The Regard Partnership Limited

Domiciliary Care Agency North West

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

This inspection was undertaken on 27 June 2018 and 3 July 2018 and was announced on both days.

Domiciliary Care Agency Northwest is registered to provide personal care and support to people who live in their own homes. The agency office is based in Ellesmere Port and provides support to people with complex health needs or people who have a diagnosis of autism or a learning disability in the Manchester area. At the time of our inspection the service supported five people.

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. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service has a registered manager. 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 a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in November 2016 we found that there were a number of improvements needed in relation to the Mental Capacity Act and evidence of capacity assessments and how best interest decisions were recorded. Care plans were not always person centred and audit systems had not identified the areas of improvement that were required. These were breaches of Regulation 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Effective, Responsive and Well-led to at least Good. The provider sent us an action plan that specified how they would meet the requirements of the identified breaches.

This inspection was done to check that improvements had been made to meet the legal requirements planned by the registered provider after our comprehensive inspection in November 2016. One adult social care inspector visited the service and inspected it against all of the five questions we ask about services: Is the service Safe, Effective, Caring, Responsive and Well-led? We found that the registered provider was meeting all the legal requirements.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and report on what we found. We saw that the registered provider had policies and guidance available to staff in relation to the MCA. Staff demonstrated a basic understanding of this and had all completed training. Care records reviewed included mental capacity assessments and best interest decision records.

People supported had a person-centred care plan with risk assessments in place that reflected their individual needs. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process. Clear guidance was in place for staff to ensure that people's needs were appropriately met.

Audit systems were in place that were consistently completed. Areas for development and improvement were identified where required and action plans were prepared and completed. Accidents and incidents were analysed to identify any trends or patterns within the service.

The registered provider had robust recruitment systems in place that were consistently followed. All staff had undertaken an induction before they started work. Mandatory training was regularly undertaken with refresher updates in accordance with best practice guidelines. The management team supported staff through supervision and team meetings.

Staff understood what abuse may look like and were confident they could raise any safeguarding concerns and they would be promptly acted upon. Safeguarding policies and procedures were in place and staff were familiar with these.

Medicines were ordered, stored, administered and disposed of in accordance with best practice guidelines. Staff had all undertaken medicines training and their competency was regularly assessed. The registered provider had medicines policies and procedures in place.

People spoke positively about the activities that they undertook. They told us they were always offered choice in all areas of their life. People's privacy and dignity was respected.

People told us they had enough to eat and drink and that they enjoyed the food. They described choosing their meals and also how their independence was promoted by preparing their own breakfasts and lunch. Clear guidance was in place for staff to follow for people that had specific dietary needs.

People had developed positive relationships with the staff that supported them. Staff knew people well and treated them with kindness. People appeared to genuinely enjoy spending time with the staff team.

The registered provider had a complaints policy and procedure in place and available in accessible formats. People knew how to raise a concern and felt confident they would be listened to.

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.

The risks to people were minimised by up-to-date and relevant risk assessments.

People were protected from the risk of abuse through the policies and procedures that were put in place by the registered provider and the training staff received.

People received their medicines as prescribed. The systems in place for the management of medicines were safe.

Is the service effective?

Good

The service was Effective.

The rights of people were protected through the staff knowledge of the Mental Capacity Act and other safeguards.

Staff had all undertaken mandatory training and had the right knowledge and skills to meet people's needs.

People received appropriate support to meet their individual food and drink requirements.

Is the service caring?

Good

The service was Caring.

People had developed positive relationships with the staff that supported them.

Staff demonstrated a caring approach and were kind and patient.

Information for people was available in pictorial and easy read formats.

Is the service responsive?

Good

The service was Responsive.

People had person-centred care plans that reflected their individual needs and gave clear guidance to staff.

People were supported to undertake activities of their choice.

The registered provider had a clear complaints policy and procedure that was available in easy read and pictorial formats.

Is the service well-led?

Good

The service was Well-led.

The registered provider had an audit system in place that identified areas for development and improvement.

People were regularly invited to give feedback about the service.

Policies and procedures were in place to guide staff and these were regularly updated.

Domiciliary Care Agency North West

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 inspection took place on 27 June 2018 and 3 July 2018 and was announced.

This inspection was carried out by one adult social care inspector.

Prior to the inspection the provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, the service does well and any improvements they plan to make. We used this information as part of our inspection planning and throughout the inspection process.

We checked the information we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During our inspection we visited five people at their supported living accommodation. We observed care and support within the communal areas of each supported living accommodation we visited. We spoke with three support workers, the locality manager and the registered manager.

We spent time looking at records, including to care plan files, five staff recruitment and training files, medication administration records (MAR), complaints and other records that related to the management of the service.

We contacted the local authority quality monitoring and safeguarding teams who told us they did not have any concerns about the service.

Good

Is the service safe?

Our findings

People told us they were supported by staff to take their medicines. Their comments included "My medicines are locked away to keep them safe", "Staff help me by making sure I take my medicines at the right time every day" and "Staff tell me what my medicines are for as I forget."

