

The Regard Partnership Limited

The Regard Group -

Domiciliary Care Cornwall

Inspection report

First Floor, Duchy Business Centre
Wislon Way, Pool
Redruth
Cornwall
TR15 3RT

Tel: 01209217335

Website: www.achievetogether.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

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 five locations around the surrounding area of West Cornwall. Locations included Govis House, Fox House, Meadow View and Connexion Street and one location in East Cornwall called Buttermill. Not everyone using The Regard Group received regulated activity; CQC only inspects the service being received by people provided with the regulated activity of '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 44 people being supported but only 12 received personal care. This included one person at Govis House, two people at Fox House, five people at Meadow View, one person at Connexion Street and three people at Buttermill.

The service had not been developed and designed fully in line with the principles and values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that includes having control, choice, and independence. People using the service should also receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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.

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

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons, lack of choice and control and limited inclusion.

Safeguarding concerns had not been consistently reported by staff and management. Staff were not always clear of their roles and responsibilities in relation to safeguarding.

People were not being supported by consistently caring and suitably trained staff. This was confirmed by feedback received from people living at the service and some staff.

Feedback from managers and staff were that managing people's anxieties was reactive rather than proactive. People's support plans did not always inform, direct or guide staff in what actions to take to recognise when people were becoming distressed and how to support them.

Systems were not always implemented to ensure the effective management of medicines. Staff who were administering medication were not always trained and did not have their competencies checked to ensure correct procedures were followed.

Staff did not receive effective support from the management team and lacked understanding of their roles and the principles of providing high-quality care. The lack of robust management meant there was no consistent oversight of the service.

There was a lack of quality assurance processes in place to monitor the quality and safety of the service. There was a clear lack of provider oversight and they had not ensured effective and competent management was in place

In March 2020 a regional manager was appointed. Due to recent safeguarding concerns the regional manager completed an audit and developed a comprehensive action plan to address the shortfalls which have placed people and staff at risk. This was reviewed at the inspection, however the actions were not yet completed

The service provides care and support to people living in five 'supported living' settings. However, the supportive living services are also used for office space and have communal areas, which is not in line with the principles of Supportive living.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 25 August 2018).

Why we inspected

We received concerns in relation to management of the service and the quality of care and support that was being provided. There had been a number of safeguarding concerns raised by other professionals. As a result, we carried out a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Regard group- DCA Cornwall on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safety of people and the risk of harm and the management and monitoring of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

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

The inspection

This was a focused inspection to check on specific concerns that had been reported to the Commission. We looked at the service's recruitment practices, staffing arrangements, risk management systems and incident recording and review processes.

Inspection team

The inspection was carried out by a lead inspector. Two other inspectors assisted by making telephone calls to people the service supported and to staff to gain their views on the service.

Service and service type

This service provides care and support to people living in five 'supported living' settings, so that they can live 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We announced the inspection five days in advance to ensure the registered manager would be available to participate in the inspection process, to make arrangements for information

to be shared with the commission prior to the site visit. Due to the concerns raised we invited all people who received support from The Regard Group to have an opportunity to speak with us if they wished. The registered manager arranged for people to talk with us. Before we visited the services office, we discussed infection control processes for people, staff and inspectors, with reference to Covid 19.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and the information we had requested when the inspection was announced.

We had not requested the provider send us a provider information return as this inspection was completed in response to information of concern that the commission had received. We used all this information to plan our inspection.

During the inspection

We spoke with 17 people the service supported via telephone or video calls. We spoke with one relative. We contacted 57 staff of which 14 responded to our phone calls. We also spoke via video calls to the four service managers.

The lead inspector visited the locations office and met with the registered manager, regional manager and head of quality. We looked at three care records in relation to people who were being supported with a regulated activity.

After the inspection visit

We sought feedback from health and social care professionals regularly involved in people's care. We spoke with two more relatives and a person using the service. We continued to seek clarification from the provider to validate evidence found. We reviewed the additional documentation we had requested from the registered manager prior and during the site visit.



