



## Inspection Report on

**The Regard Partnership, Domiciliary Care Agency North Wales**

**CERRIG CORNEL  
TYWYN  
LL36 9SA**

**Date Inspection Completed**

07/08/2019

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## **Description of the service**

The Regard Partnership Ltd are registered to provide domiciliary care (supported living) for adults with learning disabilities and/or mental health problems in the North Wales regional partnership area. They have nominated Peter Kinsey to be the responsible individual (RI) and there is a manager in post who is registered with Social Care Wales (SCW).

The head office for the company is based at Leatherhead. The North Wales office is located at Cerrig Cornel, Llanegryn, Tywyn, Gwynedd.

The majority of the care provided is to people living within their privately rented accommodation owned by Reside Housing Association at Cerrig Cornel, Llanegryn, Tywyn, Gwynedd.

## **Summary of our findings**

### **1. Overall assessment**

Overall, care and support is provided to people by a well-supported staff team. Staff provide good care and support that is planned with the individual, and includes access to support with health care. There are a variety of activities arranged which interest people and they can make choices about how they spend their time. Leadership at the service encourages staff to continue developing their skills and training to improve the support provided, however this could be further improved. Improvements are needed in the oversight of the service by senior management and the responsible individual.

### **2. Improvements**

This was the first inspection since the service was re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

### **3. Requirements and recommendations**

Section 5 of this report sets out the requirements and recommendations to improve the service. These include the following:

- Training.
- Quarterly visits and reports by the responsible individual.
- Oversight of all incidents by the responsible individual and senior management.
  
- Statement of Purpose.
- Visitor's book.

## 1. Well-being

Practices and processes provided by the service support people with their physical and emotional well-being. People's health needs were recorded within their personal plans, and records were available to show people were supported to access medical attention, when required. Good relationships were evident between people and staff. We saw staff interact with people in a caring and friendly manner providing support in line with their personal plans. People told us they liked the staff supporting them and we saw people were relaxed and happy in staff's company. We found management at the service emphasised the importance of understanding each person's care and social needs. Staff told us they received training and were supported by the manager and senior support workers. People receive good care and support.

People have control over day to day matters. We saw the Statement of Purpose contained information regarding the services provided. We saw people received a service in the language of their choice. The manager operates an open door policy and spends time talking to people and staff. People are encouraged to be involved in creating their personal plans and the reviewing of their plans. People have choices available to them and are encouraged to take part in social and community activities. People have their individual identities and cultures recognised and are supported to maximise their physical and well-being.

Policies and procedures are in place to ensure people are protected from abuse and neglect. We observed staff interacting with people and saw they treated individuals with dignity and respect. Staff records evidenced they had a valid Disclosure and Barring Service (DBS) record to ensure they are suitable for the role to enable them to carry out their duties safely and we saw records of training undertaken by staff, however this could be improved to safeguard people. Following discussions during the inspection we were assured that staff would receive specific training relating to people who present challenging behaviours. People are generally safe and protected from abuse and neglect but this could be improved with ongoing specific training for all support staff.

## 2. Care and Development

People are happy because they can do things that matter to them. We saw support staff interact with people in a friendly manner. There was a total of thirty eight staff employed by the agency and it was evidenced through observations that staff were aware of the individual needs and capabilities of people. The manager demonstrated their awareness of the individuals the agency supports by providing an overview of people's capabilities, needs and aspirations. We saw people were able to choose where and how to spend their days. We spoke with one person who chose to spend their days sitting in their self-contained flat and shared how the manager and staff supported them to be as independent as possible. Another person told us how they liked to go out on social events with their key worker, and staff rotas were formulated to ensure continuity of support staff. We found through discussions with people and staff that people's support plans were being met which was further evidenced with an album of various individual and group activities. This indicates people are settled and comfortable with staff who know them well and give them consistent and continuous support.

