The Regard Partnership Limited

The Regard Group - Domiciliary Care Cornwall

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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 announced comprehensive inspection took place on 31 July and 1 August 2018. This was the first inspection since the service was registered with the Care Quality Commission (CQC) in June 2017.

The Regard Group is registered both as a domiciliary care agency and a supported living service. It provides personal care to people living in their own houses and flats, and to people living in a 'supported living' setting, so they can live as independently as possible.

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

People using the service lived in four locations around the surrounding area of Redruth or in their own homes. Locations included Govis House, Fox House, Meadow View and Connexions. Not everyone using The Regard Group receives regulated activity; 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 were 30 people being supported but only 11 received personal care. This included one person at Govis House, two people at Fox House, four people at Meadow View, three people at Connexions and one person living in their own home in the community.

The care 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.

There was a registered manager in post. A registered manager is a person who has registered with the 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.

The registered manager had been in post since the service commenced in June 2017. The service had recently had a change of management structure and the current registered manager was being supported by a second manager. This manager planned to become the future CQC registered manager of the service. At that point, the current registered manager would apply to CQC to be deregistered from their role at the service.

The organisational changes in the management structure had been necessary following a growth in the service and the registered manager role had increased. The registered manager was supported by service managers, team leaders and senior support workers. There had also been a high number of safeguarding concerns about one location in particular; this also required a regular use of agency staff to support ongoing gaps on the staff rota. These had generated a number of concerns which were being dealt with by the service and the local authority safeguarding team.

People were protected by staff who were safely recruited, trained and supervised in their work. They underwent a thorough recruitment process and undertook training relevant to their role. Supervisions were held regularly and staff felt these were useful.

Staff felt included, valued and that their opinions mattered. They felt able to raise any concerns or questions. Staff felt supported by management and felt the changes in management were for the better. Staff were very positive about the management team and their ability to lead the staff team.
Staff were encouraged to move up the ladder at the service and were supported to do this by management.

Staff had received training in safeguarding and knew what to do in the case of suspected abuse. They had been appropriately trained in medicines and people received their right medicines at the right time. People were encouraged to eat a healthy balanced diet and staff supported them to do their own shopping and maintain their independence.

People had personalised care and support plans in place. The service was not risk averse and supported people to take risks to live a fulfilling life. People had communication passports in place so staff knew their preferred way of communication. People had access to health and social care professionals when needed and advice was followed. Staff accompanied people to GP's, dentists, hospital and opticians.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible: the policies and systems in the service support this practice. Staff understood the Mental Capacity Act 2005 and how it applied in their daily practice. Any decisions made in people's best interests were carried out and recorded with all the appropriate people involved.

People were encouraged to undertake activities, hobbies and interests of their individual interests. Some of these were in house but the majority took place in the community. People were supported to take part in paid employment if possible.

People were treated by staff who were kind, caring and compassionate. Staff worked with people who had similar interests or who would get on well together. A key worker system was in place with a named staff member to support people's wellbeing.

There were a number of quality assurance processes in place and the service was committed to improving its practice. There was a complaints policy and procedure in place in a format people could understand and use.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service had not always been safe.

There had been a high number of safeguarding incidents recorded.

There had been difficulties in recruiting permanent staff which had resulted in medium usage of agency staff.

Risks to individuals were assessed and recorded to reduce risk in the least restrictive way possible whilst maintaining independence.

People received their medicines safely.

Staff were recruited safely as there was a robust recruitment procedure in place.

Staff were trained in infection control and had access to personal protective equipment.

Is the service effective?

Good

The service was effective.

Staff worked within the principles of the Mental Capacity Act 2005 which promoted people's rights. People were supported in the least restrictive way possible.

Staff undertook training and supervision to carry out their roles properly.

People's different cultural and diverse needs were supported and respected by staff.

People were supported with their health and dietary needs.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity.

Staff were kind, caring and compassionate in their roles.

Staff knew people and their families well and had built up positive relationships.

Is the service responsive?

Good

The service was responsive.

Care and support was delivered in a person-centred way. Each person had an individualised plan in place which was up to date.

