

Partners4Care Limited

# Partners4Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Partners4Care Limited is a domiciliary care service providing personal care to people in their own home. At the time of our inspection there were 162 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Medicines were not always managed safely. The provider struggled to ensure all calls were on time and people often had different staff to support them. They assured us they were doing everything possible to recruit and retain staff to minimise the impact on people. Staff were recruited safely and appropriate pre-employment were done. New staff had access to an improved induction programme and shadowed experienced colleagues until they were confident to work alone. Risks to people were identified, assessed and measures were in place to mitigate these. The provider had effective systems in place to ensure people were protected from abuse. Staff had a good understanding of their responsibility in terms of safeguarding. People were supported by staff who had received training in infection prevention control and used the appropriate personal protective equipment (PPE).

Quality assurance and governance systems in place were not always effective or robust. The provider had failed to ensure care records were easily accessible to all staff. Better communication was required around rotas and changes to staff. People often found office staff difficult to deal with and said calls were not always returned. The provider made attempts to gather feedback however staff meetings were not well attended and not everyone we spoke with had received a survey or questionnaire. Staff found the manager and wider management team approachable and supportive. People using the service were not always clear who the manager was. The provider worked in partnership with other professionals and/or stakeholders to benefit people using the service.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an

autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

The last rating for this service was good (published 9 July 2021).

#### Why we inspected

We received concerns in relation to staff training, particularly around medicines, timing of calls, staff welfare and the attitude of office staff. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Partners4Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to the management oversight at the service, including quality checks and accurate record keeping at this inspection.

We have made a recommendation about improving communication around late calls and staff changes.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Partners4Care 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 2 inspectors, 1 assistant inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 4 May 2023 and ended on 16 May 2023. We visited the location's office on 4 May and 11 May 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and 6 relatives about their experience of the care provided. We spoke with or gathered feedback via email from 28 members of staff including the nominated individual, registered manager, office staff and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 8 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

### Using medicines safely

- Medicines were not managed always safely. Some medicines were administered with less than the required gap between doses. On other occasions administration of pain relief was missed as calls were scheduled too close together for staff to safely administer. Some staff had highlighted the issue in call times but no action had been taken to rectify this.
- Some people were prescribed medicines to be taken on a 'when required' basis or with a variable dose. Guidance was not in place to instruct staff how and when these should be given. The reason for administering 'when required' medicines was not always noted and the amount of medicine given was not always recorded when there were variable doses.
- The monitoring and recording of medicines administered by the application of a patch were not always completed. As a result, it was not possible to tell whether these had been placed correctly.
- Staff had been trained in the safe handling of medicines, however, the provider had failed to ensure regular competency checks were conducted to make sure they were administering medicines safely.
- Medicines audits had not been completed regularly and therefore issues were not being identified or acted on.

The provider had failed to ensure robust systems were in place to safely manage medicines. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately, during and after the inspection. They confirmed guidance had been put in place for 'when required' medicines and new systems were being introduced for medicines competencies and audits. We will review how well these have been embedded into working practice at our next inspection.

### Staffing and recruitment

- The provider struggled to ensure all calls were on time and people often had different staff to support them. The provider had an ongoing struggle with staff turnover and was permanently trying to recruit additional staff. One person told us, "I have issues with lateness, although someone always turns up."
- Due to inconsistency of staff, people were often supported by staff they did not know and had not previously been introduced to. One member of staff told us, "People are not expecting me, they've never met me, they don't know me from Adam and within minutes I have to support them in the shower. I try to be kind and friendly but it isn't nice for them."
- The provider assured us they were doing everything possible to recruit and retain staff to minimise the

impact on people. They worked closely with the local authority and took on new packages only when they were sure they had sufficient staff to deliver care.

We recommend the provider reviews the way in which late calls and changes to staff are communicated to people to minimise distress.

- The provider had a safe recruitment procedure in place. They conducted checks including Disclosure and Barring Service checks and obtained references before new staff were employed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The induction training for new staff had recently been improved to include more face-to-face training and more shadow shifts with experienced staff. One member of staff told us, "I did double up calls for three months with very experienced staff so I feel confident."

