

The Regard Partnership Limited

Domiciliary Care Agency East Area

Inspection report

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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

Domiciliary Care Agency East Area is registered to provide personal care to people living in their own homes and in shared supported living premises. There were six people receiving personal care in their own homes and 13 people receiving personal care in supported living schemes when we visited.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff received training to protect people from harm and they were knowledgeable about reporting any suspected harm.

Risk assessments were in place and actions were taken to reduce these risks. Arrangements were in place to ensure that people were supported and protected with the safe management of medicines.

There were sufficient numbers of staff to meet people's needs. There were recruitment procedures in place to ensure that only suitable staff were employed. A staff training and development programme was in place and procedures were in place to review the standard of staff members' work performance.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA). Staff were supported and trained regarding the MCA.

People were supported to access a range of healthcare professionals and they were provided with opportunities to increase their levels of independence. Health risk assessments were in place to ensure that people were supported to maintain their health. People had adequate amounts of food and drink to meet their individual preferences and nutritional needs.

People's privacy and dignity were respected and their care and support was provided in a caring and a patient way.

People's preferred interests had been identified and they were supported to take part in a range of activities that were meaningful to them. A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant. People could raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to improve, if needed, the quality and safety of people's support and care. People and their relatives were able to make suggestions in relation to the support and care provided and staff acted on what they were told.

There were strong links with the external community.

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.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Sufficient numbers of staff were available to meet people's needs.

Recruitment checks had been completed to ensure they were suitable to carry out their role and meet people's needs.

People were supported with their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People's rights had been protected from unlawful restriction and unlawful decision making processes.

Staff were supported to do their job and a training programme was in place to ensure they had the appropriate skills to support people using the service.

People had access to sufficient quantities of food and drink.
People were supported with their dietary needs.

Is the service caring?

Good ●

The service was caring.

People received care and support that met their individual needs.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and also had access to advocacy services.

Is the service responsive?

Good ●

The service was responsive.

People were actively involved in the review of their care needs and this was carried out on a regular basis.

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

There was a procedure in place which staff followed to appropriately respond to people's concerns and complaints.

Is the service well-led?

Good ●

The service was well-led.

Management procedures were in place to monitor and review the safety and quality of people's care and support.

There were strong links with the local community and people were able to access local amenities and services.

People and staff were involved in the development of the service, with arrangements in place to listen, and act on to what they had to say.

Domiciliary Care Agency East Area

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 was planned to check 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 announced inspection took place on 18 January 2017. The provider was given 48 hours' notice because the registered manager is sometimes out of the office supporting staff or visiting people who use the service and we needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the agency. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we visited the services' office, spoke with seven people who used the service and two relatives. We spoke with the registered manager, two service managers, two team leaders and five care staff. We also spoke with a psychologist, a commissioning manager from a local authority, a community nurse and two care managers from the local authority to gain their views about how people were being supported.

We looked at four people's care records and records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received.

Is the service safe?

Our findings

People we met told us that they felt safe and were satisfied with the care and support they received. One person said, "Staff are supportive and help me with whatever I need." Another person said, "I feel safe living here and the staff help me to go out and about whenever I want." Relatives we spoke with felt that their family members were safely cared for. We observed staff providing care and this was being provided in an unhurried manner and at the person's pace.

We saw that people's individual risk assessments had been completed and updated. These risk assessments included areas such as moving and handling, bathing/showering and when people were being assisted in the community. We observed staff supporting people safely by following the information within that person's risk assessments. This showed us that staff took appropriate steps to minimise the risk of harm occurring.

The staff had access to the contact details of the local safeguarding team and safeguarding information was also available to them in the service's office. Safeguarding training had been provided for staff and refresher training was given and staff confirmed this to be the case. Staff demonstrated that they were aware of their safeguarding responsibilities and reporting procedures. One member of staff said, "I know where safeguarding information is kept and I would never hesitate in reporting any incidents or allegations of harm to my manager and to the safeguarding team at social services if ever I needed to." The registered manager had effectively dealt with safeguarding concerns and we saw evidence of correspondence and investigations to resolve concerns that had been raised.

We saw the medicine administration records (MAR) of people that we visited and they had been accurately recorded. The level of assistance that people needed with their medicine was recorded in their support plan. The registered manager and team managers regularly audited the MAR sheets to ensure records were being safely and accurately maintained.

