The Regard Partnership Limited

The Regard Partnership - Regional South Office

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

The inspection took place on 10 May and was announced. The inspection continued on 11 May and 18 May 2016.

There was a central office which had three separate offices, a training room, toilet and small kitchenette.

Personal care was provided to 10 people at four separate locations. One location was a supported living set up where people lived in their own flats. Two locations were shared supported living set ups and there was one domiciliary service where staff supported people living in their own homes in the community.

The service had a registered manager in place. 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.

One person with mobility needs had not had an occupational therapist assessment for access in and round their home. There were no support rails around the flat to support them to move freely and safely around the home. The registered manager acknowledged this and told us they would prioritise a referral to the OT team.

Staff records did not hold up to date induction records or work permit information. The registered manager followed these up during our inspection and identified that the staff member was working with the team leader to complete their induction record and a staff member was in process of renewing their work permit. The registered manager said that these records will be placed in their staff records as soon as they were completed and that an audit of all staff files is currently taking place.

People, staff and health professionals told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received training in safeguarding adults.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they choose to live their lives. Each person had a care file which also included guidelines to make sure staff supported people in a way they preferred. Risk assessments were completed, regularly reviewed and up to date.

Medicines were managed safely, securely stored in people's homes, correctly recorded and only administered by staff that were trained to give medicines.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training specific to their roles for example, autism, epilepsy and learning disability.

Staff told us they received regular supervisions and appraisals which were mostly carried out by the service manager and team leader. We reviewed records which confirmed this. A staff member told us, "I receive regular supervisions".

People had a capacity assessment in place and care files we reviewed showed evidence of best interest meetings taking place. Staff were aware of the Mental Capacity Act and training records showed that they had received training in this.

Some people were supported with cooking and preparation of meals in their home. People were supported to choose meals through weekly menu planning meetings. The training record showed that staff had attended food hygiene training.

People were supported to access healthcare appointments as and when required and staff followed GP and District Nurses advice when supporting people with ongoing care needs.

People and relatives told us that staff were caring. During home visits we observed positive interactions between staff and people.

A health professional said, "Staff are good at communicating information, they use visual prompts". They went onto tell us that they had seen staff supporting people in the community and that people looked relaxed and happy in staffs company.

Staff we observed treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes, interests and communication needs. A health professional told us, "Staff seem to have good knowledge of peoples care and support needs".

People had their care and support needs assessed before using the service and care packages reflected needs identified in these. We saw that these were regularly reviewed by the service with people, families and health professionals when available. People and relatives told us that they were involved in reviews.

People, staff and relatives were encouraged to feedback. We reviewed the staff and client satisfaction survey report for 2015 which contained mainly positive feedback. This report reflected results from feedback questionnaires sent to relatives and professionals. The results had been analysed and actions were set for the registered manager to follow up. We saw that the actions identified from this had been addressed.

There was a system in place for recording complaints which captured the detail and evidenced steps taken to address it. We saw that there were no outstanding complaints in place.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

People, staff, relatives and health professionals all felt that the service was well led. The manager encouraged an open working environment. A staff member told us, "The registered manager is a good leader. They are approachable and professional".

The service understood its reporting responsibilities to CQC and other regulatory bodies and provided information in a timely way.

Quality monitoring visits at the locations were completed by the registered manager and audits completed

by the service manager and team leader. The registered manager logged data from incident reports monthly which included medication errors, incidents, complaints or falls to name a few. This data was then logged onto an on line system which analysed the detail and identified trends and learning which was then shared.

The Regard Partnership had recently received a Gold award in the Investors In People (IIP) programme. Regard Southern Regional Office had also been quality checked by people first and was found to be meeting the REACH standards.

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 sufficient staff available to meet peoples assessed care and support needs.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

Risk assessments and emergency contingency plans were in place and up to date.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines

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. Capacity assessments were in place and best interest meetings took place where appropriate.

Staff received training to give them the skills to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

People were supported to access health care services.

Is the service caring?

Good

The service was caring. People were supported by staff spent time with them.

People were supported by staff that used person centred approaches to deliver the care and support they provide.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and

dignity.

