

The Regard Partnership Limited

St Faith's Villa

Inspection report

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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?

Outstanding 

Is the service well-led?

Good 

Overall summary

This inspection took place on 13 July 2015 and was unannounced.

St Faith's Villa provides care and support for up to a maximum of five people who have either learning disabilities or who have an autistic spectrum disorder. On the day of our inspection there were five people living at the service.

The service has a manager registered with the Care Quality Commission (CQC). 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.

There were suitable arrangements in place for the safe storage, receipt and administration of people's medicines. Medication profiles had been produced which provided staff with guidance as to people's medical conditions, medicines that had been prescribed and for what reason, allergies and how people chose to take their medicines.

Summary of findings

Staff were skilled in communicating with people. They showed warmth, kindness and used innovative communication methods to gain people's views.

People were provided with regular opportunities to express their needs, wishes and preferences regarding how they lived their daily lives. For example, meetings with their keyworker and as a group with the manager.

People were supported to access and attend a range of personalised social, educational and occupational activities. Staff supported people to access the local community and encouraged activities which promoted their independence.

People's needs were comprehensively assessed and support plan gave clear guidance to staff on how people were to be supported. Support in planning people's care, treatment and support was personalised to reflect people's preferences and personalities.

The manager and staff demonstrated a good knowledge of their roles and responsibilities with regards to the Mental Capacity Act 2005 and the steps to take to enable people's best interest to be assessed if they lacked capacity to consent to their care and treatment.

Staff demonstrated a thorough knowledge of the needs of people and had been trained in a range of relevant subjects to support them to provide safe, effective and responsive care to people.

There were sufficient numbers of staff to meet people's needs. Staffing levels were flexible to provide for people's changing needs and provide support for them with their social and leisure interests where one to one support was required. Rapport between staff and people was supportive, warm, kind and respectful. People were comfortable in the company of staff and demonstrated their enjoyment of being with staff with lots of laughter expressed.

The service was well led with systems in place to assess people's views about the care they received and to check that the care of people was the primary focus. The views of people were sought and the manager empowered people to be involved in making decisions about how the service was run and how their care was provided. The manager and the provider had quality and safety monitoring systems in place. Where shortfalls were identified, produced action plans with timescales. This showed that the provider responded to protect and ensure the health, welfare and safety needs of people were met.

Summary of findings

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 as people were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

There were systems in place to manage risks to people's, health welfare and safety. People were supported to take informed risks and support plans gave clear guidance to staff.

The provider had safe and effective recruitment systems in place.

Medicines were administered by staff who had been appropriately trained. The provider carried out regular audits of medicines. This meant people received their medicines as prescribed.

Good



Is the service effective?

The service was effective as staff had the knowledge and skills to carry out their roles and to effectively meet people's needs.

People were involved in planning weekly menus and able to choose the food they ate. People's independence was promoted as they were encouraged to be involved in the preparation and cooking of their meals.

People were supported to maintain good health and had access to health care services. People at risk had their health care needs monitored with specialist advice and support sought when required.

Good



Is the service caring?

The service was caring because care was personalised as people were included in all discussions in the planning of their care. People were given time to think and reply in their own way and at their own pace.

People were treated with respect, kindness and supported provided in a dignified manner.

People had their right to privacy respected. Staff treated people with dignity by talking to them in a polite manner, listening to them and responding in a way that enabled them to be understood.

Good



Is the service responsive?

The service was responsive as people's care was planned in a personalised way.

People and their relatives were consulted about people's needs and preferences. Support plans were comprehensive in detail. This supported staff to provide care and support which reflected people's preferences, wishes and choices.

Outstanding



Is the service well-led?

The service was well-led because there was a positive, open and transparent culture where the needs of people were at the centre of the service was run.

Good



Summary of findings

There a range of quality and safety monitoring systems in place. This provider had taken steps to analyse accidents and incidents and survey people's views about the service.

St Faith's Villa

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 was planned to check 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 inspection took place on 13 July 2015 and was unannounced.

