The Regard Partnership Limited

Domiciliary Care Agency North West

Inspection report

The Regard Partnership,
The Oak Suite, Oaklands Office Park
Ellesmere Port
Cheshire
CH66 7NZ

Tel: 01513280355

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Domiciliary Care Agency North West is registered to provide personal care and support to people who live in their own homes. The agency is based in Ellesmere Port and currently provides support to people with complex health needs or people who have a diagnosis of autism and/or learning disability in the Cheshire West and Manchester area. At the time of our inspection the service supported seven people.

People lived in "supported living". These are schemes where people are provided with regulated personal care as part of the personalised support that they need to live in their own home as independently as possible. Personal care is provided under separate contractual arrangements to those for their housing. The accommodation can be in shared houses and flats, but can also be in single household premises. Single household premises can be located together in shared schemes such as blocks of flats, but also singly anywhere in the community.

The service had two registered managers: one of whom has recently left the organisation. 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 responsible for overseeing the services in Cheshire had left the organisation and an interim manager had been appointed by the registered provider. There was a registered manager in post responsible for overseeing the Manchester services.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of the report.

Staff practice showed that consent was sought from people prior to care being provided. Staff promoted choice and helped people to make decisions as much as possible. However, people's care plans did not always contain information guided by the principles of the Mental Capacity Act 2005 (MCA). Records did not always evidence how people's capacity had been assessed and how decisions had been made in people's best interests.

The registered provider had recognised where some improvements were required to be made at the service. However, this was not always robust and we found that not all areas of concern we had raised during our inspection had been identified or addressed in a timely manner through the registered provider's quality assurance systems. The CQC were not always notified as required about incidents and events which had occurred at the service.

Records showed that people's needs were assessed and basic information was available for staff. However, we found that some care plans were task orientated and lacked person centred information. Communication care plans for people who did not use the spoken word contained limited information to guide and support staff with meeting their individual needs. This meant that staff less familiar with a person

may not have the information required to provide the correct level of support.

New staff underwent an induction programme, which included training relevant to their role and shadowing experienced staff, until they were competent to work on their own. Training records identified that staff had not always received supervision and training in line with the registered providers own timescales. This meant that people were at risk of receiving care from staff that did not have the relevant skills and knowledge necessary for their role.

People received support with their medication. Care staff had completed competency training in the administration and management of medication. Medication administration records (MAR) were appropriately signed and coded when medication was given. However, we noted that care plans for PRN (as required) medication were not always in place for staff guidance.

Concerns were raised by family members regarding consistency of staffing and the impact that this could have on a person. The registered provider was in the process of filling vacant posts. Robust recruitment practices were followed and there were sufficient numbers of suitable staff available at all times to meet people's needs during our visit. Rotas were managed closely by the managers at the service to ensure that people were kept safe at all times.

People and their family members were encouraged to share their concerns and complaints. The registered provider investigated any complaints or concerns thoroughly in line with their own policy and procedures. However, records did not demonstrate what actions had been taken when a complaint had been investigated, resolved and closed.

Individual risk assessments were completed to ensure both people supported, relevant others and staff were protected from the risk of harm. Assessments relating to activities undertaken within people's living environments and outdoor spaces had been completed.

Staff had a good awareness of the support and help that people required. Staff understood their specific needs relating to their age and complex needs. Where there was continuity, staff had built up relationships with people and were familiar with their personal histories and preferences.

People's health needs were met and staff were observant in spotting concerns and took appropriate action. Advice and guidance was sought from other professionals where appropriate to ensure that people remained well.

The registered provider had safeguarding policies and procedures in place. All staff received training to raise awareness of how to recognise signs of potential abuse and poor practice and what actions they would need to take. Staff were confident in their knowledge and understanding of abuse and were familiar with the registered providers whistle-blowing policy and procedures.

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

Medicines were stored and administered by suitably trained staff. However, care plans for PRN (as required) medication were not always in place for staff guidance.

People's needs were met by sufficient numbers of staff and these were kept under review.

The recruitment process was robust and appropriate, pre-employment checks were completed.

Is the service effective?

Requires Improvement

The service was not always fully effective.

The principles of the Mental Capacity Act 2005 (MCA) were not fully embedded within the service. People were at risk of decisions not being made in their best interests.

Staff said they were supported but had not always received regular supervision and training in line with the registered providers own timescales.

People were supported to access healthcare and specialist services when required in order to keep them well.

Is the service caring?

