The Regard Partnership Limited

Domiciliary Care Dorset

Inspection report

First Floor Offices, 6 Johnson Road
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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

This inspection took place on 8 and 12 March 2018 and was announced. The inspection was undertaken by one inspector.

This service provides care and support to people living in four 'supported living' settings, so that they can live in their own home as independently as possible and one person in their own home in the community . People's care and housing are provided under separate contractual agreements. People shared their homes with volunteer support workers called co-workers. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. There were 13 people being supported by this service at the time of the inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support CQC policy and other best practice guidance. These values include choice, promotion of independence and inclusion.

Not everyone living in the supported living services received the regulated activity personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in place. 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.

People were safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm and risks for the majority of people were assessed and monitored regularly.

Staff understood how to prevent and manage behaviours that the service may find challenging.

Staffing levels ensured that people's care and support needs were continued to be met safely and safe recruitment processes continued to be in place.

Staff understood the Mental Capacity Act 2005 and how to support people's best interest if they lacked capacity. However assessments were not recorded. We have made a recommendation about the recording of mental capacity assessments and best interest decisions in line with the Mental Capacity Act 2005.

People's needs and choices continued to be assessed and care provided to meet their needs. They received care from staff that had received training and support to carry out their roles.

There were systems in place to monitor incidents and accidents. There were arrangements in place for the

service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

Staff continued to support people to book and attend appointments with healthcare professionals, and supported them to maintain a healthy lifestyle. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

Medicines were managed safely.

Staff were caring and compassionate. People were treated with dignity and respect and staff ensured their privacy was maintained. People were encouraged to make decisions about how their care was provided.

Staff had a good understanding of people's needs and preferences.

The provider was aware of some people's end of life wishes. We have made a recommendation about supporting people to express their end of life wishes.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement. However some improvements were required to responding to feedback from surveys from people that use the service.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve. We have made a recommendation about the recording of audits and checks undertaken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People's relatives told us they had no concerns about the care and support people received from staff.

People's identified risks were managed and staff understood their responsibilities to report any concerns to keep people safe .

People were supported to take their medicines safely.

There were sufficient numbers of suitable staff to meet people's needs.

Staff were checked before they started work to make sure they were suitable to work in this service.

Is the service effective?

Good

The service was effective.

Staff received training to ensure they could carry out their roles effectively. Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People's care needs were assessed and staff supported them to meet their daily needs.

People accessed the services of healthcare professionals

Is the service caring?

Good

The service was caring.

Care was provided with kindness by staff who treated people with respect and dignity.

The staff approach and values of the service was focused on people's individual strengths, wishes and abilities.

Is the service responsive?

Good

The service was responsive to people and their needs.

Staff understood people's ways of communicating and responded to their verbal and non-verbal communication and gestures.

People were supported to pursue activities and interests that were important to them.

People and their relatives knew how to complain or raise concerns about the service. Staff knew how to support people to do this.

Is the service well-led?

Good

The service was well-led.

Observations and feedback from people, staff and professionals showed us the service had a positive and open culture.

There were systems in place to monitor the safety and quality of the service.

There was learning from accidents and incidents.

The provider had identified areas of improvement including opportunities for people to give feedback.

Domiciliary Care Dorset

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 took place on 8 and 12 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff . We needed to be sure that they would be in. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We gathered this information during the inspection. We obtained the views of the service from the local commissioners prior to our inspection.

During the inspection we spoke with four members of staff, the registered manager and the locality manager. We spoke with two people and three relatives about their views on the quality of the care and support being provided. We also spoke with three health and social care professionals.

We looked at care documentation relating to four people, three people's medicines administration records, three staff personnel files, staff training records and records relating to the management of the service including quality audits.

Good

Is the service safe?

Our findings

People's relatives told us they did not have any concerns about the care and support their relative received. One person's relative told us staff knew how to keep their relative safe. People's interactions and relationships with staff were friendly and comfortable. All of the health and social care professionals told us they did not have any concerns about how staff supported people to keep them safe. One social care professional told us the registered manager had taken action to ensure there were enough staff to meet people's needs when some staff left the service at the same time.

