

Atman Care LTD

Regus House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Regus House (also known as Atman Care) is a domiciliary care service providing personal care for adults of all ages in their own homes. It can support people who live with dementia, people with learning difficulties and people who have physical adaptive needs. It can also support people who need help to maintain their mental health.

At this inspection there were two people using the service living at different addresses in the Dartford and Greenhithe area. Both people needed complex care and support to maintain their mental health. One person needed 24 hours' two to one live-in support from a dedicated team of staff and the other person had twice-weekly support calls.

The service was run by a company whose managing director was a consultant forensic psychiatrist. In this inspection report we refer to the managing director as being, 'the registered provider'.

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

A person using the service said, "Good, good here and I manage because the staff help me a lot."

There were arrangements to safeguard people from the risk of abuse. Support focused on promoting people's independence offering as many opportunities as possible to benefit from gaining new skills and experiences while avoiding unnecessary risks to their health and safety.

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.

Sufficient staff were deployed and new staff were safely recruited. Staff had received guidance and training, supported people to have a balanced diet and ensured the person only received care respecting their legal rights.

People were supported to say what support they wanted to receive. They were helped to safely engage in social activities meaningful to them including accessing the local community.

There was a procedure for investigating and resolving complaints. When necessary, end of life care could be provided.

Quality checks ensured people received the support they needed. There was an open culture and staff were supported to work as a team. The registered provider understood the duty of candour requiring the service to be open and honest when things go wrong. The service worked in close partnership with other agencies including local mental health care managers (social workers) and commissioners.

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

Rating at the last inspection

The service was registered with us on 21 December 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the length of time service is registered with us.

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.

Regus House

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 registered 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 carried out by one inspector.

Service and service type

Regus House is a domiciliary care service providing personal care for people living in their own homes.

There was no registered manager. The deputy manager had applied to CQC to become the registered manager. A registered manager and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection to check if the service had active cases of COVID 19.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the registered provider sent us in the provider information return. This is information registered providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

We also spoke by telephone with two members of support staff.

During the inspection

We visited one of the two addresses at which the people using the service lived. We spoke with the person

living there and by telephone with the person living at the other address. We spoke with a member of support staff, the deputy manager and a nurse consultant employed by the registered provider. We also spoke with the registered provider.

We reviewed the support plans for both people using the service. We also looked at records relating to the management of medicines, health and safety records, the management of accidents, staff training, complaints and key policies and procedures.

After the inspection

We continued to seek clarification from the registered provider to validate evidence found. This included information sent to us by the registered provider including the policy and procedure relating to safeguarding people from abuse. We also spoke by telephone with a relative and two further support staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to support staff to keep people safe from harm and abuse

- People were safeguarded from situations in which they may be at risk of experiencing abuse. The people using the service told us they felt safe when in the company of staff. A person said, "The staff are good and don't get the hump when I'm being a bit of a pain. They understand me."
- Staff had received training and knew what to do if they were concerned a person was at risk. They were confident if they raised a concern with the registered provider or deputy manager action would quickly be taken.
- The registered provider and deputy manager understood the importance of quickly responding to any concerns including notifying the local authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

Assessing risk, safety monitoring and management

- Staff had supported each person to identify and reduce potential risks to their health and safety. This included recognising when they were becoming upset and following agreed strategies to provide reassurance including seeking assistance from local mental health services.
- Positive risk taking was encouraged as part of the service's commitment to supporting and promoting independence. An example was staff working with each person to help them go shopping, do their laundry and plan their time so there were not too many late nights. Both people told us they appreciated the assistance they received. A person said, "I do a lot more than I would because the staff sort of encourage me."
- The registered provider had carefully identified social situations and contacts in the community that could result in a person placing themselves at risk of harm. In consultation with the person staff had developed strategies to support the person to keep to agreed boundaries to stay safe. There were also plans to support the person if they did not keep to agreed limits resulting in them becoming unwell.
- Staff assisted each person to work with their landlords to ensure the accommodation was suitably maintained and sufficient fire safety protection was in place. Staff had received fire safety training and knew what action to take if there was a fire safety emergency including moving people to a safe place

Using medicines safely

- Staff supported people to manage their medicines safely in accordance with national guidelines. They had received training and written guidance about how to safely manage medicines while enabling each person to be as independent as possible.
- Staff supported each person to use medicines in accordance with their doctor's instructions. They gently reminded people when a medicine needed to be used. Staff also jointly created a record with each person showing which medicine had been taken, when and how much.