People receive timely, appropriate, person centred care. We looked at the personal care plans of three people and found the plans included the assessed needs recorded in the social care assessment. The plans included sufficient detail about specific needs such as people's likes, dislikes and what is important to the person. Plans were produced in a format which evidenced people were involved in their personal plans; these included a pictorial format. People signed their personal plans and those who refused to be involved in their plans a record was made with the persons signing the document confirming their decision. During observations and discussions with staff and the people they support, we evidenced that practice mirrored what was recorded in the personal plans. Some people's first language was Welsh and we heard staff speaking with people in English and Welsh. We saw evidence of regular reviews taking place with the outcomes of the reviews recorded, actioned and communicated to relevant persons involved in their support/lives. We found that personal plans were accessible to support staff who confirmed they had read and understood the support required to promote people's well-being. This indicates that staff have awareness of the individual needs of people using the service.

People using the service have access to professional services. Written information in personal care files showed people had access to various health and social care services whenever required. This included visits to health care professionals, social workers, opticians and dentists. People told us they had recently seen their social care case manager and the manager told us about one person's recent visit to their health care professional and the outcome of the visit. Peoples' individual health needs are understood and anticipated as they have access to professional services for advice and support.

### **3. Environment**

This theme is not applicable to domiciliary support services.

The service offices are located on the same site as the supported living houses. The offices are fit for purpose and had sufficient space for safe storage of records.

Due to health and safety all visitors are required to make themselves known to staff, sign in and out of the offices. We found entries of arrival on the visitor's book, however senior management visiting the regional office on behalf of the providers had failed to sign out following recent visits. Staff should ensure all visitors sign in and out of the premises.

## 4. Leadership and Management

People are able to share their views regarding the service they receive as the manager has systems in place to obtain the views of people using the service and staff. The manager is available at the service during office hours, is supernumerary to the support staff team and included on the on call rota for out of hours support and advice. We looked at the quarterly monitoring tool (24 July 2019) completed by a member of senior management and the responsible individual quarterly visit report (18 July 2019). The report provided by the responsible individual did not provide sufficient detail to conclude that people had been involved in the process and the outcome of the visit including any actions required to maintain or improve overall standards. The extent to which arrangements are in place for the effective oversight of the service, through ongoing quality assurance processes that review standards of care and compliance with regulations, could be improved.

The service was not clear about its aims and objectives. We viewed the Statement of Purpose which provided information about the services available but gave the impression that the service was a care home. The document also required updating to include up to date details of the responsible individual. This was discussed with the manager who took prompt action to update the document with a copy provided to Care Inspectorate Wales (CIW). On reviewing the revised document we found additional amendments were required in relation to the assessment process. The document provided information regarding the "Active Offer", (providing services in Welsh without having to ask for it). People have access to information about the services that are provided at the service which should be kept under continual review.

The management promotes good recruitment process and staff feel supported in their roles. We looked at the records of three staff. Checks were completed including obtaining references from previous employers and checks from the Disclosure and Barring Service, (DBS), before support workers started work. Such records and checks help to safeguard people using the service.

People benefit from a service where the well-being of staff is promoted. Staff told us they were supported by the manager and senior support staff, and training was provided. Returned staff questionnaires were positive in respect of the support and guidance provided by the manager on a day to day basis. When asked about what staff thought was good about the service, support staff commented in returned questionnaires "*The level of team work, and support given by manager and senior support staff*", "*the manager and staff work well together and are a good team*" and "*positive, supportive working environment*". We saw evidence on staff records that staff had received mandatory and specialist training. Training undertaken included mental health awareness, epilepsy, autism and medication competency assessments. Most certificates of training undertaken were retained on staff files to verify attendance. Training on Proactive Strategies for Crisis Intervention and Prevention (SCIP) was discussed with the manager who stated that SCIP training had been provided for six staff in December 2018, however the company had not provided certificates to verify staff attendance. The manager also shared that a recent safeguarding referral could have been avoided if staff had been provided with SCIP training. Appropriate training must be provided to all staff working with people presenting challenging behaviours. We have advised the responsible individual that improvements are needed in relation to providing staff with relevant training in order to safeguard vulnerable adults and the staff

who support them. We have not issued a notice of non-compliance on this occasion as the manager assured us that training was being provided at the time of inspection. This will be followed up at the next inspection. We looked at supervision records and found support staff development plans contained details of reflection of practice, well-being, and areas of safeguarding, learning and development. Staff told us *“I’m supported by the manager, I’ve completed my level 2 training”* and *“This is the best place I’ve worked with the best manager”*. This evidence shows staff are supported, supervised and receive training, however priority must be given to ensuring staff working with people who present challenging behaviours receive the relevant training.

