

The Regard Partnership Limited

The Regard Partnership

Domiciliary Care South West

Inspection report

Unit 5
City Business Park, Somerset Place
Plymouth
Devon
PL3 4BB

Website: www.regard.co.uk

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Ratings

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

Summary of findings

Overall summary

The Regard Partnership Domiciliary Care Agency provides personal care and support to people living in their own homes. The people supported by the service have learning disabilities, physical and mental health needs and other associated conditions such as autism.

Some people are supported in their own homes, and others receive support within supported living settings. Supported living is where people live either on their own or with a small group of others, and have their own tenancy agreement. Care and support is provided in order to promote their independence. The care people receive in supported living settings is regulated by CQC, but the accommodation is not. The service supported some people on a 24-hour basis and others at specific times during the day and night.

At the time of the inspection The Regard Partnership Domiciliary Agency were supporting 12 people with personal care tasks either in their own homes or in a supported living setting.

We checked the service was working in line with 'Registering the Right Support' which makes sure services for people with a learning disability and/or autism receive services that are developed in line with national policy. For example, how the service ensures people care is personalised, maintains their independence and supports links with people's community.

At our last inspection we rated the service as Good. At this inspection we found the evidence continued to support the rating of good in the areas of Safe, Effective, and Responsive. We found further improvements had been made in relation to Caring and Well-led, and these areas were now rated as Outstanding. This means that at this inspection we have rated the service as Outstanding overall.

There was a very positive, open and inclusive culture within the service. The management team provided strong leadership and led by example. Relatives, staff and other agencies were very positive about the leadership of the service. Comments included, "Communication is spot on" and "The manager and the team follow advice and recommendations, and are always thinking about people's quality of life and independence". We observed positive and compassionate interactions between staff and people they supported. Staff said they loved their work and were passionate about providing an excellent quality service.

Exceptionally good governance of the service by both the provider and the registered manager benefitted people because it ensured the quality of care was maintained and enhanced. The registered manager was supported by the provider and effective governance of the service was visible with the registered manager, regional manager and regional director regularly involved and present within the service. Regular audits were carried out, which included checks of health and safety, staffing levels, training, and medicines. Checks were carried out by management and support staff to ensure records held in people's homes were appropriate, accurate and up to date. There was a computer system, which was kept up to date so the provider could see how the service was performing at any time.

The provider and registered manager recognised the benefits of multi- agency working and external agencies were very positive about the management and care provided to people. A professional from the local learning disability service said, "It was one of the best and smoothest young person's transitions I have ever worked with, they worked really well with the family, communication was spot on".

Information gathered about people was used to aid learning and drive continuous improvement across the service. The registered manager and provider had worked hard to learn from incidents, near misses and mistakes. Investigations were carried out when required and systems were in place to identify any trends or patterns, to help make changes when needed. The provider and registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. They understood and reflected the requirements of the Duty of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People were provided with sensitive and compassionate support by a kind, committed and caring staff team. We observed without exception staff treated people with the upmost patience and kindness. When we visited people in their homes we saw staff knew people well and had built positive and trusting relationships. Relatives and other agencies without exception praised the staff and management for their caring and compassionate approach to supporting people. Staff really respected people and recognised they were supporting people in their own homes. Staff referred to people's homes as "Their home" and reminded people who may not always recognise their environment as being their own home by, encouraging them to answer the door to visitors, holding their own key, and asking them for permission before using or moving people's personal belongings. One staff member said, "It is the person's own home where we come to support them, and not our workplace, it is important to remember that". The service had a culture which recognised equality and diversity amongst the people who used the service and staff. Staff were sensitive and respectful to people's religious and cultural needs. People were not discriminated against in respect of their sexuality or other lifestyle choices. The provider recognised the benefits of having a diverse community of staff and this was evident in their recruitment and the organisation of staff teams.

Personalised care was central to the services philosophy and staff demonstrated they understood this by talking to us about how they met people's care and support needs. Staff spoke about their work with commitment and passion and used words like "Individual", "Independence" and "Rights" when they talked about the people they supported. People's care records were personalised, which ensured care was tailored to meet their individual and diverse needs. We saw people were supported to live a happy, fulfilled life, to feel safe, enabled to try new opportunities and to maintain their independence as much as possible.

Relatives and other agencies said they felt people were safe using the service. We observed people were relaxed and comfortable with the staff supporting them. Staff had undertaken training and were clear about how to report any concerns relating to abuse or people's safety. Robust recruitment practices ensured staff employed by the service were suitable to work with vulnerable people.

Staff were employed in sufficient numbers to meet people's needs and to keep them safe. Staff teams were organised in a way that helped ensure consistency. Each person had a designated team of staff who they were familiar with and had formed strong and trusting relationships. Any changes to staffing were communicated clearly to people and relatives to ensure people remained safe and comfortable in their homes.

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

assessments had been completed thoroughly to ensure people were able to receive safe care, whilst also ensuring their choices and independence were promoted and maintained. A professional from the specialist learning disability team said they had been very impressed how the team had advocated positive and least restrictive risk practices for people. People's behaviours were understood and managed safely and appropriately.

People continued to receive their medicines safely. People's support plans clearly described the level of support required and how this support should be delivered. Staff who administered medicines had received up to date training, and competency checks were completed to help ensure their skills and knowledge remained sufficient and up to date.