People were encouraged to undertake hobbies, interests and activities of their choice. Some people were supported to undertake jobs.

The service complied with the accessible information standard and documents had easy read versions. Each person had their communication needs recorded.

Complaints were dealt with appropriately and in line with the organisation's policy and procedures.

Is the service well-led?

Good

The service was well-led.

The management of the service had recently been restructured and reorganised to meet the growth of the service.

Staff were motivated and found their job roles rewarding. They felt supported and that their opinions mattered. Staff were involved in decision making.

Robust quality assurance systems which in place to enable the service to assess and continually improve.

Management and staff worked within the principles of the statement of purpose, mission statement and vision and values for the service.

The Regard Group - Domiciliary Care Cornwall

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 comprehensive inspection took place on 31 July and 1 August 2018; it was announced on both visits. We gave the service 24 hours' notice of the inspection site visit because the registered manager is often out of the office visiting people or supporting staff. We needed to make sure they would be in.

Inspection site activity started on 24 July and ended on 8 August 2018. It included reviewing information about people's care and how the service was managed.

We visited the office on 31 July and 1 August to see the registered manager and to review information related to the running of the service. These included: three people's care files and medicine records; three staff files which included recruitment records of the last staff to be appointed; staff rotas; staff induction, training and supervision records; safeguarding information, quality monitoring systems such as audits, spot and competency checks; complaints and compliments; incident and accident reporting; minutes of meetings and the most recent quality questionnaire returned.

One adult social care inspector carried out the inspection with the support of an Expert by Experience who made telephone calls to people, relatives and staff related to the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included safeguarding alerts and statutory notifications. A notification is information about important events which the service is required to send us by law.

We visited Connexions, Meadow View and one person in their own home. We spent time with the people who lived there and gained their views and experiences of the service. We spoke with two registered managers and eight support workers. Following the inspection, we sought feedback from commissioners, the local authority safeguarding team and health and social care professionals; we received seven out of 14 responses. We contacted every relative and every staff member; we received four out of fourteen responses from staff and two responses from relatives.

Requires Improvement

Is the service safe?

Our findings

People had not always been kept safe as the service had experienced a high number of safeguarding concerns and staffing problems.

There had been 22 safeguarding concerns since the service was registered with the Care Quality Commission in June 2017. These covered a range of different issues. Concerns had recently been raised by two relatives about one specific location, Meadow View. The registered manager had worked very closely with the safeguarding team to present the required information to them in an open and transparent way. The sharing of information and discussions had regularly taken place and meetings attended. Accurate and comprehensive records of any action taken had been kept. Following the inspection, the registered manager informed us that the latest concerns had been closed to safeguarding; these were considered a quality issue which had been addressed.

Lessons had been learnt and actions taken to reduce the risk of safeguarding incidents happening again. This included a change of management structure, improved communication, increased staff recruitment, an improved assessment and admission process and closer staff performance monitoring.

All staff had undertaken training in the protection of vulnerable adults and knew the signs of potential abuse to look for. There were up to date policies and procedures available and on display for staff to access; staff were aware of who they needed to contact both inside and outside of the organisation.

The service had experienced problems recruiting permanent staff, particularly at Meadow View. As a result, a continued use of agency staff had been needed to fill gaps in the staff rota. The registered manager said the ratio on occasions maybe 50:50 permanent: agency staff. They were not happy about using this number of agency staff, but felt they had no choice to maintain safe staffing levels. They predominantly used the same two agencies and requested the same staff to ensure continuity of care and prevent any unnecessary disruption to people. Agency staff were given induction training specific to their roles and a booklet which contained useful information. Agency staff who had worked at the service for several months supported people on a 1:1 basis when they had a understanding of people's support needs. Agency workers supported people with less complex needs once they have been inducted to the service and people were comfortable with them. A social care professional said, "We are seeing a greater number of agency staff used, although we are reassured that such staff are always the second person to an established member of staff."