Is the service responsive?

Good

The service was mostly responsive. One person had not received an occupational therapist assessment for access in and around their flat which potentially put them at risk.

People were supported by staff that recognised and responded to their changing needs.

People were supported to access the community as part of their agreed timetables.

A complaints procedure was in place. People and their families were aware of the complaints procedure and felt able to raise concerns with staff.

Is the service well-led?

Good

The service was well led. The registered manager promoted and encouraged an open working environment.

Some staff records required better auditing, induction records needed to be recorded and a system put in place to ensure staff's work permits were regularly reviewed and valid.

The registered manager was flexible and carried out home visits when necessary.

Regular quality audits and staff competency checks were carried out to make sure the service is safe and that staff had the skills they need to do their job.

The Regard Partnership - Regional South 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.

This inspection took place on 10 May and was announced. The inspection continued on 11 May and 18 May 2016. The provider was given 48 hours' notice. This is so that we could be sure the manager or senior person in charge was available when we visited. The inspection was carried out by a single inspector.

This was the first inspection that the service had had since registering with CQC. Before the inspection we looked at notifications we had received about the service. We spoke with the local authority contract monitoring team to get information on their experience of the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who use the service and two health care professionals who both had experience of the service provided feedback during our inspection.

We spoke with the registered manager, locality manager, a service manager and a team leader. We met with three care staff. We reviewed five people's care files, policies, risk assessments, quality audits and the 2015 quality survey results. We visited two locations and met with three people in their own homes. We observed staff interactions with people and part of a locality managers meeting. We looked at five staff files, the recruitment process, staff meeting notes, people's house meeting notes, training, supervision and appraisal records.

Good

Is the service safe?

Our findings

People and relatives told us that they felt the service was safe. A person said, "I feel safe, staff make me feel safe". Another person told us, "I like it here, I feel safe. Staff look after me. Happy here".

A staff member told us, "People are defiantly safe at Cedars. There is a safeguarding policy in place. Staff are aware how to keep people safe and how to raise any concerns". Another staff member said, "It is safe here, there is 24 hour support and the office is manned. People can come to the office and also have pagers. People also know what to do in the event of a fire and corridors are kept clear". Another staff member told us, "I hone in on safe care, ensure practice is safe and that people are receiving safe care".

Staff were able to tell us how they would recognise signs of abuse and who they would report it to. Staff told us they had received safeguarding training. We reviewed the training records which confirmed this. A staff member said, "Staff are made aware of safeguarding and who to contact for example management, local authority or CQC. We promote transparency. Management complete balance checks on people's money, review body maps and carry out personal care observations". We reviewed the local safeguarding policy which was comprehensive and reflected the six key safeguarding principles introduced by the Care Act 2014. We also reviewed the local whistleblowing policy this reflected a clear purpose which was to encourage and promote all employees to raise concerns and detailed a process in which to do this.

We reviewed four people's care files which identified people's individual risks and detailed control measures staff needed to follow to ensure risks were managed and people were kept safe. Each risk had a risk rating which was determined from the severity and likelihood of the risk occurring. The registered manager told us that the service managers and team leaders complete risk assessments and share them with the team and people. They said that any complex areas would be discussed with them for example behaviour or mobility in case professional input was required or equipment needed to be purchased. A staff member told us, "I look at the situation in hand when assessing risks. I reduce them to make sure people are safe. I have read risk assessments which are in place for everyone". A health professional told us, "The service is safe, they look at risk assessments and make amendments when necessary".

People had Personal Emergency Evacuation Plans which were up to date. These plans detailed how people should be supported in the event of a fire. People had a copy of these in their flats and homes as well as copies being kept in the staff and central offices.

