

The Regard Partnership Limited

# Domiciliary Care Agency East Area

## Inspection report

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12 August 2019

13 August 2019

28 August 2019

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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 21 people receiving personal care in supported living schemes in seven locations when we visited. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The management team completed regular checks of the quality of the service provided.

The performance of the organisation was monitored to help ensure improvements were sustained and any identified shortfalls were effectively managed in a timely manner.

People received safe and effective support from staff who received appropriate training and support. People were protected from harm because staff received training in how to recognise and report abuse. The service recruited staff and ensured they had appropriate training to ensure people's needs were met. Medicines were managed safely. Systems were in place to ensure good standards for infection control were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were provided with good day to day support with areas such as health needs, medicines management and meals. Areas of learning were shared with staff to ensure best practice.

People told us staff were kind and caring. People's care was arranged in response to their identified needs. This was kept under review and updated as and when needed. People were supported to develop life skills and achieve their goals. There were complaint processes in place and people were supported to express any concerns they might have.

People received care and support tailored to their needs and choices. The service was not currently supporting anyone with end of life care but people's wishes and preferences were sought and documented.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 22 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Domiciliary Care Agency East Area

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Domiciliary Care Agency East Area is registered to provide personal care to people living in their own homes and in shared supported living premises. This service provides care and support to people living in seven supported living setting[s], so that they can live independent lives.

The service did have a manager registered with the Care Quality Commission. This means that they and the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 12 August 2019 and ended on 28 August 2019. We visited the office location and people's homes on 13 August 2019.

#### What we did before the inspection

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities. We asked the service to complete a Provider

Information Return. This is information we require providers to send us with key information about their service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with two regional managers, the area director, a service manager, seven staff members and a visiting professional.

We reviewed a range of records. This included two people's care records and medication records. A variety of records relating to the management of the service. We observed people's care to assist us in our understanding of the quality of care people received.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one relative and a social worker.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. All staff spoken with had a good understanding of what safeguarding meant and to whom they could report any concerns including the local safeguarding authority. Staff kept up-to-date with appropriate and effective training on this topic.
- People told us they felt safe. One person said, "Yes." When we asked did they feel safe. A relative told us, "[Name] is safe there."

Assessing risk, safety monitoring and management

- Risks to people were identified and systems were in place to manage these. Staff knew how to reduce each person's risks as well as promoting independence in taking risks that were safe. One person told us about their award that had been given due to their work around road safety. They told us they now felt more confident.
- Emergency plans were in place to ensure people were supported in the event of a fire.
- Risk assessments gave good guidance to staff on how to manage people's risk.

Staffing and recruitment

- Staff recruitment systems helped ensure that only suitable staff were employed.
- Staff told us that there was enough staff to keep people safe. The manager told us that they were continually recruiting. People confirmed staff were there to support them when they needed help.
- Changes to people's needs were responded to with appropriate amendments to staffing levels. Systems were also in place to cover staff absences both planned and unplanned. One staff member told us, "We mostly have good staffing levels."

Using medicines safely

- Medicines were managed and administered safely by trained and competent staff. People's medicines were stored in lockable cabinets in their rooms.
- Effective audits were in place to ensure any errors with medicines such as recording were promptly acted on. Medicines were disposed of safely including where they were no longer required.
- People where appropriate were supported to be independent with taking their medicines.

Preventing and controlling infection

- Systems were in place to promote good standards of infection prevention and control.
- The manager told us that they did unannounced checks to make sure staff adhered to good standards.

### Learning lessons when things go wrong

- The provider and manager took appropriate actions following incidents and learning was shared with staff. Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in detail at the earliest opportunity. Staff received appropriate training to ensure people's need were met. Staff followed best practice guidance and as a result people achieved better outcomes. For example, where people required everyday life skills these were promoted through their planned care and support. When required other professionals were involved with people's support to promote a good outcome.
- One professional confirmed they were happy with the care and support provided by staff. They confirmed that the persons had received appropriate support and care that had made a big difference for the person.
- Assessments included people's choices and preferences. People had allocated key workers who reviewed their care plans. Key workers are staff members who provide additional support to people.
- Care plans contained information about how to support people's needs, these were reviewed every six months or when people's needs changed.