Good

The service was caring.

People mostly had consistency of care and staff were familiar with their needs.

Staff were kind and respectful and treated people with dignity and respect.

Staff understood people they cared for and knew their preferences, likes and preferred method of communication.

People's confidentiality was protected. Records containing

personal information were appropriately stored in a secure office.

Is the service responsive?

Requires Improvement

The service was not always responsive

Care plans were not always personalised.

People's care records were reviewed on a regular basis to ensure that they remained up-to-date and reflected people's current health and care needs.

A complaints procedure was in place and enabled people to raise any concerns they had about the service.

Is the service well-led?

Requires Improvement

The service was not always well led.

The systems in place to monitor, identify and manage the quality of the service had not identified or resolved some of the issues we identified during our inspection.

CQC were not always notified as required regarding incidents that had occurred at the service.

The registered provider was open and receptive to driving improvements.

There was a whistle blowing policy in place that was available to staff. Staff knew how to raise concerns.

Domiciliary Care Agency North West

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 was planned to check 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.

We visited the service on the 24 and 25 November 2016 and our inspection was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service for people who live in the community and are often out during the day; we needed to be sure that someone would be available at the office. The inspection team consisted of one adult social care inspector.

As part of the inspection we spent time with four of the people who used the service, four family members and five members of staff. We also spent time with the registered manager, interim manager and locality manager. We observed staff supporting people and reviewed documents relating to the service. We looked at four peoples care records, medication records, five staff files, training information and quality assurance processes in relation to the running of the service.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us since the last inspection, complaints and safeguarding.

We also contacted local commissioners of the service and the local authority safeguarding team to obtain their views. Concerns were raised about the service with regards to the safe care and treatment of people supported.

Good

Is the service safe?

Our findings

People were protected from abuse. Relatives told us "My [relative] is super safe there; we can rest knowing they are looked after all the time" and "[My relative] is safe, their needs are met and they are cared for". Observations showed that people were comfortable with staff who were supporting them. We saw people display relaxed body language, positive facial expressions and there was the use of both gestures and individual communication styles when interacting with staff.

Staff had a good understanding of safeguarding and confirmed that they would alert the manager if they had any concerns about people's safety or recognised a change in someone's behaviour. Records showed that staff had attended or were booked on training about safeguarding vulnerable people. Safeguarding concerns had been raised and addressed in partnership with the local authority. There were ongoing investigations at the time of the inspection.

The registered provider had a medication policy in place. The policy contained up to date and relevant information for staff to follow. Staff who were trained to administer medication described how they would ensure that people received their medication safely. Medication competency checks carried out on staff had been recorded in line with the registered providers policy and procedures. This process included an observation and discussion about the safe management of medicines. Medication and medication administration records (MARs) were kept safe in people's homes and checked regularly by a member of the management team to ensure they were accurate and up to date. Some people had "as required medication" (PRN). We found that where such medication was prescribed not all people had a PRN care plan in place. This meant that there was limited information available to guide staff as to when PRN medicines should be given. It is important that this information is recorded and readily available to ensure people are given their medicines safely, consistently and with regard to their individual needs and preferences. We raised this with the manager who confirmed following the inspection that PRN care plans had been reviewed and updated.

To ensure people's safety was maintained, a number of risk assessments and management plans were completed for each person. Staff clearly described people's identified risks and how they would manage them. People's basic needs were assessed and risk assessments were in place to describe the support people required and identified triggers to risks. Plans considered people's needs in areas such as physical support, personal care and moving and handling. Where people displayed complex behaviours, the registered provider had involved a positive behavioural support service. Plans were in place to provide staff with instructions on how to minimise risks to people's health and safety in relation to things such as the internal and external environment. Regular reviews were undertaken by allocated staff in which they discussed and highlighted any changes to the care and support needs of people. The registered provider confirmed that a full review of risk management plans had commenced following concerns that had been raised about the support people received.

The registered provider had safe procedures in place for the recruitment of staff and these were consistently followed. Appropriate checks had been completed for staff prior to them starting work at the service, including a check with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and

barring check on individuals who intend to work with children and vulnerable adults. This helped the registered provider make safer recruitment decisions and meant that people received support from staff of suitable character.

A number of interviews for new staff had recently taken place and people were in the process of being offered positions and undergoing all relevant and appropriate checks. During our visits we observed sufficient levels of staffing in place to ensure people were kept safe from harm. Staffing levels were determined by people's needs, and those who required it received support from more than one member of staff. Rotas showed that the right amount of staff were in place to support people in their own homes and this was managed and monitored closely by the management team.

