

The Regard Partnership Limited

Domiciliary Care Cheshire

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service: Domiciliary Care Cheshire is a supported living service which is registered to provide personal care for people with learning disabilities who live in their own homes within the local community in Wirral and Cheshire. Support in everyday activities can be provided, which helps people to live as independently as possible. The service was providing personal care to approximately 19 people at the time of the inspection.

People supported either lived in their own homes and one address included people living in their own self-contained apartments within a larger building. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Not all people were able to give a direct account of the support they received. People were comfortable and relaxed with the staff team, they approached staff to make their needs known. People who were able to communicate verbally, did not comment directly on the support they received but it was clear they had formed positive and trusting relationships with the staff team. Relatives and professionals connected with the service were positive about how the service met people's needs.

People received safe and effective care from staff who were caring and focused on upholding the rights of the people. Care plans were person centred and covered all aspects of people's lives, needs, preferences and daily routines. People's needs had been fully assessed prior to the service providing support.

Staff had a detailed knowledge of the people they supported and had developed positive relationships with them. Staff received training relevant to the needs of the people they supported, ensuring the support was effective. Sufficient staff were employed and this was regularly reviewed. Staff were supported through regular supervision and team meetings.

Risks that people faced in the support they received and from their wider living environment were recognised and mitigated. People were protected from abuse through staff training and robust policies and procedures. Medicines were safely managed.

People were supported by staff who were very familiar with their needs. People were encouraged to use

appropriate methods of communication so they could make their needs known. Care plans sought to maximise people's independence in their lives. People were supported to pursue their chosen activities both within their homes and in the wider community. People who used the service received support that was well organised and subject to checks, to ensure the quality of the support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

This service was registered with us on 17 May 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the newly registered status of the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.
Details are in our well led findings below.

Domiciliary Care Cheshire

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team included one inspector.

Service and service type

This service provides care and support to people living in four '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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, area manager, quality lead, senior care workers and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

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

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Recruitment processes were robust. Sufficient staff were available to meet people's needs.
- Initially we assessed two recruitment records as there was missing vital information in respect of references. The registered manager clarified these and additional information confirmed a robust recruitment process.
- Newer members of staff told us their recruitment had been fair and thorough.
- Staffing levels were maintained within the service. Staff told us that staffing levels always met the needs of people who used the service.
- There were instances when two staff were allocated to support people. This was always maintained and enabled people with complex needs to have their wellbeing promoted through the support provided ensuring consistency.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse.
- People we spoke with appeared relaxed and comfortable with the staff team. Positive relationships had been formed. Relatives told us they considered their relations to be safe using the service.
- Staff were aware of the types of abuse that could occur and how to report any concerns. They were confident that their concerns would be listened to and acted upon.
- The registered provider had clear systems in place for the reporting of abuse and informed appropriate agencies of any allegations that placed people at risk of harm.
- Risk assessments took into account the vulnerability of people, for example, in respect of protecting their financial interests.

Assessing risk, safety monitoring and management

- Appropriate systems for assessing risk were in place.
- Up to date and regularly reviewed risk assessments were carried out. These focussed on those risks people faced from health conditions and risk while accessing the local community.
- Where significant risk was present, assessments were detailed and offered a detailed account on how to keep people safe.
- Assessments extended to any equipment people needed as part of their support, as well as minimising risks faced by people in their home environment.

Using medicines safely

- Medication systems were safe.
- Medication was appropriately stored and accounted for.
- Staff received training in medication administration and had their competencies regularly checked to do this safely.
- Protocols were in place for the use of 'when required medication'.
- Where the use of such medication was designed to reduce people's anxiety, staff outlined that this was used as a last resort if other techniques had failed and then was only used following a team discussion.

Preventing and controlling infection

- Staff practice prevented and controlled infection.
- Staff received training to ensure the spread of infection was minimised.
- Hygiene standards were closely monitored within people's homes, for example, in respect of food hygiene.
- Staff had access to personal protective equipment such as disposable gloves when supporting people with personal care.

Learning lessons when things go wrong

- Systems were in place to learn from adverse events.
- The needs of people were such that potentially incidents occurred regularly.
- Robust systems were in place for the recording of these incidents and a system of analysis was in place to ensure that lessons were learned, for example, adapting practice to reduce incidents of self-harm.
- Issues identified in relation to recruitment information were quickly dealt with by the registered manager.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Information enabled the registered provider to determine whether appropriate support could be given to individuals.
- Assessments were obtained prior to support being provided.
- Assessments were holistic and included all relevant information about each individual's health and social needs.

Staff support: induction, training, skills and experience

- Staff felt supported in their role.
- Staff received the training they needed to perform their role and commented that training was to a good standard.
- Training focussed on specific aspects of people's needs.
- Staff at all levels received supervision in order to discuss work practice.
- New staff received a structured induction process to prepare them for their role.

Supporting people to eat and drink enough to maintain a balanced diet

- The nutritional needs of people were met.
- People's individual preferences, likes and dislikes relating to food were recorded in care plans.
- Observations confirmed people were involved in choosing meals, shopping and preparing meals with appropriate staff support.
- The registered provider understood the risks people faced with eating and drinking and they followed guidance provided by health professionals.

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

- Staff worked closely with other agencies to ensure people were supported appropriately and health promoted.
- Staff worked with other agencies such as social workers, people and their families to ensure that their support was effective.
- The health needs of people were clearly outlined in care plans. Care plans demonstrated that people received regular assistance from health professionals to address any health needs they had, as well as receiving general check-ups.