Staff were well trained and training was relevant to their role and kept updated. The registered manager was passionate about developing the skills of the team and also kept themselves updated with best practice. All staff said they felt well supported, and had opportunities to discuss and reflect on their practice and incidents that had occurred.

People's health and dietary needs were understood and met. Staff ensured people had access to the food and drinks required to maintain good health. If concerns were highlighted about people's health or diet advice was sought and appropriate referrals made to relevant health services. Staff supported people to attend hospital and other healthcare appointments.

Management and staff understood their role with regards to the Mental Capacity Act (2005). People's consent was sought before care and support was provided. When people were unable to make decisions, discussions took place with relatives and other relevant agencies to help ensure decisions were made in people's best interest.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Outstanding ☆

The service was extremely caring.

Relatives and other agencies were very positive about the things the management and staff did to really show they cared.

Staff were kind and compassionate and had built strong relationships based on trust and understanding with people and their relatives.

Staff showed a deep respect for people's privacy and dignity, and always respected people's home and personal belongings.

People's differences, backgrounds, personal histories and potential were understood, respected and reflected in the care provided. An approach, which respected equality, dignity and human rights of people was well embedded in the service.

People's individual daily routines, communication methods, behaviours and preferences were understood and respected by staff. This helped ensure people were able to be fully involved in decisions about their care and lifestyle.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

People were placed at the heart of the service and were supported to be fully involved in decisions about their care and support.

People benefited by a service, which had strong leadership. Managers led by example and created a positive, open and inclusive culture.

There were clear values and visions for the service, which included, compassion, respect and independence. The management team monitored staff performance to ensure they displayed these values whilst supporting people.

People were supported by staff who were passionate about providing good care and were proud to work for the organisation.

The provider, registered manager and staff were committed to providing outstanding personalised care. There was a strong emphasis on continually striving to improve and develop the service.

There was a strong organisational commitment to staff, management training and awareness of best practice. This included striving for excellence through liaison with other health and social care services, ongoing training and reflective practice.

People and staff benefitted from equality and inclusion within all aspects of the service. People's diverse need were understood and respected. The provider recognised the benefits to people of having a diverse community of staff who valued one another and the different contributions they could make. □

The Regard Partnership Domiciliary Care South West

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 15 and 16 and 23 October 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that someone was present in the office. One adult social care inspector undertook this comprehensive inspection. At the time of the inspection the service was supporting 12 people with personal care tasks.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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 also reviewed previous inspection reports and notifications the provider had sent us. Notifications are specific events registered people have to tell us about by law.

On the first day of the inspection we visited people who were receiving a service. We visited three supported living settings, where people either lived on their own or with a small number of other people. In these settings the accommodation and landlord was separate to the care provided and people had their own tenancy agreements. The Regard Partnership provided some people with personal care support within these supported living settings. We also visited three other people who were supported within their own homes. During our visits we were able to speak to some people about the care they received. Some people were unable to tell us about their experiences, so we spoke to staff and observed the care and support being provided. We spoke with nine members of the care team.

On the second day of the inspection we visited the main office and met the registered manager, a team

leader and the area manager for the organisation. We viewed the premises to see if the location was fit for purpose and to see if information about people was stored and managed appropriately. We looked at a sample of records relating to the service and people being supported. This included support plans, risk assessments and daily records. We looked at two staff files, recruitment records, training plans, accident and incidents reports and a range of quality audits.

On the third day of the inspection we contacted three relatives and four social and healthcare professionals.

Is the service safe?

Our findings

At the last inspection the service was rated as Good in this area. At this inspection we found the service continued to provide good safe care.

Some people had communication limitations and were unable to verbalise fully if they felt safe being supported by the service. We were able to speak to some people and staff as well as observing the care and support being provided. These observations, interactions and discussions helped us understand if people felt safe.

We saw people were comfortable and relaxed with staff supporting them. People sought out staff when they wanted reassurance, felt anxious or unsure. For example, one person was slightly unsure about meeting people they were not familiar with. Staff knew this person well, and told them clearly who we were and why we were visiting their home. This information and reassurance helped the person relax and continue to feel comfortable and safe in their home. People's laughter, body language and interactions also told us people felt safe with the staff supporting them.

Relatives and professionals told us they felt people were supported to feel and keep safe. A relative said they were able to sleep at night and maintain their own health and well-being by knowing their loved one was safe and supported by staff that were skilled and cared.

People continued to be protected from abuse because staff knew what action to take if they suspected someone was being abused, mistreated or neglected. Staff spoke confidently about how they would protect people by raising concerns immediately with a team leader and/or the registered manager, or external agencies, such as the local authority or police. Staff said they were confident the registered manager and provider would take prompt action to safeguard people.

Records showed appropriate checks had been undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to them commencing employment with the service.

The provider and registered manager helped ensure people did not face discrimination or harassment. People's individual equality and diversity were respected because staff received training on the subject and got to know people well.

People were supported to understand what keeping safe meant. For example, one person was known to be at potential risk in the community due to behaviours they could at times display. Staff supported the person to talk about their mood and to help them understand the need to be calm and relaxed before going out to ensure their safety and the safety of others.

People were supported to live in a safe environment and their personal belongings and finances were valued and kept safe by the staff supporting them. Staff undertook audits of the environment, and either contacted the landlord or supported people to make any necessary arrangements for any repairs or other

work needed.