- Staff had consulted with a person about how they wanted to be supported to use a medicine their doctor said could be taken as and when they wished to help if they were upset. Staff knew the doctor's guidance and were correctly supporting the person when considering if they wanted to use the medicine.
- The deputy manager and registered provider regularly checked how well each person was being assisted to manage medicines safely. This included making sure enough medicines were in stock and records showed they had been used in the right way.

Staffing and recruitment

- There was a small team of staff whose shifts were planned to provide both the live-in support and the twice weekly support calls. Records showed planned shifts were being reliably filled. All posts were filled and there was a stable staff team. This benefited people who knew everyone calling to their home.
- People appreciated staff reliably being available to provide their support. A person said, "The staff always come to see me when they should and I like to see them." They said this helped them to ensure they completed everyday household tasks so they did not build up and become unmanageable.
- Staff were safely recruited. Employment checks had been completed and references had been obtained. Checks had also been received from the Disclosure and Barring Service to see if an applicant had a relevant criminal conviction or had been included on a barring list due to professional misconduct.

Learning lessons when things go wrong

- Staff supported people to promote their independence by learning lessons when things had gone wrong or near misses had occurred. Staff worked with the person concerned to record each occasion when an accident or near miss had occurred. These records were examined by the deputy manager and registered provider who established what had happened. They also assessed what needed to be done to work further with the person to prevent the same thing happening again.
- There were examples of practical steps being taken to reduce the risk of accidents. A person had been helped to shower safely after the bathroom floor had become wet and slippery due to their prolonged use of the shower. Another example was encouraging a person to keep their kitchen orderly so there was less risk of saucepans tipping over and sharp utensils being dropped.
- There were also examples of people carefully being supported to learn as far as possible from the natural and logical consequences of their actions. An example was a person being assisted to safely make telephone calls after they made an inappropriate call resulting in one of the emergency services unnecessarily attending their home. Staff had reminded the person nuisance calls wasted emergency services' resources, could delay other people receiving urgent assistance and could result in them being prosecuted.

Preventing and controlling infection

- We were assured the provider was facilitating visits to each person's home and preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices followed in each person's home.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The support needed by each person using the service had been assessed by the registered provider before they started to receive assistance. This had been done to establish the service could reliably meet their support needs. The assessment was based on nationally recognised models for establishing how to best support people with multiple and complex needs for mental health support.
- The registered provider had worked closely with specialist mental health professionals to decide how best to develop individual transition plans to consult with and introduce each person to the service.
- An introductory support plan had been prepared for each person outlining how they wanted to work with staff to stay safe while developing their independence.
- The assessment also established how to respect each person's protected characteristics under the Equality Act 2010. An example was respecting a person's cultural or ethnic heritage including how they wished to dress and buying culturally appropriate food.

Staff support: induction, training, skills and experience

- New staff received introductory training before they provided people with support. Staff had also received refresher training in subjects including working with people to manage risks, recognising when someone needs additional help to maintain their mental health, emergency first aid and fire safety.
- Staff said the deputy manager kept their training under review and encouraged them to identify any additional tuition they felt would be helpful.
- Staff knew how to support people in the right way. They had been given written guidance and knew how to support people to manage physical healthcare conditions. They also knew how to recognise if a person was becoming unwell with a mental health condition and the importance of quickly seeking medical advice.
- Staff met with the deputy manager to review their work and plan for their professional development. A member of staff said, "There's good team-work here and the deputy manager is helpful. It's also good we can get advice from the owner who's a consultant psychiatrist specialising in complex mental health."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive coordinated support when they used or moved between different services. This included staff passing on important information if a person needed to be admitted to hospital or if they moved to a different care setting.
- Staff knew which healthcare professionals from local mental health services were supporting each person using the service so they could quickly contact the right professionals should their assistance be needed.
- People said they appreciated staff helpfully reminded them of forthcoming medical appointments so they

were not overlooked. A person said, "I've got a terrible memory and wouldn't go to anything unless staff reminded me."