The registered provider had a policy and procedure in place to review and monitor accidents and incidents. Staff were able to describe how they were required to record information about any accidents and incidents that occurred to people using the service. These included such things as slips, trips, falls and medication errors. This showed that staff understood the importance of notifying the registered provider about any accidents and incidents that occurred at the service.

The registered provider confirmed that the landlord completed regular checks in the supported living services to ensure that the premises were safe, these included checks on the fire, electricity and gas systems. We saw that personal evacuation plans were in place for each person describing what support people would require in the event of an emergency.

Requires Improvement

Is the service effective?

Our findings

People told us, "The staff always help me when I need them, if I'm not well they get the doctor for me". Family members confirmed that they were always contacted and updated (if appropriate) when health professionals were involved in their relatives care and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. People in community-based settings, such as supported living require an application to the Court of Protection (CoP) to ensure that any deprivation of their liberty is being done within the law. At the time of the inspection there had been one application for authorisation made to the CoP, however; we saw no evidence that a decision specific mental capacity assessment had been completed prior to the application being made.

Not all of the people who used the service were able to make complex decisions for themselves, such as how to keep themselves safe. However, there was no evidence that any 'decision specific' mental capacity assessments had been undertaken in regards to restrictive interventions such as locked doors, wardrobes or cupboards. In addition, records did not always identify, where relevant others, had been consulted as part of a best interests approach to decision making. This meant that where people were not able to make complex decisions for themselves, records failed to evidence how decisions had been made in people best interests. This was not in line with the registered providers own policy and procedures nor the relevant legislation. The registered provider had recently identified that improvements were required in relation to recording and evidencing decision making in line with the MCA. The locality manager confirmed that records would be reviewed following our visit.

This was a breach of regulation 11 as the registered provider failed to act in accordance with the MCA where people did not have the mental capacity to agree or understand the nature of their care and support. Mental capacity assessments had not been completed as required.

The registered provider enrolled new staff to complete the Care Certificate. This is an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. As part of their induction and following initial training new staff were required to shadow experienced staff. This ensured they were familiar with people's care and support needs and people were not supported by staff they had not previously met. Newer staff members confirmed that they had their competency and skills assessed as part of this process and once they were assessed as competent and confident they were able to work on their own. Following our inspection the registered provider sent us plans of completed training and supervisions for staff. The supervision matrix showed that fifteen out of twenty six staff working in the

supported living services had not received supervision in the last 12 months. Staff confirmed that they had not received regular supervision and training over the previous eight months and that this had now commenced since the appointment of the interim manager. Staff told us that they now felt supported and could speak to the interim manager any time they needed too.

People and their family members told us that they felt staff were competent and knowledgeable in their roles and in the advice and support they provided. Staff completed training in a range of areas including safeguarding, epilepsy awareness, autism awareness, moving and handling and first aid. Staff confirmed that refresher training was provided on an annual basis or when needed and the organisation would arrange their attendance as required. However, training records we looked at for staff working in the service were not kept up-to-date. The registered provider confirmed that, for the Cheshire based services, staff competency assessments, supervisions and training had not been completed in line with their own timescales. The registered provider told us this was being addressed to ensure that all staff had the appropriate training and support required for their roles. Training and competency assessments were up to date and in place for staff working in the Manchester based services.

People who used the service said they were asked for their consent prior to any care tasks being undertaken. Observations and discussions with staff confirmed that they understood the importance of seeking people's consent prior to offering support. It was clear through the practice we observed that staff asked people for their consent before carrying out any activities and understood people's individual communication styles.

Staff identified people who required specialist input from external health care services, such as GP's, district nurses and speech and language therapists. They explained their roles and responsibilities and how they would report any concerns they had about a person's health or wellbeing. We found that appropriate referrals for people were made to other health and social care services and where appropriate staff obtained advice and support. Records of health appointments, including what was discussed and any actions decided were recorded by staff to ensure people received care and support that met their needs. Records showed that staff had taken appropriate advice from health professionals when required.

Staff described how they used language, gestures and visual choices to help people to make their own decisions at mealtimes. People living in the supported living service were given the choice of where they wanted to have their meal and with whom. Staff knew which people using the service were on special diets and those who needed support with eating and drinking. People's specific dietary needs were clearly recorded in their care plans. We noted that changes in need such as difficulty in swallowing food or requiring 'thickeners' in drinks had been identified. We saw that staff had received advice and support from the Speech and Language therapist and where required peoples food and fluid intake had been robustly monitored. This meant that people were protected from the risks of choking, dehydration and malnutrition.