A person told us, "There are enough staff for me". Another person said, "There are enough staff, I like them all". A health professional told us, "There are enough staff to deliver the person's allocated one to one hours". The service used a staff dependency tool which worked out staffing hours needed to meet people's allocated support and one to one hours. The registered manager told us, "I am confident that there are currently enough staff to cover current support hours. We do not take on new packages of care without ensuring we have the staff to deliver the support hours required". A service manager told us, "We are currently recruiting in Poole and have two new starters awaiting their pre-employment checks. We use bank staff to cover vacant shifts and there are enough staff to cover people's support hours". A staff member said,

"There are enough staff and everyone receives their one to one hours". Another staff member told us, "I feel staffing is stretched at times, I know there are some vacancies and sickness at the moment but we ensure people's support hours are covered". The registered manager told us that they are currently advertising and are attending a job fair at the end of the month.

Recruitment was carried out safely. We reviewed four staff files, three of which had identification photos in them. The registered manager told us they will ensure a photo is obtained for the fourth person. Details about recruitment which included application forms, employment history, job offers and contracts were on file. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS). Induction records were in place.

People were supported to store and take their medicines safely. Medicines were signed as given on the Medicine Administration Records (MAR) and were absent from there pharmacy packaging which indicated they had been given as prescribed. Staff were required to complete medication e-learning and class room training as well as undergo a competency test by management before administering medicines. There was a comprehensive up to date medicines policy in place which staff were aware of and had read. We observed a staff member completing a medicine check whilst we met with a person, all was present and correct.

Good

Is the service effective?

Our findings

Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. We reviewed the training record's which confirmed that staff had received training in topics such as diet and nutrition, mental health, and first aid . We noted that staff were offered training specific to the people they supported for example epilepsy, autism and learning disabilities. In addition to this staff had completed or were working towards their diplomas in Health and Social Care.

A staff member told us, "I feel I receive enough training. External classroom training is more beneficial than e-learning. We can request training. Last week I did care planning and risk assessment training which were both classroom based". Another staff member said, "I think I receive enough training. It is both practical and theory based. I recently did medicines, first aid, safeguarding and mental capacity act training. I would like to do training in epilepsy".

Staff told us they received regular supervisions and appraisals which were mostly carried out by senior management. A service manager told us, "I do quarterly supervisions with staff and am trying to do them eight weekly". A team leader said, "Ideally I supervise staff monthly but always do them at least quarterly. I also make sure I speak to staff on shift to ensure there is no cause for concern". A staff member said, "I receive regular supervision". We reviewed the supervision record which confirmed that staff were receiving regular supervisions. We noted that 2016/17 appraisals had been arranged but were yet to take place for the majority of staff.

Staff meetings took? place at the different locations every month. We reviewed the last staff meeting notes for domiciliary services Poole. Topics covered in this meeting included new policies, team work, the new on call rota and safeguarding. Actions which rose from this meeting included staff requirement to read and sign new policies, staff to raise any safeguarding concerns and a reminder for staff to log people's health care appointments. We were told that actions were reviewed at each meeting. We noted that the team had been thanked by the manager and it was logged that the team was fantastic.

Managersmeetings took place every six weeks in the central office and included registered managers, service managers, team leaders and senior support workers from services across Dorset. These meetings were chaired by the locality manager. We observed part of a meeting which took place on the first day of our inspection. Topics discussed included quality and compliance, risk management and occupancy. These meetings ensured that services networked effectively, celebrated success and shared learning.

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.

Staff were aware of the Mental Capacity Act and told us they had received Mental Capacity training. The

training record we reviewed confirmed this. A staff member told us, "One person has capacity to make day to day decisions but can't manage their own money. A family member has Lasting Power of Attorney for his finance. We support the person with day to day expenditure and their checks records when they visit. For large amounts we contact the family member with an explanation and they will authorise it if they agree". A Property and Financial Affairs Lasting Power of Attorney (LPA) gives one or more trusted persons the legal power to make decisions about people's finance and property if they do not have capacity. The service had a copy of this legal authorisation on file.

Another staff member said, "If someone couldn't make a decision a best interest decision would be made and involve families, health professionals and staff" they went onto say, "I have completed e-learning MCA training and am aware of the principles of decision making". Another staff member mentioned that, "The MCA is in place to make sure decisions are made in people's best interests".

There was an MCA assessment pack in place which gave staff an introduction to the act, assessment forms for functions of daily living, review forms for daily living and an assessment form to determine particular decisions. This pack ensured that people were assessed appropriately on an individual basis and that the five principles of the MCA were understood and followed.