Staff support: induction, training, skills and experience

- One person told us, "Staff are absolutely brilliant."
- Staff were positive about their induction into their role and told us that it involved lots of training and shadowing with more experienced staff members.
- Staff told us training included moving and handling, administration of medicines and safeguarding people.
- Staff confirmed they received regular supervisions and competency assessments to ensure they remained competent in their job roles. We saw examples of competency assessments completed by the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. Staff were aware of people's dietary needs and any support they required to eat and drink to maintain a healthy weight.
- People had the opportunity to discuss menu choices and staff supported people's understanding of these choices with the use of pictures when required.
- One home we visited had arranged a talk provided by an organisation about healthy eating options to promote healthy diets. This had been arranged to support people with their understanding of healthy food options.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff team worked consistently well with many other health professionals involved in people's care. Referrals to healthcare professionals such as dieticians and physiotherapists were made promptly.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access external healthcare professionals. Staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- One health professional told us that communication was very good and staff picked up quickly on people's changing needs.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care in the community services this is applied for, and authorised, through the Court of Protection (CoP).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where needed, there was appropriate consideration of care that was in people's best interests and CoP were in place where required. Staff we spoke with had a good understanding of the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care. One person told us, "[Staff] are fun to be with they make me happy."

Ensuring people are well treated and supported; respecting equality and diversity

- People and one relative told us the staff team were kind and caring. One relative said, "Staff are caring, and they listen to me." People confirmed staff were helpful and we observed staff and people had developed positive relationships.

Supporting people to express their views and be involved in making decisions about their care

- People knew about their care plans and could decide what care and support they needed.
- The management team told us that if people could not express their views and be involved in making decisions about their care, their relatives and health and social care professionals would be involved.
- People had access to group discussions and one to one time with staff to talk about any topics they wanted. One staff member said, "We speak with people daily and make sure they are ok. We ask daily what people want to do and we support them with what they need."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and privacy.
- Staff received appropriate training and understood the importance of promoting people's independence and respecting privacy and dignity.
- People where required had access to advocacy support when required. Advocates are independent assessors that support people with decisions they may want to make.
- People's records were held securely in a locked cabinet within a locked office to help promote confidentiality.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that services met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support as they liked it. One person said, "I like living here staff are very nice, they listen to you." Another person told us, "Staff help us, they support us with house stuff." One relative said, "[Name] is happy living there."
- Care plans detailed people's preferences, likes and dislikes. For example, how the person liked their care delivered and what was important to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests

- People told us they were happy with their care and support they received. One person said, "Staff ask us what we want to do. We pick stuff we want to do. We go out on our bikes, we went to a workshop for woodwork and brick work at the college. We went on holiday."
- One staff member said, "We discuss daily with people what they would like to do." They also confirmed that the person they were supporting had wanted to visit the animals at the local zoo and that is what they had done that day. The person told us they had enjoyed seeing the animals.
- People were supported with their independent living skills. individual goals and aspirations were promoted and updated in people's support plans. Staff talked to us about people's achievements, such as travelling independently or going out more in the community.
- The manager told us about one person who enjoyed working in the office in a voluntary position. A position for paid work with the quality team was advertised and the person was supported through the process by staff and had been successful at interview. Full training and support will be in place. The person was very excited about their new role and told us, "I have always enjoyed working."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported by staff with the use of sign language, pictures, easy read documents and bigger print where required.

Improving care quality in response to complaints or concerns

- Most people told us they had no complaints about the service; however, the provider promoted an open culture that supported people to express and voice any concerns. One relative told us that they had a few issues and were having a care review arranged to discuss these. They also confirmed they were happy with

the care and support but needed to resolve some issues.

- Peoples had the opportunity in individual settings and group meetings to discuss any issues or concerns they might have. All concerns raised were responded to in line with the providers policy.

End of life care and support.

- The service was not currently supporting anyone receiving end of life care. However, issues around death and illness had been discussed with people and were regularly reviewed.
- People end of life preferences were documented to ensure their wishes were met.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had governance systems which enabled them to have an effective oversight of all aspects of the service. This included care plans, risk assessments and medicine records.
- The provider had systems to identify shortfalls and learn from any mistakes or areas of concern.
- Staff understood their roles and responsibilities and knew where to go for support or guidance if they needed to.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had arranged road shows to provide different experiences and ideas for different types of activities for staff and people. The provider since the last inspection had implemented an engagement programme to promote support with activities, leisure, exercise, positive behaviour support, voluntary and paid work.
- People's cultural needs and preferences were supported.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the Duty of Candour. This places an obligation on providers to be open and honest and take accountability when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were fully involved in the service development and their views were continuously sought to enable the manager to help ensure they provided a safe and effective service that met people's needs.
- Surveys were distributed to people who used the service, their relatives where appropriate, staff members to ensure people views were valued.

Continuous learning and improving care

- The manager used information gathered from quality monitoring and feedback to improve the quality of care people received.
- Action plans were developed to ensure improvements were made and these were checked to ensure any actions or tasks were completed.

#### Working in partnership with others

- The management and staff team worked in partnership to help ensure people received the relevant support from other agencies as required; such as the local authority and community health care professionals.