

Leonard Cheshire Disability

The Regent

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This inspection took place on 7 and 9 February 2018 and was announced. We announced the inspection because the service is a supported living service and we needed to be sure there would be staff in the office when we called. A previous inspection in August and September 2017 had found multiple breaches of regulations and rated the services as inadequate overall and placed it in special measures. As the service was in special measures we returned within six months to check improvements had been made. At this inspection we looked at the areas of concern previously found at the service. We did not look in detail at areas where we had previously found the service to be compliant with regulations.

At the last inspection in August and September 2017 we asked the provider to take action to make improvements with regard to managing safeguarding, staff training, staff supervisions and appraisals, supporting people with their finances and medicines, completing assessments of people's capacity under the MCA, improving risk assessments, improving care planning, dignity and respect and improving audits and checks on the service. The provider sent us an action plan of the improvements they were intending to make to the service. At this inspection we found the provider and staff team had worked hard since the inspection in 2017. We found actions had been taken and, although further improvements were still required in some areas, the service was no longer inadequate or in special measures.

The Regent provides care and support to people living in a 'supported living' setting, 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.

At the time of the inspection there were nine people being supported by The Regent. Each person lived in their own flat within a single and larger complex of flats. Staff visited people in their own flats to assist them with personal care needs or to support them to access the local community.

At the time of the inspection there was a registered manager registered for the service, however they were absent from the service on a long term basis. The deputy manager had been overseeing the service in the interim, with support from senior managers in the provider's organisation. On both days of the inspection the deputy manager was away on sick leave. 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.

We found Improvements had been made to the way the service dealt with safeguarding issues. Any safeguarding concerns had been reported to the local authority and notifications had been sent to the CQC, as providers are legally required to do. Staff had received additional training with regard safeguarding vulnerable adults and were able to describe the action they would take if they had any concerns.

Risk assessments with regards to people's care had been reviewed and updated. We found some of these assessments still lacked detail or did not cover other important aspects of care.

People were now supported to manage their finances as independently as possible. They had ready access to their money, which was now kept securely in their own flat, rather than in the service office. Regular checks were made on people's money to ensure it was safe and any discrepancies were reported to senior managers for further investigation. The provider had developed a new policy to support people to manage their own finances, where possible.

People's medicines were now kept securely in their own flats, rather than in the services main office. Management of medicines had improved, particularly around the use of topical medicines, such as creams and lotions. Where people took 'as required' medicines there were now plans in place to support this.

People's capacity to make their own decisions had been assessed and they had consented to the delivery of support. Where people had been identified as not always having capacity then best interests decisions meetings had been arranged. Staff had a better understanding of the requirements of the MCA and the assumption that people had the capacity to make their own decisions, although were still unsure at times when best interests decisions would take place.

Staff training had been completed in a number of key areas and there was ongoing training planned. Since the previous inspection all staff had been subject to an annual appraisal or completed a supervision sessions with a manager.

People and relatives were positive about the care and support they received from staff. Staff were determined to use changes in the service to better support people and increase their independence.

People had been more involved in developing their care plans and had signed documentation to say they were in agreement with the plans. A meeting for all people who used the service and their relatives had recently been held, to update them and involve them in the running of the service. A further meeting was set to take place in the near future.

People's care and support records were in the process of being reviewed, although not all had been completed. Whilst there had been improvements, we found they did not always reflect the needs identified through local authority reviews. Where care plans had been reviewed changes had been noted in the review section. However, these changes were not always reflected in the main support plan document.

People had 'Hospital Passports' maintained in their care folders. These had been updated and reviewed and contained good information for health staff, should a person need urgent health care.

Following the previous inspection the provider had arranged for additional management support to be made available for the service. At the time of this inspection the service was being supported on a regular basis by the regional manager and two registered managers from other services. People and staff were positive about the management support provided.

A number of checks and audits were undertaken on the service, although these did not always contain action plans and timescales for actions to be completed. It was not always clear who was overseeing checks carried out by the registered manager or deputy manager, to ensure tasks were completed.

Following the last inspection the provider had produced a detailed action plan designed to improve the

service. A number of these points had now been completed, although around a third of actions were still deemed to be in progress.

The views of people, staff and local health and social care professionals were that the service had made improvements since the previous inspection and staff were offering good support to individuals who used the service.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to Person-centred care, Safe care and treatment and Good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

Some risk assessments were not detailed or other areas of risk had not been considered. Safeguarding issues had been recorded and reported appropriately and staff had received additional training in this area.

