

The Regard Partnership Limited

The Regard Partnership Limited - Eastbourne Road

Inspection report

111 Eastbourne Road
Lower Willingdon
Eastbourne
East Sussex
BN20 9NE

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Ratings

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

Summary of findings

Overall summary

About the service

The Regard Partnership Limited - Eastbourne Road is a residential care home providing accommodation and support with personal to nine people with learning disabilities or on the autistic spectrum at the time of the inspection. The service can support up to nine people.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to nine people. Nine people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

Procedures were in place to help protect people from the risk of abuse and staff understood their responsibilities with regard to safeguarding people. Risk assessments were in place which provided guidance about how to support people in a safe way. There were enough staff working at the service to meet people's needs and robust staff recruitment practices were in place. The service sought to learn lessons when accidents and incidents occurred. Steps had been taken to protect people from the risk of infection. Medicines were managed safely.

People's needs were assessed before they moved into the service to ensure those needs could be met. Staff received training and supervision to support them in carrying out their role effectively. The design and layout of the building was suitable for the people using it. People had a choice of what they ate and drank. The service worked with other agencies and professionals to support people's health care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind and caring and treated them respectfully. Staff had a good understanding of how to promote people's privacy, dignity and independence. The provider sought to meet people's needs in relation to equality and diversity.

Care plans were in place which set out how to meet people's needs. People and their relatives were involved in developing these plans. People had access to a range of social and leisure activities and we saw people enjoying these on the day of our inspection. Complaints procedures were in place. Steps had been taken to make communication with people accessible to them.

Quality assurance and monitoring systems were in place to help drive improvements at the service. Some of

these included seeking the views of people who used the service and others. The service had links with other agencies to help develop best practice.

The service applied the principles and value of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 6 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Regard Partnership Limited - Eastbourne Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Regard Partnership Limited - Eastbourne Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we already held about this service. This included details of its registration and previous inspection reports and any notifications of serious incidents the provider had sent us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including the regional manager, registered manager, two senior support workers and two support workers. We observed how staff interacted with people.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We looked at minutes of various meetings and an updated policy, and the registered manager sent us an update on action taken in response to issues we raised during the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from the risk of abuse. The service had an adult's safeguarding policy in place which made clear the provider had a responsibility to report any allegations of abuse to the local authority and Care Quality Commission.
- There was also a whistle blowing policy. However, this did not make clear that staff had the right to whistle blow to outside agencies where appropriate. We discussed this with the registered manager, and after our inspection they sent us a draft of a revised whistle blowing policy which included the required information. They said this policy would be, "Implemented within the next few weeks."
- The registered manager told us there had only been one safeguarding allegation since the last inspection. Records showed this had been dealt with in line with the safeguarding policy.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report any allegations of abuse to a senior member of staff. The service held money on behalf of people and systems were in place to protect people from the risk of financial abuse. Monies were stored securely, and records and receipts were maintained of any financial transactions.

Assessing risk, safety monitoring and management

- Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. They were person centred, based around risks faced by individuals and covered medicines, falls, using the kitchen, using public transport and nutrition.
- Some people exhibited behaviours that challenged the service on occasions. We saw risk management plans were in place around this and the provider had worked with other agencies to provide support with this. The registered manager told us that for some people part of their risk management plan was the use of physical intervention by staff as a last resort [although the use of this was very rare]. Staff we spoke with said they had never had to use physical restraint and records showed it was last used two years before the inspection. Staff had received basic training on this but not to the required standard. After the inspection the registered manager sent us confirmation that all staff would receive this training by 5 December 2019.
- Various checks were carried out to help ensure the premises were safe. These included checks related to fire, gas and electrical safety and also of equipment used at the service.

Preventing and controlling infection

- Policies were in place relating to infection control. These made clear staff were expected to wear protective clothing when providing support with personal care and staff confirmed this was the case.
- Cleaning schedules were in place setting out what areas were to be cleaned and when. However, these had not always been completed. We discussed this with the registered manager who told us they would address this issue with staff. We noted that on the day of inspection the premises were visibly clean.

Staffing and recruitment

- People and staff told us there were enough staff at the service to meet people's needs. Staff told us they had enough time to carry out all their required duties. Staffing levels on the day of inspection were in line with the staff rota and we observed that staff did not appear rushed or hurried and were able to provide support to people as required.
- Checks were carried out on staff before they commenced working at the service. These included criminal record checks, proof of identification, employment references and a record of previous employment. This helped ensure that only suitable staff were employed.

