

Care Partners Health Care Support Service

25 Trondheim Parkway West
DUNFERMLINE
KY11 4FD

Telephone: 07825 214892

Type of inspection:
Announced (short notice)

Completed on:
28 June 2024

Service provided by:
Care Partners Healthcare Ltd

Service provider number:
SP2021000177

Service no:
CS2021000280

About the service

Care Partners Health Care is a care at home service operating in the Dunfermline and west areas of Fife. This was the service's first inspection since registration in 2021. They commenced full operation from 2023. At the time of this inspection, the service had four carers providing care to 12 people.

About the inspection

This was a short notice announced inspection, which took place on 26 June 2024. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with three people using the service and four of their representatives
- spoke with four staff and management
- reviewed documents.

Key messages

- People experienced care that was reliable.
- Feedback from people using the service was positive.
- Managers of the service were committed to improvement.
- Improvement was needed to quality assurance and oversight of staff development.
- The staff team knew people well.
- The service should ensure care plans are sufficiently detailed and person centred.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We found that the service was performing at a 'good' level in this key area. There were a number of strengths that outweighed areas for improvements.

People should have access to the right health care at the right times. We found examples of care staff seeking the appropriate medical support for people, where they had experienced a medical crisis. One supported person told us, "They help me with whatever I need". A relative we spoke with commented that the service had been "exceptional" and "adaptable" in managing the changing needs of their loved one. We saw examples of where the service had made referrals to relevant professional bodies, where they felt someone was at risk of harm. This evidences that people's wellbeing benefits from their care and support.

We directed the service to the "Guidance on Notification Reporting" to ensure that this information, as well as other notifiable events, are shared with the Care Inspectorate. Requirement 2 in key question 2 applies.

The service demonstrated a commitment to keeping people as independent as possible and supporting them to achieve agreed outcomes. The service was in the initial stages of introducing an electronic recording system that would record and measure people's daily care needs and evaluate how successfully they were helping them to maintain independence. Feedback gathered and our review of care records evidenced that the service was committed to ensuring people received the full time they are allotted, prioritising meaningful interactions. People knew what time to expect their carers to arrive, and who was coming. This supported people to experience positive outcomes as care was unhurried and consistent.

Where the service was supporting people with medication, we found improvement was needed around guidance for topical medications, for example creams and pain relief. **See area for improvement 1.** This ensures that people are receiving their medications as prescribed, to enhance their health and wellbeing.

Areas for improvement

1. To support people's wellbeing, the provider should ensure clear and accurate information on the application of topical preparations is available. This should include the exact place on the body this is to be applied to.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

3 - Adequate

We evaluated this key question as 'adequate,' where there are some strengths, however essential improvements are needed in key areas.

People should expect the leaders of the service to be responsive to feedback and use learning to improve. The nature of this small, family run service meant that the owners were fully involved, providing direct care to people. We found evidence of them using this opportunity to regularly seek feedback from people using the service, and their relatives. One relative we spoke with told us, "I could not be more impressed with this company". We also saw some examples of how spot checks carried out by the leaders of the service supported improvement. For example, reminding care staff to ensure all visible trip hazards are removed prior to them leaving the person's home. This evidenced a culture of continuous improvement, seeking to keep people happy and safe.

Due to the owners being instrumental to all aspects of direct care delivery, this had resulted in some essential elements of quality assurance being missed. This included formal and recorded induction of new staff and staff supervisions. We also found limited formal oversight of probation period for new staff. These elements are important as they act as systems to measure the quality of the care being given to people and promote development of staff. Therefore, a requirement is made. **(See requirement 1)**

The service had recently employed a compliance and training officer to support them to develop a more robust system for quality assurance and staff development. This offered us some reassurance. At our next inspection we would expect to see evidence of other quality assurance audits being carried out, for example medication management, infection prevention and control and care planning. **(See requirement 2)**

Alongside this, the service should further develop its improvement plan to reflect any actions from quality assurance and feedback from people using the service. Requirement two applies **(See requirement 2)**. This ensures that people's experiences are the key drivers for change.

