

The Regard Partnership Limited

The Regard Partnership Limited - Grove Road

Inspection report

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Date of inspection visit:
11 January 2017

Date of publication:
13 February 2017

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

The Regard Partnership – Grove Road is a care home for nine people with learning disabilities. There were eight people living in the home at the time of our visit. Some people had limited verbal communication.

When we last visited the home on 22 October 2014 the service was meeting the regulations we looked at and was rated 'Good' overall and in all five key questions.

At this inspection we found the service continued to be rated 'Good'.

People's medicines were managed safely and they received them as per their prescriptions. Staff understood how to respond if they suspected people were being abused to keep them safe and had received training in this. The registered manager managed risks to people and the premises and equipment well. The provider used robust recruitment procedures to ensure staff were suitable to work with people. There were enough staff deployed to meet people's needs.

Staff were well supported by the provider as they received the training, supervision and appraisal they needed to undertake their roles. Staff understood the Mental Capacity Act 2005 and where people needed to be deprived of their liberty the registered manager applied for authorisations to keep people safe under the Deprivation of Liberty Safeguards (DoLS) appropriately. People received choice in food and drink they received. People had access to the healthcare services they required to maintain their health.

Staff knew the people they were supporting well including the best ways to communicate with them. Staff treated people with dignity and respect and encouraged them to be as independent as they wanted to be. Staff encouraged people to make decisions and plan their own care.

Each person had an individualised activity programme which meant they took part in activities they were interested in. People had care plans which they were involved in developing and which were reviewed regularly to keep them an accurate tool for staff to rely on in caring for people. A complaints procedure was in place and complaints were used to improve the service.

A registered manager was in place who had a good understanding of their role and responsibilities, as did staff. Thorough quality audits were in place to assess, monitor and improve the service. The registered manager and provider encouraged communication with people, relatives and staff well through a variety of means such as meetings, questionnaires and newsletters.

The provider continued to meet all the fundamental standards at this location. Further information is in the detailed findings section of the report.

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?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 checked 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.

This was a comprehensive inspection. The inspection took place on 11 January 2017 and was unannounced. The inspection was carried out by a single inspector.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with three people who used the service, three relatives, the registered manager and two care staff. We looked at a range of records including two staff files, two people's care plans and other records relating to the management of the home such as medicines records.

Is the service safe?

Our findings

People continued to be safe in the home. We asked people if they felt safe in the home and they confirmed they did. A relative told us, "It's safe here. If there are any safeguarding issues they are dealt with." The registered manager and staff understood the signs to observe for, that could show if people were being abused and how to respond to allegations of abuse to keep people safe. Staff received mandatory training in safeguarding adults at risk each year to refresh their knowledge about how to protect people from abuse.

People continued to receive their medicines safely because systems to manage medicines were robust. Two staff on shift checked medicines against medicines administration records (MARs) before each administration. Most people had medicines cabinets in their bedrooms where their medicines were stored safely. Staff carried out stock checks of medicines and checked people's MARs had been completed correctly daily to check people received their medicines as prescribed. Staff were only permitted to administer medicines after completing training and passing a competency assessment every few months. These precautions helped to reduce the risk of errors occurring.

Risks to people were managed well by the registered provider. Risks were individually assessed through a robust risk assessment process and management plans were put in place for staff to follow in reducing risks. We viewed risk assessments for individuals which included risks in relation to being vulnerable to abuse and fire safety. Each person had a personal emergency evacuation plan (PEEP) to address the action to take for each person in the event of an emergency. Accidents and incidents were clearly recorded and used by the registered manager as a tool to monitor and improve the service.

The registered manager continued to manage risks to the premises and equipment well. Staff carried out regular checks including of environmental hazards, fire systems and fire fighting equipment, hot water temperature to reduce the risk of scalding and in relation to food safety. External contractors also checked and maintained the home.

The provider ensured staff were suitable to work with people who used the service by carrying out thorough pre-employment checks. These checks included an interview, references from former employers, criminal records, checking any health conditions which may require reasonable adjustments to the role, training completed by the applicant and their qualifications and experience. Relevant staff recruitment records were held securely by the provider as required by law to demonstrate they had carried out appropriate checks before employing staff.

Relatives told us there were enough staff on duty to meet people's needs. One relative told us, "There are always enough staff around." The registered manager explained they put additional staff on shift when people required extra support such as for activities outside the home. Staff also told us the staffing levels were sufficient day and night. They confirmed agency use was not required at the service as there was a reliable pool of bank staff and staff from other homes in the organisation would sometimes cover.

Is the service effective?

Our findings

People were cared for by staff who were well supported by the provider through training and supervision. Staff made positive comments about the training they received and relatives told us they believed the support must be good because staff knew their roles well. Training provided was relevant to the needs of the people living in the home, including person-centred planning, communication skills and challenging behaviour. Diploma's in health and social care were provided by the organisation for all staff to increase their knowledge of their role. Further training in leadership, management and supervision skills were also provided to the manager and staff in supervisory roles. Staff told us they received regular supervision and appraisal twice a year, and records confirmed this. During supervision staff received guidance from their supervisor and their personal development and training needs were reviewed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager applied for DoLS for people as part of keeping them safe when necessary and notified the CQC of this as required by law. Our discussions with staff showed they understood the Mental Capacity Act (2005) and DoLS and why this was important to their work with people. Staff received regular training in MCA and DoLS to keep their knowledge up to date.

