative of one person said, "[Person] loves to go out with staff...very engaged and stimulated by staff."

People and those involved in their care were satisfied with the support provided by staff. A relative said, "It's excellent. Wonderful staff. I wouldn't want [family member] to be with anyone else. It's a fantastic service." Another relative told us, "If we could give them gold stars we would!" And a person's representative said, "The support is brilliant."

If people were not satisfied with any aspect of their care and support, the provider continued to maintain arrangements to deal with their complaints about the service. Information about how to make a complaint had been provided to people. This set out how any complaint they made would be dealt with and by whom. The registered manager confirmed there had been no formal complaints made by people or their relatives/representatives since our last inspection of the service.

Is the service well-led?

Our findings

Relatives and representatives of people using the service spoke positively about staff and the management of the service. A relative said, "I talk to staff if I have a problem and we have a great relationship and talk to each other. I think it's very well managed and run well." Another relative told us, "I think the service is very well run. They plan for all sorts of things like Christmas events and parties. All the staff are very supportive and accessible if I have any issues." And a person's representative said, "I've known [registered manager] a long time and we work well together."

Staff were well supported by the provider. Responses we received from questionnaires we sent to staff prior to this inspection showed that staff felt senior staff communicated with them well and were accessible and approachable. Staff also felt their views about the service were sought and any concerns they had were dealt with by managers effectively.

The service continued to have a registered manager in post. 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 registered manager was aware of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

The provider had values and aims for the service which set out the standards of care and support people should expect from staff. The provider continued to check that staff were contributing to the achievement of the service's values and aims. Staff supervision and team meetings were used to encourage staff to demonstrate and evidence how the support they provided improved the quality of people's lives. This helped the provider check all staff were actively contributing to the achievement of the service's values and aims.

The provider had systems in place to monitor and review the quality of service that people experienced. This included reviews of people's care and support at specified time periods, quality surveys and spot checks on staff to review their working practices when undertaking their duties. Records relating to people, to staff and to the management of the service were up to date and well maintained.