

Regents Park Limited

# 47 Regents Park

## 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 14 and 22 April 2016. The inspection was carried out by one inspector.

The service provides accommodation and personal care for up to four adults with learning disabilities. The accommodation is arranged with three bedrooms, lounge dining room, kitchen and bathroom in the main house and a self-contained flat in the basement for one person. On the day of this inspection there were four people living there.

The service was last inspected on 11 May and 2 June 2015. At that inspection we found the service not safe, effective, responsive or well-led. The overall rating was 'requires improvement'. At this inspection we found all breaches of compliance had been addressed. The management of the service had improved and the service was fully compliant with the Regulations.

There was a registered manager in post. 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 people living at 47 Regents Park had limited verbal communication skills and were unable to answer questions about the service. Therefore we relied on our observations of their interaction with three care workers during our visit. People were relaxed and smiling and appeared comfortable in all interactions. Two relatives told us they were entirely satisfied with the care people received and felt people were safe. Comments included "I have always been very pleased with the care she has received" and "There is support for the whole family. If I have a problem I can call someone and I am confident it will get sorted."

The provider had introduced new monitoring systems since the last inspection to ensure the home ran smoothly and to identify where improvements were needed. We saw many examples of improvements to the service, such as care plans, and staff training. We also found some areas that needed to be improved, such as the quality monitoring process and staff recruitment checks. The provider and registered manager took prompt action to address these when during the inspection as soon as the issues were brought to their attention. The quality monitoring systems needed further adjustment to ensure the provider is pro-active in identifying and addressing all issues promptly.

People who used the service, staff, relatives and professionals told us the service was well-managed. Comments included "In my experience the home is well run, and I believe the staff provide an excellent and caring service."

On the whole, safe procedures had been followed when recruiting new staff. Checks and references had been carried out by the provider before new staff began working with people. The manager and provider

gave assurances that where checks highlighted the possibility that applicants may not be entirely suitable, they took a range of actions to monitor and support new staff. However, these actions were not evidenced by clear risk assessments.

People were supported by sufficient numbers of staff to meet their needs fully. In the last year the range of training for staff had increased significantly. Staff had received training on topics relevant to the needs of the people living there, including autism, epilepsy and sign language. The increased level of skills had resulted in positive benefits for people living in the home. For example, people who used sign language were able to communicate more easily with staff. Staff told us they were well supported and supervised.

Medicines were stored and administered safely.

Staff showed caring and understanding of each person's individual needs. People were treated with kindness and respect. Staff had an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Applications had been submitted for people living in the home and were waiting for assessment. Staff understood the importance of seeking consent before carrying out care tasks. We saw staff offering choices and seeking consent before carrying out any tasks for each person.

People had been involved and consulted in drawing up and agreeing a plan of their support needs. Their care plans were comprehensive, well laid out and easy to read. The care plans explained each person's daily routines and how they wanted staff to support them. The plans were regularly reviewed and updated. The care plans and daily notes provided evidence to show that people were supported to maintain good health.

On weekdays people attended a day centre where they participated in a variety of social activities including cooking, gardening, arts and crafts and animal care. They also went out on shopping trips and outings.

The home was well maintained, clean, warm and comfortable.

## 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 was safe.

People received care from sufficient numbers of staff to meet their needs fully.

People received their medicines safely from staff who were competent to carry out the task.

People were protected from the risk of abuse or harm because safe recruitment procedures were usually followed.

### Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs.

People were offered a choice of meals that met their needs and preferences.

Staff monitored people's health and took prompt action when they were unwell.

### Is the service caring?

Good ●

The service was caring.

Staff showed empathy and kindness towards people who used the service. .

People were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support which met their individual needs and wishes.

Activities and individual support were provided to meet all individual interests and preferences. .

People were supported to make complaints if they wished.

**Is the service well-led?**

**Good** ●

The service was well-led

New systems had been introduced to monitor the quality of the service and seek people's views. These were not yet fully embedded and the provider was in the process of adjusting and improving them to ensure the provider is pro-active in identifying and addressing any issues.

People who used the service and their representatives were involved and consulted in the management of the service. People were cared for by staff who were well supported by the management structure in the home.

# 47 Regents Park

## **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 14 and 22 April 2016 and was unannounced. It was carried out by one social care inspector. On the first day we visited the provider's head office at 51 Regents Park where records relating to the management of the three care homes owned by the same provider were held. These included staff recruitment, training records and quality monitoring records. .

