

The Regard Partnership Limited

The Regard Partnership Limited - Eastbourne Road

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	

Overall summary

We inspected The Regard Partnership Limited - Eastbourne Road on 31 March 2015. This was an unannounced inspection. The Regard Partnership Limited - Eastbourne Road, is a care home providing social and residential care for nine adults with learning disabilities.

On the day of our inspection there were eight people living in the home, who required different levels of support. Some people required one to one staff support while others needed additional help and support to meet their needs, particularly regarding behaviour that could

Summary of findings

challenge others. People had learning disabilities and other diverse and complex needs such as autism, downs syndrome, bipolar, epilepsy and limited verbal communication.

Although there was no registered manager in post on the day of the inspection, an acting manager, who was experienced and knowledgeable in the care of people with learning disabilities, had recently been appointed. They confirmed that their application to register with CQC was currently being processed. It was subsequently confirmed that, following completion of this process, a decision had been made to register the manager. 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.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans we looked at were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were procedures in place to keep people safe and there were sufficient staff on duty to meet people's needs. Staff were appropriately trained and told us they had completed training in safe working practices. They were knowledgeable about people's care and support needs and we saw that care was provided with patience and kindness and people's privacy and dignity was respected.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made including written references, Disclosure and Barring Service (DBS) checks, and evidence of identity had also been obtained.

Medicines were stored and administered safely and handled by staff who had received appropriate training to help ensure safe practice.

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. People were adequately supported to ensure they received enough to eat and drink. People had been supported by staff to have their healthcare needs met. Where risks to people had been identified these had been appropriately monitored and referrals made to relevant professionals, where necessary.

Staff received Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) training to make sure they knew how to protect people's rights. The manager told us that to ensure the service acted in people's best interests, they maintained regular contact with social workers, health professionals, relatives and advocates. The manager had recently made Deprivation of Liberty Safeguards (DoLS) applications to the local authority and was awaiting responses.

Activities reflected people's individual interests and preferences. We saw people were encouraged and regularly supported to access facilities and amenities in the local community.

There was a formal complaints process. The provider recognised not all people could necessarily raise formal complaints and their feedback was sought through regular involvement with their keyworker. People were encouraged and supported to express their views about their care and staff were responsive to their comments.

The organisation's values were embedded within the service and staff practice. The manager told us they monitored awareness and understanding of the culture of the service by observation, discussion and working alongside staff. Staff said they were encouraged to question practice and changes had taken place as a result. The manager assessed and monitored the quality of service provision through regular audits, including health and safety and medication. Satisfaction questionnaires were used to obtain the views of who lived in the home, their relatives and other stakeholders.

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.

There was sufficient staff, with the necessary skills and competencies, to meet people's complex care and support needs. People were protected by robust recruitment practices, which helped ensure their safety.

Effective systems were in place to manage potential risks to people's welfare and these were reviewed regularly. Staff could identify signs of abuse and were aware of appropriate safeguarding procedures to follow.

Medicines were stored and administered safely and accurate records were maintained.

Good



Is the service effective?

The service was effective.

People and their relatives were involved in the planning and reviewing of personalised care. People said staff knew them well and were aware of their needs. Relatives were happy with the care and support provided.

Safeguards were in place for people who may be unable to make decisions about their care. Staff were aware of and understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People could access appropriate health, social and medical support as required and they received care from staff who were trained to meet their individual needs. They were asked about their preferences and choices and received food and drink which met their nutritional needs.

Good



Is the service caring?

The service was caring.

Staff had developed positive caring relationships with people. They were kind, patient and compassionate and treated people with dignity and respect.

People were treated as individuals. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Staff encouraged and enabled people to maintain links with their families and friends.

Good



Is the service responsive?

The service was responsive.

People had personalised care plans which staff had read, understood and followed. Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. Personalised activity programmes had been developed reflecting individual interests and preferences.

