

The Regard Partnership Limited

Domiciliary Care Agency Surrey

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

Domiciliary Care Agency Surrey is a supported living service, owned by The Regard Partnership Limited. They provide support to people living at 10 houses. The service catered for people with learning disabilities and autism. Some of the people supported had mental health conditions. One unit specialised in acquired brain injury. At the time of our inspection, there were 23 people receiving personal care.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

Sufficient numbers of staff were deployed to meet people's need safely. The provider had carried out appropriate checks on staff to ensure that they were suitable for their roles. Staff understood how to respond to incidents and safeguarding concerns. Risks to people were assessed with appropriate plans in place to keep them safe. People's medicines were administered safely by trained staff.

People were supported by staff who were trained to carry out their roles. Staff worked in accordance with the Mental Capacity Act 2005, this meant that people's legal rights were protected. People liked the food that was prepared with them and any dietary needs were met. Staff worked alongside healthcare professionals to meet people's needs.

People were supported by kind and caring staff that they got along with. Staff knew the people that they were supporting well. People were included in decisions about their care. Staff respected people's privacy, dignity and independence.

People had access to a wide range of activities. Care plans were person centred and reflected people's individual personalities and preferences. People were supported to complain and any complaints were responded to appropriately.

Staff felt well supported by management. Regular checks were undertaken to monitor the quality of the care that people received. The provider kept up to date records that were easy to access. Staff understood the visions and values of the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Domiciliary Care Agency Surrey

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 was a comprehensive inspection.

This inspection took place on 23 and 24 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a supported living service; we needed to be sure that someone would be in.

The inspection was carried out by five inspectors. This was because the supported living houses covered a wide geographical area and we wanted to speak to people at each house.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During the inspection we looked at a range of records about people's care and how the service was managed. We looked at five people's care files, including risk assessments. Five staff files, training records, complaints logs and quality assurance monitoring records.

We spoke to ten people and observed the care that they received. We spoke to seven members of staff, the registered manager and the new manager who was in the process of registering with CQC.

Is the service safe?

Our findings

People told us that the care that they received was safe. One person told us, "It's definitely safe. There's staff here and I can lock my door." Another person said, "I feel safe." Another person told us, "I am very safe."

Staff were deployed in a way that meant people's needs were met safely. One person told us, "I get more than enough staff." The provider calculated the number of staff needed at each house, based on people's needs and activities. We observed staff as not being rushed and they were able to respond to people's needs swiftly. A staff member told us, "We have used agency in the past but this has changed due to the recent recruitment of full-time staff."

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. The provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

People were supported by staff that understood their roles in protecting them from abuse. All staff completed safeguarding training before working with people. Staff understood the signs of abuse and how to report suspected abuse. One staff member told us, "First I would speak to my manager and make a record of the incident. I could also ring the safeguarding referral team." We saw evidence that where there were concerns, these were raised with the local authority.

Risks to people were assessed and plans were in place to minimise hazards. Staff had a good understanding of the risks people faced and what measures were in place to reduce them. Care records contained detailed risk assessments, with plans for staff to follow to keep people safe.

Where incidents occurred, staff took steps to ensure that people were safe. Incidents were documented and actions taken were listed clearly. Actions taken were to prevent a reoccurrence. Where appropriate, people's care plans and risk assessments were reviewed following incidents. This was to prevent them from happening again.

People received their medicines safely. Staff received training in medicines and had to pass a competency test before administering people's medicines. People's records contained important information, such as their medical conditions and allergies. Staff kept medicine administration records (MARs) up to date. MARs showed when people had been administered their medicines and if they hadn't the reason why was recorded.

Is the service effective?

Our findings

People told us that staff were skilled enough to meet their needs. One person said, "They are very good, skilled at everything." Another person told us, "Staff are all well trained." Another person said, "All the staff know what they're doing."

Staff training was thorough and kept up to date. Staff told us that they completed an induction when they started employment. One staff member told us, "The training is very, very good. They let you know what to do and how the job is done." Staff completed mandatory training in areas such as safeguarding, fire and health and safety. Staff had training specific to the needs of people that they supported. Different houses catered for people with different needs. Staff had undergone training in areas such as autism or acquired brain injuries. Staff had regular one to one supervision where they discussed their practice as well as any training.

People's rights were protected because staff worked in accordance with the Mental Capacity Act 2005 (MCA). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We saw evidence of the correct legal process being followed where people were not able to make decisions for themselves. Staff had received training in the MCA. They demonstrated to us that they had an understanding of its principals.