Unfortunately, the medium use of agency staff had resulted in some negative comments from both staff and social care professionals. Staff comments included, "We are walking on eggshells … there's not enough staff", "It all depends on who is on and certain members of staff" and "We do use agency staff because staff come and go." Comments from social care professionals included, "… I know at times there have been staffing issues, low staff and high use of agency staff…" and "… some staff are not as supportive as they should be … lack consistency of staff, having to rely mainly on agency staff for support."

All staff spoken with commented on how much they liked their jobs and recognised that changes were being made. They were satisfied the registered manager had addressed issues and were in the process of resolving them. They were all clear there was no real impact on people living at the service while agency staff were being used. Staff comments included, "It is all about these guys and how we can support them"; "The new manager here is brilliant … they won't stand any nonsense and will make each day a good day, especially for the service users"; "The new manager will sort everything out", and "The new manager is really good at her job … it will make a lot of difference so long as she is here often enough." A social care professional said, "Staff and management appear to have improved in the last couple of months." A relative said, "I go almost every day, my (family member) is very happy there … there has been some shortages of staff but this has not really impacted on anyone – the change in the management is wonderful and definitely changes made for the better." The registered manager was also dealing with a range of employment issues with staff and addressing capability issues individually.

The service had experienced recruitment problems in finding the right people to work for them. The registered manager said the lack of staff was not always due to the lack of number of people applying for jobs, but more about the lack of suitable people applying. One of the main problems with staff recruitment was that the service was sited in a tourist area in Cornwall. Due to this, many people chose to work in that industry during the summer season which led to a reduction in applications. The registered manager looked at a prospective employee's personality and attitude, as well as their qualifications and experience, to see if they would interact well with the people they would support. It was important these staff were matched to individual people who they felt would have a positive working relationship. Five new staff members had recently been appointed to start work at the end of August.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. All stages of the recruitment process were double checked by the service's human resource department to ensure all documentation had been received. Prospective employees were not 'signed off' as ready to work until all the processes had been followed and necessary documentation received. Once employed, staff were given a handbook for them to use as guidance.

People, relatives and staff knew who to contact if they needed help. The service had an on-call out of hours service from 5pm until 8am and at weekends. This consisted of a four-tier approach, ranging from the senior or team leader, service manager, locality manager and regional director. Staff had an up to date on call rota which contained guidance on when, who and how to contact the team. This meant there was always a senior member of staff available for guidance, advice and support.

Arrangements were in place to keep people safe in the event of an emergency and staff understood these. There were personal emergency evacuation procedures (PEEP) in place which detailed what support each person needed to leave the building in the case of an emergency.

People were supported safely with their medicines. Staff had completed medicine training and assessed as competent to give out medicines. Any member of staff involved in a medicine error, had to undergo further training. They had their competencies re-assessed before they could give out medicines again. Medication administration records (MAR) sheets were checked and monitored regularly. Where staff gave out medicines outside of a monitored dosage system, a stock count was completed on each occasion and checked on each shift changeover. 'As and when needed' (PRN) medicines, such as those for pain relief, were monitored closely and recorded appropriately with guidance on what they were for. Any PRN medicines given had to be authorised by a senior member of staff. This ensured people had received their correct medicines at the correct time.

Individual and communal risk assessments were in place which gave details as to how to reduce the risks and the correct action to take. The Provider Information Return stated, "The culture of the service is non- risk averse". Risks were carefully managed but did not restrict people in their lives. The registered manager told us people were supported "to take a positive risk-taking approach which does not restrict people to maintain their independence." Other risks to people's health and wellbeing were also managed, for example, plans to guide staff to support people to reduce people's heightened anxieties and de-escalate any behaviours which may challenge others.

Injuries, accidents and falls were closely monitored. These forms were completed by the service manager or team leaders and put on an electronic system for the registered manager and locality manager to review each incident. A 'period monitoring form' was completed which showed any trends or patterns in behaviours. For example, the monitoring form had picked up one person's behaviour was different at certain times of the year. This had let to the service seeking support and guidance through the Intensive Support Team. This helped to prevent any further injury or harm to people and staff.

