

Partnerships in Care Limited

51 The Drive

Inspection report

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Date of inspection visit:
05 June 2019
07 June 2019

Date of publication:
18 July 2019

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

51 The Drive is a small residential home providing personal care, rehabilitation, therapy and support for up to three people with acquired brain injuries. At the time of inspection, two people were living in the home.

People continued to be cared for safely and with compassion. Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs. Medicines systems were well organised, and staff managed people's medicines safely. One aspect of environmental safety required strengthening. We discussed this with the registered manager and support services manager and swift action was taken to address the shortfall in the area we identified.

Staff had access to the support, supervision and training they required to work effectively in their roles. Staff supported people to have a healthy balanced diet. People's support was overseen by a wide variety of specialist health and social care professionals. People had prompt access to healthcare support when needed.

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.

Staff were caring, person centred and inclusive. People were treated with kindness, dignity and respect and staff spent time getting to know them and their specific needs and wishes.

People had personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences. Staff encouraged people to follow their interests and people were supported to access many varied activities and interests.

Information was provided to people in an accessible format to enable them to make decisions about their care and support. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.

The service had a positive ethos and an open culture. The registered manager was approachable, understood the needs of people, and listened to staff. People that used the service and their relatives had the opportunity to feedback on the quality of the support and care that was provided. Any required improvements were undertaken in response to people's suggestions. There were effective systems in place to monitor the quality of the service and drive improvements.

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 12 November 2016).

Why we inspected

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

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?

The service was safe

Details are in our Safe findings below.

Good ●

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 ●

51 The Drive

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:

51 The Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. The registered manager was registered as manager for this location and the location next door which was also a small community home.

Notice of inspection

This inspection was unannounced. We visited the home on the 5 June and spoke to the relative of a person living in the home on the 7 June.

What we did before the 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 also contacted health and social care commissioners who commission care from the provider and monitor the care and support that people receive. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one person's relative. We also spoke with four members of staff, including community support staff, the registered manager, Hospital Director and Support Services Manager.

We looked at various records, including care records for two people. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

After the inspection

The registered manager provided us with evidence of the action they had taken in respect of the environment.

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 has remained good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely. The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- People and their relatives told us they were happy with the staff that provided their support. One person said, "I'm happy here, it's comfortable. I can talk if I need to, if I'm feeling low I can talk to the girls [staff]. If I need to go out I can go out."
- Staff had been trained to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if needed. We saw that information about how to raise a safeguarding was readily available. One member of staff told us, "Initially I would go to the registered manager and I have confidence she would report it."

Assessing risk, safety monitoring and management

- People's risks had been assessed and risk management plans provided staff with the information they needed to manage identified risks. For example, people at risk of falls or where people's behaviour may pose a risk to themselves.
- People were provided with equipment to support their independence and manage their safety. One person had a water level alarm that they used to enable them to be independent in running their own bath.
- Risk assessments for many aspects of people's home environment were in place, for example fire and ligature risks. However, radiator covers had not been fitted to fixed radiators to mitigate the risk of burns. No risk assessment was available to demonstrate that the potential risk of burns from fixed radiators had been assessed. We discussed this with the registered manager and support services manager and they arranged for radiator covers to be fitted to all fixed radiators.

Using medicines safely

- Medicine systems were organised, and people were receiving their medicines as prescribed. The provider was following safe protocols for the administration and recording of medicines.
- Staff had received training in safe handling of medicines and their competencies were tested regularly.
- Prior to the inspection the registered manager had recognised that medicines procedures could be improved and had been working with staff develop their practice. We saw that medicines administration was regularly checked and audits had been increased ensure compliance. Any discrepancies identified in audits were followed up with staff to improve practice.

Staffing and recruitment

- People were safeguarded against the risk of being cared for by unsuitable staff because there were

appropriate recruitment practices in place, which were consistently followed.

- There were sufficient numbers of staff at the service to support people safely. We received positive feedback about staffing levels and saw there were enough staff on duty to meet people's needs during the inspection.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.
- The service had a five-star Food Hygiene Standard (FHS) rating, this meant the hygiene standards were very good.

Learning lessons when things go wrong

- Accidents and Incidents were monitored, and action taken to address any identified concerns.
- The senior management team reviewed all incidents and accidents. The findings of these reviews were published in a monthly health and safety bulletin that was distributed to staff. This provided information about actions to be taken and changes to practice in response to incidents.