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During our inspection we spoke with the registered manager and three staff. We observed care given to three people living in the home. After the inspection we contacted six health and social care professionals. Two relatives also contacted us. We looked at the care records of three people living in the home. We also looked at records relevant to the running of the service including medication records.

## Is the service safe?

### Our findings

The three people we met were unable to communicate verbally and therefore we relied on our observations of their interactions with staff and our discussions with the staff and relatives to inform our judgements. Each person was smiling, relaxed and happy. Relatives told us They were entirely satisfied with the care and they felt people were safe there. One relative told us they could judge the person very well and would notice immediately if something was wrong, but said they were entirely satisfied the person was safe and happy. They told us there were some long-standing staff who knew the person well. They trusted the staff to look after the person's best interests. Another relative also said they were happy with the care and went on the say "In fact, it has been a constant concern of mine that their placement there should continue." Another relative told us "He is safe – I don't feel I have to worry. He is always happy when I see him."

Staff told us they had received training on safeguarding adults and were confident they could recognise the signs of abuse. They said they were confident they could speak with the manager or providers if they had any concerns and these would be listened to and acted upon. They knew the contact details of appropriate agencies to contact including the local safeguarding team and told us they would not hesitate to speak out if they felt people were at risk of harm or abuse. They showed us their notice board with information on safeguarding including contact details.

The provider had recruitment procedures in place which ensured all new staff were checked before employment to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff recruitment records mostly contained evidence of at least two or more good or excellent references. However, there was no written evidence to show a risk assessment procedure had been followed where references were not entirely satisfactory. We spoke with the registered manager and provider about their recruitment procedure. They explained how they had monitored and supported new staff before allowing them to work on their own. They told us in future they would ensure a risk assessment procedure had been followed where recruitment checks identified possible doubts about an applicant's suitability for the job.

There were sufficient numbers of staff to meet the needs of the four people living in the home. One person lived in a self-contained flat and was supported 24 hours a day by their own team of staff. Three people attended day centres every weekday where they were supported by a separate team of staff. (These services are not regulated by the Care Quality Commission and therefore they were not included in this inspection). Mornings, evenings and weekends there were always at least two staff on duty to support three people, and one staff on duty overnight. Staff told us they were confident there was always sufficient staff on duty. Any vacant shifts were covered by the staff team, or by the registered manager or providers. A member of staff told us "We are one big company. We all work together to make sure people receive the support they need."

Care plans contained risks assessments covering each person's physical and mental health and personal care needs. The risks were reviewed regularly and the areas covered included skin care, diet and nutrition, continence, mobility, moving and handling and personal evacuation plans. This indicated people's needs

were regularly assessed. Risk assessments were updated when people's needs or abilities changed. The staff were given detailed information on how to support people to minimise the risks. Special health risks were highlighted in yellow to draw staff attention to the risks and actions they must take to support people safely. For example, one person required a lactose free diet, and was at risk of choking. The care plans explained the food and drinks the person must avoid, and how the meals should be served.

Daily records completed by staff showed that checks had been carried out regularly to monitor potential risks to each person's health. For example, people were weighed regularly and the records showed their weight had remained stable. Staff received good handover information from day care staff to enable them to monitor each person's health, mood, food and fluid intake over a 24 hour period.

Medicines were stored safely and administered by staff who had been trained and had their competency checked. Records of medicines received into the home and administered were in good order. There were no unexplained gaps in the administration records. Medicines prescribed on an 'as required' basis were clearly recorded when administered, and reasons for administration were shown. The provider had carried out a detailed audit of the medication process to ensure safe administration procedures had been followed. Stock balances had been checked to ensure they were correct. A GP we contacted told us "The care staff are responsible for ordering and issuing patients with medication and I have no concerns in this area."

We checked records of cash held in the home on behalf of the four people living there. Receipts had been retained for all purchases made by staff with, or on behalf of each person. The records had been well maintained and showed that care had been taken when handling people's money to ensure they were protected from financial abuse. The provider was also responsible for income and savings for most people living in the three care homes, although they were in the process of negotiating with relatives to hand over responsibility to them.

The building was well maintained and safe. All areas of the home were attractively decorated and furnished and appeared clean and comfortable. The manager and provider had systems in place to ensure all equipment was safe, regularly checked and maintained, and in good working order. The most recent visit by an Environmental Health officer showed the kitchen and food processes were rated as 'good' (five stars).