There were sufficient numbers of staff available to keep people safe and to meet their needs. The number of staff supporting people and times of the day people were supported had been planned as part of an individual package of care. Some people had staff supporting them 24 hours, whilst others had support at specific times dependent on their individual needs. People had their own designated staff team and a rota to help them understand who would be supporting them. People who were unable to understand a written rota had photos of the staff team, or were kept up to date verbally about their support and any changes. Staff said people would always be supported by the required number of staff and would never receive support from someone they hadn't met. Staffing levels were regularly reviewed and changes made when required.

Assessments were carried out to identify any risks to the person using the service and the staff supporting them. Risk assessments had been completed thoroughly to ensure people were able to receive safe care, whilst also ensuring their choices and independence were promoted and maintained. A professional from the specialist learning disability team said they had been very impressed how the team had advocated positive and least restrictive risk practices for people.

People's behaviours were understood and managed safely and appropriately. Staff undertook training in the management of behaviours and also received support from specialist staff, which included de-briefs to discuss and reflect on incidents when they occurred. Procedures were in place to support staff when they were working on their own with people.

People continued to receive their medicines safely. People's support plans clearly described the level of support required and how this support should be delivered. Staff who administered medicines had received up to date training, and competency checks were completed to help ensure their skills and knowledge remained sufficient and up to date.

Medicines Administration Records (MARS) were kept in people's own homes and these were checked regularly by staff and management to ensure they were accurate. People were supported to store their medicines safely. People were able to manage their own medicines if they chose to do so. When people self-administered medicines, staff checked regularly through observation and discussion to ensure the person remained safe and happy with the arrangements.

The registered manager and provider had worked hard to learn from incidents, near misses and mistakes. Investigations were carried out when required and systems were in place to help identify any trends or patterns, which could mean changes were needed.

Is the service effective?

Our findings

The service continued to provide effective care and support. Staff were competent in their roles, undertook good quality training and had a very good knowledge of the people they supported. This meant they could effectively meet people's needs.

New members of staff completed a thorough induction programme, which included being taken through key policies, procedures and training to develop their knowledge and skills. Staff who were new to the health and social care sector completed the Care Certificate. The Care Certificate is a national training programme introduced to support all staff new to care to obtain a basic level of understanding of good care standards. New staff shadowed experienced members of the team until they and the person they were supporting felt confident and familiar. One staff member told us, "I have had no previous experience of care, but I have been really well supported, had a great welcome to the organisation, good induction and ongoing training".

Following induction all staff undertook regular training relevant to their role and the people they supported. Some of the training was deemed mandatory by the provider, such as fire safety, health and safety and safeguarding. Staff also undertook training specific to the needs of people they supported. For example, a staff member who was supporting a person on a one-to-one basis said that all staff in the person's care team needed and had completed training in behaviours support, autism, medicines and first aid. They said, "All staff working with [...] must have this training and no one would support them on their own without having completed it". Staff undertook training specific to people's healthcare needs. One person told us staff knew what to do if they had a seizure, "Yes, it is important staff know what to do, they would lie me down". The feedback from this person suggested they felt safe and reassured that staff would know what to do and how to help them.

Training was delivered in a range of formats including face-to-face and eLearning. This meant staff were able to gain knowledge and skills in a way that best suited their learning style. Staff were able to request training using an online system and the registered manager and provider were able to track staff training to see what had been completed and what was due for renewal.

Staff said they felt well supported by their colleagues and management. Each team of staff was supported by a team leader, which meant staff had a point of contact for day-to-day support, general discussion and supervision. Team meetings and formal supervision sessions were held to allow staff time to reflect on practice and consider their own skills and development. All staff said even though they often worked alone, the communication and support systems meant they were always able to contact someone for support or guidance. Clinical support and supervision was accessed via an external provider to ensure staff had the support needed regarding some people's specific healthcare needs.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who lack 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 the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training and understood their responsibility in regard to the MCA. People's capacity to make decisions had been assessed when planning care. Best interest discussions had taken place when a person had been assessed as lacking capacity to understand the risks relating to their safety when they became anxious and distressed. As a result, safeguards had been put in place to keep the person and others safe when their behaviour escalated. It was noted that guidelines in relation to these agreed safeguards had not been written clearly for staff to follow. This was discussed with the registered manager who said they would ensure this was completed as a matter of priority.

Staff asked for people's consent before providing care. We saw staff checking with people if they understood and were happy with the care being provided. People made choices about their care and lifestyle. For example, one person had chosen to stay in bed when we visited their home. The staff member respected this person's choice and ensured the person was aware who was visiting and what had been discussed.

When required people were supported to eat and drink enough to maintain their health. People's daily eating and drinking routines were documented and understood by the staff supporting them. Where people were supported in a group setting they were still able to choose what they had to eat and when. People had facilities to store their food and drinks separately and could choose whether to eat on their own or with others. Records were kept when required about people's food and fluid intake and any concerns were monitored and referred to relevant healthcare professionals. For example, one person had known risks in relation to the consumption of raw foods. Safety measures had been put in place to protect this person, whilst also ensuring they had access to a choice of food and drinks when they wanted.

People's support plans included information about their healthcare needs and how staff could support them to maintain their health and well-being. When required people were supported to plan and attend healthcare appointments. Hospital passports had been completed for some people to ensure their needs were understood should they require an admission to hospital. Hospital passports included important information about people so that their needs can be understood and met within an unfamiliar environment. Information was available to staff about signs to look out for to indicate a person maybe unwell. Important contact numbers of health were kept updated to help ensure prompt action and referrals could be made.

