

The Regard Partnership Limited

The Regard Partnership Limited - London Region Office

Inspection report

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28 June 2016
15 July 2016

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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

The inspection took place on the 22 & 28 June and 15 July 2016. Our first visit was unannounced. At our last inspection in October 2013 the provider met the regulations we inspected.

The Regard Partnership Limited - London Region Office is registered to provide personal care and support to people living in their own homes and in supported living premises. The people using the service may have learning or physical disabilities, mental health needs or acquired brain injuries. The service supports some people on a 24 hour basis and others at designated times during the day and night.

The service had three registered managers in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us they felt safe and that care staff treated them with dignity and respect. They were happy with the support provided which met their individual needs.

The service empowered people to take control of their care and support and make decisions about how the service was run. People were supported to plan and achieve their personal goals including building their independent living skills. Staff said, and we saw that, the services were focused on putting people in control of their care.

People were supported by sufficient numbers of staff who were trained and well supported in their job roles. Staff members had been safely recruited, had access to regular training and supervision and felt well supported by the management team. The staff said they felt valued by the organisation.

Medicines were administered in a safe way. Staff received training and a competency framework was in place to make sure they understood and followed safe procedures for administering medicines.

Staff had received training in the Mental Capacity Act (MCA) and understood the importance of gaining people's consent before assisting them.

People were actively involved in the running of the service with their opinions sought through regular reviews and meetings with their keyworker, house meetings and surveys. We saw their views were used to make positive changes to the service.

People felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues. Staff also said they felt comfortable in raising any concerns should they have any.

A range of audits and checks were undertaken by senior staff and the registered managers to help ensure the service worked to a consistently high standard and to drive further improvement where necessary.

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. There were enough staff available to meet people's support needs.

Staff completed training in safeguarding adults and knew how to recognise and report suspected abuse.

Any risks to individual safety and welfare were identified and managed to help keep them and others safe.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Staff received training and support to help them carry out their job role effectively. They had the opportunity to reflect on their practice and development needs during regular supervision with their line manager

Is the service caring?

Good ●

The service was caring.

Staff understood and respected they were supporting people within their own homes. People we spoke with were happy with the care they received and felt staff respected their privacy and dignity.

Relationships between care staff and people using the service were positive.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that met and responded to their individual needs.

People had information about how to complain and felt able to raise any issues of concern with the staff.

Is the service well-led?

Good ●

The service was well-led.

Senior staff provided strong leadership and were supportive and approachable.

Staff were well supported and motivated to provide good quality care.

The service carried out regular audits to monitor the quality of the service and drive improvement.

The Regard Partnership Limited - London Region Office

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.

Prior to our inspection we reviewed the information we held about the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also reviewed any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

The inspection took place on the 22 & 28 June and 15 July 2016. Our first visit was unannounced. This inspection was undertaken by one inspector.

We spent the first two days at the office of the care service. We met with a registered manager and two other staff members. We looked at records held in the office relating to people's support and the day to day running of the service. These included support plans, risk assessments, policy and procedures, recruitment records and quality assurance audits.

On the third day of the inspection we visited three people in their homes and spoke to them about the service and the care they received. We were also able to speak to six members of staff and observe some of the support being provided.

Is the service safe?

Our findings

People using the service told us they felt safe being supported by staff who knew their needs well. One person said, "Yes I feel safe here." Another person told us, "Staff support me with my personal care and other things, I like living here."

We saw there were sufficient numbers of staff available to keep people safe and that staffing levels were determined by people's needs. For example, a senior staff member in one service showed us how staffing numbers were calculated according to the support needs of the people living there. Staff spoken to said there were enough staff on duty to meet people's needs. One staff member said, "We plan around people's needs." Another staff member said, "I feel that they are getting the support they need."

People using the service told us that staff were kind and treated them well. One person said, "Yeah, they're nice." Another person commented, "They are very nice staff, they treat me nicely." We saw staff received training in safeguarding adults. Organisational safeguarding and whistleblowing procedures were available for reference and staff were required to read them as part of their induction. One staff member told us, "I feel able to report anything; there is also a whistleblowing helpline I could use." Another staff member commented, "I have not seen anything concerning."

Care records kept for each person identified any risks to themselves or others and documented the control measures in place to help keep people safe. Each identified risk had a rating which looked at the severity and likelihood of the risk occurring. Staff were positive about enabling people and promoting their independence whilst also considering these known risks when supporting people. We were given examples where the service had made changes following any incidents or accidents to help make sure people were safe. One staff member talked about how they supported a person with their cooking, supervising them where necessary but enabling them to be as independent as possible.