## Is the service effective?

### Our findings

People received a service from staff who had the skills, qualifications and knowledge to meet people's needs effectively. Since the last inspection the level of training provided to staff had increased. Training had been provided on a wide range of topics relevant to the needs of the people who used the service. The training was planned and organised by the provider for all staff working in the three care homes and day centre they operated. We saw copies of training certificates in staff files and we were given a copy of the training matrix for all staff. Twelve staff were employed at 47 Regents Park. Of these, ten held a National Vocational Qualification (NVQ) either level 2 or level 3. New staff received induction training at the start of their employment covering all basic training topics. The induction included a period shadowing experienced members of staff.

The training matrix showed all staff had received training on essential topics relating to health and safety, including moving and handling, safeguarding, fire awareness, emergency first aid and infection control. In addition they received training on topics relevant to people's needs including autism awareness, challenging behaviour, deaf awareness, equality and diversity, and meeting health needs for people with learning disabilities. Training was provided in a variety of ways including in-house group training and external courses. The training matrix showed that future training needs were highlighted and planned. Staff confirmed the training topics they had completed and told us the standard of training was very good. Comments included "I have never known another employer give as much training as Regents Park. I really feel the amount of training we have received has increased our level of confidence."

Staff told us they were well supported and there were a variety of methods of keeping staff informed and updated. These included regular supervision sessions, annual appraisals and regular staff meetings. The registered manager provided us with evidence of the most recent supervision sessions for each member of staff, and also the planned dates of the next sessions. Staff told us they felt well supported and they enjoyed working there.

Throughout our visit we saw staff communicating with people effectively. Since the last inspection staff had received training on communication skills including sign language known as Makaton. During our visit we saw people communicating with staff, for example, by touching staff on the arm to gain their attention and then by using sign language to ask for food, drinks or an activity. The staff responded appropriately using both verbal and sign language to confirm and carry out their request. One person's care plan showed that in the past they had rarely or never initiated a conversation. However, there had been a significant improvement in recent months as the person was now conversing confidently and happily with staff. This showed that the improved training and skills of the staff team had resulted in positive benefits and outcomes for people who used the service.

A healthcare professional told us "I offer training around meeting the health needs for people with a learning disability to all providers in Exeter, and Regents Park Ltd has been the only provider to regularly have me return to deliver this training to all of their staff. The staff at Regents Park are always really easy to engage and are always so grateful for my input."

During and after our last inspection we heard concerns about the standard of food people received. The service was subject to a safeguarding investigation which resulted in close scrutiny of the service and input from professionals to advise and support the service to improve. During this inspection we found that significant improvements had been made in the standard of the meals. People were involved and consulted about their food and drinks. Staff explained there was a strong emphasis on providing nourishing and tasty home cooked foods.

Staff told us about each person's likes and dislikes and the food they should avoid. For example, one person did not like mashed potato and therefore when fish pie was on the menu they cooked a separate portion of fish with boiled potatoes for this person.

Staff understood the risks of choking and the actions needed to reduce the risks. They had received training on choking and told us about a training session they were about to receive provided by the local Speech and Language Therapy (SALT) team in the very near future. Staff involved people in menu planning by offering choice. People went with staff to the local supermarket to buy foods, and also helped with cooking and serving the meals. Staff told us they were about to introduce pictorial menu boards to increase people's choice and involvement. These were being printed at the time of this inspection.

During our visit two people helped prepare and serve their evening meal. The meal they had chosen was chicken fajitas with salad. Staff told us all the meals were freshly cooked using ingredients purchased locally. The meal was served with plate guards to enable each person to eat independently. Staff sat with them during the meal to offer discrete assistance where necessary and to make sure they ate the meal safely. Each person enjoyed their meal and asked for second helpings. For the pudding course people were given choices including trifle, yogurts or cake. Before, during and after the meal staff offered people a choice of drinks. They did this by putting six different bottles of squash and fruit drinks and letting people choose. They also offered people a choice of sauces. Daily records contained evidence of the food and drinks each person had consumed.

The people who lived in the home were unable to make decisions about what care or treatment they received. Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

We checked whether the service was working within the principles of the MCA. Staff had received training and had an understanding of the requirements of the MCA. Staff were able to explain each person's support needs and any areas where people struggled to make decisions. Where necessary, external health and social care professionals were involved and consulted. Best interest meetings were held by people who supported the person where important decisions were necessary.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Applications had been submitted for people living in the home and they were waiting for assessment.

The home arranged for people to see health care professionals according to their individual needs. Staff gave an example of a person who had been poorly for a few days and appeared lethargic. Staff had

requested a home visit by the GP. When the GP arrived a few hours later the person's health had improved. However, the staff had been confident they had acted correctly by requesting the home visit. We contacted two GP's who told us they were happy with the care provided by the staff. Comments included "The carers always seem well versed and up to date with the patients' condition are happy to bring them to the surgery for routine appointments and ask for home visits rarely (and appropriately)."