Staff safeguarded people from avoidable harm. Staff had received training in safeguarding adults. Staff recorded and reported any concerns they had, including any changes in a person's behaviour so appropriate action could be taken. Staff told us they did not have any concerns but would not hesitate to report them to the registered manager. Staff were aware of how to report to the local authority safeguarding team and whistleblowing procedures were in place.

Staff supported people to manage and reduce any risks to their safety. This included managing risks such as epilepsy, moving safely, and constipation. Risk assessments were completed with input from health and social care professionals and promoted people's independence. For example, one person who were at risk of having a seizure there were plans in place for staff to follow to ensure the person was safe and actions the staff should follow in the event of the person having a seizure. Staff were aware of these plans and risk assessments had been reviewed on a regular basis to make sure they remained up to date and reflected changes to people's circumstances. One social care professional told us, "They work collaboratively to manage risks".

Improvements were made when things went wrong. Staff were aware of the process to follow if there was an incident or accident at the service. All incident records were reviewed by a senior care worker or team leader and then the registered manager. For example, changes were made to staffing and how someone was supported to manage risks associated with their behaviour. This enabled the staff to minimise the risk of recurrence and no further incidents had occurred. However we found that there were two incidents that the registered manager had not been made aware of but action had been taken to ensure the person's needs were met.

There were sufficient staff to meet people's needs. People received support from staff to develop life skills, access day activities and to pursue interests in the community. People told us they enjoyed accessing activities in the community and staff supported them to do this. Staff spent time with people on a one to one basis to meet people's individual needs. Staff understood their responsibilities and kept up to date about people's changing needs through handover and discussion. Safe recruitment practices were followed. Recruitment checks included obtaining references from previous employers, checking people's eligibility to work in the UK and undertaking criminal record checks. These checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with people.

Medicines were managed safely but some improvements were required to how medicines were audited.

Medicines were stored securely in people's homes. Protocols were in place instructing staff about when to give people their 'as and when required' medicines. Staff maintained records of reasons of why 'as and when medicines' were administered as required. Accurate records were maintained of the majority of medicines administered and people received their medicines as prescribed. However gaps in medicine records for two people and a medicine error for another person had not been identified through the medicine audit. The registered manager told us they would take action to address this.

The provider had made arrangements for infection control. Staff had access to gloves and aprons and received guidance on their responsibilities for infection control. Staff told us they understood their responsibilities for infection control.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to meet their needs. People's relatives told us staff met their needs. One person's relative told us staff knew how to communicate with their relative and how to meet their needs. Comments included, "Staff communicate well" and "[the person's relative] is more content". All healthcare professionals told us staff made referrals to them when needed and communicated well to identify people's needs. Staff spoke very highly of the support they received to carry out their roles.

People's care was assessed to identify the care and support they required. There were comprehensive needs assessments in place, detailing the support people needed with their everyday living. Assessments covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. Care plans contained clear instructions for the staff to follow so that they understood people's needs. Care plans included input from relevant healthcare professionals and people's representatives. For example, one person's care plan detailed the support the person needed with personal care tasks and to access workshops and social activities. The care plan recorded what the person could do for themselves and how they would communicate their wishes to staff.

Staff had the knowledge and skills to undertake their role. Staff told us they felt supported by senior staff and the registered manager to do their job well. Comments from staff included, "Training is fantastic" and "Training is brilliant". Staff received training and support on areas such as safeguarding adults, epilepsy, and administering medicines. Another member of staff told us there were opportunities for staff to study for qualifications in health and social care. Comments from staff included, "I am fully supported" and "[member of staff] is great as a team leader". Staff received regular supervision, received support in team meetings and their approach and competence was checked by the registered manager and team leaders. Staff were given guidance about how to further improve their practice in team meetings. For example, the registered manager provided support to staff on understanding professional boundaries to improve some areas of practice.
The provider and registered manager had systems in place to support staff with completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers new to health and social care have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New staff were also supported to learn how to support people's individual needs by shadowing experienced staff, discussions at team meetings and observations of their competency. Another member of staff told us there were opportunities for staff to study for qualifications in health and social care.