Staff had completed infection control training and had access to personal protective clothing, such as aprons and gloves to reduce cross infection risks. Care workers wore their own clothes to work and when supporting people in the community. This meant it was less obvious the staff member was supporting a person and reduced unnecessary attention from the public.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 the mental capacity to take 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found they were. Mental capacity assessments had been undertaken appropriately. Best interest decisions were made for those people who required it. For example, a multi-disciplinary best interest meeting had been held for one person to enable them to attend hospital for medical tests. Staff had liaised with the learning disability liaison team and supported this person to attend these appointments by using a picture story to tell them what would be happening at this appointment. As a result of this, staff helped to alley this person's anxieties and the person successfully attended the hospital appointments. Applications had been made to the Court of Protection where necessary and community Deprivation of Liberty Safeguards (DoLS) authorised.

Staff understood the ethos and worked within the principles of the MCA; they ensured people had as much control as possible over their lives and were as least restrictive as possible. Consent forms and signatures were in the support plans and risk assessments.

Some people who lived at the service displayed behaviours of concern which others may find challenging on occasions. All staff were trained in accredited behaviour management training. The management team had undertaken the train the trainer programme and delivered this specialised training to both staff at their own service and others within the organisation. Training was delivered to ensure people who displayed behaviour which may cause concern should be supported to lead as fulfilling a life as any other citizen in line with Registering the Right Support and other best practice guidance. The programme was focussed on teaching staff to support people to maintain control and to engage in proactive methods of behaviour change. This formed part of people's behavioural support plans where required.

Staff regularly attended the provider's training, which included both initial face to face and then electronic training. Face to face training included safe moving and handling, fire safety, basic life support, medications, the MCA and safeguarding. Electronic training included: communication; dementia; documentation and record keeping; equality and diversity; health and safety; infection control, and diet and nutrition. Management monitored the training matrix for all staff which used a traffic light system of green to show training is up to date, orange when it is due and booked and red when it is overdue. Staff had access to an eLearning application so they could undertake training at a time suitable to them. Where able, staff undertook 'train the trainer' courses or Preparing to Teach in the Lifelong Learning Sector (PTTLS) to teach staff. Staff felt well trained in their jobs and comments included, "They offer any training and the company pay which is great for getting the experience I need", "I feel well trained and supported by management" and

"We attend all courses for training."

New staff to the service undertook induction training which followed the principles of the Care Certificate. The Care Certificate is a nationally recognised qualification considered best practice. For those people without formal care qualifications, they then undertook the full Care Certificate course in full and were supported in house.

Staff benefitted from supervisions and an annual appraisal which were carried out four times a year. Staff felt the supervisions were valuable and one person said, "We can bring anything up at supervision." The registered manager was behind with annual appraisals but this was because they had to prioritise other work. They had a plan to catch up with these soon.

People had access to health care professionals, such as the GP and nurses. They were supported to attend appointments with opticians and dentists. Referrals to other specialist professionals were made. For example, one person had difficulty in swallowing so the service had requested an assessment from the Speech and Language Therapist.

The Provider Information Return (PIR) stated four people have meals prepared for them by staff, with one person on a specialist fork mashable diet. All people were supported to do their own shopping. One person said, "I do my own shopping but have support to do a large shop." People kept their food and drink stocks separate. For example, in Meadow View there was a long line of individual fridges for each person with their names clearly displayed on the front. One person was being supported to follow a specific diet to lose weight and told us they very pleased they had been supported by staff to lose weight. Daily records of the recording of food and drink were kept, as well as a food and drink diary if necessary. Regular monitoring of people's weight was carried out and staff alerted to any signs of possible dehydration with fluids encouraged.

People had tenancy agreements from a private landlord. All the locations had the same landlord. Some people lived in private self-contained flats which had been adapted as necessary for the individual person, for example widening door ways to accommodate wheelchairs. Other people lived together in shared accommodation with private locked bedrooms but shared communal areas, such as kitchen and lounge areas. All premises were kept in a safe and suitable condition. Any repairs were carried out by the in-house maintenance team and the costs for these were recouped annually from the landlord of the tenancy agreement. This included updating, redecoration and repairs to damaged fixtures and fittings.