People were supported to manage their own finances as independently as possible. The provider had updated their policy on supporting people with their finances.

The management of medicines had been improved and staff had received updating training with regard to this. People were encouraged to manage their own medicines as much as possible.

Requires Improvement ●

Is the service effective?

Not all aspects of the service were effective.

Staff had received additional training around key areas, although there were still some areas to training that needed to be completed. All staff had received either individual supervisions or an annual appraisal.

People's capacity to make decisions had been fully assessed and where necessary, consent forms signed by them to say they agreed to care delivery. Staff had a better understanding of the MCA, although were less sure about the requirements of best interests decisions.

People and staff were positive about the change in the ethos of the service to support people to improve their independence.

Requires Improvement ●

Is the service caring?

The service was caring.

People and relatives told us they were happy with the care and support staff provided. Staff were positive about encouraging people to be as independent as possible and to make their own

Good ●

decisions.

People had been encouraged to be actively involved in their care and had signed documents to say they were in agreement with support plans. An open meeting had taken place between the provider and people who used the service and their relatives. People told us they were able to express their views about the service.

Is the service responsive?

Not all aspects of the service were responsive.

Care plans had been reviewed, although did not always contain sufficient detail on how staff were to support people. Care plans did not always align with the care needs identified through local authority reviews. The provider was meeting with the local authority to develop a more joint approach to care.

People's 'Hospital Passports' had been reviewed and update and contained good information.

People and relatives told us the service was responsive to their needs.

Requires Improvement ●

Is the service well-led?

Not all aspects of the service were responsive.

A range of audits and checks had been undertaken. It was not always possible to identify actions from these checks and ensure that the necessary changes had been made.

A range of interim management had been provided to the service to help develop improvements. The service was making good progress against an action plan they had developed following the previous inspection.

People and staff were positive about the changes made at the service and said the care people received was more appropriate. Staff felt better supported by management and could raise any issues or concerns.

Requires Improvement ●

The Regent

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.

The Regent provides care and support to people living in a 'supported living' setting, 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection took place on 7 and 9 February 2018. The inspection was announced. We gave the service 24 hours' notice of the inspection visit because it is small and staff are often out of the office supporting people or providing care. We needed to be sure that they would be in. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local authority contracts team, the local authority safeguarding adults team and local health service staff. We used their comments to support our planning of the inspection.

Not everyone who was supported by the service was able to fully convey their views verbally. We visited or spoke with three people who used the service and spoke with two relatives, who were visiting the service at the time of the inspection. Additionally, we spoke with the regional manager, two registered managers from other services who were supporting The Regent on an interim basis, a team leader and a support worker. Prior to the inspection we had contact with four health and social care professionals to gather their views on

the service and any improvements made.

Because of the nature of the service we were unable to directly observe care and support offered to people. We looked at a range of documents including four care records for people who used the service, four medicine administration records, staff training and supervision records, and a range of audits and other management and meeting records.

Is the service safe?

Our findings

At our previous inspection in August and September 2017 we rated this domain as 'Inadequate.' At this inspection we found the provider had made some improvements in the delivery of care but was not meeting all aspects of the regulations for this domain.

At the previous inspection we had found risk assessments related to people's care and support, particularly in relation to when they were supported out in the community had not always been detailed or reviewed. At this inspection we found the majority of risk assessments had been reviewed and updated. Many contained details of actions staff should take when dealing with any matter of concern that would keep both the person and staff safe. Care records also contained 'narrative' approaches, which informed staff of the phrases and actions they were to use when dealing with such matters, both in people's homes and in the community. Care records also contained details of common responses people may display, listed as 'green', 'amber' and 'red' behaviours. These documents contained suggested actions and approaches staff should follow if people were reacting in this way. The document also contained 'blue' behaviours and responses detailed how staff should act following any potentially challenging incident.

However, we found some risk assessments did not always contain a clear list of actions for staff to follow. For example, one person had ongoing health problems. Their care plans stated staff should undertake a risk assessment prior to any trips out to ensure they were fit and well to go out. However, there was no indication as to what this risk assessment should cover. For the same person a review undertaken in January 2018 stated staff should take glucose gel, biscuits and Lucozade with them in case the individual's blood sugar dropped. This information had not been included in the main care plan and there was no risk assessment linked to this, although staff were aware of the issue.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12. Safe care and treatment.