Staff attended medicine administration training sessions were provided and refresher training annually. Staff confirmed this to be the case. Team managers checked staff competency annually to ensure they safely administered medicines. The team managers confirmed that additional training would be given to staff whose competency needed to be improved before continuing to administer medicine. Evidence of ongoing training and competency checks were seen in a sample of staff training records that we saw.

Regular audits were carried out by care staff to monitor medicine stock levels and ensure that all prescribed medicines had been properly administered. This demonstrated that people were protected from harm because the provider followed safe medicines management procedures.

Satisfactory recruitment checks were carried out by the provider's personnel department in conjunction with the registered manager and team leaders. This was confirmed in the two staff recruitment records we saw. Staff only commenced working in the service when all the required recruitment checks had been satisfactorily completed. Examples included criminal record checks, proof of identity, and references, had

been carried out prior to the member of care staff started work at the service. This showed us that the provider had only employed staff who were suitable to work with people using the service.

Staff told us that their recruitment had been dealt with effectively. Staff told us that they had shadowed more experienced staff before commencing work on their own and had completed an induction which included training in mandatory subjects.

We saw that there were sufficient numbers of staff to meet people's needs during our inspection. This included being able to assist people whilst at home and to access the community. Examples included assistance to attend appointments and going on shopping trips.

Staff we met told us that there was sufficient staffing available to be able to assist people with their care and support needs whilst at the service and going out in the community. We saw that the registered manager and service managers monitored staffing levels. Where people's needs changed additional staff were rostered where necessary such as for healthcare needs or social events.

Is the service effective?

Our findings

People we spoke with told us that they received effective care and support. One person said, "The staff know me very well and help me with what I need and the staff take time out to listen to me if I have any problems." A relative we spoke with confirmed that their family received effective care and said "The care staff know my [family member's] needs very well and help them with what they need."

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. The registered manager confirmed that no one receiving the service was subject to any restrictions on their liberty.

The provider had procedures in place in relation to the application of the MCA. The registered manager and the staff had received training and were aware of the procedures regarding MCA. They were aware of the circumstances if people's mental capacity to make certain decisions about their care changed. The registered manager told us that requests for mental capacity assessments for people using the service had been submitted to the relevant local authorities and that they were waiting for these assessments to be carried out and completed. We saw confirmation from the local authority that they had received requests from the service regarding capacity assessments for people using the service.

Staff confirmed that they had received an induction and had completed ongoing training since starting their job role. Staff said that they enjoyed and benefited from a variety of training sessions. Examples of training included, administration of medicines, safeguarding people from harm, safe moving and handling and mental capacity. Staff told us that they were supported to gain further qualifications and examples included the Diploma in Health and Social Care and the Care Certificate (nationally recognised qualifications for staff working in the care field). Staff we met told us that these qualifications helped to expand on their skills and knowledge of people and their care needs.

Where people had specific healthcare issues staff received specific training to meet people's needs. Examples of this included epilepsy awareness and percutaneous endoscopic gastrostomy (PEG) feeding (a means of artificial feeding when oral intake of food is not appropriate) in which staff had received ongoing training. The registered manager told us that PEG training and competency checks were provided by district nurses to ensure that staff were safe to support people with this specialised practice.

The registered manager and a member of the management team monitored training to ensure that the staff's knowledge remained up to date. Staff we spoke with confirmed that they were informed of dates when they would need to refresh or update their training.

Staff confirmed that they received regular supervision sessions and told us that they felt well supported by

the registered manager, service managers, team leaders and their colleagues. Staff also confirmed that they received an annual appraisal to monitor their development, performance and work practices.

We saw that staff assisted people, when required, with the preparation of drinks and meals. People told us that staff assisted them with cooking and shopping and that menus were sorted out for the week so that people had a good and varied choice of meals. One person said, "The staff do give us lots of choices when we are choosing food for the menu planning every week."

People's dietary needs were assessed and any associated risks were incorporated into their care plan. Staff told us that people were assisted to seek advice from nutritionists and dieticians whenever their dietary needs changed. One person we spoke with in a supported living scheme said, "It's really good and I like living here and the staff help me with sorting out my money and my meals and cooking." Another person said, "I really enjoy my food and the staff assist me with my shopping – and we shop at the local super market to choose meals."

People had regular appointments with healthcare professionals and these were recorded in the daily records. One person told us that, "The staff always help me if I need to see a doctor when I feel unwell." Another person said, "The staff help support me to see my GP and to go to other appointments." We saw that appointments with healthcare professionals were recorded in people's care plan documentation.