Good

Is the service caring?

Our findings

People told us, "I like living here. I am well looked after and the staff are really nice to me" and "They always come and see if I'm ok. I have my own space, but it's good to spend time with everyone, we get on really well". Family members had mixed views about the service and told us there had been quite a few changes over the last few months, but that things had started to improve. They said, "There have been lots of changes in staff and low motivation. But [our relative] seems quite happy with the support they receive. That's the main thing for us, that they are happy" and "Staff changes have been difficult, they look after [my relative] well, but it's not a long term solution to meeting their needs".

Family members raised concerns relating to the lack of consistent staffing and use of agency staff at the supported living schemes in Cheshire. They told us, "The permanent staff are good, but there has been a lot of agency use which can be difficult knowing [my relatives] needs" and "There has been a lot of changes, but it seems to be settling down now, which is good". The interim manager confirmed that there had been use of regular agency staff to try to maintain consistent familiar faces for people. Discussions confirmed that the registered provider was in the process of recruiting permanent staff to fill the vacant posts.

Observations showed that people were engaging with staff and relaxed in their presence. All the staff approached people in a kindly, non-patronising manner. They were patient with people when they were attending to their needs and were caring and respectful in their approach at all times. For example, we heard staff members laughing and joking with a person, the person was laughing out loud and appeared to be happy with the interactions.

Staff treated people with dignity and respect and talked about the importance of being discreet when assisting people with their personal care needs. People received personal care in the privacy of their own home, bedroom or bathroom with doors closed. Examples such as showing discreet behaviour when asking for private information if other people were in their immediate vicinity were also shared. Staff understood the importance of ensuring people's privacy was respected.

Independence was promoted by staff at all times and clear examples of encouraging people to be independent were described to the inspector. Staff told us how they encouraged people to do as much for themselves as possible including choosing clothing, preparing meals and maintaining their own homes. Staff understood the importance of how to approach different people to achieve the best outcomes with regards to any task undertaken. They described how people required time and patience from staff to enable them to feel 'in control' of what they were doing. This showed that staff had a good understanding of how to promote people's independence in a manner that was meaningful to them.

Family members told us "Staff are always respectful when we visit [our relative]" and "The staff support [our relative] to visit us regularly". Care plans provided information relating to peoples close family members and friends and there was evidence that staff supported people to nurture and maintain relationships.

Where people did not have family members to support them to have a voice, the registered manager had

good knowledge of how to access local advocacy services. Information was readily available for staff to know when and how to access local advocacy services. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People's confidentiality was maintained. The registered provider ensured that people's information was treated confidentially and records were stored securely in line with the Data Protection Act 1998. People's individual care records were stored in a locked office. Staff files and other records were securely locked in cabinets within the office to ensure that they were only accessible to those authorised to view them.

Requires Improvement

Is the service responsive?

Our findings

People and their family members confirmed that they knew how to raise a complaint or concern. They told us, "I would tell the staff or speak to the manager, no problems for me at all". Family members told us, "I have the contact details for the management team and central office. I would not hesitate to speak to them if I had a concern about [my relative]" and, "I spoke to them recently about making sure [my relative] is supported with their daily living skills. I feel that there has been an improvement since I spoke with the manager, it was more an observation than a complaint".

The registered provider had a process in place for the management and review of complaints. Records showed that any complaints or concerns received since our last inspection had been recorded in line with the registered providers policy and procedure. However, records did not demonstrate what actions had been taken when a complaint had been investigated, resolved and closed. We raised this with the registered provider who confirmed that they would ensure this was documented in the future.

Prior to any support being delivered an initial assessment of need was completed with each person and/or their relevant others. This information was used to form the basis of a care plan for staff to follow in order to deliver the support a person required. Information gathered included people's specific health care needs, mobility support and day to day support requirements.

Through discussions with staff it was clear that they were able to describe in good detail people's character, routines, personal preferences, health and support needs. Care plans covered people's identified needs such as personal care, managing medicines and support with distressed behaviour. The plans instructed staff on how best to meet people's needs in ways which would enable people to be as independent as possible.

However, care plans for some people lacked a person centred approach, for example they focused more on task orientated care and contained limited information about the person's wishes and preferences with regards to how their care and support was provided.