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 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 service provided a pathway of rehabilitation for people who had previously required more intensive support.
- The registered manager assessed people's needs before they were offered a place at the home. This assessment covered all relevant areas of the person's support needs and preferences, including; the person's medical needs, personal care needs and mental health needs.
- The registered manager and staff used recognised good practice and guidance to ensure that people's care was provided appropriately. For example; people's needs were regularly reviewed using recognised assessment tools and the findings of these assessments used to support people in the most appropriate way.

Staff support: induction, training, skills and experience

- People continued to receive effective care from regular staff that had the knowledge and skills to carry out their roles and responsibilities.
- Staff received induction training that covered areas such as, safeguarding, risk assessment and communication. They also received training to meet the specific needs of the people they were supporting. For example, training in brain injury, epilepsy and dysphagia (dysphagia is the medical term used to describe difficulty swallowing.) Training was updated regularly.
- Staff were happy with the training and support they received. One new member of staff told us, "The induction training gave me good insight to acquired brain injury... I've been doing the Care Certificate, I've nearly finished, I've done online training as well."

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

- People received support to eat and drink enough to maintain a balanced diet and stay healthy.
- Information was recorded in care plans as to what support people required in relation to eating and drinking and whether people had any specific requirements. For example, where people were at risk of weight gain.
- People received regular reviews from a dietitian and were supported to make healthy choices. One person said, "I get to choose my own food, I do some cooking and we all do the shopping."

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

- The service supported people with complex healthcare conditions. Each person had a team of staff allocated to their support which consisted of support staff and a transdisciplinary team, including;

occupational therapists, physiotherapists, specialist nurses and neuro psychiatrists. The staff teams worked closely together and held regular reviews to ensure people's care was provided in the most appropriate way and any changes to needs were met.

- People told us they received support to meet their health needs. One person described how staff had supported them to visit the GP when they had stomach pain.
- Records showed that staff supported people to access other health and social care professionals such as the GPs, dentists and community nurses and supported people to follow their advice. For example, supporting people to take part in regular exercise.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The registered manager and staff had a good understanding of the MCA. Staff understood the importance of seeking consent from people and people were supported in the least restrictive way possible. One person said, "There is flexibility, staff sit down and ask us what we want."
- Mental capacity assessments and best interest decisions had been completed for individual decisions that people were unable to make for themselves.

Adapting service, design, decoration to meet people's needs

- The home was suitable and accessible to the people living there. The layout of the building ensured that the environment offered plenty of personal space. There were various areas for people to use for different activities. People's rooms were decorated to their choice and needs.
- The provider had a schedule of refurbishment in place and people had been involved in planning how communal areas would be decorated.
- The garden required some improvement and was on the provider's refurbishment schedule. The garden's maintenance formed an element of the service rehabilitation approach. Gardening activities were undertaken by people with staff support. A contractor had been engaged to undertake works to establish and make a lower maintenance garden that is consistent with people's capability and requirements.

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 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

- People continued to be well cared for. People provided positive feedback about the care they received. One person said, "The staff are nice." Another person's relative told us, "[Person's name] is very happy...the staff are lovely."
- People were supported by a regular team of staff which ensured consistent care. One person said, "I have a keyworker, who is very approachable and very caring."
- Staff had a genuine interest in the people they supported and worked creatively to ensure all aspects of people's lives were supported. For example, one person told us that they were planning a holiday with staff which they were looking forward to.
- Staff supported people to express their identity, sexuality, culture and preferences. For example, people were supported in their wishes to pursue relationships.

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

- People and relatives if appropriate were involved in the planning of their care. People told us that they regularly spent time going through their care plans with their keyworkers, making changes when needed.
- The registered manager and staff understood the importance of involving people in decision making. Care plan records and reviews recorded that people, relatives, staff members and other professionals were all involved in the review process. One person's relative said, "We've just had a review, we were all involved."
- An advocacy service regularly visited the service. They were available to support people to make decisions about their care and support if needed. Advocates act independently of the service to support people to raise and communicate their needs and wishes.