We spoke with one of the overseeing managers about this. They agreed to further review risk assessments and risk documentation to ensure there was clear guidance for staff.

At the previous inspection we found safeguarding concerns were not always being reported appropriately. We also found staff training with regard to safeguarding vulnerable adults was out of date and staff were not confident in recognising and reporting matters of concern. At this inspection we found safeguarding matters were now being reported and were able to cross reference these with notifications of safeguardings sent to the CQC. Managers at the service were able to demonstrate the majority of staff had now completed appropriate safeguarding training. When we spoke with staff they were able to describe the sorts of concerns that may trigger a safeguarding referral and were clear and confident about reporting such matters. One professional told us, "I have had good communication with the management over the last few years and I do think they get in touch when it's warranted."

We noted some people being supported by the service occasionally undertook minor acts of self-harm, due

to on-going mental health issues. It was not always clear from records maintained at the service that these issues had been immediately reported to the individual's social worker or health professional. Local authority workers we spoke with told us the home was better at reporting such incidents, although they were not entirely confident such matters were always flagged up in a timely manner. One professional told us, "They still need to get better at reporting things and using the single point of access." The regional manager told us all actions would be fully recorded on the service electronic incident management system, including if and when professionals were informed.

Prior to the inspection we noted there had been one breach of confidentiality when information about a person using the service had been left on public answerphone in error. Staff had mistakenly believed they were leaving a message for a social care professional. We noted this had been dealt with appropriately and the Information Commissioner advised of this data breach.

At our inspection in August and September 2017 we found that, although people had capacity to deal with many aspects of their lives, they were not supported to be in day to day control of their finances. People's monies had been kept in locked boxes in the service office, meaning they did not have immediate access to it and were not able to manage it as they wished. At this inspection we found money boxes for all people using the service had been relocated to locked cabinets in their own flats. Keys to access the cabinets and boxes were also kept in people's flats, so they could deal with their finances as they wished. One person had chosen to have the key retained by staff in the service office. This was recorded in the person's care plans and was confirmed by the person themselves. Staff told us people felt more in control of their lives now they had ready access to their money. They told us it had helped make people more independent. One person told us, "I finally feel I've got a bit on control with my money, which is what I always wanted. I love control." We noted one person was supported by staff to withdraw money from a cash machine. This involved staff prompting the individual with their PIN number. Whilst a receipt for any withdrawal was always kept, the system to ensure this process was carried out safely, protecting both the individual and staff, was not clearly recorded. One of the overseeing managers agreed the protocol needed to be clearer and said they would address it.

Weekly checks were undertaken on the cash boxes held in people's flats to ensure the amounts tallied with any spending or withdrawals from the bank. At the previous inspection we found this process was not always robust and it was not clear when any discrepancies would be reported. At this inspection we found systems had been reviewed and any discrepancy noted during this checking process would be reported to a manager.

Following the inspection in August and September 2017 we had issued an urgent notice imposing a condition requiring the provider to review their policy on self-management of finances, incorporating the requirements of the Mental Capacity Act 2005. Prior to the inspection the provider had forwarded us a copy of their revised policy.

At our inspection in August and September 2017 we found people's medicines administration records (MARs) had not always been completed accurately and the recording of topical medicines was not always clear. Topical medicines are those applied to the skin such as creams or lotions. We had also noted some people were prescribed 'as required' medicines. 'As required' medicines are those given only when needed, such as for pain relief. The National Institute for Health and Care Excellence (NICE) suggests where people are receiving 'as required' medicines there should be a care plan in place to support this. We had found this guidance was not always being followed.

At this inspection we found the management of medicines had improved. People's medicines were now

stored in a locked cupboard in their own flat, with a key available to each individual. One person had chosen to have their key stored in the services main office. People were being encouraged to manage their own medicines, although most people needed assistance or prompting to do this. Staff were able to describe how they supported people and also how they encouraged them to be as independent as possible. However, support plans around this practice were not always specific about the type of individual support people needed; such as, whether they could take their own medicines out of the packaging or whether staff were required to do this. MARS we examined did not contain any significant gaps in signatures and cream and lotions were regularly recorded, including the use a body map diagram to indicate where each cream should be used. 'As required' medicines had plans in place detailing when they should be used, although there was not a standard format for these plans.