Healthcare professionals we spoke with were positive about the service and felt that communication was professional and information had been provided when required in an efficient manner.

Is the service caring?

Our findings

People we spoke with were positive about the care they received and one person said, "The staff are really helpful and help me with what I need such as budgeting and cooking". Another person said, "The staff are kind and caring and I can discuss any concerns I have. Its good living here and the staff are really kind to me and very caring." People confirmed that they were involved in the planning of their care and support.

Care and support plans confirmed that the details recorded matched people's current support needs. We observed staff assisting a person with limited speech. It was evident that they understood the person's needs by observing and reacting to the person's body language and the sounds the person made. A relative said, "The staff are always kind and caring with my [family member] and I have no concerns." Another relative said, "My [family member] receives good and consistent care."

We observed that when people needed reassurance regarding their concerns the staff were kind and attentive. We saw that a member of staff listened to a person's requests and gave them advice to help resolve their issue. There was a lot of good natured banter between staff and people using the service and there was a cheerful and relaxed atmosphere in the two supported living schemes that we visited. We saw that people were comfortable with the staff and there was a good deal of socialising and discussions going on during our visit.

Observations in the supported living schemes that we visited showed that there were friendly, caring and warm supportive relationships in place between staff and people using the service. People's independence was encouraged and staff supported people to make choices about their lives. This included choosing the meal for the evening and organising a trip out in the local town. The atmosphere in the supported living services was calm and cheerful and people were being assisted by members of staff in an attentive and unhurried way. We saw staff assisting people with their lunch in an inclusive, sensitive and unhurried manner; they offered a choice of meals and drinks.

We saw that people were comfortable and at ease with the staff who supported them. We saw that staff helped people, when needed, in a kind, attentive and prompt way. We saw staff assisting one person with their meals and drinks and arranging a trip for people going out in the local town. People were assisted with domestic as possible such as cleaning and dealing with their laundry. We found that assistance was given in a fun and caring way with a lot of good humoured banter.

Staff spoke positively about their work and enjoyed assisting people using the service. One member of staff said, "I love my job and helping people with what they need and encourage them to be as independent as possible." We heard staff speaking with people in a kind and caring manner whilst assisting them. We saw that staff knocked on people's bedroom doors and waited for a response before entering to preserve the person's privacy and dignity.

Each person either living in their own home or in a shared supported living scheme had a key worker who helped to assist and monitor the person's required care needs. The care notes that that we saw showed that

people's support needs were monitored and that any significant changes or events that had occurred were recorded. We saw that some documents in support plans had been produced in a pictorial format. This assisted people to indicate choices they could make about their care and support preferences. This showed us that the provider gave people information in appropriate formats to aid their understanding.

The registered manager told us that people using the service were assisted to access local advocacy services whenever they wished. Advocates are people who are independent and support people to make and communicate their views and wishes. People also had family members who acted in their best interest.

Is the service responsive?

Our findings

People told us that they had the opportunity to be involved in hobbies and interests. One person told us that, "I enjoy going for a walk in to the local town and enjoy going swimming, bowling and visiting the town during the day." We saw that people were assisted by staff to regularly go on day trips, attend medical appointments, go shopping and visit local towns.

We saw that there was enough staff on duty, during our inspection. Staff were able to provide both support to people at home and to accompany people in attending their hobbies and interests in the local community. One person told us that, "I go out with staff to visit cafes, shops and other places I like." This showed us that people had opportunities to be involved in the local community and take part in their social interests.

We saw that people were assisted with their chosen activities and examples included recent holidays to Florida and a theme park in Paris. There were also trips to seaside towns, cinemas, going out for meals and going for walks and visits to local pubs. This helped reduce the risk of people becoming socially isolated and helped them to be part of the wider community

We saw that people's care and supported needs were assessed prior to receiving support from the service. Assessments included the person's background, care and support needs, their likes and dislikes, weekly/daily routines and significant family and professional contacts. Care records showed that people's healthcare needs were documented and monitored including information from medical appointments.

We saw that care records gave staff detailed information to enable them to provide people with individual personal care and support, whilst maintaining their independence as much as possible. People were assisted to take part in daily living tasks and were encouraged to make choices including meals and places they wished to visit in the local community. There were detailed guidelines for staff to follow so that they were able to safely assist with people's assessed care and support requirements.

Staff confirmed that the support plans gave them sufficient information so that they could provide the required care and support. Examples of care and support included assistance with personal care, daily living routines, assistance with prescribed medicines and assistance with the preparation of meals.