Is the service caring?

Our findings

Most of the people supported had communication needs, which limited their ability to understand and tell us if the service was caring. Therefore, we spent time with people observing their daily routines and the care being provided. We also spoke to staff, relatives and other agencies to gather their views about the care provided.

The provider's values included, 'Compassionate Care, Respect and Dignity, Independence, Empowerment and Citizenship'. All of the staff we spoke with were able to tell us about the values of the organisation and said they were informed of them and their importance during the recruitment process and as part of ongoing discussion and training. Comments included, "During the interview the questions very much relate to the organisations values and what is expected of us if we want to work in the organisation". It was very clear staff had adopted these values in relation to the support they provided. It was reflected in the way staff spoke about the people they supported, in the practices we observed, and in the feed-back we received about the way staff treated people.

People were provided with sensitive and compassionate support by a kind, committed and caring staff team. We observed without exception staff treated people with the upmost patience and kindness. When we visited people in their homes we saw staff knew people well and had built positive and trusting relationships. Staff encouraged people to answer the door when we arrived, which demonstrated that staff recognised that it was the person's own home and encouraged the person to recognise this as well. Staff were very attentive to people's needs and understood when people needed reassurance, praise or guidance. For example, one person due to their autism had a very structured routine and used a 'now and next' picture board to help them understand what was happening. The staff member supporting them needed to support the inspection team as the person was not able to verbalise for themselves. They did this whilst also recognising the need to maintain the person's routine, which included supporting them to have their morning snack at a certain time. This helped the person remain happy and relaxed and prevented their behaviour from escalating, which could result in them being unhappy and unsafe.

Relatives and other agencies without exception praised the staff and management for their caring and compassionate approach to supporting people. A relative said, "They have been life savers, quite literally". They said the organisation had initially supported the person at home when they were still a child and their main carer had become unwell, "Without their support at home [...] may well have had to move away, which I did not want". They told us how the organisation had supported the person to move into their own accommodation as they transitioned from being a child to an adult, "The care and support they have continued to provide has been amazing, it has given me and [...] a life back. We have both been able to go on holiday, and see other family members together, which I never believed would ever happen, I really do believe they go the extra mile".

Feedback from other agencies was also very positive about the care provided to people. A representative from the specialist learning disability team said the staff team had worked really well with family members, both in supporting their wishes and expectations, as well as supporting them with their change in role when

their 'loved one' moved into their new accommodation. The provider's values were completely based around creating a person-centred culture. Their mission statement said, "Our values, vision and mission statements were developed followed discussion with our staff and the people they support. They form a fundamental part of our culture of inclusion". There was a clear focus on people being involved in their care and being at the heart of how they were supported to live their lives. An adult social care professional said they had been very impressed with the support people had received when they had to move from one home to another due to changes in relation to the landlord. They said people's rights and choices were respected and taken into account during this transition, "People were involved in the process as much as possible, making choices about their rooms and furnishings. The staff are very compassionate and good at respecting people's rights and dignity".

Staff really respected people and recognised they were supporting people in their own homes. Staff referred to people's homes as "Their home" and reminded people who may not always recognise their environment as being their own home by encouraging them to answer the door to visitors, holding their own key, and asking them for permission before using or moving people's personal belongings. One staff member said, "It is the person's own home where we come to support them, it is not our workplace, it is important to remember that". Another staff member said they always brought in their own mug, "The person's mugs are not mine to use, we shouldn't just assume it's ok". One person we visited had chosen to move their personal belongings and items of furniture around. The staff said, "It may not be the way we would have it, but it is their home, not ours".

Staff demonstrated genuine care and affection for their work and the people they supported. One staff member who had supported a person with complex needs who had previously experienced restrictions in their lifestyle said, "I love it, [...] has done so many things they haven't done before, they have been on holiday". They also said, "I am very aware of the values of the organisation and I strive to achieve them for me and [...]. If [...] is happy then so am I".

Staff showed they cared about people by looking at the wider issues that mattered to people, and going that extra mile to help ensure people's needs were fully met. For example, Staff were very aware about the importance of one person's pet dog and that all their care arrangements also needed to take into consideration the care and well-being of the person's much-loved pet. The staff ensured arrangements were in place for the dog to be walked and fed and made sure it was comfortable and safe before they finished their visit. Another staff member had supported a person while they were in hospital. The registered manager said although the staff member didn't have to provide support during this time they had liaised with the person's family and arranged to clean the house and cared for the person's dog until they returned home. This commitment and caring approach by staff was recognised and valued by the organisation. The staff member concerned had been nominated for their care as part of the 'Plymouth City Council Excellence in Care Awards'. Staff understood the importance of other's in people's lives. A staff member said about one person, "Mum visits often, [...] loves his mum ". Relatives spoke very highly of the management and staff team, comments included, "They always keep me up dated, they listen to what we have to say" and "I am able to visit [...] at any time, that is so wonderful as it really wasn't as easy in the past". Another person had their sister to visit at weekends and the staff helped them to prepare a roast dinner.

The registered manager had undertaken a leadership course in management and as part of this had looked at the relationship circles of people the organisation supported. They had recognised that some people had previously had no access to friends and friends, and that services could at times be poor at supporting people to build relationships. They had continued to develop this area of work, which had included arranging for people who were living on their own to visit other people in the service and also exploring a 'social space' to allow people to have somewhere to meet socially for a drink and chat. The registered

manager said although some people they supported had wider networks the plan for others was to extend their relationships outside of the organisational and into their wider community. Individual support plans detailed when this was needed and the steps required to achieve the outcomes.