Using medicines safely

- Arrangements were in place for the safe management of medicines. Medicines were stored securely in locked medicine cabinets located in each person's bedroom.
- Guidelines were in place about when to administer PRN [as required] medicines.
- Medicine administration records were maintained which contained details of each medicine to be given. We checked these and found them to be up to date.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. All accidents and incidents were reviewed and reflected upon to see what actions could be taken to reduce the risk of further similar incidents. Where people exhibited behaviours that challenged the service, incidents of this were recorded and reviewed to see if any triggers were detectable, to help avoid such behaviours from occurring in future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved in to the service. This was to determine what the person's needs were and if the service was able to meet those needs. The assessment process involved the person and their relatives where appropriate. After the initial assessment a transition period was developed which gave the person the opportunity of visiting the service on several occasions before moving in.
- Records showed assessments covered needs including mobility, medicines, food and drink, religion, social contacts and family, mobility and personal care.

Staff support: induction, training, skills and experience

- Staff were supported to develop knowledge and skills relevant to their job. Staff told us they undertook an induction programme when they commenced working at the service which included shadowing experienced staff to learn how to support individuals. Where staff had not previously worked in care, they completed the Care Certificate, a training programme designed for staff new to the care sector.
- Records showed staff had access to on-going training, including training about learning disabilities and autism, fire safety, first aid, infection control and food hygiene. Some staff told us they thought it would be helpful to have more training in the use of Makaton to help them communicate with people. After our inspection the registered manager informed us that all staff had been booked to attend a Makaton training course in December 2019.
- Staff told us, and records confirmed, that they had regular one to one supervision meetings with a senior member of staff. This gave them the opportunity to raise issues of relevance to them, such as issues relating to people who used the service and staff training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have choice about what they ate and drank. Menus were discussed with people and picture cards were used to help people communicate their choices. People told us they enjoyed the food, and one person said, "Yes, I enjoy it [the food]." People were supported to prepare their own food and on the day of inspection we saw staff supporting a person to prepare their lunch.
- People were encouraged to eat a healthy balanced diet. The care plans for some people included weight loss as a goal and there had been success in this area. People's weight was routinely checked and if there were concerns related to eating and drinking, referrals were made to relevant health care professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service supported people to access healthcare professionals. Records showed this included GPs,

dentists, opticians, chiropodists and psychologists. Care plans included details of people's health and medical conditions and contact details of professionals they worked with.

- Each person had a 'Health Action Plan' in place which provided guidance about how to support the person to be healthy. 'Hospital Passports' were also in place for people. These provided information about the person to hospital staff in the event of the person being admitted to hospital.

Adapting service, design, decoration to meet people's needs

- People using the service did not have pronounced mobility needs and were able to move around the premises freely and access all communal areas. People were involved in deciding upon the décor in the service. Examples of artwork produced by people and photographs of them engaging in activities were on display in the communal areas of the building.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider worked within the principles of the MCA. People were able to consent to the care they received and where they lacked capacity, mental capacity assessments and best interests' decisions were carried out. Records of best interest decisions showed relevant persons were involved in making decisions, including staff from the service, relatives and health care professionals.
- Some people were subject to DoLS authorisations. Where this was the case, this was done in line with legislation and in the least restrictive way possible. The provider had notified the Care Quality Commission of any DoLS authorisations, in line with their legal responsibility to do so.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated well and that they liked the staff. One person said, "They are nice, they treat me well." We observed staff interacting with people in a friendly and respectful manner, and people were seen to be relaxed and at ease in the company of staff.
- The service sought to meet people's needs in relation to equality and diversity. Peoples ethnicity and religion were record in their care plans and one person was supported to attend a place of worship each weekend. The registered manager told us none of the people using the service at the time of inspection identified as Lesbian, Gay, Bisexual or Transgender, but said if someone did the service would seek to meet any related needs.
- People were supported to maintain relationships with family and friends. Visitors were welcome at the service and arrangements were in place for some people to go and visit their family, including for overnight stays.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be able to make decisions about their care. They were involved in developing their care plans and staff were aware of the importance of seeking consent from people before supporting them with care.
- Meetings were held where people had the opportunity to express their views and they were consulted about the way the service was run. For example, it had been agreed by the provider that there would be some re-decorating work done in the communal areas and people were involved in choosing the new décor.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's privacy, dignity and independence. They explained how they did this when providing support with personal care. One member of staff told us, "Make sure the door is closed. I would use verbal and visual prompts and get them to be as independent as possible. If they could only do a little bit I would get them to do so." Another member of staff said, "Let them know what we are doing before we do it. We get them to do most of it themselves."
- Care plans included information about supporting people to develop daily living skills to help them be more independent. These skills included laundry, room cleaning, and on the day of inspection we saw a person was given support to make their own lunch.
- Confidential records were stored securely, and staff understood the importance of respecting people's right to confidentiality. Bedrooms were ensuite, eight of the nine had an ensuite shower, toilet and hand basin while the other had an ensuite hand basin and toilet. This all helped to promote people's privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place for people which set out their needs and how to meet them in a personalised manner, based around the needs of the individual. They covered needs associated with personal care, accessing the community, social and leisure activities, managing finances and daily living. There was also a one-page summary of the care plan which was helpful in giving a brief overview if agency staff worked at the service, who did not necessarily have time to read the full care plan.
- Care plans were subject to review, which meant they were able to reflect people's needs as they changed over time. However, we did find some inconsistencies in people's care plans. For example, the care plan for one person stated their PRN [as required] medicines had now stopped but the registered manager told us the person had never been on any PRN medicines. We discussed these inconsistencies with the registered manager who told us they would address these issues with the staff who had written the care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information about people's communication needs. This included a 'Communication Passport'. This provided guidance about how best to communicate with individuals. For example, it showed how they communicated if they were hungry, wanted to be left alone, upset, in pain or unwell.
- The service had easy read information on various health care related subjects to help make them accessible to people. This included blood tests, breast health care and anxiety. This information was discussed with people during meetings that were held with people in the service. Picture cards were used to help support people in making choices, for example in relation to activities and menus.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access community facilities. On the day of inspection, a person told us, "We are going shopping" and we saw this happened. Other activities in the community included trips to the theatre, bowling and the cinema. People were supported to take part in educational opportunities and we saw a certificate awarded to one person for their cooking achievements at college. Two people had part time voluntary work. Other people attended various day centres which they said they enjoyed. People were supported to go on holidays of their choice. For example, one person had recently been on a cruise ship holiday and another person told us, "I went to Spain with [staff member], I enjoyed it." People and staff had