Care plans had been regularly reviewed and highlighted where care and support needs had changed. We saw that a number of care and support plans were in the process of being updated by the team leader and people's keyworkers. This was to ensure that care and support was current and accurate. Staff completed daily notes that described the care and support that had been provided during the person's day. The notes also detailed any significant events that may have occurred such as a healthcare medical appointment.

We saw that staff asked people about their individual choices and were responsive to that choice. Staff told us how they engaged with people who were unable to communicate verbally to make choices. This was done by using pictorial aids and/or understanding what a person's body language and facial expressions

were telling them. We observed that staff took time to assist people with their choices in a patient and attentive manner.

We saw that one person living in a supported living scheme had been involved in an NHS initiative entitled Transforming Lives. The person had been involved in a film about their transition from hospital and moving to a community setting. The person was very proud of this and told us that they were very happy to be now living in their own flat and with the support from they received from staff.

The service had a complaints procedure in place which included timescales for responding to complaints. A pictorial version was also in place to aid people's understanding. One person told us that, "I can always talk to the staff if I ever have any worries." We saw that people's concerns and queries were addressed by staff in a timely, reassuring and attentive way. Relatives confirmed that they found the registered manager and staff to be responsive and proactive in dealing with any concerns or issues, One relative said, "I would feel confident in raising any concerns and feel that the registered manager would listen and resolve any issues regarding my [family member]."

Is the service well-led?

Our findings

People expressed their satisfaction with the service the care and support that was provided to them. One person said that, "I can always speak to the staff about anything I am not sure about or any worries I have."

Some people we met were unable to tell us their opinion of the support provided. However, observations showed that staff provided an open and enabling atmosphere to help people express themselves so they could be assisted effectively.

People were asked for their views about their care and support and their views were acted on. People told us that they had regular contact with the services' registered manager and the management team. There were regular meetings so that people they could discuss events, issues and concerns if they so wished. Examples included: menu planning, social events and refurbishments to the premises.

There was an open team work culture within the service. Staff told us they enjoyed their work and assisting people using the service. One member of staff said that, "I enjoy working with my colleagues and we work really well as a team." Another member of staff said, "I see my manager regularly and they are always readily available to talk about any issues or concerns."

Staff told us that they felt the service was well managed and that they felt supported by the registered manager, the service managers and team leaders. One member of staff said that, "I can always raise any issues and we work really well as a team." They said, "I feel supported by [the management team] at all times, including during out of business hours." Another staff member said, "My colleagues are helpful and very supportive – it's like a big family here."

Staff told us that they were confident that if ever they identified or suspected poor care standards or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of. Staff said that they felt confident that they would be supported by the registered manager to raise their concerns. One staff member said, "We are a good and close team and if I saw any bad practice I would report this to my manager and it would be acted upon without any hesitation or delay."

People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided. This was through annual surveys, regular one to one discussions and tenant meetings. People told us that they had opportunities to raise concerns in 'tenant meetings' and with their keyworker and staff whenever they wished. We saw an analysis of the 2016 survey which indicated that people were satisfied with the care and support provided. Areas for improvements had been identified and an example included improvements to response times regarding maintenance issues in conjunction with the housing provider.

Incident forms were looked at by the registered manager, service managers and team leader. Any actions taken as a result of incidents were documented as part of the service's on-going quality monitoring process

to reduce the risk of the incident reoccurring. There were no particular trends identified. This showed us that the provider had systems in place to monitor the quality of service being provided at the service.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager had submitted notifications to the CQC in an appropriate and timely manner in line with CQC guidance.

The provider had effective systems in place to assess and monitor the quality of service people received. Examples included: risk assessments, care and support reviews, staff training, recruitment and policy updates. We saw that where there were any areas for action these were highlighted and an agreed action plan was put in place to deal with any concerns or shortfalls. The registered manager submitted reports to their operational registered manager who monitored the service's performance and highlighted any identified risks

The registered manager, team managers and support staff worked in partnership with other organisations and this was confirmed by comments from healthcare professionals we spoke with. These included comments from two care managers at the local authority and a care professional who was in contact with service. Comments were positive about communication with the service and they felt that any concerns and issues were proactively and promptly dealt with.

We saw that where the need for improvement had been highlighted that action had been taken to improve systems. Examples including the monitoring of care and support plans, risk assessments and staff recruitment. This demonstrated the provider had processes in place to monitor and promote continuous improvement in the quality of care provided.