Good

Is the service caring?

Our findings

People we spent time and spoke with were happy and enjoyed living at the services. One person said, "I am happy here … staff take me out and I go on buses and shopping … I live on my own." Another person said, "I am really happy … I go to the pub and the girls take me out." A relative said, "My (family member) is very happy at the service … I couldn't speak highly enough of the place … everyone seems really happy and I go every day." Another relative wrote in a survey, "(Family member) is happy at this address … that's all I want for him as he has been through a lot recently and it is good they have settled … I wished I'd found this place long ago."

Staff were kind and respectful. Even though staff said it was sometimes a challenge working at the service, they all said they enjoyed their jobs and supporting the people they looked after. Comments included, "Working for Regard is good … I like the wide variety of people that we have living in the Regard home. I love my job so much and the sense of reward it gives me", "I enjoy my job" and "Working for Regard is great, I love and enjoy my job very much and every day is different."

Staff were caring and compassionate; they understood people's individual needs. One person had been assessed as no longer being able to live in a communal home. The registered manager had worked closely with the person and the commissioners of the service to find a suitable domestic home on an estate. The person needed to live alone but continued to have 1:1 staff support at all times. The home needed to fit certain criteria in terms of space, location and type; the registered manager looked at several dwellings until they found the one they thought was most suitable for the person's needs. The registered manager secured a long-term lease for this person to prevent disruption to their life routine. This person also had an authorised community Deprivation of Liberty Safeguard in place due to the need to keep the door or gate locked at all times.

Staff had developed meaningful relationships with people and their families. There was a key worker system in place which meant people had a designated person to support them with their care and wellbeing. Staff had positive and caring interactions with people and showed a genuine respect for them. One staff member described the support given to one person which reflected the care records. They knew the little details that mattered to people, such as "(Person) loves going out, but not when it's raining, dogs are their most favourite thing in the world and they used to have a dog called Kim who was black … they like going to the pub and listening to music and absolutely love Jaffa cakes." The person who was sat next to them, nodded their head and laughed in agreement. The staff member said, "I love working here … I have time to do what they (people) want to do and I support them to do that … it's so homely … we all pull together to get things done and we get time with people to do activities."

In Meadow View, there was a lively atmosphere with people doing what they wanted supported by staff. For example, one person was sitting in the conservatory talking and chatting with staff whilst they ate their lunch and another person had just returned from their shopping trip. One relative described the home as "It is full of fun … if I was young enough I would work here."

People had written in their most recent feedback that they were happy living at the service. Comments included, "I like everything inside my home", "I choose what I like to eat" and "I normally sit in the lounge", "There's lots of room here" and "I love my bedroom." A relative had written, "(Family member) is very happy and the staff are very supportive and very friendly. We as parents are delighted at how well (family member) has settled in their new home."

The majority of staff respected people's confidentiality at all times. However, certain staff members had not always adhered to this recently. Concerns had been raised with the registered manager about a breach of confidentiality and they were in the process of resolving the issue.

People were treated as individuals with respect and dignity. Staff respected people's decisions to have time alone; they did not enter any person's bedroom without permission. People's cultural and diverse needs were fully understood and supported by staff, such as supporting people to attend a GAY pride festival and be involved in same gender relationships.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs because people's care and support was planned and delivered in a way the person wished. Care plans were in place for each person and were person centred. People's choices and preferences were recorded and how they wanted to staff to support them. People's care plans included information relating to their personal care, their daily routine, life histories, activities and interests. They were organised, contained all the information required and clearly laid out for staff to follow. For example, one person's care plan told us how they liked their personal care to be given, that they do not like to be shaved and that they had been visited by a Speech and Language Therapist as staff had noticed they had difficulty in swallowing. Care plans had been reviewed regularly and updated as necessary. Daily records were written on a Personal Daily Outcomes document. This was a shortened summary of the care plan and this was completed each day by staff. Records had been completed with detailed information about the person's day, what they had done, where they had been, who they had met and what had gone well for them.