The service has systems for monitoring and reviewing incidents. The manager has systems in place to record and report incidents including sharing relevant notifications, which may have affected individuals, with CIW. We found that seventy-eight incidents had been logged by the manager since December 2018, sixty-two of these incidents were in relation to challenging behaviours presented by people using the service. We could not evidence that senior management and the responsible individual had reviewed the electronic records of incidents. We also saw the most recent quality report produced by the responsible individual which made no reference to reviewing and analysing the incidents and what action would be taken to reduce the number of incidents. We have not issued a non-compliance notice on this occasion, because we did not find evidence to demonstrate this had a negative impact on peoples’ well-being.

There are processes in place to receive, and respond to, any complaints regarding the service. The manager and senior staff had a visible presence at the service and any complaints received were dealt with in line with the complaint policy and processes. Any areas of concerns were shared with the manager, with some people opting to talk to the manager rather than support staff. The service manager acknowledged all concerns, analysed and responded appropriately with any action required recorded. Any complaints considered to be a safeguarding issue were referred to the Local Authority Safeguarding team. People can be confident the service promotes an accessible complaints policy and procedure.



## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non-compliance from previous inspections**

None

### **5.2 Recommendations for improvement**

- The Statement of Purpose needs updating to effectively reflect the assessment process.
- To ensure health and safety of visitors during their visits staff should ensure all visitors sign in and out of the agency and premises.

The provider was non-compliant in the following areas. We have not issued non-compliance notices on this occasion, because the responsible individual gave us assurances that improvements are being made.

- Service providers must ensure a positive and constructive approach is adopted to support an individual's behaviours. The senior management and the responsible individual must ensure that all staff working with people who present challenging behaviours receive appropriate training. The registered provider is not compliant in ensuring that staff receive support and assistance to obtain such further training as is appropriate to the work they perform.
- Quarterly visits and reports by the responsible individual. The reports need improving as they do not have sufficient detail in line with current legislation. The registered provider is not compliant in ensuring that information and views obtained are used for the continued development and improvement of the service.
- Senior management and the responsible individual must review how they monitor incidents to ensure they have efficient oversight over these to identify themes arising in order to implement improvements.

## 6. How we undertook this inspection

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. A full inspection was undertaken as part of our inspection programme. We made an announced visit to the service on 7 August 2019 between 10:15 a.m. and 6:00 p.m. The following methods were used:

- We spoke with three people using the service.
- We spoke with three support staff.
- We held discussions with the interim locality manager and manager.
- We sent out questionnaires to obtain the views on the service by staff. We received thirteen completed questionnaires.
- We looked at the records of two people receiving a service.
- We looked at the records of three support staff including one senior support worker.
- We looked at the staff training matrix.
- We looked at the Statement of Purpose (SoP) and compared it to the service we inspected. This sets out the vision for the service and demonstrates how, particularly through the levels of training of staff etc., the service will promote the best possible outcomes for the people they care for and support.
- We looked at the quarterly monitoring tool (24 July 2019).
- We held a telephone discussion with the responsible individual on 20 August 2019.
- We looked at the responsible individual quarterly visit report (18 July 2019).
- Information held on the CIW database.

CIW is committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights. Further information can be found on our website:

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrights.pdf>

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Domiciliary Support Service</b>
<b>Service Provider</b>	<b>The Regard Partnership Ltd</b>
<b>Manager</b>	<b>There is an appointed manager at the service who is registered with Social Care Wales</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>This was the service's first inspection following its re-registration under the Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016.</b>
<b>Date of this Inspection visit</b>	<b>07/08/2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>Yes</b>
<b>Additional Information:</b>	

**Date Published 10/10/2019**