The staff team were passionate about respecting people's privacy and dignity. During our inspection we heard staff speaking to people in a respectful manner at all times. When people communicated repetitively or displayed behaviours, which could be considered challenging to others, staff were calm, sensitive and respectful in their responses. For example, one person asked the same questions a number of times throughout our visit. The staff answered the person's question clearly and respectfully every time, providing the person with a response which ensured they were reassured and supported. Most people were supported on a one-to-one basis, which meant staff had to be with them or close by to support with personal care and other daily tasks. Staff recognised this level of support could be intrusive and difficult particularly in people's own homes, and worked hard to ensure people's privacy and dignity was respected. For example, staff said they would help people prepare what they needed in the bathroom and then leave them to have privacy. A staff member said "We know the person well, and know when they want company or want to be on their own. I potter around in the kitchen when I know they just want to be on their own watching TV in their lounge".

Staff demonstrated a passion to really understand people's behaviours and to help them remove obstacles to achieving their goals and wishes. For example, one person had previously lived in a service where they had not experienced safe or good care and their lifestyle had been severely restricted. The aim for this person was to support them to live in an environment where they could thrive, make choices, build relationships and experience opportunities similar to other young people. Some of this person's behaviours did at times mean their opportunities could be restricted and put them and others at risk. The staff worked hard to understand this person in the context of their previous experiences and how they needed to be supported now. We were told that one concern related to their autism, was the need for them to experience a variety of loud noises as sensory stimulation. Staff were aware that this meant the person was at risk of forming negative relationships with neighbours and not meeting the requirements of their tenancy. Much care and consideration had been given to ways of supporting this person's to ensure their needs could be met sensitively, whilst avoiding the risk of them not achieving their goals to live a more independent and less restricted lifestyle. We saw that this person had achieved a number of goals during their time with the service. This included going out regularly to local shops, attending a weekly disco and being supported to purchase a mobility vehicle for their own use. Staff said the person was doing really well, and the use of medicines to manage behaviours had also reduced.

People were supported to maintain their independence. Support plans detailed how staff could help people maintain their independence, identifying what a person could do for themselves and what they needed help with. A staff member who supported a person with very complex needs said, "[...] makes their own decisions, we use communication tools to support them and they have a routine so they know what is happening, but they make decisions, decide what time they get up, what they want to eat and what they want to do each day". Another person during our visit asked staff several times if they would make them a drink, staff were clear that the person was able to perform this task independently and reminded them of this and what they needed to do to make the drink themselves. The person did eventually make their drink as well as a salad for their evening meal, with just a little assistance from staff.

It was evident through discussions with staff, relatives and other agencies that there were many examples of people having developed their skills and independence whilst being supported by the Regard Domiciliary care staff. One person was attending to their personal care needs more independently and another person was going out more and had enjoyed holidays for the first time.

The service had a culture which recognised equality and diversity amongst the people who lived in the service and the staff team. Staff recognised, understood and respected people's differences and diverse needs. An adult social care professional said they had been very impressed with how creative and person-centred staff and management had been when meeting people's diverse needs. For example, the registered manager had arranged care support for a person who did not speak English as their first language. A carer of the same nationality had been recruited to support this person. The other agency involved with this person had been really impressed by the commitment of the registered manager to find the right support for this person as they had never been supported by someone who spoke the same language as them. The provider had registered with a leading equality and diversity charity, which gave them access to training and information. All staff attended equality and diversity training, and this training was regularly discussed and updated. The provider and registered manager recognised the benefits of having a diverse community of staff who valued one another and the contributions they could make to the service. The gender and age of staff employed at the service complimented the needs and preferences of people they supported. This was evident in the recruitment and mix of staff employed and in the organisation of staff and how they supported people.

The management and staff team understood the importance of confidentiality. People's records were kept securely and only shared with others as necessary. Records held in people's homes were maintained appropriately and stored in a way that people chose and preferred. People had access to their own records and knew where they were stored. For example, one person in a supported living setting had their personal information stored in a filing cabinet in their bedroom. When we asked if we could look at their support plan they gave consent and went off to their room to get the information we had asked for. This demonstrated that people were involved in their care and had access to the information written about them.

Is the service responsive?

Our findings

The service continued to be responsive to people's current and changing needs. The registered manager and staff worked hard to understand what was important to people and to ensure these needs were responded to and met.

The service followed the principles of 'Registering the Right Support' to ensure people could live as ordinary a life as any citizen. 'Registering the Right Support' covers new legislation relating to services for people with a learning disability and the underpinning principles of choice, promotion of independence and inclusion. This started by ensuring the assessment process not only got to know the person's needs but also included the person's long-term goals. The Provider Information Return (PIR) stated; "Transition plans are put in place for new service users to ensure all their needs were met upon introduction to the service". A specialist from the local learning disability team told us, "It was honestly one of the nicest, smoothest transitions I have ever worked with. The communication between everyone was spot on, they implemented advice and recommendations, and were always thinking about quality of life and developing independent skills".

Staff worked with individuals to build on their confidence and social skills to enable increased independent access and membership of the community. Throughout the inspection we saw people coming and going from their home, partaking in daily activities and daily living tasks. We saw staff worked alongside people doing tasks with them, rather than for them.

