



Inspection Report on

The Regard Partnership Ltd - Gwent Domiciliary Support

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Date Inspection Completed

14 January, 03 & 08 February 2022

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About The Regard Partnership Ltd - Gwent Domiciliary Support

Type of care provided	Domiciliary Support Service
Registered Provider	Achieve together Ltd
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

This service has two separate provisions; it supports people in 'supported living' homes where each individual has their own tenancy agreement. It also provides an 'outreach' specialist Deaf service to people living in their own homes. This service operates in Gwent.

There have been a number of recent changes to this provider. The current Responsible Individual (RI) is Christopher Brean, who is responsible for the overall running of the service. An application is being considered for a new RI to take over this responsibility. Suitably qualified and experienced managers take care of the day-to-day running of different areas of the service; each of these is registered with Social Care Wales, the workforce regulator.

The supported living services are established and well run, people using these services are overall happy with the support they receive. Interactions between care staff and residents are positive, warm and dignified. The service recognises and respects what is important to people. Personal plans are in place for each individual and regularly reviewed.

The specialist deaf service is an established provision, which the provider has acquired. The service has been integrated into the organisation well and maintains its autonomy. People have detailed personal plans and risk assessments as required. People are very complimentary about the support they receive from care staff, some of whom are Deaf and are considered to be positive role models.

The Quality of care reports and staff training require improvement in both areas of the service. Staff supervision frequency needs to increase in the supported living provision.

Well-being

Supported Living

The individual circumstances of people are considered. People's individual plans are person-centred, detailed and clearly written for care staff to follow. People have autonomy over their own lives and staff know what they like and dislike. This ensures that care staff can support people accordingly. Detailed risk assessments are in place and people are supported to be as independent as possible whilst maintaining their safety. We saw that people have choice about how and where they spend their time, with activities readily available.

Individuals are supported to access medical and specialist services, as required. Care workers recognise when people need emotional support and provide this with kindness and compassion. Residents are encouraged to achieve individual goals that help to develop their skills and independence. This includes learning new skills, engaging in activities and carrying out voluntary work in the local community. People receive appropriate support with their medication, which helps to maintain their health.

Care documentation highlights what people are able to do for themselves and care staff encourage people to be as independent as they can be. Care staff encourage people to improve their independence with household tasks such as cooking, cleaning and laundry. People are supported to maintain their personal appearance and all residents are well cared for. Care staff support people with dignity and good humour. During the visit, we saw staff sitting with residents, engaging them in conversation, encouraging them to join in with activities, and supporting them in the local community. Care staff are skilled and confident in helping people to manage difficult emotions.

Specialist Deaf service

We saw from people's personal plans that they are supported to be as independent as possible. People are encouraged and supported to have control over their day-to-day lives, to engage in education and training, and to contribute to society. Support staff act as positive role models for the people they support and advocate for them to receive services in their preferred way of communicating. People are supported to attend appointments, manage correspondence and engage in activities of their choice, such as gardening and socialising. People are reassured that they can contact care staff for advice at any time.

Overall

People are protected from harm or abuse. Support staff are trained in the safeguarding of adults at risk of abuse, and understand how to report suspected abuse. A safeguarding policy is in place and reflects current guidance on keeping adults at risk safe from harm.

Care and Support

Supported Living

People receive the support they require, as and when they need it. Throughout the visit, we saw there were sufficient care staff on duty to support people. Care staff engage with people in conversation and activities. We saw staff interacting well with residents and evidence of positive relationships. Care workers provide care with genuine warmth and compassion. People were complimentary about the support provided and told us that they get on well with the care staff.

Residents' files contain information including risk assessments and personal plans of care. All documentation is person-centred and clearly written with excellent detail to inform care staff of how best to support each person. Plans include people's likes, dislikes and a brief social history so that care staff can get to know the person well. Referrals are made to external health and social care professionals as required. Guidance and information from professionals is reflected within personal plans and followed correctly. Overall, record keeping is good but some more detail should be included in some daily note entries. We saw that a key worker system was in place; however, monthly reports had not been completed consistently.