Before people came to live at the service, a comprehensive assessment of people's needs was undertaken. A planned programme of transition was put in place to manage the process. The aim was to provide minimal disruption for the person coming into the service and the people who already lived there. The local authority quality assurance visit had found, "A clear pre- assessment process was in place for any new service users". However, the transition of the last person to come to live at the service in June 2018 had not been managed as well as it should have due to unfortunate mitigating circumstances. This had led to a temporary negative impact on the service and had generated a series of concerns raised by relatives. These had all been addressed and were being dealt with jointly by the local authority and the registered manager. At the time of the inspection, this impact had now reduced and the person had settled into their new home. The local authority had reviewed the person's care package and assessed them as living in the right place and receiving the right amount of support. The registered manager had put improved systems and processes in place to prevent it happening again. They said, "This will not happen again. As a result, changes have been made and a full-time manager was now in post supported by an experienced team leader."

We looked at how the provider complied with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had detailed information about their communication needs in their care plans to guide staff how to ensure they had the information required. One person's care plan said, "What I understand … short phrases … some words … short sentences … ask questions one at a time … I may repeat myself." People used other forms of communication suitable to their needs such as assistive technology. The Provider Information Return (PIR) stated the service was working towards an "… increased use of assistive technology and use of tablet devices to respond to communication needs." Relevant documents used at the service were written in easy read or pictorial formats for people to understand and use. For example, welcome packs were available to new people which included easy read leaflets.

People were supported to take part in their individual social activities, hobbies and interests to encourage independence, gain life skills and improve wellbeing. People had varying amounts of contracted support hours for their activities and some people chose to undertake these on their own or in a group outing. For example, there was a Friday evening trip to a local pub, BBQ's and events organised such as for the World Cup. Other activities people took part in included visiting day centres, going shopping, having quizzes, swimming and attending clubs. One person enjoyed being part of a 'pool' team at the local pub. People were supported to have jobs in the community. For example, one person was supported to work at a food supermarket collecting items for recycling. Another person had previously helped in the service office and undertook suitable administration tasks. This person had also been involved in the recruitment process of prospective employees and sat in on interviews.

There was a complaints policy and procedure in place and all records were held electronically and monitored until resolved. The PIR stated there had been three complaints in the last 12 months which had been dealt with. We discussed these complaints with the registered manager and found the appropriate actions had been taken. One of these had been directed to the local authority for investigation.

Good

Is the service well-led?

Our findings

The service had a registered manager who had managed the service since it began in June 2017. 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.

The registered manager was clear at the beginning of the inspection by explaining a lot of work had been undertaken to improve the service by the introduction of a new management structure and organisation. They said, "We have had some challenges in the last six months as the service has grown … recruitment has been difficult along with managing multiple services". They felt in part, the lack of management and oversight, together with a lack of staff, was why they had experienced problems in incidents as previously written in the report.

The registered manager had grown the service since they had been in post, which now had four locations in the Redruth area. There were also future to open a fifth service but this was currently on hold. As a result of the growth in the service, the provider had recognised that the registered manager role was too big and unrealistic for effective and safe oversight of the service. Therefore, they had instigated a change of management structure and were in the process of transition into this. The first manager they had appointed to take over the registered manager role had been found to be unsuitable and had left the service.

At the time of the inspection, the management team consisted of the registered manager who was being supported by the second manager. They were working alongside each other to manage the service together. The future management plan was for the manager to apply to CQC to become the registered manager of this service and then the current registered manager would deregister with CQC as they took up the post of locality manager for the Cornwall area. The new manager who would be applying to be registered for this service was already employed by the Regard group as the registered manager for a care home in the area. They were very experienced in managing services and had been involved in improving services in the past.

When these changes were complete, the registered manager would then have oversight of all four services. They would be based in an office at Meadow View as this service was the biggest and required a strong and visible manager presence due to the complexities of the people who lived there. The management team was supported by service managers, team leaders and senior care workers. The service had also recently appointed an administration assistant to support with the office paperwork and record keeping, freeing up valuable management time.