Staff had introduced creative approaches to supporting people with their preferred method of communication. Some people had been supported to obtain technology to enhance their communication such as IPads. However, care plans in place regarding communication provided limited information for staff regarding how best to communicate with people who did not use the spoken word. Records did not contain any information regarding signs, gestures, noises or facial expressions that people used on a regular basis to identify what they wanted or needed. This meant that there was a risk that staff less familiar with the person would not know how to specifically meet a person's needs or personal preferences when providing care and support. We raised this with the registered provider who confirmed that they would review care documentation following our inspection, with a view of making them more detailed and person centred.

We recommend that the registered provider ensures that comprehensive, personalised records are held in respect of each person supported.

Family members of people living in the supported living services confirmed that they had started to be involved in the planning and review of care and support, but his had not always been the approach undertaken by the registered provider. Records demonstrated that people's care plans were reviewed as a minimum every six months. Reviews were completed by a multidisciplinary team of people and included the person and/or their relevant others (where appropriate), the registered manager or interim manager, healthcare professionals involved in the person's support and support staff. The registered manager explained in the event of a person's needs changing prior to this review the care plan documents could be updated at any time to meet the needs of individuals.

People were supported to maintain a range of individual interests and activities, according to their personal preferences and individual support package. People told us and records showed that they enjoyed swimming, cycling, meeting up with their friends and going for shopping. Care plans identified individual preferences, interests and routines and when people required support which enabled staff to provide a personalised service.

Requires Improvement

Is the service well-led?

Our findings

The service previously had two registered managers in post and they had been there since June 2016. We were informed prior to our visit that the registered manager overseeing the Cheshire services had left the service in September 2016. An interim manager had been appointed and he was in the process of reviewing all documentation and support provided at the supported living services.

Family members raised concerns about the changes in staffing and management that had occurred over the last 12 months. They told us, "It has made things tricky to say the least" and "We haven't really been kept up to date with what is happening, but at least now we know who we can ring and he has been responsive to our questions and calls" and "There has been three managers in such a short space of time, it's very inconsistent and the staff morale has been really low at times, even we have noticed it". People told us that they now knew who the management team comprised of. Family members told us, "[Name] is great, they are a fantastic manager and they are on the ball with everything" and "[Name] seems very approachable. They are still quite new but we at least know who to contact now".

The registered provider had a number of quality assurance audits in place to assess and monitor the quality of the service provided. The registered manager, locality manager and other named leads within the organisation were responsible for completing audits in relation to accidents and incidents, health and safety, medication, care plans and risk assessments. We noted that some areas of concern we had raised with regards to care planning and mental capacity act records had already been identified as areas of improvement. However, concerns we raised regarding, PRN care plans, communication care plans and complaint responses had not always been identified or addressed in a timely manner through the registered providers quality assurance processes. We discussed this with the registered provider during the inspection.

Prior to the inspection, we reviewed the statutory notifications that the registered provider had submitted to the CQC. Notifications enable CQC to monitor any events that affect the health, safety and welfare of people who used the service. We found that we had not been notified about one significant safeguarding incident that had occurred at the service. Through discussions and a review of records we found that appropriate actions had been taken to notify the local authority safeguarding team. However, the registered provider's quality assurance systems had failed to identify that CQC had not been notified as required. The appropriate notification has been submitted to CQC since our visit.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the provider did not effectively use systems and processes to assess, monitor and improve the quality and safety of care.

Staff members spoke positively about the recent management changes and commented that for the first time in a long time they felt supported in their work. Staff were familiar with the registered providers whistle blowing policy and told us that they would be confident in reporting any concerns they had about the service. During our visit it was clear that the registered manager, interim manager and locality manager were working hard to re-establish a culture that promoted openness, honesty and transparency. Staff confirmed

that team meetings were now being held to discuss the service and also to ensure that important information was regularly shared on a day to day basis.

The registered provider had a comprehensive set of policies and procedures for the service. The registered manager informed us that they were reviewed and adapted to reflect the service and records confirmed this. Policies were made available to staff in order to assist them to follow legislation and best practice and they ensured that staff had access to up to date information and guidance. Policy folders were made available in the central office for ease of access and specific policies were discussed via the team meeting for staff awareness and use.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider failed to act in accordance with the Mental Capacity Act (2005).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not effectively use systems and processes to assess, monitor and improve the quality and safety of care.