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

- Risks to people were identified, assessed and measures were in place to mitigate these. Care plans included information on steps staff should take to meet people's needs.
- The provider had an 'out of hours' telephone service run by senior staff. This meant staff could contact the provider outside of office hours in the event of an emergency.
- Accidents and incidents were logged by staff and reviewed and signed off by a member of the management team to ensure any themes could be identified and lessons learned.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems in place to ensure people were protected from abuse. The registered manager understood their responsibilities in relation to handling safeguarding concerns.
- Where concerns were highlighted, appropriate action was taken to investigate and take disciplinary action when necessary.
- Staff had a good understanding of their responsibility in terms of safeguarding. One member of staff told us, "If I am worried that someone I am providing care to may be a victim of abuse my duty is to report to the appropriate authorities for the issue to be investigated."
- People and their relatives told us care was delivered safely. One relative told us, "There is confidence between [my relative] and the carers. Their approach makes me feel [my relative] is safe."

Preventing and controlling infection

- Staff had received training in infection prevention control and were provided with the appropriate

personal protective equipment (PPE).

- People told us staff wore appropriate PPE when supporting them.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance and governance systems in place were not always effective or robust. Although there was a range of auditing systems in place, they did not identify the concerns we found at this inspection. Staff were reporting issues within daily notes or by telephoning the office but action was not always taken in response to this. A new electronic system for auditing had been introduced just a few days before the inspection but there had not yet been time for this to be put into practice.
- The system for the live monitoring of calls was not always effective. We saw evidence of calls not being accurately logged in or out of and staff reported issues with syncing their data. As a result, the information recorded was not accurate or reliable. The provider was looking at alternative systems and hoped to change to something more suitable in the future.
- Spot checks on staff had been done in an ad-hoc way or in response to concerns, but there was no management oversight to ensure all staff were subject to regular spot checks. We gave feedback on this and a new spreadsheet was introduced immediately.
- Care records were held electronically however the provider had changed systems and had not transferred all care plans across to the new system. This meant some people had paper care plans printed from the old system. There was some confusion amongst staff as a result of this.
- Some staff did not know how to access the electronic records and as a result believed there were no care plans in place for people. They told us they relied on the daily tasks placed on the system for each call to understand people's needs. One member of staff told us, "I've never seen a care plan we have a task list, and we look back over previous calls, but I've never seen care plans on [the system]."

The provider had failed to ensure records were easily accessible to all staff. Quality assurance systems had not been effective in identifying concerns. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their regulatory requirements. Relevant statutory notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.

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

- People were not receiving rotas and were not told when different staff were going to provide their care. We saw evidence that rotas were being produced but they were not successfully delivered. The registered

manager was going to review the current system which relied on care staff delivering them each week.

- Feedback about the service provided was generally positive, however, some people did comment on the number of unfamiliar staff. One person told us, "I have lots of different carers. It would be nice to have the same." The provider acknowledged this was difficult for people and they were working hard to recruit permanent staff and alleviate this issue.
- Feedback regarding office staff was not so positive. For example, one person told us, "The carers are brilliant. Office staff communication is not so good." We also had some negative feedback from care staff about office staff. Comments were made about their failure to return calls and some found office staff to be rude when dealing with them. This was fed back to the registered manager who was looking at additional training and support for office staff as a result.
- Staff told us the registered manager was very supportive and approachable. One member of staff told us, "I find [the registered manager] very good to deal with, they are very understanding and very professional."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 provider had made efforts to engage people who used the service, their relatives and staff. They had conducted surveys to obtain feedback from people, relatives and staff. However, not everyone reported receiving a survey to complete and the provider confirmed the method of reaching people with important information was to be reviewed.
- Staff meetings were held but the registered manager told us they were not always well attended. Staff who had been to these meetings gave positive feedback. One member of staff told us, "I have found them very useful, I am given the opportunity to make suggestions and ask questions and get feedback immediately."
- Staff told us they were able to give feedback and make suggestions to the registered manager and wider management team. They were able to give specific examples of where feedback had been acted upon. One member of staff told us, "The travel time in between calls is a good new development and am aware that is was a staff member who spoke to management about it."
- People were not always sure who the registered manager was and often referred to office staff by name when asked about the management. The people who knew who the registered manager was described them as approachable and easily contactable.
- The registered manager understood their responsibility in relation to the duty of candour and the need to be open and transparent when mistakes were made.

Working in partnership with others

- The provider worked in partnership with other professionals and/or stakeholders to benefit people using the service.
- There were close links with the local authority and the provider had sought advice on a number of issues arising from the difficulties recruiting and retaining staff.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to keep complete, accurate and up to date records. This included records relating to medicines management.</p> <p>The provider's quality assurance system had failed to identify the concerns found during inspection.</p>