There was a very positive culture and clear set of values within the service. The values were, 'compassionate care', 'excellence' and 'hard work'. The vision was to provide excellent care and support to continuously improve the quality of the service, and to make people's lives better every-day. These values were understood and shared by the whole staff team who reflected the same ethos in the way they cared for people. One staff member said, "I know the values of the organisation, I strive to achieve them for me and for [...] who I support". A specialist from the adult social care team said they had observed management and staff always thinking about quality of life and how to develop people's independent living skills. They said for one person these values and approach had resulted in a huge improvement in their quality of life and well-being. They said, "The family feared this person would be 'put in a box' and their opportunities restricted, they had at one time lived in a service where restrictions were advocated, the manager and the team at Regard always advocate positive risk taking, the person concerned is now having holidays and making new friendships. It has been good to work with a provider who has those values".

People's care plans were detailed and provided staff with information about how they chose and preferred their support to be delivered. For example, one person's plan stated, "[...] Likes to have a shower, staff need to get items ready and prompt, support [...] to wash themselves". Another person had personalised guidance to maintain how the person liked their appearance and choices to be maintained. Staff supporting this person understood this information and recognised its importance to the individual. A copy of people's support arrangements were held in the person's homes so staff had access to the information they needed.

People where possible had been involved in planning their care arrangements and had access to a copy of

the plan. We asked one person if they minded us looking at their support plan. They had a copy of their plan in a filing cabinet in their room and were happy to share the information with us. This demonstrated that staff involved people in their care and people also had access and copies of information held about them. Information about people's needs was regularly reviewed to make sure it remained accurate and up to date. Review meetings were held with the person concerned along with a keyworker and other relevant contacts such as family and social workers. Keyworkers had day to day responsibility for supporting people and ensuring their support information and care arrangements were up to date and being met. Care plans were amended when required and any changes communicated to the staff team.

People's individual communication needs had been assessed, which helped ensure information was provided to them in a format they could understand. For example, social stories had been developed using pictures and symbols to help people understand and make more sense of what was happening around them. One person had a 'now and next' board made up of familiar pictures and symbols to help them understand and plan their day. Easy read information had been developed covering a range of topics including complaints and equality and human rights. People also had easy read copies of their tenancy agreements to help ensure they could understand and be involved in this information. The service had referred people to speech and language services when required to provide additional support and resources to aid communication and understanding. This helped to ensure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS funded care to ensure people with a disability or sensory loss can access information they are given.

Consideration had been given to the use of technology to support people to receive timely care and support. For example, within the supported living settings people had access to computers to support communication needs and to encourage increased independence. The PIR stated that the provider planned to increase the use of assistive technology to enable individuals to keep safe, whilst reducing the need for paid support. They told us consideration had been given to the use of assistive technology to support one person at night due to risks that had been identified.

The service was flexible and responded to people's needs as they arose. For example, one person had suffered a number of falls, resulting in the need for an ambulance to be called each time an incident happened. Following a review of these incidents the registered manager arranged for a new piece of equipment to be purchased so that staff could support the person to be moved safely from the floor if they fell. All staff had undertaken training in the use of this equipment and the need for the person to be supported by the emergency services had reduced.

Some people had been supported to move from one home to another. The registered manager had liaised with the specialist speech and language therapy team to ensure people's communication needs were understood as part of this process. Social story books were used to help the people concerned understand what was happening and to ensure they were fully involved in the transition. Other agencies were very positive about how well the service had supported people during this transition and said people's choices and involvement had been considered at all times.

People's backgrounds, interests and personal preferences were understood by staff and supported as part of people's plan of care. We heard staff talking to people about their interests and hobbies and sharing stories about family and social events. People were supported when required to access opportunities in the community and to undertake other daily tasks such as shopping, laundry, cooking and attending appointments.

The service had a policy and procedure in place for dealing with concerns and complaints. The PIR stated; "When dealing with concerns there is a clear trail of paperwork of actions taken. All complaints are logged onto the computer system to ensure they are monitored in accordance with policy". People were provided with this information in a format they could understand and were also offered opportunities to raise concerns with the staff supporting them and within resident and keyworker meetings. The registered manager and other senior staff visited people in their homes and checked if they were happy with the care being provided. People and relatives knew the management team and how to contact them.

At the time of the inspection the service was not supporting anyone with end of life care. However, the PIR stated, "When service users have passed away we have ensured that individuals supported are enabled to grieve in the way they want. We have accessed support to enable people to talk about their feelings, individuals are supported to attend funerals if they choose to do so. In one situation individuals supported chose not to attend a funeral but wanted to release balloons to remember their housemates".

Is the service well-led?

Our findings

Relatives and other agencies told us they thought the service was exceptionally well-led. Comments from relatives included, "I am always able to contact staff or the manager if I have concerns", and "They have been wonderful, life savers". Specialists from the local learning disability service said they had been very impressed with the way people had been supported to transition from one service to another, they said, "Nicest and smoothest young person's transition I have ever worked with", and "They worked really well with the family, communication was spot on".

The service had a registered manager in place who was fully involved in the operation and running of the service. 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. The registered manager was able to tell us in detail about people's needs and support arrangements. They had been fully involved in the assessment process and transition planning as well as continuing to oversee packages of care, visiting people in their homes and monitoring the on-going quality of the service.