# Is the service caring?

## Our findings

We observed people receiving support from staff who showed empathy and understanding for each person's individual needs and personality. Staff were attentive and responded positively to each person's requests. The staff understood each person's non-verbal requests and responded positively and cheerfully. Staff were relaxed, cheerful and friendly and people appeared very happy and relaxed in their company.

One person lived in a self-contained flat in the basement of the house and received support from their own team of staff. We visited them in their flat and met one member of staff who was supporting them. The person was unable to communicate verbally, but despite this they were able to communicate their needs and wishes to the member of staff. The person was smiling, happy and energetic. The member of staff showed us some of the things the person enjoyed including listening to music and clapping. The member of staff sang to the person and they smiled together while clapping along to the song. The person also indicated they liked physical contact and the member of staff responded appropriately with a friendly and reassuring hug that calmed the person before they went on to look for another activity.

Staff had a clear understanding of each person's interests and personality and demonstrated a determination to make sure each person had the best possible quality of life.

Relatives told us the staff were caring. One relative told us the staff cared for the whole family, not just the person living in the home. When a family member had been ill the staff had shown concern and support for all the family. They told us "Staff are very caring." They went on to say how much they appreciated the efforts the staff took to make sure the person was always well-dressed in fashionable clothes that were appropriate for the person's age. Another relative told us "The staff provide an excellent and caring service."

Staff talked about how they kept in touch with families. For example, they had consulted with family members about appropriate clothing, and about outings, activities and holidays. During our visit one person had gone to stay with their family for a few days. Staff also took people to visit families, or encouraged families to visit the home. We also heard how staff kept in touch with families who were unable to visit regularly through phone calls or e mails. One person enjoyed using and I pad and kept in touch with family by e mails, often sending photographs of themselves or activities they had been involved in.

People were encouraged to have their say about the service through the completion of easy to read surveys. They were supported to read and respond to the questions by people who knew them best either families, friends or staff.

People were treated with dignity and respect. Throughout our visit staff involved people in our conversations, and treated people as adults. They offered people choices and waited for responses before providing any support. This meant people were involved and consulted about all aspects of their daily lives, and were empowered to make decisions wherever possible. They demonstrated respect for people's need for privacy. Records were kept locked to ensure personal information was stored safely to retain confidentiality.

Healthcare professionals told us they found staff to be caring. Comments included "Basic care is good and staff have the individuals best interests at heart. "

## Is the service responsive?

### Our findings

Each person had been consulted and involved in drawing up a plan of their care and support needs. 'Easy read' care plans had been drawn up using photos and symbols. The main care plans also contained some photos which helped staff to involve people in their care plans. The plans contained detailed information about all important areas of support each person needed. They were easy to read and were reviewed and updated approximately every three months. Relatives told us they were involved and consulted with care plan reviews. For example, one relative told us the staff regularly ran through the care plan with them and let them know about any changes. They told us "I know what is going on. They explain things."

The care plans covered every aspect of each person's daily activities and support needs. Risks were assessed, regularly reviewed, and the care plans were updated regularly to reflect any changes in support needs. The plans were written in the first person and gave staff information about all aspects of the person's health, personal care needs, interests and daily routines. They gave staff an understanding of the person's unique personality, their likes and dislikes and things that were important to them. The plans included information about communications needs, and also how to support people when they showed signs of anxiety or distress. People had detailed Positive Behaviour Support plans giving guidance to staff about techniques they could use to calm or distract the person.

The registered manager told us they planned to increase the level of involvement with people and their families in all aspects of the home in the next year. They planned to create a feedback link on their website for people to express their views both positive and negative. They also planned to investigate greater use of computers and technology to help people have greater involvement in the service and in their care. They planned to hold a full review of each person's care plan every three months, involving the person's family and professionals in decisions about their care.

Daily reports were completed by staff regularly throughout the day. These contained detailed information covering all aspects of the person's day including activities, personal care, meals, drinks, mood and health. Each person had their own monthly report book that had been printed according to their individual needs. The reports guided staff to observe and report on any specific areas of risk. The reports contained an overview of the personal care each person received such as baths, hair washed and nails clipped and weight recorded. These were reviewed on a monthly basis to ensure all needs had been met, and identify any actions necessary or changes to the main care plan.