The registered provider had medicines management policies and procedures in place that staff were familiar with and met good practice guidelines. Staff that administered medicines had all undertaken regular training and had their competency assessed. One care plan file held clear guidance for staff to follow on the management of rescue medicine for a person who was diagnosed with epilepsy and experienced seizures. We reviewed two people's medicines and the records that related to these. We found they were correct and records were fully completed. Medicines was ordered, stored, administered and returned appropriately. This meant people received their medicines as prescribed.

Risk assessments were in place that included the potential risks faced by people within their environment and the local community, as well as risks linked to each person's individual needs or health condition. These documents included strategies for staff to follow. For example, when a person refused to attend an appointment or was experiencing low mood. Step-by-step guides were included for staff to follow that may encourage the person to attend an appointment or lift their low mood. All risk assessments were up-to-date and regularly reviewed. Individual personal emergency evacuation plans (PEEPS) were in place for staff to follow in the event of an emergency. This ensured staff were able to provide the correct level of intervention relevant to each person to promote safe care.

Staff described their responsibility to keep people safe and for also having an awareness of their own safety at all times. The registered provider had policies and procedures in place to safeguard the people they supported. Staff had all undertaken safeguarding training and received regular updates. Staff were familiar with the different types of abuse, signs and symptoms they needed to be aware of and the process that was in place for reporting any concerns they had. Staff were confident about raising concerns and believed they would be promptly acted upon.

The registered provider employed sufficient numbers of staff to keep people safe and had a robust recruitment process in place. All staff had completed an application form and any gaps in employment were explained. Interview records were held along with literacy and numeracy test results. Two references were in place that included one from the most up to date employer. Disclosure and barring (DBS) checks had been undertaken for each person employed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This meant people were supported by staff deemed of suitable character to work with vulnerable people.

Staff had access to personal protective equipment (PPE). This included gloves and aprons which are used by staff when undertaking personal care tasks. These are used to protect staff and people from the risk of infection being spread. Staff were aware of the importance of hand washing between tasks to reduce the

risk of inspection being spread.

People's care plan files held contact details for relatives, GP and other health and social care professionals to be contacted in the event of an emergency. All staff spoken with told us they had access to a member of the management team through the 'on-call' process all times. This meant that in the event of an emergency, staff had an appropriate person to contact without delay.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the staff team. Comments from people included "I have a laugh with the staff, they are good fun" and "I like all the staff." A relative told us "Staff are friendly and helpful." Comments shared by health and social care professionals within documentation included "Staff have been an absolute pleasure to work alongside" and "Staff are welcoming and knowledgeable about people."

All staff had undertaken an induction at the start of their employment. They had also completed shadow shifts that gave them an opportunity to understand the requirements of their role and to get to know the people they supported. The induction met the requirements of The Care Certificate which is a nationally recognised qualification based on a minimum set of standards, that social care and health workers follow in their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. Staff had all completed mandatory training in topics that included moving and handling, health and safety, fire prevention, equality and diversity and emergency aid. Regular refresher updates were also undertaken. This meant people received support from staff that had up-to-date knowledge and skills. Staff told us they received regular supervision and an annual appraisal. Staff spoke positively about the management teams and told us they felt listened to and supported.

Staff had clear guidance in place to meet people's individual food and drink requirements. People told us they chose their own meals and participated in some food preparation. People's comments included "I enjoy baking cakes and I made a Victoria sponge and carrot cake recently", "I enjoy Saturday night as its takeaway night" and "I make my own dumplings to go with Stew." People's food likes and dislikes were clearly documented. Staff supported people to make healthy eating choices. Staff promoted people's independence and had recently purchased a potato peeler with a safety catch for a person that enjoyed peeling potatoes. Some people told us they were encouraged to make their own breakfast and lunch and that staff prepared their evening meal.

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 or are helped to do so when required. 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 2005. People who normally live in their own homes and within supported living settings can only be deprived of their liberty through a Court of Protection order. The registered manager was familiar with this process. All appropriate documentation was in place and included a capacity assessment.

We checked whether the service was working within the principles of the MCA and found that it was. The registered manager and staff team had a basic understanding of the Mental Capacity Act and had all completed training. The registered manager told us they worked alongside family members as well as health and social care professionals if a person did not have the mental capacity to make their own

decisions and records confirmed this.

Good

Is the service caring?

Our findings

People spoke positively about the staff that supported them. Their comments included "I really like [Staff name], they are my keyworker and we get on really well" and "I love going shopping with staff as it's always fun." Relatives comments included "Staff are friendly and helpful", "Staff are welcoming" and "Staff demonstrate a high level of kindness and lots of patience." Health and social care professional comments included ""Staff are welcoming, kind and knowledgeable" and "Staff show great empathy."

Staff demonstrated a very good understanding of the people they supported. They were knowledgeable about people's individual needs and histories. Interactions between people and staff were comfortable with lots of banter and appeared very natural. People told us they knew and liked the staff that supported them. We saw that people were happy and relaxed with the staff that supported them. Staff told us they were able to develop positive relationships with people and this helped them to fully understand and meet people's individual support needs.

