

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## The Regent

The Regent, Old London Road, Penrith, CA11  
8ET

Date of Inspection: 13 December 2013

Date of Publication: January  
2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Leonard Cheshire Disability
Registered Manager	Ms. Susan McLellan
Overview of the service	<p>The Regent provides personal care to adults living in their own homes. The service is managed from offices close to the centre of Penrith. The agency provides domiciliary care and supported living services to people living in the Penrith area. Supported living services involve a person living in their own home and receiving care and/or support in order to promote their independence. The care they receive is regulated by the Care Quality Commission, but the accommodation is not.</p> <p>The service supports people who have a variety of care needs including due to a physical or learning disability.</p>
Type of service	Supported living service
Regulated activity	Personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We carried out a visit on 13 December 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke in private with four people who used the supported living service. They told us that they had been included in agreeing to the support provided by this service. People told us they could refuse any aspect of their planned care if they wished. They said the support staff respected the decisions they made about their care.

Everyone we spoke with said they felt safe with the care provided by this service and with the staff who supported them.

People told us the support they received had helped them to gain greater independence including following a range of activities in the local community. One person told us they had developed increased independence and said that this had improved their quality of life and given them greater confidence.

People told us the service was responsive to their needs. One person said, "They [support staff] fit in around what I'm doing each day".

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

People we spoke with told us they had been included in agreeing to the support provided by this service.

We observed staff interacting with two people who used the service. We saw that the staff asked what support people wanted and only provided the support which had been agreed to.

Two people told us that they understood that part of their agreed support was for staff to encourage them to carry out tasks for themselves to promote their independence. They told us that the support staff did encourage them to complete the tasks but said the staff respected their right to refuse to do so.

One person told us, "The staff have to encourage me to do things, sometimes I really don't want to and they don't force me".

We looked at some of the records the service held about people. We saw that people had signed their support plans to show they agreed to their planned care.

Care staff we spoke with showed they understood the need to gain consent before providing care to an individual. One staff member told us, "It's all about what the person wants, we're here to support them, but it's their home and their choice".

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People who received support from this service told us that they had agreed to the care provided to them. They said they had been included in developing their own support plans and held a copy of these in their own flats.

People told us the support they received had helped them to gain greater independence including following a range of activities in the local community.

They said the service was responsive to their needs. One person said, "They [support staff] fit in around what I'm doing each day".

We saw that the support staff were knowledgeable about the care which individuals needed. We observed that people were asked what support they wanted and given choices about their lives and the care they received.

We looked at some of the records the service held about people. We saw that a thorough assessment of each person's needs had been carried out before the service provided support to them.

The needs assessments had been used to develop an individual support plan which detailed how staff were to assist each person. We saw that the support plans were reviewed regularly to ensure they were accurate and up to date. Where people had been identified as at high risk due to areas of their needs, detailed care and risk assessments were in place.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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The service was managed from offices in the building where the supported living service was provided.

Some people told us they visited the offices if they wanted to speak to a member of staff. We saw the offices were accessible to people who used the service.

The offices had appropriate equipment to support the management of the service such as computers, telephones and secure storage facilities for confidential information. There were appropriate facilities for staff such as toilets and a kitchen area.

We saw that checks had been carried out to ensure the office equipment was safe for staff to use. The offices had appropriate equipment for the detection and control of fire. We saw risk assessments had been completed to ensure the premises provided a safe environment for staff to work in and for people to visit.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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People we spoke with made many positive comments about the staff employed by this service. They told us the staff supported them to maintain their independence. One person told us, "I get on with most of the staff, but I do have my favourites".

Throughout our visit to the service we saw positive interactions between support staff and people who used the service.

We looked at the procedure the service followed when new staff were employed. All new support staff had to obtain a disclosure from the Disclosure and Barring Service to check that they were not barred from working in a health or social care service. They also had to provide satisfactory references to show that they were honest and trustworthy. As part of the application process new staff also confirmed that they were mentally and physically fit to carry out their duties. We saw that thorough procedures were used when employing new staff to ensure they were suitable to work in people's homes.

We looked at the records of the training that support staff had completed. These showed that new staff completed appropriate training before they were allowed to work on their own. The support staff we spoke with told us that all new staff were required to work with an experienced member of staff as part of their induction training. The training provided to new staff ensured they had the skills and experience to support people and to protect their safety.

The manager of the agency showed that they were aware of the action they were required to take if a staff member was no longer suitable to work in a health or social care service.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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Everyone we spoke with said they felt safe with the care provided by this service and with the staff who supported them. They told us that they would be confident speaking to a member of staff if they had any concerns about the support they received.

One person told us they had raised a concern about the service they received. They said they were confident this was being looked into and would be resolved.

We looked at some of the records the agency held about people. These showed that risk assessments had been completed to identify any hazards to people and to control and minimise any risks. We saw that the risk assessments had been reviewed regularly and in response to any change in a person's care needs.

We saw that the risk assessments were used in a positive way to maximise individuals' independence while promoting their safety. One person told us how they had gained greater independence since moving to the supported living service. They told us this had improved their quality of life and given them greater confidence.

The support staff we spoke with said they were confident people were safe receiving support from this service. They told us that they knew the actions they had to take to protect people they supported because information about possible risks was recorded in the records held in individuals' homes.

Leonard Cheshire Disability, the registered provider for the service, had formal methods for monitoring and assessing the quality of the services it provided. These included sending a questionnaire each year to people who used services to gather their feedback. The results of the quality audit questionnaires were used to plan further improvements to services. A senior person from the organisation also carried out visits to services to assess the quality of care provided.

We saw that the registered manager of the service also had systems in place to review the quality of the service. This included checking the quality of records to ensure they were

accurate and up to date.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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