Staff supported people to eat and drink well to meet their needs. People were supported to make choices about the meals they enjoyed. People's nutritional needs were reviewed and regular checks maintained on their weight where required. Staff followed guidance from healthcare professionals and the information was accessible to all staff. However advice had not been sought from one person's GP around safe swallow. One member of staff told us the person was not eating certain risk foods due to the concerns about their swallow. We asked the registered manager to take action to address these concerns.

Staff worked well with other agencies, including health and social care professionals to ensure effective care and support was provided to people. Staff supported people to have regular reviews with healthcare professionals. For example, people were supported to access dentistry services and specialist healthcare appointments. All healthcare professionals told us the service made referrals to them at the right time and followed their recommendations. One healthcare professional told us the staff responded well to changes in people's needs and contact them for advice if needed. There were arrangements in place for staff to share information with each other to ensure staff were aware of the changes in people's needs and amended care plans.

Each person had a health action plan which was regularly updated outlining their healthcare support needs. Staff supported people to their health appointments, including any specialist appointments they required. Relatives told us staff kept them up to date with any changes in a person's health and responded to any concerns. For example, one person's relative told us their relative received support to manage a reoccurring infection and they had not had one recently.

People's relatives told us they were involved in decisions about their care. We observed staff supporting people to meet their needs and respecting their choices. One person told us, "They respect what I can do". People were supported to look after their home. This involved staff supporting people to clean, cook and report any housing issues to their landlord.

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. Everyone who works with or on behalf of an adult, who may lack capacity to make particular decisions must comply with this Act and have regard to its Code of Practice. Staff were clear where people had the mental capacity to make their own decisions, this would be respected and who had legal rights to make decisions on people's behalf.

Where people did not have capacity to give consent, decisions were made in their best interest. For example, decisions had been made for one person who lacked capacity regarding how staff supported them to keep safe in the community. The care plan had been shared with health and social care professionals involved in the person's care. However the best interest decision had not been formally recorded. The registered manager told us they would put this in place.

Good

Is the service caring?

Our findings

People received good care from staff who knew them well. Staff had developed positive relationships with staff and were supported by staff to follow their interests. Staff were aware of what made people happy and we observed people smiling when interacting with staff. People told us staff supported them to do the things they enjoyed. One person's relative told us, "Staff are so caring about [the person's relative] specific needs". Another person's relative told us, "The staff are very kind". Where people could not fully express their needs verbally, staff used their knowledge of people to identify what they enjoyed and if they were upset or worried.

The staff approach and values of the service was focused on people's individual strengths, abilities, and interests. Staff supported people to make choices and have control over their lives. For example staff supported people to identify new hobbies, choices for meals and how they spent their times. Staff were aware of people's preferences, interests and their daily routine. Support was provided in line with how people liked to be supported and what was important to them. For example, one person was supported to attend social events and pursue a new hobby. For another, they were supported to follow hobbies at home by staff.

People were encouraged to maintain relationships with friends and family members. Staff regularly communicated with people's family members whilst respecting people's rights. People were supported to invite friends to join them for a coffee or tea and to attend social activities.

Staff respected people's privacy in their own home and dignity. Staff supported people with their personal care in the privacy of their bedroom or bathroom.

The service was meeting the requirements of The Accessible Information Standard. The Accessible Information Standard is a law that aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff communicated with people in accessible ways, such as using pictures and took into account any impairment which affected their communication. Some people who received care had difficulties in communicating verbally. Staff were aware of people's communication methods and how they communicated their needs and wishes. However for one person, their communication needs had not been fully assessed to identify if staff could use other communication methods, such as pictures to understand and meet their needs. The person's care plan stated they could become frustrated if they could not make their needs and wishes understood to staff. The registered manager told us they would take action to address this.

Good

Is the service responsive?

Our findings

People were able to make choices and staff respected their decisions. People and relatives spoke very positively about the activities they took part in and they told us about the social events they were planning on going to. People were supported to go shopping with staff and attended events and activities they enjoyed. Staff explained that it was important for people to have choice and control over their lifestyle. Comments from relatives included, "They are thorough and do respond" and "They all know what [the person's relative] enjoys doing".