- Staff understood the implications of progressive conditions , how these would affect people over time and how support should be adapted to continue to meet people's needs.

Adapting service, design, decoration to meet people's needs

- The registered provider supported people to liaise with housing associations and others to ensure their houses were well maintained.
- Staff provided support in assisting people to choose decoration, furniture and fittings in their own homes.
- Where people had developed health needs affecting their mobility; staff had been proactive in identifying suitable equipment to assist with this.

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

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty."

We checked whether the service was working within the principles of the MCA.

- People living in their homes can only be deprived of their liberty through a Court of Protection order. The registered provider was aware of those people who were subject to any of these orders.
- The management and staff had completed training in the MCA and had a good understanding of the need to gain lawful consent.
- Where people lacked capacity to give consent to their care and treatment, the relevant people had been involved in making decisions in the persons' best interest.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff had received training in equality and diversity.
- Staff demonstrated a commitment to ensuring the people they supported had equal access to opportunities and their human rights were upheld.
- The spiritual or cultural needs of people were outlined in care plans and assessments.
- People were treated with kindness and respect by staff. Relatives told us "The [staff] are great" and "The support is really good".
- Professionals told us "The service is responsive, offering person centred support"
- People who could not verbally communicate appeared comfortable with the staff team and always approached them when they needed assistance.
- Staff were able to demonstrate the individual preferences, like and dislikes of people they supported.

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

- The communication needs of people were taken into account by the service.
- Some people used non-verbal communication to express their needs. They were able to make their needs known and staff understood what they wanted. Communication tools such as sign language or other methods were used to enable people to express their needs and preferences. Staff responded well to the wishes of people who used the service.
- Those who were able to verbally make choices were given the time to express these and had these choices respected.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected.
- Staff respected that they were providing support in people's own homes.
- Support was provided by staff to answer front doors and staff facilitated gaining permission from people for us to visit them in their own homes.
- Sensitive records relating to people's care were kept confidential.

Is the service responsive?

Our findings

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

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

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person- centred and contained detailed information on how people preferred to be supported in all aspects of their lives.
- When people had complex needs; care plans outlined in great detail how people were to be supported to promote their wellbeing and meet their needs.
- Care plans included details on the preferred method people used to communicate their wishes. This information gave details on how staff should approach people and look out for key words and phrases that indicated what people wanted or how they were feeling.
- All records were regularly reviewed involving people, families and other stakeholders.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information provided by the service took the communication needs of people into account.
- Verbal information was more appropriate for some people and this was provided regularly by staff.
- Other key information such as complaints or care plans were provided in symbolic or pictorial form to better aid understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them This KLOE is applicable where the service provides or supports activities, hobbies, community contact, employment and education support. Also enables or supports contact with families, friends and others in the community as well as personal care.

- People were able to pursue preferred activities and were supported by staff in doing this.
- These included access into the local community or activities which met the preferences of people.
- Activities pursued were decided by people and formed an important part of their daily lives.
- Staff supported and encouraged people to identify new opportunities in the community.
- People were encouraged and supported to maintain relationships with people who mattered to them.

Improving care quality in response to complaints or concerns

- The registered provider listened to and acted on complaints.
- A complaints procedure was available and this included an accessible format for people to meet their communication needs.
- A log of complaints received was in place outlining action as a result of concerns being raised.

End of life care and support

- No one who used the service at the time of our visit had reached the end of their lives.
- People were able to express their future wishes with family support, taking any spiritual or cultural needs into account.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. This is the first inspection for this newly registered service. This key question has been rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and management team demonstrated a commitment to ensure that the rights of people they supported were upheld and promoted.
- This ethos was also demonstrated by the staff team, whose practice ensured people had meaningful choice and were provided with new opportunities and experiences in their lives.
- Staff stated that the management team were approachable and supportive. They believed they were committed to providing a person-centred level of support.
- There was an emphasis on providing good quality and consistent support that put the needs, wishes and preferences of people first.
- The management team were open and transparent and sought to promote good practice as well as recognise when lessons needed to be learnt.
- The management team maintained a presence within the service and had a detailed understanding of the needs of people they supported. People who used the service had a positive relationship with the management team.
- Relatives told us that the manager had developed a service which was better than their previous experiences and that their relations were receiving a better quality of life as a result.

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

- The service had a registered manager who had the necessary skills and experience to perform their role.
- The registered manager was clear about their roles and responsibilities as a registered person and always informed CQC of any events that adversely affected the people who were supported by the service.
- Staff were clear about their responsibilities and reported any concerns, errors or changes to management without delay.
- Detailed quality assurance systems and processes were in place to ensure people received safe, effective and high-quality support from the service.
- Staff demonstrated the need to keep up with new initiatives and current good practice to enable effective support of people.

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

characteristics

- Observations of direct support found that people were fully involved in this. People were actively encouraged to express choices and the unique communication needs of people were fully considered by staff.
- There were clear processes in place to obtain the views and opinions of people, relatives and staff about the service. This information was used for future service development.

Continuous learning and improving care

- The registered manager, management team and staff had all received training for their roles and undertook regular refresher updates to ensure their practice remained up-to-date and in line with people's needs.
- There were systems in place for learning from feedback raised by people and their relatives.
- All care records were reviewed on a regular basis. Appropriate action had been taken to address any issues identified.
- Regular and detailed audits were undertaken across all areas of the service. Areas for development and improvement were identified and actions taken to address these promptly.

Working in partnership with others

- The service worked effectively in partnership with other stakeholders, including a variety of commissioners and health professionals.
- We read compliments from other agencies who the service worked with, about their professionalism and dedication.