Some people using the service required support from staff to take their medicines safely. Each person's needs were assessed with support provided as required by staff to help them take their medicines as prescribed. Records confirmed that staff received training to do this safely and had their competency regularly assessed. The organisation had a medicines policy and procedures for staff to reference and individual support plans detailed the assistance each person required from staff. Medicines were safely and securely stored in each person's home and records were kept of the medicines administered. We saw that checks were carried out regularly by senior staff to make sure that medicines were being given as prescribed.

Safe recruitment practices were in place to help protect people from the employment of unsuitable staff. We looked at the recruitment information kept for eight members of staff which included summaries of their qualifications and experience. Each record contained evidence that criminal record checks had been carried out along with employment references, right to work checks where applicable and proof of identity documentation. Senior staff gave examples of how people were involved in the recruitment of new staff working with them either by sitting in on interviews or meeting prospective staff when they visited the

services.

Is the service effective?

Our findings

People using the service told us that the staff who provided their care and support were trained and competent. One person told us, "They do their jobs well." Another person told us that they liked their keyworker and they had just been discussing plans for the future including some day trips out. A third person told us that they had been happy with the support they received and were now ready to move on to new accommodation where they could live more independently.

Staff received training to help them do their jobs effectively. One staff member told us, "We have everything you can think of including the e-learning which is mandatory." Another member of staff said they had completed all their online training including safeguarding and medicines. We saw staff had access to an on-going training programme comprising of electronic learning and classroom based sessions to make sure they had the skills required to meet people's needs. Individual training records were kept to help ensure the training remained up to date and these were monitored by the registered managers. We were also given examples where more specialist training was provided where required in different locations. For example, Makaton training to help staff communicate effectively with a person using the service.

Staff received regular supervision to support them in their roles. Supervision was a one-to-one support meeting between each individual and a senior member of staff to review their work role, current responsibilities and development needs. A new structure for supervision had recently been introduced by the organisation including sections to discuss their work at the service, their own personal goals and development needs. Tracking records were kept to help make sure the staff supervisions were up to date and these were monitored by the registered managers. Monthly staff meetings and annual appraisals also provided opportunities to identify people's development needs. This was in addition to the informal day-to-day contact with the management team.

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.

A senior staff member gave us an example of where the service had worked to resolve a health issue for one person. Multi-disciplinary meetings had been held with involved health professionals to discuss and help make decisions in the best interests of the person using the service. Staff we spoke to confirmed they had received training and demonstrated a good understanding of the MCA. One staff member told us, "Most people here are independent, it is always their decision." Another staff member said, "They have control, they can do what they want when they want."

People were supported with the planning and preparation of meals in their homes. One person told us, "I choose my own meals, we do a menu and then we go to the supermarket." A staff member talked about the support they gave to people planning menus saying, "They choose what they like." A communal meal was

prepared once weekly in one service which people said they enjoyed.

Is the service caring?

Our findings

People using the service spoke positively about the care they received. They told us that staff were polite, kind and caring. One person said, "Yes they are polite to me." Another person told us, "The staff are polite and respectful to me." One person gave us an example of how staff supported them with their personal care saying, "I wash but they keep an eye on me."

The care staff clearly knew people well and were able to tell us what was important to each person when they were being supported. For example, the way they planned and their meals or how support was provided with personal care. The staff we spoke with were confident that they were providing good quality care. One staff member told us, "I really like this set-up; it is like a family, works really well." Another staff member commented, "People can do what they want, when they want, they have control." A third staff member said, "We work to a high standard."

During our visits to services, the atmosphere was relaxed and homely. People were able to come and go as they pleased and were clearly relaxed around staff, sharing jokes and making plans for the day ahead. One person was being supported on a one to one basis to make their breakfast and we saw the staff member supporting them to be independent in doing this. The staff member was later able to describe the person's routine and how they liked to be supported. They said, "[The person] has their own routine." Another staff member described the support provided for another individual which focused on supporting them out in the community, enabling the person to enjoy the things they wanted to do each day. Another person was out visiting their relatives and staff told us that this was facilitated regularly as it was important to them and part of their support plan.

Staff we observed working were polite and treated people with dignity and respect. The staff we spoke with gave us examples of how they supported people to make sure their dignity was upheld. This included making sure the person was happy to be supported by them and making sure the person had privacy, knocking on doors and keeping curtains closed where appropriate. The organisation had a policy on respecting and involving people using the service and this formed part of their core values. Staff undertook training on these values as well as dignity, person-centred care, equality and diversity and person centred care planning.