People enjoyed the food they received. One person told us, "I like the food, it's very nice." Staff held menu planning meetings with people to plan the meals they would like to eat each week. We observed a mealtime and saw people were provided with food according to their preferences. People who required support or supervision when eating were provided with this according to professional guidelines in their care plan, such as guidelines to reduce the risk of choking.

People continued to be supported to access healthcare services, such as their GP, to maintain their health. People had health action plans in place. Health action plans are set up through meeting with a learning disability nurse who checks people receive the health services they require. Staff monitored people's weight and knew the action to take if they had any concerns.

Is the service caring?

Our findings

People and their relatives were positive about the service. One person told us, "I like it here, I like living with my friends. The staff are very good." One relative said, "The staff are lovely, very patient and kind." Another relative said, "It's super! The staff really are caring people."

Staff knew the people they were supporting well. Many staff had worked at the service for many years and had developed good relationships with people in that time. When we asked a person if staff knew what they liked and disliked they told us, "Yes, I've told [staff] many times." A relative said, "Staff understand [my family member] and his communication, what he wants and doesn't want." Our observations were in line with these comments as we observed staff knew people's preferences, such as the food they liked to eat, their daily routines, how best to approach and communicate with people and how they preferred to spend their time. For example when a person indicated to their feet we saw staff immediately knew they wanted assistance to take their shoes off and they provided this assistance. Such information was also recorded in people's care plans for staff to refer to in caring for people consistently.

People continued to be treated with dignity and respect by staff. We observed staff always knocked and waited for permission before entering people's rooms. We observed that staff supported people to maintain their personal appearance well and to dress appropriately for the weather.

The registered manager encouraged people to be as independent as they wanted to be. One person wrote their own daily log, recording how they spent each day, as part of their care plan. They also enjoyed participating in running the household. They told us, "I write in my own book [their daily log]. I do laundry, ironing, empty the dishwasher, Hoover, lay the table and clean the table." We observed other people were also encouraged to do similar household tasks to build their independent living skills, including preparing food and drink. A person went with staff to purchase food for lunchtime during our inspection.

Each person had a keyworker who they regularly met with to share their views on their care, to set goals and plan their care. One person told us, "I have keyworker meetings. We talk about what I've done and what I've achieved." Records of keyworker meetings confirmed people were encouraged to plan their own care. In this way people were involved in making decisions and planning their own care.

Is the service responsive?

Our findings

People continued to be supported to do activities they were interested in and to continue their education. One person told us, "I go to college to do reading." On the day of our inspection we observed a music therapy session taking place. A person told us, "I enjoyed the music session." A relative told us their family member did bowling, horse riding, trampolining, goes to a sensory room [a place where people's sensors are stimulated visually and aurally] as well as day trips. Each person had an activity programme tailored to their individual preferences.

When a person's needs changed and they required a higher level of support the provider went to great lengths to make adjustments so they could continue living in their home as they were happy there. A relative told us, "I do feel [the provider] has done everything they could. Staff had the right training [in relation to their condition]. They got a standing hoist and a special bed. They even got a wet room for him as they couldn't get [our family member] in the bath."

The provider had a process in place where staff reviewed people's care plan goals after each shift, then also weekly and monthly. In this way people's care plans were reviewed and updated regularly and were centred on them as individuals. This meant people's care plans were reliable for staff to follow in providing care in the best ways for people. People were involved in their care plan review process. They were also involved in annual reviews by social services as well as six monthly reviews held internally. Their relatives and others important to their care were invited if appropriate.

A suitable complaints policy continued to be in place which was available in an easy-read format to help people using the service understand it more easily. Any complaints were dealt with promptly, according to the provider's procedure. All complaints were clearly recorded and tracked by both the registered manager and the provider via information the registered manager inputted into an electronic spreadsheet each month. This data was used by the provider to analyse complaints across the organisation so that learning from them could be used to improve all their services.

Is the service well-led?

Our findings

There had been a change of registered manager since our last inspection and the new registered manager had been in post over a year. 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 had a good understanding of their role and responsibilities, as did staff. A relative told us, "The manager is super" and staff also spoke highly of her.

The registered manager told us how the organisation develop their staff well and encourage staff to achieve so they are able to be promoted internally, and they had themselves experienced internal promotion. In line with this the organisation holds an Investor in People Gold award for leading, supporting and improving their workforce.

A wide range of checks of health, safety and quality were carried out at the service regularly by staff. The registered manager oversaw these checks and each month summarised their findings in an electronic monitoring tool. The locality manager, the senior manager to whom the registered manager reported, also closely monitored the service. They checked the registered manager's monthly submissions and also visited the service regularly to gather feedback from people and staff and to audit various aspects of the service. They produced reports and the registered manager put action plans in place if any areas for improvement were identified. Professional auditors employed by the organisation also checked health and safety twice a year and all other aspects of service provision twice a year. Our inspection of this service showed these checks were effective in assessing and monitoring the quality of service delivery and in ensuring that records were kept up to date.

The registered manager continued to encourage open communication with people and staff. Regular staff meetings and 'house' meetings took place. Minutes showed people were encouraged to share feedback on the service and plan forthcoming activities. A staff member told us they always felt listened to at meetings. The provider continued to gather feedback from people via questionnaires. The provider communicated good news stories and developments within the organisation to keep people, relatives and staff up to date through a quarterly newsletter.