Respecting and promoting people's privacy, dignity and independence

- People were happy that their privacy was respected, and their dignity maintained. We saw that staff respected people's private space.
- Staff had supported people to maintain and improve their independence in many ways. For example, people were supported to develop their work and life skills by attending work choice opportunities. During review meetings regular discussions took place about practical support that people needed to increase their skills and independence. We saw that progress was followed up at each meeting.
- Staff understood the importance of keeping people's personal information confidential. One member of staff said, "Paperwork is kept upstairs in the locked office. I don't speak about people when not in work"

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 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

- People received their support from a dedicated team of staff who knew them well and supported them to live their life as they chose.
- The staff team were committed to using Positive Behaviour Support (PBS) to improve people's quality of life by minimising the use of restrictive practices and reducing the use of restrictive physical interventions.
- Commissioners provided positive feedback about the responsiveness of the service. One health professional told us, "There is good robust clinical support, for example from psychology... They always keep me informed."
- People had care plans which detailed the care and support people wanted and needed; this ensured that staff had the information they required to provide consistent support for people. For example, care plans contained information on people's emotional, social and physical support needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were committed to enabling people to overcome any perceived limitations and live a rewarding and fulfilling life. We saw examples where staff had provided flexible support to enable people to live life to the full. For example, supporting people to go on holiday. One person said, "Staff have asked me about my goals."
- Staff understood the importance of enabling people to pursue their interests and meet their spiritual needs. For example, supporting people to take part in spiritual and physical exercise such as yoga. One person told us, "I do walking, shopping with the girls [staff], work with the staff, walk round parks sometimes and we walk to [place of worship] on Sundays."

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.

- Information was made available to people in the format that met their needs and people's care plans contained information about people's communication needs and any adaptations they required.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were unhappy and wished to make a complaint.
- People and staff were confident that if they did have a complaint they would be listened to and the issue

addressed.

- There was a complaints procedure in place. The provider had received one complaint since the last inspection and this had been dealt with in line with their complaints procedure.

End of life care and support

- There was no end of life care being delivered at the time of the inspection.
- The provider had an end of life policy in place and had supported people and their relatives to have discussions about their wishes for the end of their life.
- The manager was aware of what was required to support people with end of life care if needed.

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 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 staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as was possible.
- People and their relatives told us that the registered manager and staff knew people well and were available to them. One person said, "[Registered manager] is very good at their job, she's an experienced manager and she's recruited good people... She's very approachable."
- The registered manager worked closely with people and staff, leading by example, and ensuring people had a say in all aspects of the home. They had a good relationship with all who lived and worked in the home and were approachable.
- Staff provided positive feedback about their experiences working at the service and the support that was provided to them. One member of staff said, "[Registered manager] is a good manager, she has an open-door policy and she always makes time for us."
- The provider recognised and promoted staff achievements and excellent practice. This was facilitated through local and regional awards programmes.
- The atmosphere in the home was calm and happy and the people using the service were comfortable around the staff and registered manager and enjoyed their interactions with them.

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

- The registered manager was aware of, and there were systems in place to ensure compliance with 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.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and comprehensive training which ensured they provided the care and support at the standards required. One member of staff told us, "My last supervision was three or four weeks ago, I was marked as outstanding in all areas, so I've been able to mentor new staff."
- The registered manager had a quality assurance system in place which ensured all aspects of the service

were audited and improvements made if necessary. For example, they completed a monthly quality walk round and audit to check all aspects of the service were running safely.

- Policies and procedures were reviewed and updated regularly. The provider ensured staff understood these and discussed them in training and bulletins to keep staff up-to-date with any changes.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.

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

- People's feedback about the service was captured through regular contact with people and their relatives. The provider was developing new more accessible surveys at the time of inspection.
- People told us they attended a regular community meeting. One person said, "It's a meeting with all the guys, a community meeting, we get changes through the meetings. We discuss catering, the property, getting on with each other."
- The provider's senior management team was visible in the service and regularly sought feedback from people, relatives and staff.
- The most recent staff survey, carried out in 2019 showed high staff engagement, with an 88% response rate. Staff satisfaction had increased in all areas.
- Team meetings took place regularly to communicate updates and enable an exchange of information and learning. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.

Continuous learning and improving care

- The provider had worked hard to develop their training provision to ensure it fully met people's and staff needs. Staff spoke positively about the training they received. One member of staff said, "The training programme is much better. The director of operations is involved in teaching on it and [another member of the senior management team]. Now everyone has the same induction. Everyone is treated the same and we are given the tools to do the job."
- The provider had developed the trans disciplinary team of staff available to support people living in the home. Records showed the involvement of a wide variety of health and social care professionals were regularly involved in planning and reviewing people's care.

Working in partnership with others

- The registered manager and staff worked closely with commissioners to ensure people's complex needs were met.
- The provider was an active member of brain injury forums that advocate and support people with an acquired brain injury.