The registered manager was very knowledgeable about the types of needs and people the service supported. They had nineteen years' experience of working with people with a learning disability and held a number of relevant qualifications including, a level 4, Management of Learning Disability Services award and a Certificate in Personnel Practice and Business Awareness. They worked hard to keep up to date with best practice and their own professional development. This had included regular attendance at local authorities' dignity in care forums and completion of the local authority leadership programme. They said these courses and opportunities helped maintain their skills and knowledge in relation to best practice, and allowed for networking with colleagues from other similar services. As part of the leadership course the registered manager had completed a report in relation to people's relationships. Following the course, they had started using this learning to look at the relationship circles of people using the service. They said this had helped staff to consider new opportunities for people to make friendships outside of their home and in addition to people they were supported by. As a result, some people who lived alone were now meeting up regularly with friends from other services, and a plan was in place to provide a 'social space' for people to meet for coffee and a chat. Following the leadership programme, the registered manager had also used their knowledge to further develop the services lone working policy to further ensure staff felt safe and supported within their role.

The registered manager was part of an online 'outstanding managers' network through which ideas and innovations could be shared. For example, the use of Makaton, a particular style of sign language had been discussed. Following this staff undertook Makaton training so that they could more effectively meet the communication needs of one person who had used this type of sign language as a child.

The registered manager was also part of the providers Devon locality service managers team and attended monthly managers meetings where they shared good practice with their peers in the team. One of the topics

covered the impact of poor oral health on lung conditions. This information had been shared with one person who had refused any support to access dental services or maintain good oral hygiene. As a result of the information and support the person had been encouraged successfully to clean their teeth more frequently and had started to attend more frequent dental appointments.

The registered manager and staff worked in partnership with other agencies to help ensure the best possible outcome for people using the service. This included working closely with dieticians to help one person to reduce their weight and to improve their general health and lifestyle, and the challenging behaviour services to support another person to reduce incidents and improve their lifestyle opportunities. A representative from the learning disability team said, "Even after I discharged the person the registered manager would get in touch every now and then, we were able to nip things in the bud before it became a bigger issue". Feedback from the local authority was also very positive about the registered managers commitment to partnership working and training. They said they had recently joined a local positive behaviour steering group, which they felt further demonstrated a commitment to understanding people's behaviours and achieving positive and safe outcomes for people. The registered manager told us that although they had only recently started to attend this group an online system had been used to share useful resources about communication issues and the impact of behaviours. They said this information would be used to feed into their positive behaviour support planning and would focus on achieving positive outcomes for people.

Exceptionally good governance of the service by both the provider and the registered manager benefitted people because it ensured the quality of care was maintained and enhanced. The registered manager felt supported by the provider and effective governance of the service was visible with the registered manager and regional manager regularly involved and present in the service. It was evident throughout the inspection that people really benefitted from receiving a service that was continually seeking to provide the best care and support possible. During the visit to the domiciliary care office we met with the area manager, registered manager and a team leader for the service. They all demonstrated effective leadership skills within their roles and a commitment to the service and people they supported. The registered manager spoke with staff about the inspection process and encouraged staff to consider evidence based practice and the quality of their work. For example, a file was in place for staff to add evidence about how they ensured people were provided with a service, which was safe, effective, responsive, caring and well-led. We were able to view this information as part of the inspection process. We saw the file had been filled with many examples of good practice and positive outcomes for people who used the service.

Personalised care was central to the services philosophy and staff demonstrated they understood this by talking to us about how they met people's care and support needs. Staff spoke about their work with commitment and passion and used words like "Individual", "Independence" and "Rights" when they talked about people they supported. For example, all staff referred to people's homes as "Their home" and did not see people's homes as their work place, but rather the person's home where they went to support them. The Provider Information return described how the service had responded to the wishes of one person who had historically spent long periods of time not leaving their home. Over a period of 18 months the staff had worked alongside the person and their relatives to support them to start going out, first for a coffee and to attend a local disco, then to fulfil their wish to go on holiday. The staff had liaised with the person's financial appointee and considered the potential risks of a holiday due to behaviours this person had displayed in the past. Staff had recognised this person could at the last moment decide not to go and would risk losing their deposit and costs already paid. A plan was put in place and all parties agreed the risks were worth this person being able to go on their first ever holiday. We were told the person did go on their holiday and it was thoroughly enjoyed.

A representative from the adult social care team said the registered manager and provider encouraged

people to be independent and considered their role and 'Registering the Right Support' when commissioning services. They said, "The registered manager is honest and realistic about when people do not need as much support and when services can be reduced, they are good about not making people too dependent".

The providers visions and values were observed throughout the inspection and have been reflected within this report. We observed that staff's attitudes and behaviours reflected this commitment in all the work they did on a daily basis. For example, promoting the Regard Partnerships Mission of supporting people to experience 'A full life that makes sense to the individual, choice and control, opportunity and friendship'. During our visits to people's homes we saw many examples of people being supported to take control of their lives where they had previously been restricted as well as care planning being based around people's personal goals, wishes and choice. We saw and heard a number of positive outcomes for people and improved lives, which we have reported on throughout this report.

The Regard Partnership mission statement stated that they wanted staff to experience a 'positive and inclusive, working environment where diversity is celebrated. The provider information return (PIR) stated, "We have a dual heritage service user group and are endeavouring to reflect this within the staff group". Recruitment processes and the planning of staff demonstrated that the provider and the registered manager recognised the benefits of having a diverse community of staff who valued one another and the different contributions they could make.