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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. The rating has remained the same.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- At the previous inspection people had not always been kept safe as the service had experienced a high number of safeguarding concerns and staffing problems. There remained a high number of safeguarding concerns and staffing problems.
- People told us they did not always feel safe. People said they did not always feel able to speak to staff or managers about their concerns as they felt they would not be listened to, or that any action would be taken.
- People told us that some staff approached them in a negative manner both verbally and physically. One said, "I don't get on with some staff due to their attitude." This meant people did not always feel safe. In the last two to three months, when the provider was made aware of concerns from people, they raised safeguarding alerts and put in place appropriate safety measures.
- The provider had effective safeguarding systems in place. However, staff had not followed safeguarding procedures when concerns had been identified. This meant that safeguarding concerns were not highlighted in a timely manner and therefore no action had been taken to ensure people were protected from the risk of harm or abuse.
- The registered manager had been absent from the service. On their return people and some staff approached them with their concerns. Action was then taken. It is of concern that some staff felt they were reliant on the registered manager to report safeguarding concerns, which meant people remained at risk of harm.
- Some people could find it difficult to express themselves or manage their emotions. This could lead to distressed behaviour which could put them, or others at risk. People's support plans did not always inform, direct or guide staff in what actions to take to recognise when people were becoming distressed and how to support them.
- Some managers told us that managing people's anxieties were written after an incident occurred and so were reactive rather than proactive. This meant staff did not have the knowledge or skill to support people when they were distressed.

The failure to protect the person from abuse and improper treatment was a breach of Regulation 13 (Safeguarding) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- At the previous inspection there was concern about the recruitment of permanent staff, and staff retention. The provider had undertaken a recruitment programme and had recruited service managers and support staff to the services. In the last few months the use of agency staff has reduced considerably.

- Some service managers were undertaking a review of people's support to ensure that people were receiving the correct support. The provider assured us that each location was staffed sufficiently.
- People were not involved in the recruitment of the staff. People in two Supportive Living services, said they found new staff to be young, inexperienced and were not able to talk with them regarding their experiences, as they felt they lacked understanding.
- People and staff reported that due to the changes within the staff team, this has not allowed consistency of care or support for people.
- People were concerned about the amount of changes within their staff teams. People told us "I see so many staff, I don't get attached as they'll be gone in a few weeks."
- We spoke with new staff who said they had attended a welcome day and induction.

Using medicines safely

- People told us they were supported with their medicines and received them on time. Some people said there had been errors with the recording of their medicines, but they did receive them.
- Some staff had not received medicine training or had competencies assessed to ensure correct administration practices were being followed.
- Following an audit by the regional manager in May 2020, following safeguarding concerns, it was identified that there were concerns re medicines. We found that at times there were no members of staff on duty with medicines training or enough competency assessments. This placed people at potential risk in respect of their administration of medicines. An action plan by the provider has been implemented to address the medicine shortfalls.

Preventing and controlling infection

- Staff had completed infection control training and had access to personal protective clothing, such as aprons and gloves to reduce cross infection risks.
- Staff encouraged and supported people to participate in cleaning and domestic chores within their homes.

Learning lessons when things go wrong

- There have been recent changes within the senior management team. The regional manager commenced their post in March 2020. An audit in May 2020 identified that there were shortfalls at the service and an action plan implemented to address them. In June 2020 safeguarding concerns were raised in respect of Fox house. Following a multi-disciplinary safeguarding meeting the regional manager completed an audit of Fox house. From this they had developed a comprehensive action plan. The registered manager and service managers were now addressing the shortfalls which had placed people and staff at risk.
- Service managers have reinstated staff team meetings to look at issues such as closed cultures in care settings, medicines, and safeguarding.

Is the service well-led?

Our findings

Well-Led – This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection this key question was rated as good. At this inspection this key question has now changed to requires improvement.