People received personalised care. Staff were well informed about people's needs. Staff and relatives told us there was now a stable staff team after a period last year of some staff leaving. Staff and relatives told us this enabled staff to get to know people and understand their needs and how they liked to be supported. Care plans were person centred and detailed how staff should support people's individual needs, including their health and social needs. For example, one person's care plan detailed the person's preferred methods of moving around inside and outside their home. For another person, their care plan detailed what behaviour they showed when they were upset and how staff should support them with personal care. Care plans were reviewed on a regular basis.

Staff supported people to engage in a wide range of activities and interests. People had a busy weekly programme of activities, which included regular scheduled activities. Activities included those relating to daily living skills, such as food shopping, as well as workshops and leisure activities. One person's relative told us their relative was very happy with their home and the support they received. Their relative told us the support their relative received had been "absolutely brilliant".

A complaints process was in place. People were supported to raise complaints using easy read forms and their complaints were responded to. Relatives told us they could contact team leaders or the registered manager if they had any concerns. Staff said they also felt comfortable speaking to the registered manager if they had any concerns or wished to raise a complaint. Staff and relatives were confident that any concerns raised would be taken seriously and appropriately dealt with. One relative told us, "They do listen and deal with things".

The provider was aware of some people's end of life wishes. However no one was receiving care at the end of their life. The provider was planning to hold workshops on supporting people with bereavement and loss.

We recommend that the provider supports people to express their preferences and choices for the end of their life.

Good

Is the service well-led?

Our findings

An inclusive, positive culture had been developed at the service. People's relatives and staff felt able to express their opinions and felt their suggestions were listened to. The provider had put in place systems for staff to give feedback and identify improvements. People's relatives and health and social care professionals spoke positively of the staff and management team. One person's relatives told us, "The care is absolutely excellent" and "They take everything on board". Other comments from relatives included, "[Members of staff] are very approachable" and "I am happy with the care provided". One social care professionals told us the registered manager had taken action to stabilise the staff team after some staff left the service. They told us things were now more settled and communication had improved. Staff spoke highly of the support they received from the registered manager, and management team. One member of staff told us, "[The registered manager] is a good manager and is always ready to listen and support staff". Another member of staff told us, "[The registered manager] is very approachable and responsive".

There were systems in place for the care provided to be audited and actions taken to improve the service. The registered manager delegated some checks to team leaders and these staff fed back any concerns and required actions. The registered manager carried out regular visits to the supported living services to check on the care provided and met with staff and people. However audits and checks carried out by the registered manager were not fully documented in relation to the management of the care provided. For example, records of what care plans were checked and identified actions were not recorded by the registered manager. The locality manager shared with us an updated quality assurance tool that will be used to make improvements to the record of monthly checks made. The registered manager also told us they would take action to ensure that records of audits undertaken were fully completed and records held in the office were up to date and archived where necessary.

The provider had made arrangements for a senior manager and an internal quality assurance team to carry out audits of how the service was meeting the requirements of the regulations. There were records and actions identified from these audits. Staff told us that they found these audits useful and supportive to identify improvements. One member of staff told us, "[A member of staff] shares with the team what she finds and what needs addressing". However one member of staff responsible for the administration of medicine told us they were not aware of actions identified from one audit in relation to medicine. We raised this with the registered manager to ensure all staff were aware of the outcome of audits.

We recommend that the provider and registered manager reviews the arrangements for the recording of audits and checks undertaken.

Some people were able to provide feedback to staff about their experiences of the service. Care was planned in line with supporting people to have choice and control over their lives. However some improvements were required to how feedback from surveys that raised concerns were responded to. The registered manager and locality manager told us they were taking action to address this.

The registered manager submitted statutory notifications as required to notify us about certain changes,

events and incidents that affect their service or the people who use it.

Staff understood how to whistle-blow and told us they would raise concerns about people's practice with the safeguarding leads or contact the local authority or CQC. All staff told us they did not have any concerns about people's current practice and felt confident the registered manager would respond to any concerns.

The registered manager and locality manager shared with us good practice initiatives they were implementing to make improvements in the service. They included, supporting people with bereavement and loss, speaking up forums and supporting people to access work. The registered manager kept up to date by attending training, local meetings with commissioners.