- Staff had offered to support each person to have dental check-ups and eye examinations.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have a balanced diet. They said staff helped them plan what they needed to buy and supported them to prepare meals and snacks.
- When one of the people had first started to use the service they had been underweight due to not being able or motivated to properly cater for themselves. Staff had liaised with healthcare professionals including a dietitian who had prescribed a food supplement to help the person return to a safe weight. Staff had helped the person choose a flavour they liked and gently reminded them to regularly use the supplement.
- Staff knew about the importance of contacting a speech and language therapist if a person was at risk of choking. There was provision for the texture of food and drink to be modified to make swallowing safer and choking less likely.

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

The Mental Capacity Act 2005 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 make 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 homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS). When people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead an application can be made to the Court of Protection who can authorise deprivations of liberty. Alternatively, people can be subject to an order under the Mental Health Act 1983.

We checked whether the service was working within the principles of the Acts and whether any conditions on authorisations or orders to deprive a person of their liberty had the appropriate legal authority and were being met.

- Both people using the service said whenever possible staff had supported them to make everyday decisions for themselves. Examples of this were how to manage their money, choosing what clothes to wear, when to bathe and what friendships to maintain.
- There were systems and processes to identify how to respond to occasions when a person wanted to do something that could result in them experiencing harm. This involved the registered provider and deputy manager working closely with health and social care professionals and relatives to make decisions in the person's best interests.
- The registered provider knew how to support applications being made to the Court of Protection for DoLS authorisations and the steps involved if a mental health order needed to be made.
- The registered provider and deputy manager knew about the importance of meeting any conditions placed on authorisations and orders. These conditions usually require additional steps be taken to promote a person's well-being by ensuring they only receive the least restrictive support respecting their legal rights.

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said they had been consulted about which members of staff they wanted to provide their support. They had been told about potential changes to the staff team and been introduced to new potential staff members before they had started work.
- The registered provider said people using the service would be encouraged to take part in the recruitment of all new staff. This included meeting applicants and joining interview panels to decide who they wanted to be present in their home.
- Both people were positive about the support they received. They said staff were attentive without being intrusive, provided guidance without being overbearing and were compassionate without being condescending. A person said, "The staff are like having friends to see me at home. Very good."
- Staff had received training and recognised the importance of providing support in ways promoting equality and diversity. This included respecting the choices people made about their identities and lifestyles. An example was helping a person to celebrate special days of the year in a culturally appropriate way.

Promoting people's privacy, dignity and independence

- The right to privacy was respected and promoted. Both people had consented to staff going into their homes. Staff had their office at one of the addresses and the person living there said they had been consulted about this arrangement and had agreed to it. Staff did not go into a person's bedroom unless invited to do so. Bathrooms and toilets had working locks on the doors.
- People received kind and compassionate support. When a person had first moved into their home staff had sent them a welcome card. Another person had been helped to celebrate their birthday and had received a birthday card signed by all the staff.
- Private information was kept confidential. Staff had been provided with training about managing confidential information in the right way. Records containing sensitive information were stored securely when not in use.
- Staff took practical steps to promote people's independence. They gave encouragement and helped each person undertake tasks in an achievable way so they experienced success. Larger tasks were broken down into smaller tasks that could be done, put to one side and then picked up again. An example was the person describing how staff helped them check what shopping they needed, making a shopping list, having enough money on hand to buy things and then putting purchases away. Another example was staff supporting a person to go through their wardrobe in stages deciding which clothes needed to be washed and which could be worn again.