People receiving personal care were supported with cooking and preparation of meals in their flats and homes. People's food and fluid intake was recorded in the files where appropriate. The training record showed that staff had completed food safety e-learning. We reviewed two locations menu plans and saw that meals were well balanced with a variety of nutritious options. A person told us, "Staff help me make my breakfast and coffee. We get to choose what we eat and menu plan. I eat roast beef, pork, lamb and sausages. I really like roast beef". Another person said, "I sometimes cook with staff. I choose what to eat. I love everything".

People were supported to maintain good health and have access to healthcare services. A person said, "I am supported to appointments. Went to dentist last week". A staff member told us, "We support people to GP, dentist and hospital when necessary". A health professional told us, "People attend annual health checks with their GP". The registered manager told us they had a good working relationship with the local learning disability team. We saw that heath care visits were recorded in people's files.

People had access to advocacy services and we were told that contact information was available in an easy read format at each location

Good

Is the service caring?

Our findings

We observed staff being respectful in their interactions with people. During both visits the atmosphere in people's homes and flats was relaxed and homely. A staff member said, "I like how the service is homely. It functions well and is located in a nice area". One person told us, "Staff are marvellous and caring". Another person said, "Staff are caring, I like them". Another said, "Staff are caring and I like my housemates too". A staff member said, "I'm caring, I go above and beyond. I care for their general wellbeing". Another staff member told us, "I caring, I'm very person minded. I have patience, respect people's wishes and do what's best for them". Another staff member said, "I'm very passionate about the needs of people and that these are met. People always come first". A health professional told us, "During my visits staff appear caring and people are relaxed with them".

The care files we reviewed held pen profiles of people, recorded key professionals involved in their care, how to support them and medical conditions. This information supported new and experienced staff to understand important information about the people they were supporting.

A staff member told us, "When I first started I did shadow shifts in the home. I read people's profiles and care files. I spoke to people to understand their likes and dislikes. This helped me build relationships with them".

We observed staff member ask a person if they were ok and if they could do anything else before leaving and waited for a reply. The staff member reminded the person that they could use their bell to call for support before they came back to see them in 15 minutes. We timed this and found that the staff member went back to the person within this time period.

People used different methods to communicate and understand information such as; pictures, text and words. People had communication passports in their care and support files. These reflected people's preferences in how they wanted to be addressed and how they wished to be spoken to. We noted that one person who was registered blind liked to be spoken to clearly and with patience. It said that if the person was in a busy environment they had asked for staff to make sure they touched the person's arm so that they knew staff were talking to them. A health professional told us, "Staff are good at communicating information and use visual prompts".

A person told us, "Staff help me make choices. They give me information in text and pictures which helps me". Another person said, "Words and pictures help me understand information". A staff member said, "I ask people what they'd like to do. If I need them to make a decision I break information down and get people to repeat it back to me to make sure the information is understood". Another staff member told us, "I talk to people, give them information in their preferred method which may include text, pictures or a demonstration of what the activity involves. Interaction and information is key to support people to be involved in decisions about their care". A health professional said, "Staff involve the person in choices and decisions".

Staff we observed during home visits were polite and treated people in a dignified manner throughout the

course of their visit. We asked staff how they respected people's privacy and dignity. One staff member said, "I make sure I don't talk about people outside of the home. I use people's initials when completing records. I lock away paperwork. Knock on people's doors and ask people for consent when delivering personal care". Another staff member told us, I knock on people's doors, leave people to use the toilet and always ask people before doing things like washing hair and applying creams". Another staff member said, "I only support people with personal care when necessary. I let people wash private areas, I close curtains and empower people to dress and undress themselves".

Good

Is the service responsive?

