



Inspection Report on

Partnership of Care Ltd

**Partnership Of Care
Alexander House
Colliery Road
Caerphilly
CF83 3QQ**

Date Inspection Completed

08/03/2023

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About Partnership of Care Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Partnership of Care Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Partnership of Care Ltd are a domiciliary support service providing care and support to people in their own homes. People we spoke with were happy with the service they received and are treated with dignity and respect. The service uses a personalised approach to care and support, by care staff who are knowledgeable about the people they support. Care staff told us they feel supported in their role.

We found gaps in safe administration of medication, recording of safe recruitment and the support and development of staff. The RI has also not undertaken visits to the service in line with regulations. We did not see sufficient oversight of the service and governance. An area for improvement has been identified regarding oversight and governance of the service. Whilst no immediate actions are needed, we expect the provider to take action to address this.

Well-being

People and their representatives spoke positively about the service; “*The care is fantastic*”. A family member told us; “*They really listen*”. People are treated with dignity and respect by care staff they have good relationships with. Care staff told us they are happy and motivated in their work. Care staff spoke about people they support in a warm and respectful manner and we saw people socialising with other people and care staff. We saw people engaging in the activities they enjoy during the inspection.

People spoke positively about their relationships with care staff who they described as “*nice*”. People have a voice and contribute to planning the care and support they receive. A personalised approach is taken by the service, focussing on people’s well-being, and ensuring people are supported to meet their personal goals. This is reviewed routinely against national good practice standards in health and social care, ensuring what matters to individuals remains the focus of care and support being provided.

People receive the support they need to maintain their health. Care staff know individuals well and can promptly identify any changes in people. People are supported to access health and specialist services as required.

Care staff have a good understanding of how to report matters of a safeguarding nature. The service has arrangements in place to safeguard people and reduce risks. However, we found medication auditing, staff recruitment processes and the supervision and development of care staff were insufficiently robust to ensure people are appropriately protected and this could impact on the safety and wellbeing of people.

Care and Support

Personal plans are detailed, up-to-date and written with people and their representatives. Personal plans contained information including personal preferences, risk assessments and detailed plans on how care and support should be delivered. Personal plans have a positive and constructive approach to supporting people, focussed on positive behavioural support strategies. Daily care notes reflect people are supported as described in their personal plans. Personal plans are regularly reviewed with people and their representatives, including reviewing how the service has met the wellbeing needs and personal outcomes of individuals. This is purposefully measured against national good practice standards in health and social care, ensuring that care and support is focussed on what matters to the people using the service. The responsible individual (RI) told us the service is moving towards a digital support-planning system.

The service prioritises familiar staff supporting people. Care staff are motivated in their role. They are knowledgeable about the people they support and are caring and patient in their approach. Care staff told us the service is “*great to work for*” and “*the team respond really well quickly*”.

Care staff receive safeguarding training and are clear about the correct safeguarding and whistleblowing procedures to keep people safe. Risk assessments safeguard people by identifying and mitigating any risks.

All care workers have received appropriate training on infection control. Care workers told us personal protective equipment (PPE) has always been available to them as required.

People are supported to access health and social care professionals when needed. Records are kept of previous appointments for reference as required. Arrangements are in place for the safe management of medication within the service. However, medication audits are not completed regularly and not all medication administration is recorded accurately.

Leadership and Management

The RI oversees the service and is also the manager. The manager is experienced and qualified for the role and registered with the social care workforce regulator Social Care Wales. The manager is supported by a team of service managers, who regularly communicate. We were told the management team are approachable and always there to help or advise staff when required.

The service has an up-to-date statement of purpose (SoP), which details the range and nature of the support available to people. The SoP is reflective of the service people receive.

The RI visits the service and spends time talking with people. However, the visits do not consistently occur in a timely, planned manner to ensure sufficient oversight of the service. Routine audits are not consistently carried out. We also saw the service does not consistently notify Care Inspectorate Wales of significant events when required and in line with regulation. The quality-of-care review identifies quality assurance arrangements are an area that require strengthening. The service has recently employed a quality assurance manager to strengthen quality assurance processes.

We reviewed the service's staffing rota and saw sufficient numbers of care staff are deployed. The service uses an electronic rota system to enable staff to choose whether they wish to take additional work. The RI told us this has resulted in no agency staff being used to cover short term absences.

Not all staff personnel recruitment records contain all the information required by regulations to ensure they are safe and fit to work at the service. Some staff files did not have full identity checks, sufficient references, full employment histories recorded, reasons for leaving previous employment with vulnerable people or evidence of Social Care Wales registration. The service cannot be assured that recruitment arrangements are sufficiently robust to ensure people are safe and receive quality care and support.

Newly appointed staff complete a thorough induction programme which includes training, shadow shifts and staff competency checks. Care staff training records indicate care staff have access to a variety of training opportunities and all staff files we viewed showed staff had completed a good level of training. Care staff told us they have; "*lots of training...of good quality*", which supports them to feel confident in their role.

However, there are gaps in timely staff supervisions, opportunities to ensure the professional competence of staff is maintained and annual appraisals. Appropriate and timely support and development of staff is key to ensuring that quality care and support is consistently provided by staff who work in people's homes.

Gaps in the timely supervision of staff, medication recording, RI visits and staff recruitment checks and training identify an issue with the level of oversight of the service from the RI. While no immediate action is required, we expect the provider to act and will follow this up at our next inspection.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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6	The service provider must ensure clear arrangements for the oversight and governance of the service.	New
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