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

- Staff understood the importance of supporting people to make decisions for themselves whenever possible. This included working with people to appreciate both the benefits and costs of any choices they made. An example was helping a person recognise that buying expensive branded clothes reduced the funds they had to buy more than one garment.
- Key people in a person's life had been identified because friends, relatives and health and social care professionals all played a part in providing support. Staff emphasised everyone needed to make a coordinated contribution to ensure each person experienced support that was person-centred and effective in keeping them safe.
- The deputy manager had developed links with local lay advocacy resources. Lay advocates are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The registered provider said the service mainly focused on supporting people with complex needs for assistance. This involved carefully establishing with each person a clear understanding of the rights and responsibilities involved in receiving help from Regus House. It also involved encouraging people to make a commitment to working with staff to develop their independence and to avoid actions placing themselves and others at risk of harm. Both people using the service said they had been asked to make commitments in this manner and appreciated how staff gently reminded them if their actions were unhelpful resulting in problems.
- The registered provider and deputy manager said it was central to the enabling focus of the service to engage each person as far as possible in preparing their support plan to describe the assistance they wanted to receive. Both people using the service said they had been consulted about the support they wanted to receive and both had signed their support plans. A person said, "The staff do ask me what I want. If I don't do something I've agreed to they remind me what I've signed up to and that's right. I want to live here I don't want to be in hospital."
- With each person's agreement health and social care professions and relatives had been involved in preparing and reviewing their support plan. The deputy manager said this was essential to ensure each person was surrounded by people who knew what support was being provided and why. An example of this was everyone consistently encouraging a person to not engage in activities that could place themselves at risk of harm such as consuming too much alcohol.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had been consulted during their introduction to the service about how they wanted to be supported to enjoy social and occupational activities. Staff recognised the importance of helping each person choose activities that were realistic and achievable to avoid disappointment.
- Staff had also asked each person how they wanted to be helped to keep in touch with relatives. The deputy manager provided transport for one person to visit a relative who did not live locally and who could not easily be reached using public transport.
- People had been supported to carefully consider which friends and acquaintances with whom to maintain contact. This was part of each person's commitment to only maintain contacts with people who could contribute to their journey towards greater independence.
- Staff had received training and there was written guidance explaining how to work with each person to provide appropriate opportunities to develop their occupational skills. This included identifying vocational courses and supporting people to look for work suited to their abilities and interests.

Meeting 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 adaptive needs and in some circumstances to their carers.

- Information was presented to people in an accessible manner. There were easy-read versions of support plans, risk assessments and other records. Each person could readily access written information relating to them. Both people described how staff regularly spent time with them discussing the support they had agreed to receive and reviewing the contributions they had committed themselves to make.
- There were easy-read versions of key documents including the actions a person could take to contact the local safeguarding adults authority and the Care Quality Commission if they wanted to raise a concern.
- Staff understood how to support people with adaptive needs due to reduced hearing or vision. They knew the importance of regularly checking hearing aides were working and people were wearing spectacles. The registered provider knew how to access special resources such as translators and could provide documents in Braille.

Improving care quality in response to complaints or concerns

- There was an easy-read complaints procedure reassuring people about their right to make a complaint and telling them how to go about it. Both people using the service said they had been given a copy of the procedure and felt confident the deputy manager would respond quickly if they had a concern. A person said, "I do know about if I need to complain. When I'm in a complaining mood I'll complain about everything and everyone. The staff help me find out what's really on my mind and take it seriously."
- There was a procedure for the registered provider and deputy manager to follow when receiving, recording, investigating and responding to complainants. Records showed they had correctly followed the procedure for the small number of complaints received since the service was registered. In each case, they had established what had happened and liaised with complainants to inform them about any improvements made.
- Practical things had been done to response to complaints by putting things right. These included erecting a taller fence at the back of one address to give neighbours more privacy.

End of life care and support

- Neither person using the service required end of life care. Staff had received training and there was written guidance about how to support a person at the end of their life to have a dignified death. Staff said the person would be asked how they wished to be assisted and then how they wanted family and friends to be supported after their death.
- The deputy manager said the service would liaise with the person's doctor and with local hospices to receive advice about caring for the person as they approached the end of their life.
- The service could support a person to safely hold pain-relief medicines. These medicines could then quickly be used in line with a doctor's instructions to provide a person with comfort if necessary.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The deputy manager, nurse consultant and registered provider completed quality checks to make sure people using the service consistently received the support they needed. This included checking support plans were accurate and continued to reflect each person's needs and wishes.
- Records of the support provided were also examined to make sure they showed each person was reliably receiving the right support. The deputy manager regularly met with each person using the service to confirm they were satisfied with the assistance they received.
- Other quality checks were also completed included audits of the management of medicines, making sure staff completed their shifts on time and reviewing accidents and near misses so lessons could be learnt.