Our findings

Whilst visiting a person with mobility needs we observed that there were no support rails around his home. A staff member said, "The service is generally safe. I feel there could be more support rails for XX in their flat though. I have fed this back to the team leader". We reviewed this person's care and support file and saw that the last occupational therapist (OT) assessment covered lowering a chair for the person and was completed in 2012. We found that there had been no recorded falls within the past 12 months. We then looked at the person's review reports and identified that mobility had not been covered. The person's mobility needs when accessing the community were reflected in their care plan but not for access in and around the home. This meant that the service had not been fully responsive to the persons mobility needs and maybe restricting him from accessing areas of his home safely and independently. We discussed this with the registered manager who said the person had recently had an OT assessment completed on accessing the community but they could not find the report. The registered manager told us they will ensure that mobility is discussed at his upcoming review in two week's time. The registered manager went onto say that they will visit the person tomorrow and submit a referral to the OT to assess the person's mobility needs in and round the home.

We discussed the admissions process with the registered manager who told us that they completed a form sent from the local authority which broke down outcomes and packages of care for people including costs. Once completed this went to the local authority for assessment by a funding panel. If approved the service carried out a full assessment on the person and arranged a transition period which involved social visits, overnight stays and meetings with staff and people. From here support plans and risk assessments were completed and if necessary additional staff appointed to meet their agreed hours. This meant that appropriate numbers of staff were in place to meet people's agreed care and support needs.

We saw that support plans, risk assessments and people's likes and dislikes were reviewed with them regularly through support meetings with staff. We reviewed the Personal Development Outcomes (PDO) folder which contained people's daily notes that were completed by staff. These logged events such as personal care, activities, goals, health and one to one hours. The information from these was gathered and collated in a weekly summary sheet which captured people's outcome areas for example personal care and activities. The summary sheet identified the planned number of showers for one person was seven and showed that the total number recorded was seven. Under activities it was identified that the person was to access the local swimming pool once and the recorded number was none. Next to this was a comment saying that the person had decided not to go. This meant that the ? summary sheets enabled the service to track and monitor support given to people and identify any shortfalls which may require further assessment and discussed in monthly reviews. A health professional said, "I feel the service is responsive to the persons changing needs, regular reviews take place and the person is present in these".

A staff member told us, "When I first started a person was overweight, I worked with them to develop a nutrition plan which has worked well and has supported them to be more healthy and loose excess weight". Another staff member said, "A person broke their foot which meant their health needs changed. We supported the person in hospital. When they came back to the service we supported them?her by checking

their foot and administered pain relief as and when required. We reviewed theirsupport plan to reflect this". Another staff member told us, "In the last support meeting with X it was identified to arrange an appointment to check their toe which had become inflamed. A cream was prescribed. The toe is fine now". This meant that the service was responsive to the person's changing needs.

We saw that people had a structured day based on their agreed preferences and needs which included a variety of activities which included day centre, life skills for example; cooking and cleaning, food shops, cinema, clubs and swimming. A person told us, "I go to workshop, swimming and the gym. I prefer the gym and am going there today and we are going bowling next week". Another person said, "I have one to one today. I'm watching a DVD and going shopping". A health professional told us, "I have seen staff support a person shopping in the community. They always look relaxed and happy" they went onto say, "People are given a wide variety of activities to do and meet with people in other services including the day centre". A staff member said, "X love's picnics. I meet with them and ask where they would like to go. I give them choices and arrange them with the person". This demonstrated that staff involved people in planning activities and listened to their feedback.

Weekly tenants meetings were arranged in a local pub where people from three locations came together and enjoyed a meal before going into a function room for their meeting. We saw that in the last meeting people discussed holidays and a list was drawn up reflecting who had chosen a foreign holiday and who had decided to stay in the UK. A staff member told us that from here people discuss destinations, activities and modes of transport. The staff member then said that risks and staff ratio are then assessed and holidays booked. A person told us, "I have weekly tenant meetings with staff. These are important to me. We talk about going out on trips and holidays. I went to Swanage last year and want to again this year". Another person said, "I have tenant meetings, they are good".

We saw that people were supported to visit their family and that families were welcome to visit people in the homes and flats. A person told us, "Staff support me to visit my family". Another person said, "I'm going home in two weeks. Dad is picking me up".