Staff had received additional training with regard to the safe handling of medicines and had had their competency assessed through direct observation. Daily and weekly audits were carried on to ensure medicines were managed appropriately. Whilst we saw minor issues were highlighted by this audit it was not always clear actions had been taken to address the matter.

Relatives we spoke with told us they felt their relations were safe being supported by the service. They told us they felt the changes made, including the keeping of medicines and monies in the individual flats, had been a positive move. One person told us they felt staff were good at recognising issues and took steps to keep them safe.

Is the service effective?

Our findings

At our previous inspection in August and September 2017 we rated this domain as 'Inadequate.' At this inspection we found the provider had made some improvements in the delivery of care but was not meeting all aspects of the regulations for this domain.

We spoke with the regional manager about the service and the support it could offer people. The regional manager told us that following the previous inspection they had found appropriate assessments of need had not always been undertaken prior to people being supported by the service. This had led to the service not being adequately prepared to meet their needs. The regional manager told us they were working with the local authority to review people's need and ensure The Regent was the most appropriate placement for them.

At the inspection in August and September 2017 we had found staff training had not always been up to date or that training appropriate to the type of care and support had not been provided. Following the inspection we had issued an urgent notice imposing a condition requiring the provider to source a range of training, including face to face training that would provide staff with the skills required to effectively support people. In particular, we required the provider to ensure training was delivered with regard to: challenging behaviour, The Mental Capacity Act, care planning and risk assessments, mental health and self-harm and safeguarding vulnerable adults.

At this inspection we found the provider had complied with this condition and a range of training had been sourced, although not all elements had yet been delivered to staff. In addition, staff had also been supported to complete and update their training with regard to the provider's own mandatory training areas. Mandatory training is the training and updates the provider deems necessary to support people safely. We saw there had been good completion levels for areas such as behaviour support, decisions making and capacity, health and safety and introduction to safer medicines. There was lower take up of courses related to communication, fire safety and manual handling.

Staff we spoke with told us they had completed a range of training but still had some to conclude. They said following this training they felt more confident about dealing with people who used the service, particularly when they displayed behaviour that may challenge.

At the previous inspection we had found staff had not received regular supervision or regular annual appraisals. Supervision is a process whereby staff and managers have specific time to discuss matters that are important to care delivery, including any concerns the staff member may have or any other issues they wished to discuss. At this inspection we found all staff had received either at least one supervision session or an annual appraisal since the last inspection. We found the notes from these meetings were detailed and covered a range of issues. Staff we spoke with confirmed they had received supervisions and told us they could raise issues in these meetings if they wished.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At the previous inspection we found the service was not working within the requirements of the MCA. In particular we found little consideration had been given to ensuring actions were not restrictive and we noted best interests decisions had been taken with regard to care and support when people had capacity to make their own decisions.

At this inspection we found the provider had contacted people's social workers or care managers and requested capacity assessments be undertaken with regard to a range of areas including; delivery of care and support, dealing with finances and dealing with medicines. We noted in all but one instance people had been deemed to have capacity to make decisions about the support they received. Where this was the case people had signed a consent form to say they agreed to a range of matters including sharing information with other professionals and allowing care staff to support them with medicines, as necessary. Whilst some elements of the agreement were detailed the document signed was an overarching consent form, rather than specific to each individual area. We spoke with the managers about this and discussed how more specific consent could be obtained in the future.

One person had been assessed as not having capacity to always make decisions about their care, in particular about sharing information or dealing with finances and medicines. The managers told us they had spoken to the person's social worker about obtaining appropriate authorities through the Court of Protection. They said they had also requested a meeting to undertake best interests decisions related to the person's care.

At the inspection in August and September 2017 we had found staff did not always have a clear understanding of the MCA and the principles of the Act. At this inspection staff told us they had received training with regard to the MCA. They were able to talk about assuming people had capacity to make decisions and the right of people to make unwise decisions, although they also had regard for safeguarding issues when supporting people to make decisions about their care. Staff were aware, but less sure, about best interests decisions process and when this would be applied. We spoke with the managers about this and suggested this was an area for refresher training in the future.

The managers spoke about the need to change the ethos of the service. They agreed that previously the service had not been operating as a true supported living provision and had operated more along the lines of a residential care service. Staff we spoke with felt the recent changes and the move to increase people's autonomy had been good for the people they supported. One staff member described how one person now went to the bank to withdraw money and then went on to do shopping for the week. They told us, "They like doing that; going to the bank and then doing the shopping. It's like how people normally would do things." One person told us, "It's far better now. It used to be a bit motherly and nagging. I don't deal with nagging – I'm quite stubborn."