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

- People using the service had been supported to contribute to its development. A person said, "This is my home and the staff always tell what I want counts. If something I want isn't good for me they'll help me choose something else. I might not like it at the time but they're doing their job aren't they."
- The deputy manager met with each person to discuss plans for the development of the service and to receive feedback. The registered provider had built an office in the back-garden of one of the addresses. The person who lived at the address confirmed they had been fully consulted about the development and had accepted it would result in some temporary noise and inconvenience. The other person described how staff had supported them to spring-clean their accommodation disposing of some unwanted furniture and worn out kitchen appliances.
- The deputy manager emphasised relatives and appropriate friends formed a key part of the wrap-around support each person needed to safely manage at home. The deputy manager said relatives' and friends' contributions to developing the service were important with feedback being obtained through ongoing contacts with staff and through telephone contacts.
- Health and social care professionals had been invited to comment on the service by speaking with the deputy manager and staff. The registered provider said this informal process would be complemented by professionals being asked to give written feedback as the service expanded and more professionals became involved in delivering packages of support.

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

- The service had been without a registered manager since late March 2021. After that a business consultant

had overseen the operation of the service until May 2021 when the registered provider and nurse consultant had become more involved in the day to day supervision of the service. At this inspection the deputy manager confirmed they had started the process to apply to the Care Quality Commission to become the registered manager. Reasonable steps had been taken to satisfy the legal requirement of having a registered manager to oversee the service.

- Staff had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
- The deputy manager and registered provider were on call during out-of-office hours to give advice and assistance to support staff. There were detailed handover meetings between shifts to update staff about developments in the support each person needed and wanted to receive. Staff also attended regular meetings to help them work together as a team.
- Staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the registered provider and deputy manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe support.
- Services providing health and social care to people are required to inform the Care Quality Commission of important events happening in the service. This is so that we can check that appropriate action has been taken. The registered provider had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

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

- Both people using the service considered it to be well run. A person said, "I get the help I need and staff help me like I want and come to see me."
- Staff said there was an open culture in the service. They considered the deputy manager to be supportive and met with them regularly to discuss their work and professional development. They also felt free to approach the deputy manager and registered provider at other times if something was on their mind or if they had an improvement to suggest.
- The law requires registered providers to follow a duty of candour. This means after a significant, unexpected or unintended untoward incident occurs in respect of a person, the registered provider must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered provider understood their responsibility and there were relevant policies and procedures in place to provide guidance for staff. No duty of candour incidents had occurred since the service was registered.
- It is a legal requirement a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered provider knew about this requirement and had arranged for this inspection report to be appropriately displayed.

Working in partnership with others

- The service worked in partnership with other agencies to enable people to receive 'joined-up' support. A health and social care professional said, "Since Regus House started the care provision (for my client) they have absolutely met my expectations. The agency's carers have attended to the client as per contract and the Management have always reported concerns promptly. Regus House service in respect of this client has been very satisfactory. I would gladly recommend the agency to anyone who needs their services."
- The registered provider is a senior clinical practitioner with extensive knowledge of mental health services. They were familiar with national models of good clinical and social care and had used these to inform the running of the service. An example was the registered provider had appropriately used the Real Tenancy

Test to ensure both people using the service understood the terms of their tenancy and their right to choose who provided their support.

- The deputy manager and registered provider had used learning and development opportunities to keep up to date with changes in health and social care. They received newsletters from the Care Quality Commission, knew about important changes being made to protecting the legal rights of people who may need to be deprived of their liberty to receive support through applications to the Court of Protection. Also, they had appropriately used guidance in the Real Tenancy Test to ensure both people using the service understood the terms of their tenancy and their right to choose who provided their support.