This inspection was carried out by one inspector.

Prior to our inspection we looked at information we held about the service. For example, when the service notified us of any significant incidents or events.

On the day of our visit we spoke with two people who used the service, the registered manager, a senior support worker and one support worker.

Following our visit to the service we spoke with three relatives.

We looked at two people's care records, staff training, recruitment of staff, medicines management and other records in relation to the quality and safety management of the service.

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us, “Yes I feel safe with all the staff and I am very happy here.” Another said, “I like all the staff, they are good. I love [the manager].”

All of the relatives we spoke with told us they considered the service was a safe place for their relative to live and had no concerns. They also told us that staff made sure people were safe and knew how to support people where risks to their safety and wellbeing had been identified.

There were policies and procedures regarding the safeguarding of people. Staff had received training in understanding their roles and responsibilities in recognising, responding and reporting acts of abuse. Team meeting minutes reviewed showed us that the safeguarding of people was regularly on the agenda for discussion as a team of staff. This showed us that staff were reminded of the correct procedures to follow and provided opportunities for reflective learning. Staff and the manager demonstrated their understanding of what to do if they had any concerns about the safety and welfare of people and understood their responsibility to report concerns to the local safeguarding authority for investigation.

Risk assessments provided information for staff on how to safely support people, for example, with the administration of their medicines, when going out into the community and how to respond safely and appropriately to incidents where people may present with distressed reactions to situations and others.

Accidents and incidents were recorded, analysed and management action plans put in place to keep people safe. This involved the manager submitting a monthly log of all

incidents and accidents to the provider. This assured us that there were systems in place to monitor trends so that action was planned to reduce the likelihood of any reoccurrence.

The team of staff along with the manager worked across two of the provider’s services. The manager told us how staffing levels were assessed and organised flexibly to enable people to have their assessed daily living needs as well as their individual needs for social and leisure opportunities to be met. People, relatives and staff told us there was enough staff to meet people’s needs. Staff told us that they did not use agency staff as the staff worked well as a team to cover for all staff absences.

There were suitable arrangements in place for the safe storage, receipt and administration of people’s medicines. Medication profiles had been produced which provided staff with guidance as to people’s medical conditions, medicines that had been prescribed and why, allergies and how people chose to take their medicines. Staff had received training to administer people’s medicines safely. Competency assessments had been carried out on a regular basis. We carried out an audit of stock against administration records. The number of medicines remaining balanced with the records of receipt and administration of medicines. This meant that people received their medicines as prescribed.

Staff recruitment files demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer references obtained, identification and criminal records checks. People could be assured that their needs would be met by staff who had been assessed as safe and competent, with the necessary skills required for the job role they were employed to perform.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and to effectively meet people's needs.

Staff were appropriately trained and supported within the roles they were employed to perform. All staff we spoke with told us they had been supported with training relevant to their role and how this enabled them to understand and meet people's needs. This was confirmed from a review of the manager's training matrix where they logged all training attended by staff.

All staff we spoke said they had been supported with regular one to one supervision sessions and annual appraisals with the manager. This enabled staff to discuss their performance as well as an opportunity to plan their training and development needs. Staff told us they were encouraged to access additional training opportunities to expand their skills and knowledge and encouraged to be proactive in the development of the service.

Staff had received training and demonstrated their understanding of their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). People's capacity to make decisions had been appropriately assessed and regularly reviewed. Staff asked people's consent before providing care and support in a variety of ways depending on individuals specific communications needs.

Each person's needs had been assessed regarding their mental capacity to consent to their care and treatment. This included an assessment as to the level of supervision people needed and if any interventions could be classed as depriving a person of their liberty. Where people lacked

capacity to make an informed decision, or give consent for example with regards to continuous monitoring, referrals had been made by the manager to the local safeguarding authority and best interest assessments had been carried out by those qualified to do so. For some people where the manager had submitted referrals for best interest authorisation, the manager was waiting for a response from the safeguarding authority.