Is the service caring?

Our findings

At our previous inspection in August and September 2017 we rated this domain as 'Requires Improvement.' At this inspection we found the provider had made improvements in the delivery of care and was now meeting all aspects of the regulations for this domain.

At the inspection in August and September 2017 we had found the managers' response to people's plans for paid employment to be dismissive and did not support their autonomy or treat them with dignity and respect. We were unable to speak with the registered manager or deputy manager at this inspection as both were away from the service on the days we were inspecting.

Staff we spoke with on the day were very positive about the service going forward, had good regard for people's dignity and respect and were highly supportive of people being as autonomous as possible. They told us that although they had been upset by the most recent inspection report they felt it was an opportunity for change and to help people become more independent. They talked about how they wanted further support people to get out into the community and be less isolated. They spoke about planned changes to duty rotas and that this would afford them more time to provide focussed support to each individual person in the service, rather than scattering their time across the day.

The regional manager showed us new staff rotas she was introducing in the coming weeks. The rotas planned in dedicated time for staff to support people in longer sessions. This would allow staff to support people in a more appropriate manner and allow them time to get out into the community. One person told us that because of holidays and staff sickness it had been more difficult to get out recently or spend positive time with staff. They told us they were aware of the planned changes and were positive this would help them plan their week better, get out more and allow staff to spend more productive time with them.

Not all the people we visited were able to speak in detail with us, although most seemed positive about the service and the support they received. We asked one person we visited if they liked living at The Regent and whether staff were helpful. They smiled broadly, said, "Yes" and gave us the 'thumbs up' sign. Another person told us, "They are brilliant staff. I couldn't ever find better" and "I love it. It's the best place for me." Relatives we spoke with told us they felt the care and support people received was good. Comments from relatives included, "Staff are doing the most they can. They are very good staff" and "Staff have a good relationship with them. I'm quite happy with the care they are getting."

Professionals we contacted were also complimentary about the service. They told us people living at the service often had complex care needs which the staff were working hard to support. Comments from professionals included, "I think the staff at the service have been doing a sterling job"; "I feel the service has made significant improvements from where they were. They are more on the ball. They recognise that the service had evolved into something that it was not meant to be" and "They do put people first and try to make a difference. I feel the staff genuinely care about the people they support."

At the inspection in August and September 2017 we had found people were not always actively involved in

their care or in decision making. At this inspection we saw changes had been made to improve the situation. Following the last inspection the provider had held an open meeting for people who used the service and their relatives to discuss the inspection report and talk about the changes they intended to make. People and relatives told us they had attended this meeting and found managers open and honest and willing to listen to any concerns or questions they had. One person told us they felt communication could still be improved, both for the people using the service and the staff.

In regard to care delivery and support, people who had been assessed as having capacity to make decisions had signed form in their care plans to confirm they had been part of the planning process and were happy with the support plans that had been developed. One person told us, "They listen to what I need."

Is the service responsive?

Our findings

At our previous inspection in August and September 2017 we rated this domain as 'Requires Improvement.' At this inspection we found the provider had made improvements in the delivery of care but was still not meeting all aspects of the regulations for this domain.

At the previous inspection we found people's support records were out and did not accurately reflect the care they were receiving. Two of the people being supported had chosen not to have support plans, but this meant there was no information available to staff to show how they should be assisting people and no information with regard to any risks associated with the support being offered. The registered manager at the time showed limited understanding of the need to have up to date information for the staff to follow.

At this inspection we found all the people being supported by the service had plans in place but only four plans out of nine had been reviewed and updated. One of the supporting managers told us progress had been slower because they needed to involve the local authority in reviews and because they were using it as a training exercise to demonstrate to local staff about the development of care plans.

Care plans we looked at still did not fully reflect the identified needs of people supported by the service. The format followed by the service was more in keeping with a residential setting, rather than a supported living service. Care plan areas covered generic areas such as; communication, mobility and cognition. There were care plans for 'physical and emotional health and wellbeing' and a separate care plans for 'emotional health and wellbeing', meaning information was often duplicated.