People's nutritional needs were met and they were involved in planning meals. One person told us, "We write a menu and go shopping. We have a takeaway night sometimes too." Information about what foods people liked were in their records. People were supported to prepare food and we observed staff doing this. Where people had specific dietary requirements, these were listed in their records.

Staff worked alongside healthcare professionals to ensure people's needs were met. Important information about people's conditions were in their care plans. For example, one person had epilepsy and there was a clear plan for staff on how to respond if they had a seizure. The person had regular reviews from a specialist and information from them was in their records.

Is the service caring?

Our findings

People told us that they were looked after by caring staff. One person said, "All the staff like me." Another person told us, "They (staff) are approachable and listen to what I have to say."

We observed positive caring interactions between staff and people. Staff were observed making chatting to people, smiling and sharing jokes. People told us that they liked the staff.

People lived in an inclusive atmosphere. One person told us, "I help lay the table." Each house had systems in place to include people. For example, people took part in chores and tasks. Meetings and one to one time was used to discuss people's activities and care. People went on outings and holidays in groups, this helped people to build positive relationships with each other.

People were supported by staff that knew them well. Care plans were detailed and contained information on people's backgrounds and preferences. Staff had a good knowledge of people's stories when we spoke to them. Staff started conversations with people about their interests and backgrounds. People looked like they enjoyed the company of staff.

People were supported by staff who respected their privacy and dignity. Staff had a good understanding of how to provide care in a way that promoted people's privacy and dignity. Staff were observed being discreet when providing personal care. One staff member told us, "Everything has to be confidential. If we need to speak to someone confidentially, we go in their rooms." People's privacy and dignity was discussed at staff meetings and supervisions.

Staff empowered people by promoting their independence. People's goals and aspirations were included in their care plans. Staff supported people to develop skills to increase their independence. One person was planning to move into their own flat. Staff had worked with them to develop skills and confidence and they told us they were excited about their move.

Is the service responsive?

Our findings

People told us that they enjoyed the activities on offer. One person told us, "The best thing is that I can go out." Another person said, "I do art and music here. I like everything except heavy metal."

Activities were tailored to people's individual needs. Care plans reflected people's hobbies. People had timetables of activities each week that covered a number of different types of hobbies and interests. People told us about activities that they took part in and told us they enjoyed them. They also went on outings and holidays with support. Activities were discussed at people's reviews, as well as house meetings.

People's care was planned in a person centred way. Care plans were kept up to date and important information on how to meet people's needs was present. One person had particular words and gestures they used as prompts for staff. These were listed in detail in their care plan. Another person liked to keep to a regular routine. Important information, such as when they liked to get up and what they liked for breakfast, was in their care plan. We saw evidence of a full assessment being undertaken before people received a service. Regular reviews were carried out to identify any changes in people's needs. Where people's needs had changed, we saw evidence that care was adjusted to ensure that their needs were met.

People's complaints and concerns were taken seriously. One person told us, "Sometimes I do (raise a complaint), I have a book where I write everything down and share it in our meetings every month. The problems get fixed." A complaints policy was in place and accessible information on how to complain was available to people. Where people could not raise a complaint themselves, we saw evidence that staff had raised complaints on their behalf. Complaints were documented and responded to. Appropriate actions were taken to ensure identified issues were addressed.

Is the service well-led?

Our findings

People told us that they thought the service was well-led. One person said, "I can always speak to a manager. They listen to you." Another person told us, "I think it is managed very well and this is demonstrated by how well staff work."

The registered manager had oversight of the whole service. At the time of inspection, the registered manager was leaving the service. A new manager was in the process of registering with CQC. Each house had their own manager who reported to the registered manager. The registered manager visited houses regularly and received regular reports. Staff told us that the support they got from management was good. One staff member told us, "The manager's supportive and we get visits from head office. They come to our team meetings."

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The registered manager carried out regular audits and documented their findings and any actions taken. Audits covered areas such as health and safety, infection control and medicines. Where improvements were identified, we saw evidence that these had been actioned.

The provider kept up to date records. Information in care plans and daily notes was up to date. Due to the nature of the supported living service, up to date records in the office were important in ensuring that the registered manager had oversight of the service. Filing systems were clear and information that we required was accessible on the day of inspection.

The visions and values of the service were clearly set out and staff had a good understanding of them. One staff member told us, "We promote excellence in everything we do. We have respect for people and their choices. We understand we are a guest in people's homes and we want them to have the best quality of life." Each house had its own identity, set by the people who were supported. Connections were made with the local community to improve people's lives. At one house, a local learning disability college visited to help with gardening. This helped to form links with them whilst helping to create a nice garden space for people to use.