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

- There had been a lack of stability in the management structure at the locations. Since the last inspection a number of service managers had left or were no longer working at the service due to concerns about their practice, as had some support staff. Due to the recent safeguarding concerns, service managers had again been changed at Fox house and Meadowview.
- The provider failed to ensure there was effective and competent management arrangements in place. They had a lack of oversight of how the service was being run. They did not have monitoring systems to identify significant shortfalls within the service.
- Due to the management changes there had been limited guidance for staff on being aware of their roles, the expectations placed on them and an understanding of the needs of the people they support.
- From conversations with staff and reviewing records it was evident staff had little or no supervision and had not received guidance and support from managers. The provider identified this and had informed all managers to resume supervision with staff.
- From conversations with staff and reviewing records it was evident that staff had not attended training relevant to their role. Service managers told us staff were not skilled to meet some people's needs, such as autism and diabetes and have arranged for staff to attend courses in these areas.
- The service provides care and support to people living in five 'supported living' settings, so that they can live as independently as possible. People have their own private accommodation. However, the services all had a dedicated office, and in one location a staff room, plus communal kitchen areas. This is not in line with the principles of supportive living.

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

- Some people told us staff had little experience and had spoken to them negatively. Some people also told us that staff did not respect their confidentiality. For example, "I avoid talking to staff in confidence as I know it won't be kept" and "Staff discuss residents in front of other residents, nothing is kept confidential."
- Staff have told us that they are in a job where it is "expected to be hit, scratched and bruised". There had been no debriefings following incidents or reflective practice. Staff also told us that some staff like to tell other staff "horror" stories of how people they support have "bad behaviour". For some staff the impact of these conversations had made them anxious or wanting to leave their job.
- People told us, confirmed by staff and care records, that they had not had their monthly reviews to set their goals and aspirations. It is appreciated that Covid 19 has had an impact recently, but this practice was in place for some people prior to Covid 19.

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

- From speaking to people, staff and managers we did not feel assured that staff were consistently respectful of people or each other. We were concerned that there was not an open culture within the staff team, which could discourage people and staff from raising concerns or acknowledging when something went wrong, in line with their duty of candour.
- Following the safeguarding concerns that had been raised with the service, the regional manager completed an audit to review the quality of care at the services. From this a comprehensive action plan has been implemented, and they are addressing the shortfalls.
- The registered manager had notified us of incidents and safeguarding when they had been raised to them. The registered manager was not aware of all the concerns as service managers and staff had not been recognising or disclosing issues of concern to them, plus the auditing systems were ineffective.

The provider failed to ensure systems were in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider acknowledged that people were not involved in the recruitment of staff, house meetings, and reviews had not occurred for some people. Therefore, people's views were not being actively sought.
- In the last few weeks, the senior management team have introduced 'Dignity champions' from their staff group and people they support, so that they can hear their experiences and address issues.

Continuous learning and improving care

- Shortfalls had been highlighted to the provider from the Local Authority Quality Assurance audit in 2019 but appropriate action had not been taken to address all the issues and therefore opportunities to improve the service may have been missed.
- The senior management team had reviewed the management structure to provide more support to people and staff in each location.
- The regional manager has completed a comprehensive audit of two services where there are particular concerns. From this an action plan had been implemented so that the shortfalls in these services could be addressed. Service managers were aware of the action plans and were actively working to address the shortfalls. The regional manager has weekly meetings with the service managers to monitor progress.

Working in partnership with others

- The provider is working with the multi-disciplinary team during the safeguarding process

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Safeguarding service users from abuse and improper treatment The care provider did not protect people from risks of harm and abuse.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Good governance The care provider did not have good governance processes and procedures in place. Audits and quality checks were not identifying risks and areas of poor practice. The care provider did not have good leadership and management in place. The care provider did not ensure people's care records contained the required level of detail relating to risk and care needs.</p>