together taken part in local community-based charity events including a sponsored walk where nearly £500 was raised.

- In house activities were also provided. On the day of inspection, a professional singer visited and led what we observed to be a well-attended music and singing session that people were obviously enjoying. Other in-house activities included puzzles and a sensory room which people told us they enjoyed.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. This had been produced in written and pictorial formats to help make it more accessible to people. The procedure included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service.

- People were aware of how to make a complaint. They told us if they were not happy they would talk to the staff. The registered manager told us there had not been any complaints received since the last inspection.

End of life care and support

- Care plans included information about end of life care and after death arrangements. However, the registered manager told us none of the people using the service at the time of inspection were in the end of life stages of care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted an open and inclusive working culture at the service. They worked closely with staff and staff were encouraged to discuss any issues with the registered manager. One staff member said of the registered manager, "They are very supportive. I look at them as a role model, they help me a lot." Another member of staff said, "I think we [the staff team] work really well together."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their legal responsibilities with regard to the running of a care home. For example, they had sent notifications of significant incidents to the Care Quality Commission [CQC] and had appropriate insurance cover in place.
- Records showed there was a good level of communication with relatives of people, who were kept informed of any significant issues relating to people. Accidents and incidents were reviewed to see what lessons could be learned from them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in place and there were clear lines of accountability. Communication between the staff team was good and there were systems in place to help with this. These included shift handovers between staff and a communication book.
- Quality assurance and monitoring systems were in place to help drive improvements in the service. Senior managers working for the provider visited regularly and these visits included a quarterly monitoring visit. A report was produced from these visits which showed they looked at health and safety, infection control practices, support plans, activities, medicines and discussions with people who used the service and staff.
- In addition to this, an annual 'inspection' was carried out by the provider, based upon the principles of inspections by CQC, looking at the same five key questions as CQC during inspection, i.e. if the service is safe, effective, caring, responsive and well-led.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular staff team meetings were held, which engaged staff in the running of the service. A staff member said of these meetings, "We have one a month. [Registered manager] goes through things then keyworkers

go through their key clients, then there is a big discussion about whatever we want to discuss."

- Meetings were also held of people who used the service. Minutes showed these included discussions about activities and menus. Surveys were carried out of people, their relatives and staff to gain their feedback on the service. We saw completed surveys contained mostly positive feedback. For example, a relative had written, "All members of staff are extremely helpful and kind" while a staff member wrote, "It's the best staff team I have known."

Continuous learning and improving care; Working in partnership with others

- The service sought to continuously learn and improve. Various audits were carried out, for example in relation to medicines and care plans. Accidents and incidents were reviewed to see how they could be prevented from re-occurring. People, relatives and staff were regularly asked for their views to see if things could be improved.

- The provider and registered manager worked with various other agencies to share knowledge and develop best practice. The provider held meetings for registered managers from across its different locations where they could discuss issues of mutual relevance to them. The registered manager also attended forums run by the local authority and the provider was affiliated Skills for Care, who are an organisation that provide support with staff development and training in the social care workforce in England.