We looked at the reviews of care undertaken by local authority staff to see how the service support linked to these. The regional manager explained some people had not had a local authority review for a number of years and they were working with the local service to ensure reviews were properly updated. Where people did have local authority service care reviews the care plans did not always directly reflect the areas highlighted in these plans; although we noted the local authority plans themselves often lacked detail and did not encompass how other services may also support staff at The Regent or clearly identify which professional organisation would take the lead in developing support in key areas.

Some care plans did reflect personal needs and preferences, such as 'morning routine' and 'evening routine.' Not all care plans contained clear detail for staff to follow. For example, one person's care plan around social activities stated, 'I would like choice and help to do new activities', and stated staff should, 'Offer lots of activities.' However, there was no clear guidance about what activities the individual may like or wished to try or any restrictions that may apply to suitable activities.

There was evidence of care plans being reviewed and note made of any changes. However, these changes had not been then incorporated into a revised main care plans, meaning the main plan did not immediately reflect the persons needs or requirements. For example, we noted on person had moved to using a wheelchair rather than a stick due to mobility issues. Whilst the review stated, 'No longer uses a stick', this information had not been transferred onto the main plan. Another person's review stated it had been found

helpful to give them small lists to tick off actions as part of their routine for looking after their flat. This had not been incorporated into their main plan. Medicine care plans indicated staff should support people but did not always clearly state if people were able or should be encouraged to take the medicines out of packaging themselves or whether staff were required to do this.

This meant that whilst care plans had been reviewed and some updating had taken place the plans did not always specifically match the reviewed needs or were not in line with a supported living service encouraging people to manage their own lives as much as possible.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 9. Person-centred Care.

At the previous inspection we had also noted people were not always encouraged to positively achieve goals. At this inspection we saw people had goals within their care plans. However, we noted many of these goals would require input or support from outside agencies as well as staff from The Regent. It was not clear in local authority review documents whether this support was being provided or who would take the lead on such matters.

We spoke to the managers about the care plans for people using the service. They agreed the format currently being used was not appropriate for a supported living type service. They showed us a different format, more suitable to a community based service, and told us they were looking at using this revised format in the future. They also agreed changes identified in reviews should be incorporated into the main care plans. One of the managers told us that between the two days of the inspection she had taken time to update some of the plans to ensure changes were now incorporated in the main care planning. The regional manager told us the provider was meeting with the local authority and was looking to work more closely with them to achieve a joint approach to care and ensure there was a clear understanding of what the service could achieve in the contracted hours and what additional support would be required to extend and develop this support.

At the inspection in August and September 2017 we found people's 'Hospital Passports' did not always contain sufficient detail, particularly around preferences, needs and behaviours. 'Hospital Passports' are documents endorsed by the Department of Health and Social Care and NHS England. They contain important information about a person to assist health staff should an individual be admitted to hospital in an emergency. They should contain information not only about people's health needs but their communication needs and personal preferences. At this inspection we found these documents had been updated and contained a good range of information.

People and relatives we spoke with told us they felt the service was responsive and flexible to needs. One relative told us, "They are very set in their ways. They have their limits. But staff seem to understand that and work around it." One professional told us, "A lot of other 'specialist' LD providers would not support the service users at The Regent, or at least not without the request for additional hours. I have found them quite flexible and creative." A health professional told us how pleased they were with the approach of care staff at the service in assisting one person, even though they were not trained nursing staff.

Is the service well-led?

Our findings

At our previous inspection in August and September 2017 we rated this domain as 'Inadequate.' At this inspection we found the provider had made some improvements in the delivery of care but was not meeting all aspects of the regulations for this domain.

At the time of the inspection there was a registered manager registered for the service, however they were absent from the service on a long term basis. The deputy manager had been overseeing the service in the interim, with support from senior managers in the provider's organisation. On both days of the inspection the deputy manager was away from the service due to illness. We were supported on the inspection by the regional manager for the service and two registered managers from other services managed by the provider.

The regional manager confirmed the deputy manager had been in day to day charge of the service since around the New Year. They told us that since the inspection in August and September 2017 they had been at the service for approximately two days per week. Additionally, a registered manager from a local nursing home service had maintained regular contact and offered support to the service. Since early January a second registered manager from a service in Sheffield had been spending days at the service when they were not overseeing their own service. They said this registered manager had been brought in to support the service as their background was in learning disability and autism.