People's communication needs were considered throughout their documentation. This included details about sensory loss and gave staff clear guidance regarding how each person's individual needs could be met. For example; supporting a person with hearing loss by ensuring staff faced the person and spoke slowly and clearly. Staff were able to clearly describe people's individual communication needs and how they supported them with these.

People told us that staff knocked and waited for an answer before they went into their room. We saw that staff sought permission before undertaking any tasks and that people were not rushed. Staff described the importance of keeping people's bedroom curtains closed when undertaking personal care tasks and ensuring their door was also closed. Staff told us how important it was to value people's privacy wherever possible. We saw that staff did not rush people when they undertook tasks and they always worked at the person's own pace. This meant that staff promoted people's privacy and dignity.

The registered provider had produced documents that included the use of pictures and words to support a person's understanding of important information. The complaints procedure and satisfaction surveys were available in easy read and pictorial format. Staff used picture exchange communication (PECs) with people that used this method of communication. This meant people had information available to them in formats appropriate their individual needs.

Advocacy services were available to people supported by the service. Information was available in different formats. People were supported to access this service as required.

Good

Is the service responsive?

Our findings

People told us they had the opportunity to participate in activities of their choice. Comments from people included "I go to visit my sister on the bus and I have a bus pass and can go by myself", "I love watching football", "I am looking forward to going to my IT class on Thursday", "I'm going swimming at the weekend" and "I love shopping with staff."

During our last inspection we highlighted that the care plans were very task orientated and not person-centred. The registered provider had rewritten all of the care plans and they were person-centred and reflected people's individual needs.

People's needs were assessed prior to them using the service. People, their relatives where appropriate and health and social care professionals were included in this process. The information gained from the assessment was used to develop people's individual care plans and risk assessments. Information held within the care plans reflected people's individual needs and included information such as communication, personal hygiene, medication, domestic skills, mental health and finances. Care plans included clear information and guidance for staff to follow about each person's needs and choices. There was evidence that these documents had been reviewed regularly and updated as required.

People supported by the service had specific needs in relation to equality and diversity. Care plan records showed that people's needs were considered during the assessment as part of the care planning process in relation to; age, disability, religion as well as other protected characteristics.

People had photograph wall boards and albums of activities they had undertaken. These included a day trip to the farm, celebrating pancake day, birthdays, Chester zoo, bowling, pub lunches, pampering as well as holidays that people had been supported to go on with staff. People had chosen to go up on holiday to places that included Blackpool, Spain, and to Disneyland Paris. People spoke positively about these experiences and stated they had requested particular staff to support them. This meant people had the opportunity to experience new places and activities of their choice.

The registered provider had a complaints policy and procedure in place that were available in easy read and pictorial formats. People told us they knew how to raise a complaint and felt confident any concerns would be listened to and acted upon.

We reviewed compliments that had been received by the service from health and social care professionals as well as relatives and these included "I would recommend the service", "People always appear well looked after", "Staff are managing both complex mental and physical health difficulties", "Staff maintain very positive outcomes for people" and "[Name] has come on leaps and bounds in terms of mood, motivation, confidence and well-being."

Good

Is the service well-led?

Our findings

Staff described the management team as approachable and felt supported and listened to. They felt confident to raise any issues they had. Staff spoke positively about their roles and demonstrated enthusiasm about ensuring people had the best quality of life possible.

The home had a registered manager who had been registered with the Care Quality Commission since May 2018. 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.

During our last inspection we highlighted that the registered provider's governance systems were not always effective as they had not always identified areas for development and improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we asked the provider to take action to address this. The registered provider had made the required improvements.

Quality assurance systems were completed to assess and monitor all areas of the service. These included audits undertaken by house managers, the registered manager and representatives of the registered provider. This included the areas of infection control, health and safety, accident and incidents, care plans and medicines. Staff received supervision, training and guidance for areas that required development. Action plans were created following the audits and these were signed off when complete. Analysis was in place for reviewing accidents and incidents and this was used to identify any trends or patterns within the service.

During our last inspection we found the registered provider had not always submitted statutory notifications to the Care Quality Commission as required for us to monitor any events that affect the health, safety and welfare of people who used the service. Since the last inspection the registered provider had notified the CQC of all significant events which had occurred in line with their legal obligations.

'My Opinion' surveys were regularly completed by people that were supported. The feedback received in Spring 2018 was overall positive and included that all people thought the support they received was good and staff listened when people had something to say.

Meetings were held with the people supported within each of the supported living homes every month. People were encouraged to raise any concerns they had or suggestions for improvements within the service or their home. Activities to be undertaken and occasions to celebrate were regularly on the agenda. This meant people were offered choice and were encouraged to put forward suggestions. The managers also used these meetings as an opportunity to highlight fire safety, safeguarding and other topics appropriate for the people supported. The registered manager or house managers held meetings with staff within each of the supported living homes.

The registered provider had policies and procedures available that were regularly reviewed and updated. They gave staff clear guidance in all areas of their work role and employment.

The registered provider had displayed their ratings from the previous inspection in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.