We reviewed the stakeholder annual quality survey results for 2015. This survey had been sent out to professionals and family members. We saw that 100% of people had said that they were made to feel welcome when meeting with staff. We noted that one person had feedback that they felt specialist advice was not always incorporated into care plans due to multiagency networking. In response to this the service had arranged six monthly multiagency meetings. We read that everyone had fed back that they felt people's rights and choices had been respected by the service. We identified that one person had fed back that they had not received a copy of the services complaints procedure. An action had been logged that the policy had been sent to the person.

We were shown that people who use the services had been sent a survey to complete in April 2016. To date only two out of 10 people had responded. Both of these people had feedback that they felt they received enough support from Regard and that they felt staff were polite, understanding and friendly. One person had written "All staff are 100% good and very caring". Another had written, "Happy with staff". The registered manager told us that they will analyse feedback and put together a report once all feedback had been received in the next few months.

The service had a complaints system in place which captured complaints and reflected the steps taken to resolve them. People, staff and health professionals we spoke to all said that they would feel able to raise any concerns they may have. A person said, "If I was concerned or had a complaint I'd see staff".

Staff told us that they know that they do a good job each day if they leave work knowing people are happy and comfortable. One staff member told us, "I love my job". Another staff member said, "I always reflect on my days. If people are safe and happy I go home knowing I've done a good job".

Good

Is the service well-led?

Our findings

Whilst reviewing staff records we identified that a staff member's residence and work permit had expired in May 2015. There was a letter from the home office on file stating that an application had been received but further enquiries needed to be made. We discussed this with the registered manager who was unaware of the situation. The registered manager contacted the organisations HR department who had not identified this either. The staff member was asked to provide further information as a matter of urgency. An appeal letter was seen and copies taken to update their records and an agreement put in place that the staff member must keep the service and registered manager regularly updated on the process. The registered manager identified this as an area for learning and told us they will develop a quality monitoring system for all workers who require permits. This would capture permit start and expiry dates so that validity and application progress checks can be made by managers and up to date records kept on file.

We identified that one staff member who had worked for Regard for six months had no induction record on file. The registered manager contacted the team leader who said that they were currently working with the staff member to complete and sign off the record sheet. The registered manager told us that they will visit the service and review the staff member's induction record progress and put measures in place if required.

People, health professionals and staff all fed back that they felt the service was well managed. A person told us, "I know the managers, I like them all".

The registered manager was flexible, regularly visited services and met with people. A staff member told us, "The registered manager is good. Approachable, often visits the service, is a good leader and performs their role well". The staff member also said, "The team leader is also good. Very open and if I have any issues I know they would address them quickly". Another staff member told us, "The team leader is very good. Very approachable, takes time to talk to me and has a very methodical approach for example, I had a pay query and got a detailed reply".

The registered manager worked care shifts when these could not be covered because of sickness. The registered manager encouraged an open working environment, for example we observed on several occasions staff coming up to them or calling to discuss matters with them. A staff member told us, "The registered manager attended the last team meeting and has introduced a matching staff and people's interest's tool". Another staff member told us, "The registered manager is a good leader; they have involved me in more management tasks which has built up my confidence. They are a great mentor". We found that the registered manager had good knowledge and was open to learning and further developing the service. The registered manager was cooperative throughout the inspection and supported us with questions we had and gathering the evidence we required.

The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

A staff member told us, "The registered manager is a good leader; if I am unsure about something I can approach them and they will give me an answer or take it away and find an answer quickly". They went onto say that the registered manager is always open to discussions and feedback.

We saw that the registered manager, team leader and service manager carried out quality monitoring across the service. These included medication audits, service monitoring visits and staff observations. We saw that the registered manager logged data from incident reports monthly which included medication errors, incidents, complaints or falls. This data was then logged on an online system which enabled them to gather an overall analysis and look for trends and learning which could then be shared.

We saw that the service had recently been quality checked by Dorset people first quality checkers. People first can check quality in day centres, supported living, residential homes, policies, websites and community facilities. The Quality Checkers Team have all used day centres or lived in homes where support workers help us with our daily lives.. The outcome was that Regard Regional South Office were meeting the 11 REACH standards.

The registered manager was proud to tell us that Regard Partnership had recently achieved a Gold award in Investors in People (IIP).