Staff, relatives and care professionals had confidence in the management. They felt comfortable speaking to them about any concerns they might have about the service provided. One relative said, "They did have a manager who was not too good …. but the management is wonderful now". Two care professionals said, "Is it well-led? This has been mixed over the past year which Regard appear to be aware of and changes in leadership have taken place" and "We have been constantly impressed with (registered manager) who has progressed to other areas of the company … we are reassured that (registered manager) again steps in and retains a very thorough knowledge of our client."

Care staff also spoke positively about the management team. They had confidence in the team and would be happy to speak to them if they had any concerns. One commented, "(Registered manager) is absolutely amazing and is always there if there's a problem or something that we need advice about … they have been the best manager I have ever worked for in all the years I have done care or support work" and another said, "… supported by management, are amazing at what they do and answer any questions or queries I have and support me to do my job knowing that they are both around."

The management team encouraged open communication with people who used the service and those that mattered to them. Surveys were sent out six monthly to gain people and their relatives experiences of the service. These were then analysed to improve the service. Feedback from the last surveys was positive and people's comments included, "Everyone is friendly", "I love my home", "I feel safe" and "Staff support me". Staff regularly spoke with people and visitors at the home to seek their views. One relative said, "They are really good at communication … even though I visit every day they still let me know what's happened. For example, (family member) fell and grazed their leg, they rang to let me know they had put a plaster on their leg." Another said, "I can visit when I like … I am always involved."

Regular staff team meetings were held in each location with an agenda and records kept. The most recent meeting had been held in July 2018 and showed topics for discussion included people's rights to confidentiality, medicines, staffing and behaviour monitoring plans. Each location had a staff communications book where staff handed over pertinent information, such as GP appointments, expected visitors and medication ordering.

Staff were involved in the running of the home and felt their ideas were welcomed and valued. Comments included, "I am involved in the running of the service and my views and opinions are listened to through every working day, if I have an opinion I have free range to raise my opinion or the views of others", "I am heavily involved with the running of the service. I feel that my opinions and values are valued by my staff and the management team above me" and "I am involved in the running of the service … I do love this role and feel people do listen to me, my ideas and views."

The provider had introduced core values into the organisation for staff to reflect on in their roles. Values were related to compassionate care, hard work and excellence. Staff were encouraged to develop within the organisation with evidence that several people had worked their way up to a management level. Two staff members said, "I really enjoy working for Regard and have had plenty of opportunities to progress myself further down the career path" and "There are lots of opportunities within Regard to go up the ladder." Development courses were recommended, such as a management training programme, an inspiring leadership programme and a mentoring programme. Three people we spoke with left the organisation to develop and have since returned with one saying, "The grass is not always greener on the other side and I missed this place." Championship roles were being developed for staff to act as lead experts in certain areas, such as personalised care planning and behaviour support programmes.

There were incentives and recognition awards for staff who had shown good practice. One of these was 'The Regard Awards' where the organisation celebrated "excellent support". Nominations were asked for and then a winner picked from the shortlist of 'outstanding team', 'continuous improvement' and 'living our values' categories.

There were a number of quality monitoring systems in place which were used to review and monitor the service. These included daily, weekly and monthly audits such as those relating to care records, environment, infection control, health and safety and staff recruitment. The provider had an internal quality team. They visited the service four times a year to review the compliance. Two of these monitoring visits looked at the quality of care delivery and the other two visits about the health and safety of the service. A service improvement plan was drawn up and monitored until full compliance had been achieved. Their last visit took place in April 2018.

A quality assurance review of the service had also been undertaken by the local authority in April 2018. This had highlighted some systems for improvement and an action plan had been drawn up until these had all been resolved. The quality and improvement team had recently worked with the service to improve some systems and record keeping.

The organisation had a statement of purpose, a mission statement and vision and values documents. The provider's vision for the service was "To provide excellent care and support, to continuously improve the quality of our services and to make people's lives better, every day." This statement was reflected by the management and staff at Regard and the registered manager added their ethos was "To provide a service to people for life that makes sense to them". They had acknowledged the organisation had needed to improve; their future focus as the locality manager was to develop and improve on all the locations in the service.