Staff spoke to people with respect, appreciating the diversity of their conditions, needs, backgrounds and personal lifestyle choices. These diverse needs were understood and respected in the overall delivery of people's care and support. For example, one person from a dual heritage background had been supported to access a hairdresser specialising in treatment and care of her hair. Staff had also supported a person in relation to their choice of partners, and provided them with information about sexual health and keeping safe. Support was provided to another person to fulfil their wish to gain employment despite their lack of verbal communication and learning disability. This person had managed to secure some voluntary work despite the challenges their needs could pose in relation to employment. Staff undertook regular training in relation to equality, diversity and human rights and this topic was regularly discussed amongst the staff team. Staff were confident with discussions about people's differences and diverse needs.

Staff without exception were very positive about how the service was run. Staff worked together to support each other and to ensure people's needs were met. For example, one person who needed support on a one-to-one basis for all aspects of their care could at times display behaviours which were challenging and could potentially put them and others at risk. A staff member who had particular skills in relation to behaviours supported this person's staff team by going out with them in the community and by sharing shifts so that staff could attend important training specific to the person's needs. The staff supporting this person said they very much appreciated this support and said it was typical of the way the service operated to ensure the best outcome for all concerned.

Staff roles and responsibilities were clear and management provided staff with clear lines of accountability and support. For example, each person had a dedicated staff team supported by a team leader. Team leaders had responsibility for supporting the staff team, overseeing people's plans of care and organising staff rota's. Staff said this helped ensure people's care needs were overseen and met and ensured they had someone to go to for support and guidance when needed. Team leaders also worked one day each week alongside support staff so that they could see for themselves the quality and standard of care being delivered.

Staff told us they felt listened to and valued by their colleagues and management. One staff member said they had felt valued by the organisation and management when they had been unwell and unable to work. They said they had been supported to return to work and to work hours, which enabled them to fulfil their role, whilst also maintaining their own health and well-being. They said, "The line managers are brilliant". Staff told us they were very happy in their work, understood what was expected of them and were motivated to maintain a high standard of care. The provider had organised events where people and staff could be nominated and received awards for their contribution to the service. Programmes were in place to promote effective and inspiring leadership across the organisation. This included inspiring leader's programmes, leadership conferences and the sharing of ideas across different services. The registered manager said they worked closely with one of the registered managers from one of the organisations residential services. They said this worked well as a way of offering each other support as well as sharing ideas and practice.

Staff had access to a range of forums to support them personally and in relation to practice. This included an 'employment assistance programme' which provided a free confidential service to discuss any personal or work-related matter, an online 'staff room' for staff to share practice, experiences or general discussion and a staff incentive called 'The wider wallet' which provided financial assistance such as child care vouchers.

Support plans provided staff with excellent detail about people's needs and how they chose and preferred to be supported. Daily monitoring and records completed by staff demonstrated a genuine understanding of their role and purpose. All the records held about people, both in the main office and in people's own homes were well maintained, organised and kept safe. Staff said they were able to easily access information they needed to meet people's needs appropriately and safely. Staff meetings were held regularly to provide an opportunity for discussion and plans were in place to help ensure staff working on their own felt safe and supported.

Effective systems were in place to ensure communication between people, relatives and staff. Relatives told us they had contact numbers for staff and the main office, and were able to make contact with their loved ones and the staff team at any time. Some people had support on a 24 hour basis and were not on their own at any time. In these cases a hand over took place between staff to help ensure all important information was communicated. When people had less support, systems were in place for staff to communicate with head office within thirty minutes of arriving at a person's home. This helped ensure staff were alerted to any missed calls so that action could be taken promptly to make sure people were safe and had their visits completed as planned. Staff supported people to ensure they were able to communicate with the service and others when required. For example, one person had been supported to obtain a personal alarm so that they could alert the emergency service if they had a fall or became unwell.

There was a very effective quality assurance system in place to check quality and to drive continuous improvement across the service. Regular audits were carried out including health and safety, care documentation, staffing levels, training, staff supervision and medicines. These audits were very well organised and accessible to management and for the purpose of inspection. There was a computer system, which was kept up to date so the provider could see how the service was performing at any time. Action plans were developed with improvements and timescales when needed. Quality monitoring reports demonstrated a very good quality assurance process and reflective engagement with people, staff and other agencies. Recommendations and feedback was documented and followed up by the provider, registered manager and staff team. Regular audits were undertaken of records held in people's homes, and the registered manager undertook spot checks to ensure the care being delivered was appropriate and met their needs.

Information gathered about people and the service was used to aid learning and drive continuous improvement across the service. We saw clear and detailed records and audits of all accidents, incidents and near misses. The systems in place to document these events detailed what had occurred, the outcome and any action taken. Systems allowed for this information to be collated to help the provider and registered manager to see any patterns and address any shortfalls in the service.

The provider and registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. They understood and reflected the requirements of the Duty of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to people's care and treatment. An adult social care professional told us they had been very impressed with the way senior management had dealt with a difficult and sensitive situation involving a person using the service and member of staff. They said, "They dealt with the situation really well, sensitively, very open and transparent, protecting the person and staff".

Services that provide health and social care to people are required by law to inform the Care Quality Commission (CQC) of important events that happen in the service. CQC check that appropriate action has been taken. The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of events, outcome for people and any action taken.