Staff had worked with each person to help them identify the activities they wanted to participate in. People were offered the opportunity to attend the provider's day centre which provided facilities for a wide range of activities to suit most interests. Activities at the day centre included cookery, arts and crafts, cinema, games, computers, pet care, sensory room and gym.

Further activities were provided by the staff at 47 Regents Park including shopping trips, life skills such as meal planning and preparation, and outings to places such as Bristol, Morwellham Quay, The Donkey Sanctuary and Exmouth beach. They also enjoyed walks and outings to local pubs and café's and parties

both at home and at the day centre. During our visit two people were planning to go out for an evening car trip. One person had just finished an arts and crafts session when we arrived. Staff talked about other things people enjoyed doing including listening to music and watching films. One person loved swimming and going to a local adventure park. Another person had just been allocated some one-to-one sessions with staff each week when they could choose what they wanted to do, such as going for a walk, shopping and cake making.

The home displayed the compliments and complaints book containing the policy and procedure in a visible place for people and their families to see. Each person had been given an easy read version of the complaints policy and procedure. Relatives told us they were confident they could speak up and raise complaints or concerns at any time and they were confident these would be addressed immediately. For example, one relative told us "If I have a problem I feel I can call someone and it will get sorted." The registered manager told us there had been no complaints since the last inspection.

The manager told us that some people already had advocates who were able to speak out on their behalf. In the next 12 months they planned to investigate further involvement by advocates on behalf of every person who used the service.

## Is the service well-led?

### Our findings

At the last inspection we found the quality assurance systems were not effective. After the inspection the provider received advice and support from the local authority Quality Assurance and Improvement Team (QAiT) to help them improve their systems or implement new systems where necessary. The registered manager carried out regular checks on many aspects of the service. The provider also carried out a range of in-depth audits and checks over a twelve month period. The results of all audits and checks had been input into the provider's Service Improvement Plan. They held weekly and monthly management meetings in which the Service Improvement Plan was discussed and reviewed to ensure actions were being carried out as agreed.

While the systems showed significant improvement over the last year they had failed to identify some issues noted during this inspection, such as weaknesses in the recruitment procedure. During and after our inspection we were given assurances the provider and registered manager had addressed these issues promptly. The provider agreed to review their quality monitoring and service improvement systems to ensure they cover all areas of the service including all legal requirements.

Relatives told us the service was well run. Comments included, "In fact, it has been a constant concern of mine that her placement there should continue. In my experience the home is well run, and I believe the staff provide an excellent and caring service." A professional told us "I have always found the management team wanting to improve their provision and very willing to listen and ask for help."

The provider had recently sent out questionnaires to people who used the service, relatives, professionals and staff. They had a good response rate showing a high level of satisfaction in the service. The results of the survey were collated and a newsletter was sent out letting people know the results of the survey. Where there were areas identified for improvement these were shown. For example, they had told people "Our goal is to review and improve areas where we achieved a 'good' rating rather than 'very good'." The areas they planned to review and improve included: menu choices, cleanliness of the home and the service user's activities programme."

There was a staffing structure in the home which provided clear lines of accountability and responsibility. Staff told us they were confident they could contact the registered manager if they needed advice or support. They also said the registered manager and providers visited the home regularly. There was a team leader based in the home and staff said they could also speak with the team leader if they needed support.

Since the last inspection the provider has implemented a number of measures to show their support and appreciation to the staff. This has included a 'thank you' party in a local restaurant shortly after Christmas, team building events including ten pin bowling, and also an 'extra mile award' for staff to recognise staff who have shown special commitment to their work. During our inspection the staff we met spoke positively about their jobs and the management of the service. Comments included "Yes, the organisation is well-managed. (The provider) often pops in. The manager keeps in touch. We have monthly team meetings." They told us there was a good working relationship between the staff and all the staff were happy in their



work. This meant people were supported by a stable and happy staff team.

The registered manager told us that the management team had encouraged staff to speak out over the last year, and had sought ways of increasing their involvement in all aspects of the service. The management team had endeavoured to meet with every member of staff face-to-face both formally and informally to give staff the opportunity to raise any concerns or suggestions. They felt this had proved positive for the staff team.

The provider and registered manager kept their skills and knowledge up to date through a range of training and support networks. These included conferences and workshops on topics including The Care Certificate – Making it work for your organisation; Devon Independent Care Providers Association meetings; and conferences organised by the Care Quality Commission. The Responsible Individual told us they have had monthly supervisions by an independent external supervisor to ensure they were following best practice.

The manager was aware of their responsibility to notify the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities, although there were no such events in the last year.