People were supported to express their preferences and this informed the planning of menus. We saw records of weekly menu planning meetings where people were able to express their wishes and preferences in planning the weekly menu. People told us, "I like the food here" and "I choose what I want to eat."

People's likes, dislikes and special dietary requirements had been considered and menus planned accordingly to meet their needs. We saw that people had access to the kitchen and supported to access and prepare snacks and drinks themselves. People told us they had been involved in the preparation of their food and how this had encouraged and promoted their independence.

People were supported to maintain good health and had access to health care services. Staff kept daily records so that they could monitor changes in people's health. We saw that people's healthcare needs were regularly, assessed, monitored and discussed with them at their keyworker meetings. People had access to a range of specialists. For example, psychiatric nursing staff, occupational therapists, chiropodist, dentist and GP's. The manager said that the service was well supported by the local surgery who provided nursing staff to support people with their annual health checks, by visiting people at the service. This supported the needs of people who may become anxious or distressed by visiting a GP surgery.

Is the service caring?

Our findings

Staff treated people with kindness and warmth. People were comfortable in the presence of staff and when approaching staff to ask them questions and staff responded appropriately.

We listened to and observed staff as they were working. People were seen to be included in all discussions and were encouraged to express their decisions. People were allowed time to think and reply in their own way and at their own pace. Conversations with people were respectful, kind and caring. There was lots of laughter and it was apparent that people were comfortable with staff and spoke fondly of them when they described how kind and caring staff were towards them. Staff knew people well and understood their communication needs, wishes and preferences. Where one person expressed grief and wanted to talk about their bereavement, staff listened patiently with compassion and understanding. This supported the person to be able to verbalise how they were feeling and responded to by staff in an appropriate manner. The manager told us how they had sought support for this person from another agency to provide additional support through the grieving process.

People were observed to have their right to privacy respected. People told us their rooms were their private spaces where they could be alone when they chose and this was respected. Staff treated people with dignity by talking to them in a polite manner, listening to them, responding and affirming them in a way that enabled and encouraged them to know that they had been understood.

Staff encouraged people to maintain their independence, respected their choices and supported people to live their

lives as they chose. This included providing personalised activities with access to go out into the community and support to be with people important to them. People's choice as to how they lived their daily lives had been assessed and positive risk taking had been explored. People told us how they had been supported to go on holidays to places of their choosing. They also expressed how staff supported them to do the things they wanted to do and when they wanted respecting their individual choices.

Relatives told us that staff treated people with respect, dignity and kindness and as individuals. One relative told us, "I know that my [relative] is so happy there. They are always excited to go back, It is such a happy and caring place to live, people are treated as grown up and as individuals. We are so pleased with the care and kindness of the staff." Another told us, "They have a lot of fun there. I know that [my relative] is treated well by kind thoughtful staff." Relative's also told us that staff "go the extra mile" in supporting people to have access to their relatives who live long distances by escorting them for visits.

People's preferences were assessed and recorded within their support plans. Support plans included information where the person had been given the opportunity to express, 'Things I am good at doing', 'my relationships and social networks, 'my food likes and dislikes' and 'my support and how I like it'. People told us how staff supported them to maintain relationships with people that were important to them. Support plans also showed us that people's needs with regards to maintaining relationships had been considered and reviewed according to people's needs, wishes and preferences.



Is the service responsive?

Our findings

People and their relatives told us that staff had outstanding skills and a comprehensive understanding of people's needs.

The service was responsive to people's needs for care, treatment and support. Each person had a support plan which was personalised and reflected in comprehensive detail their personal choices and preferences regarding how they wished to live their daily lives. Support plans were regularly reviewed and updated to reflect people's changing needs.