At the previous inspection we had found checks and audits process undertaken both internally to the service and through the provider's wider quality assurance framework had not been robustly applied. Where audits had been undertaken then it was not always clear action had been taken to address any deficits.

At this inspection we found a range of audits had continued to be undertaken both internally and externally. With regards to the safe handling of medicines we found there were daily, weekly and monthly audits undertaken. Staff checked the MARs for any missing signatures or other concerns. Whilst they made a note of these they were not always specifically described and it was not always possible to see how and when the error was rectified. Weekly and monthly audits also identified occasional missing signatures but did not identify actions to be completed or timescales.

The registered manager and deputy manager had completed 'Manager's Service Health Checks' on a monthly basis. As part of this audit outstanding actions from the previous check were highlighted. We noted the same items reoccurred and were noted to be still outstanding. There was no indication of an action to address these outstanding matters. We asked one of the visiting managers who would have oversight of these checks, to ensure the manager or deputy manager carried out required actions. They told us that at the current time they would do this for the deputy manager but was unclear how this process would be managed on an ongoing basis. We again noted there was no clear action plan following these checks to ensure matters were addressed.

We spoke further to one of the visiting managers. They agreed there should be action plans linked to the

audits process and could not explain why these were not in place. They showed us similar documents from their own service which included an action plan to be followed up and checked.

This meant audit continued to lack robustness and oversight systems were not fully embedded in the running of the service.

This was breach of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17. Good Governance.

Staff we spoke to during the inspection told us they felt support had improved over recent months and said they could approach any of the managers who were working into the service if they had any issues. They were particularly complimentary about the deputy manager, who they said had worked extremely hard to support changes to the service. One staff member told us, "[Deputy manager] is really good. She is so switched on to all of us. She takes on board how we and the service users all feel." One of the people who used the service was also supportive of the work the deputy manager had undertaken since the last inspection. They told us, "[Deputy manager] is amazing; just brilliant. I'm not fond of management, but [deputy manager] is doing a damn good job." A health care professional told us, "[Name] the deputy manager is working very hard and has been really good with organising care and training." Another social care professional told us they felt the service had significantly improved from where it had been. They told us, "The regional manager has had direct oversight and other local managers have been supporting. They have made changes regarding governance and auditing. They are more on the ball."

Following the previous inspection the provider had produced a detailed action plan that they were following to ensure all aspects change to the service were being addressed. At the time of the inspection 14 of the original 38 action points were still outstanding and in progress. We spent time with one of the visiting managers going through those actions points they had highlighted as complete, to ensure there was evidence appropriate action had been taken.

We spoke with the regional manager about the changes to the service. They told us they felt the service was making progress and that they were addressing the concerns point by point. They agreed the service had evolved in a way the provider had not intended it to. They said that along with the practical changes there was a need to change the culture of the organisation to bring it back to a supported living service. They said this needed to be achieved in conjunction with the local authority. They said lessons had been learned from the previous inspection and were being implemented wider through the provider organisation. She said lessons had been learned about the provider's own quality audit process. She told us other services with her region were also being reviewed in light of the findings at the last inspection to ensure any necessary actions were carried out or changes made.

Staff told us there had been one staff meeting since the previous inspection. We saw a range of issues had been discussed including the recent inspection. Staff were reassured action would be taken to address the issues. Other issues covered were the need to address training, the changing of the rota to better meet the needs of people using the services and the need for staff to actively involve people in their own care, promoting independence and confidence.

Staff we spoke with remained hopeful and positive about the service and saw the current situation as an opportunity to improve care and make a better life for people using the service. They told us they still enjoyed their job. Comments included, "Every day is different here. I'm not going to say I love coming to work, but I enjoy my job"; "The best thing is making people happy. I think we do make a difference"; "I welcome the changes, but want them all to be happy. This will be far better and much more rewarding for

them" and "I do like my job. It's the best job I've ever had. I get time to chat to people and make really good relationships."

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 9 HSCA RA Regulations 2014 Person-centred care Care and treatment provided did not always meet people's need or reflect their preferences. Regulation 9 (1)(b)(c)(2)(3)(b).
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not in place to ensure care and treatment was provided in a safe manner and actions had not been taken to ensure all risks were effectively mitigated and managed. Regulation 12(1)(2)(a)(b).
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not effectively in place to ensure there were process to assess, monitor and improve the quality and safety of the service provided and mitigate risks to the welfare of service users and others. Regulation 17 (1)(2)(a)(b).