Safe medication procedures are followed; we found that all medication, which had been administered, was accurately recorded on the person's medication records. Self-management assessments had been completed but required review, PRN (as required) medication protocols had not been signed by the manager or prescriber. The manager assured us that this would be addressed. People are supported to manage their finances, as required and accurate records are maintained of transactions. Managers carry out regular audits of financial records.

People have choice and autonomy. During the inspection, we were able to see that staff understand people's needs and preferences. Some people chose to engage in activities while others chose to spend time doing other things of their choice, including chatting to staff or watching TV. The service encourages people to be as independent as they can be. Activities are arranged in the local community to compliment those in the home.

Robust infection prevention and control procedures are followed. We saw all care staff wearing the appropriate personal protective equipment (PPE) throughout our inspection visit. On arrival, our temperature was taken and the manager checked that we had a recent negative COVID-19 test result.

Specialist Deaf service

Personal plans are clearly written in good detail to inform care staff of how best to support

each individual in the areas they require. Plans contain detail about the social history of each person as well as their likes and dislikes. Individuals being supported are involved in developing and reviewing their plans and identify what they would like to work towards achieving. The manager assured us that plans are regularly reviewed which is recorded in people's own homes, however we were not able to evidence this. The plans kept at the office showed that they had been reviewed recently but the 'review next due' date was a year after the latest review. Plans must be reviewed at least every three months; the manager assured us that this would be addressed.

People receive support to access appropriate health services in their own language. Support is also provided when required, to access and receive information in BSL from specialist mental health services for Deaf people. People have 'hospital passports' which is a document with key information about them, which accompanies them to hospital if they need to be admitted. This ensures that hospital staff are aware of the person's needs, including their communication preferences. A number of people are supported to access local and regional Deaf clubs.

We spoke with people who are using the service, they were very complimentary about the support they receive. One person told us *"I get on well with all of my support staff, they are fantastic and I can always get hold of them when I need them."* Another person told us *"my staff are kind, caring and reliable. I am very pleased with the support I get."*

Leadership and Management

OverallThe provider has effective governance arrangements in place to support the smooth running of the service. The model of care described in service's statement of purpose accurately reflects the actual support provided. The current RI is no longer employed by the service; an application is being processed for a new RI to take over this role. The proposed RI has carried out visits of the services, as required. However, we were not provided with the quality of care report to inform this inspection. This is an important document, which should evidence a thorough review of quality, along with identifying areas of improvement to be worked on. While no immediate action is required, this is an area for improvement and we expect the provider to take action. We will follow up on this matter at the next inspection.

Staff personnel files are well organised and contain the required information to ensure that they are safe to work in this environment. Staff receive the required training but some refresher courses are not completed as often as the provider requires. The manager assured us that this will be addressed. Face to face training has not always been available throughout the pandemic to date but courses are now booked in as required.

Supported Living

We saw that sufficient care staff are employed at the services to support people in a dignified and unrushed way. People told us there are always enough staff available to support them when they need it. Staff feel valued and supported in their roles, we saw care staff were confident in going about their duties and supporting people in a variety of ways. Care staff receive supervision with their line manager, but we did not see evidence that this is as frequent as it should be. This one-to-one support provides opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance. While no immediate action is required, this is an area for improvement and we expect the provider to take action. We will follow this up at our next inspection.

Specialist deaf service

People are supported by a specialist and skilled team of Deaf and hearing staff, all of whom are able to communicate to a high level in BSL and have a good understanding of Deaf culture. Deaf staff within the team are positive role models for people they support. The manager is well supported by the head of service who reports directly to the RI.

Regular care staff meetings are held to ensure that communication is good between the team. Interpreters are used as required in these meetings for individuals to communicate in their preferred way. Care staff receive regular supervision with their line manager. This one-to-one support provides opportunity for staff members to discuss any concerns or training

needs they may have and for their line manager to provide feedback on their work performance.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
36	Evidence was not provided of all staff receiving regular one to one supervision with their line	New

	manager	
80	A quality of care report was not provided when requested for inspection	New

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