There was a confidentiality policy and procedure that helped protect people's privacy. Confidentiality was included in the training for new staff with information shared on a need to know basis with care records securely stored. Information about people receiving personal care and the service provider were held safely in the head office as well as in the person's own home. Office space in the services we visited was located away from the main home so as not to impact on people's living environment.

Is the service responsive?

Our findings

People told us they were happy with the support they received from staff. One person said, "I can choose who I have to help me with personal care, I did choose today." Another person told us how staff supported them with their personal care and this was done in the way they wanted it.

The staff told us the service was designed around, and guided by, the needs of people using the service. The staff were knowledgeable about people's needs, preferences and routines. They told us how they met people's care needs and helped their independence by encouraging them to do as much for themselves as they could. One staff member told us, "The service is more individualised, much better than before." Another staff member described the support provided as being of a "high standard." A third staff member said they would recommend the service, saying it was, "Very good."

Support and risk plans were put in place for each person detailing the support they required to meet their individual needs. For example, how they liked staff to support them with their personal care each day and the possible risks that they needed to be aware of. A plan we looked at documented the progress made by one person in becoming more independent and how the support was tailored to help them do this. We saw that people had signed their plans and given consent for the agreed support. The records showed that the support and risk plans were reviewed with people on a regular basis.

People were involved in the way their support was provided. Staff told us that they had regular key worker meetings with people to discuss their support and make sure their needs were being met. A person told us that they met with their key worker regularly to discuss the support provided and to plan ahead.

A new system to record the support provided against personal development goals had recently been introduced across the services. Staff had been involved in discussions about the introduction of these new daily monitoring forms and these were now used to document and more effectively measure the support provided to people using the service each day.

People told us that staff helped them to follow their interests and take part in social activities. One person said they were planning to go to Brighton in the summer and they had been arranging this with their keyworker. Another person told us how they enjoyed going to a social club each week and enjoyed spending time with their friends.

People using the service were provided with information about how to make a complaint about the service should they need to. People said that they felt able to raise any issues with the registered manager or the staff working with them. One person said, "I would go and speak to a member of staff and get it sorted out." Another person said, "I would speak to the manager." A computerised system was used to log any complaints and monitor progress to help ensure they were resolved in a timely manner.

Is the service well-led?

Our findings

People using the service said they were happy with the service provided and how it was managed. There were three registered managers in post sharing responsibility for the services provided across the support living locations. A registered manager supported us to visit people and we saw that people were familiar with them. People and staff said they visited regularly to check on the support being provided. Feedback about the responsible registered manager and senior staff working at the locations we visited was positive. One person told us, "The manager will listen, yeah, she sorts it out." A staff member commented, "[The registered manager] is in and out quite a bit, she has been brilliant and things have moved on." Another staff member told us, "I can talk to the managers, they are very easy to talk to."

Staff had a clear understanding of the organisational vision and values for the service and spoke positively about the services they worked in. One staff member described the organisation as "Very good to work for." The staff members we spoke with said they felt well supported in their role and felt valued by the organisation. There was a rewards scheme for staff along with on-line forums to help support and motivate staff working within the services. Organisational awards were also held annually to recognise individual staff and team achievements. The organisation had achieved accreditation from investors in people evidencing that it had attained recognised standards in leading, supporting and managing people.

Systems were in place to assess and improve the service. Senior staff at each service were required to ensure regular meetings took place with people and staff, undertake medication audits, financial audits, health and safety audits and care plan reviews. Details of these were reported to the registered managers on a regular basis. The registered managers had access to electronic records monitoring quality and safety indicators such as complaints, safeguarding, staff training, user satisfaction and involvement. These were used to identify any trends or shortfalls. Checks were also completed by senior staff on personal care records to make sure these were satisfactory.

Accidents and incidents were recorded on an electronic system and were reviewed by senior managers to make sure that action had been taken as appropriate and any learning applied for the future. We saw one example where procedures had been changed in one service to help prevent a reported issue re-occurring.

An annual quality assurance exercise was carried out to obtain the views of people using the service. We saw recent picture surveys used in one service contained positive feedback from individuals about areas such as the way staff treated them, the support provided and the living environment. Separate surveys were also given to people who received help with their personal care to make sure they were happy with the way staff supported them. Example comments included, "I am happy", "I am fine" and "I'm happy with the way it is done." The results of the surveys were summarised and action plans put in place where improvements were required.

A 'you said, we did' board was displayed in one service displaying what action had been taken in response to issues raised at recent tenant meetings. For example, new furnishings had been purchased and a cinema trip arranged. We saw that people using the service signed the minutes of their meetings to confirm they

were happy with them.

The organisational policies and procedures were available to staff to reference via an intranet. Staff also completed signing sheets to confirm that they had read and understood all the policies and procedures relevant to their work.