The service had only been fully operating since 2023 and was still developing. Despite the essential improvements, we identified, we were confident that the service demonstrated significant capacity to improve, taking on board our feedback, striving to ensure people consistently experience positive outcomes. We suggested that the service use the Care Inspectorate 'Self Evaluation Toolkit' to help them on their improvement journey.

Requirements

1. By 30 September 2024, to ensure that people's care and support needs are met effectively, the provider must ensure staffing arrangements are safe.

To do this, the provider must, at a minimum:

1. Provide regular staff supervision to ensure their learning and development needs are assessed, reviewed, and addressed;

2. Ensure that new staff are provided with sufficient induction and monitoring, to support safe and competent practice.

This is to comply with Regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Section 7 of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210)).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

2. By 30 September 2024, the provider must make proper provision for the health, welfare and safety of people using the service. To do this the provider must:

1. Evidence that effective quality assurance systems are in place and being utilised.
2. Outcomes from audits and feedback from people informs development planning.
3. Ensure appropriate and timeously notifications are made to the relevant agencies.

This is in order to comply with Regulation 4(1)(a) (Welfare of Users), (of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

4 - Good

We evaluated this key question as 'good,' where several strengths impacted positively on outcomes for people.

We saw evidence of a staff team that worked well together. The small nature of this service supported effective lines of communication. People using the service benefited from interactions that were positive, provided by people who knew them well. Staff told us they felt well supported and "It's a good company to work for". This supported a staff team who were effective in building positive relationships with people.

We saw systems were in place to ensure that all care staff have the required basic training, with the additional benefit of face-to-face clinical care training provided by the leaders in the service. This encourages staff to have the right skills and knowledge, to meet people's needs.

People we spoke with told us, "Great bunch of carers", "Lovely boys", "Kind folk" and "We have great banter".

The care was predominantly provided by male carers and although we found people were receiving care that was supporting positive outcomes, there were examples where, if choice was available, people would prefer a female carer. It is essential that people's preferences are fully considered and respected. As the service continues in their active recruitment, they should ensure that the staffing arrangements respect people's needs and wishes. **See area for improvement 1.**

Areas for improvement

1.
To promote people having choice and control over who provides their care, people's preferences as to whether they are supported by male or female carers, should be respected and accommodate, where possible.

This promotes Health and Social Care Standards (HSCS), which state that: 'I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as 'adequate'. This meant that although we identified some strengths, these just outweighed weaknesses. To support consistently positive outcomes for people, essential improvement was needed to key areas.

Care plans and risk assessments should be in place and used to deliver care and support effectively. All supported people had care plans and risk assessments in place. Some of these held essential information about people's specific health conditions and how this impacted them. We reviewed other plans where this information was missing, for example where catheter care was required. Some risk assessments recorded generic information and were not person centred. **See area for improvement 1.**

Detail recorded within plans should clearly guide staff on how to support people with their daily needs and wishes. We found plans lacked some essential information around people's preferences, life history and what was important to them. This includes information such as where people's medication is kept, what they like to eat and how staff may support them if they are experiencing distress. This is particularly important for people who may struggle to communicate these preferences themselves. This essential information can prevent the risk of missed opportunities to meet people's needs. Due to people being supported by a small staff team, who evidenced knowing them well, we felt confident at this time that people's needs were being met. However, as the service seeks to expand, improvement in these areas is recommended to maintain people's wellbeing. **See area for improvement 1.**

We saw that care plans were reviewed and updated, in response to changing needs. We directed the service to best practice guidance, which advises plans should be reviewed every six months, as a minimum. Care plans followed an outcome focused format and as referenced in key question 1, the service was in the initial stages of using an electronic care recording system which was designed around each person's specific care needs and outcomes. In its fully functioning format, this system will allow supported people and their relatives full access to care plans and notes. In the meantime, the service should priorities ensuring people have access to their care records, should they wish. This ensures that people, and their loved ones, are fully involved in directing their care.

Areas for improvement

1. To promote responsive care and ensure that people have the right care at the right time, the service should ensure that people have person-centred care plans that detail their specific support needs, risks and how care staff mitigate these risks. These should be reviewed at least once in every six month period.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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