The service was responsive to people's changing needs and people's preferences were taken into account so they received personalised care. People were provided with the opportunity to have a monthly review meeting with their designated member of staff known as their keyworker. This provided people with the opportunity to discuss any concerns about their welfare and safety. We reviewed records of these meetings which described people's responses to questions such as, "How am I doing?", "My finances", "Do you have any issues with anyone in the house or staff?" and "What would you like to do next?" This gave people with opportunities to talk about their choices, aspirations, review and discuss people's health care needs as well as raise any concerns they might have. One person told us, "I like my keyworker, they listen to me."

People and their relatives told us that their individual needs had been assessed and these were reflected in their support plans with regards to their social relationships, hobbies and individual leisure interests. People told us about the many and varied opportunities they were provided with which they told us enhanced their sense of wellbeing and quality of life. One person told us, "I go out for meals, shopping, dancing, singing and do arts and crafts

which I like." One relative told us, "[my relative] has so much of a social life, much better than my own. They are always out and about. The staff help people to really live their lives to the full."

Records confirmed that everyone had access to and took part in a wide variety of community activities according to their personal preferences. For example, visits to a spa, bowling, swimming, trips to the pub, singing groups, cinema and social clubs, day services. One person told us that they had a holiday planned which would be supported by staff to a place of their choosing.

Weekly meetings took place where people had the opportunity to plan what they wanted to eat and what activities they wanted to be involved and where they wanted to go. Pictorial displays were used to display group activities, menus and staff rotas. One person told us, "I like to see what staff are coming on and the manager gives me a copy of the staff rota so I know who is coming."

People were supported to take part in local community activities such as an engagement day with day services and other social support networks. People told us they had friends in other services locally and told us how much they enjoyed being supported to get together with them for social clubs, the pub and day services.

People were actively encouraged to give their views and raise concerns or complaints. There was one complaint which had been responded to in a timely manner and to the complainants satisfaction. The manager told us how they saw complaints as opportunities to work towards improving the service. This showed us that people's feedback was responded to and valued through the provider's complaints procedure, regular keyworker and group meetings as well as surveys sent to people and their relatives. All relatives we spoke with were satisfied with the service and expressed confidence in the manager to deal with any concerns they might have.

Is the service well-led?

Our findings

The manager promoted a culture that was well-led and centred on the needs of people who used the service. People told us how they were involved in decisions about their care. Comments from relatives included, “The people who live there are the central focus”, “The staff are knowledgeable and competent” and “It is a well-run home. The manager and staff always keep you up to date with any changes in [my relative’s] health and what they have been doing. You cannot fault the place it is truly wonderful.”

There was effective communication between staff and the manager. Staff told us they were able to contribute to decision making and were kept informed of people’s changing needs through effective communication forums such as staff meetings, daily handover meetings, supervision and appraisal. One staff member told us, “This home is centred on the needs of people and the organisation supports us to do this well. I wouldn’t have worked here as long as I have if they didn’t.” Staff had opportunities to raise any issues or concerns through regular support to access supervision and team meetings.

The manager and staff were committed to continuous improvement of the service by use of its quality assurance processes and the management support provided to staff. Staff told us they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there.

People who used the service and their relatives were regularly sent questionnaires and surveys to ask for their views on the quality of the service they had received. We read the results of surveys that had been previously gathered. Comments included, “I am happy here”, “I feel safe”, “I am happy with my room” and “I like all the staff.” Relatives had commented, “It is like a home from home”, “Staff are caring and cheerful” and “There is excellent communication we are kept fully informed at all times.” The results of surveys were compiled into a report which identified areas for improvement and any actions the provider or manager would take to improve the service.

There were effective systems in place to monitor and check the quality and safety of the service. These included comprehensive monthly health and safety checks, monitoring the management of medicines, support plans and infection control monitoring. The manager produced a monthly report with actions for the provider. This enabled the provider to analyse accidents and incidents as well as monitoring the wellbeing of the service and identify where action was needed for continuous improvement.

The provider had a system in place to monitor and learn from incidents, accidents, compliments, concerns and complaints. Concerns and complaints received had been logged. Records viewed showed a system which recorded timescales for response to concerns, outcomes and actions taken. For example, where access to health care professionals was required.