Good



Summary of findings

A complaints process was in place and people and their relatives told us they felt able to raise any issues or concerns. They were also confident they would be listened to and any issues raised would be taken seriously and acted upon.

Surveys were carried out and review meetings held to obtain the views and experiences of people, their relatives and friends.

Is the service well-led?

The service was well led.

Staff said they felt valued and supported by the management. They were aware of their responsibilities and competent and confident in their individual roles.

Shared values, including choice, equality, individuality, participation, respect and safety in relation to the provision of people's care, were understood by staff and put into practice.

Systems were in place to regularly assess and monitor the quality of the service people received. Regular audits were undertaken.

Good



The Regard Partnership Limited - Eastbourne Road

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.

The inspection took place on 31 March 2015 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for a person with a learning disability.

Before the inspection we looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. On this occasion we did not ask the provider to complete 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.

During the inspection we spoke with three people, four relatives, two senior support workers, two support workers, the acting manager and the locality manager.

We observed care practice, including the lunchtime routine, the administration of medicines as well as the verbal and physical interactions between the people and staff, throughout the day. We observed people's care and support in communal areas throughout our visit to help us understand the experiences people had. Because some people had learning disabilities that restricted their spoken language we used observations to help us understand the experience of people who could not talk with us.

We looked at three people's records, which included care plans, health care notes, risk assessments and daily records. We also looked at three staff files and records relating to the management of the service, including various audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

The service was last inspected in August 2013 when no concerns were identified.

Is the service safe?

Our findings

People who were able to communicate verbally with us said they felt safe and staff treated them with kindness. When we asked one person if they felt safe living there, they told us “Yes, I do.” Despite people’s lack of verbal communication, they were relaxed with each other, happy and responsive with staff and very comfortable in their surroundings.

Relatives spoke very positively about the service, they had no concerns about the way their family members were treated and felt that they were safe. One relative told us “he’s very safe there, they really look after him.” Another relative told us “They’re always around making sure she’s safe and helping her when she gets anxious.”

A senior support worker described interventions and strategies that had been developed to ensure staff responded to challenging situations confidently and consistently to keep people safe. People had individual behaviour care plans in place to manage risks to themselves and others. These identified any triggers for the person’s behaviours which may challenge staff. They also provided guidance and detailed strategies for staff to follow.

Staff had completed training in managing people’s behaviours that challenged others. We observed staff using distraction techniques, such as sitting and chatting calmly with a person who was crying and clearly anxious about when they were going shopping and whose behaviour was challenging and unsettling others. The situation was very well managed by staff who patiently and calmly reassured them.

The provider had developed comprehensive safeguarding policies and procedures, including whistleblowing. We saw documentation was in place for identifying and dealing with allegations of abuse. Staff had received relevant training and had a good understanding of what constituted abuse and their responsibilities in relation to reporting such abuse. They told us that because of their training they were aware of the different forms of abuse and were able to describe them to us. They also told us, most emphatically, they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon.

Care and support plans contained personal and environmental risk assessments, which were regularly reviewed. The manager explained that assessments were carried out to identify and minimise a range of risks for the individual, whilst encouraging and promoting their independence. We noted that assessments and actions that needed to be taken to manage these risks were closely monitored and updated on a regular basis. This ensured that people’s care and support reflected relevant research and Department of Health guidance and that risks to people’s wellbeing were assessed and managed safely.

Medicines were stored safely and accurate records were maintained. We observed medicines being given to people and saw people were sensitively assisted to take them. They were not rushed and simple explanations, appropriate to people’s level of understanding were provided. People’s individual medicine administration records for prescribed medicines were completed accurately. Staff and the manager confirmed that they all were responsible for administering medicines had received appropriate training and underwent regular competency assessments.

There was enough staff to meet people’s care and support needs in a safe and consistent manner. The manager told us that staffing numbers were closely monitored and were flexible to reflect people’s assessed dependency levels. This was supported by duty rotas that we were shown. We saw staff had time to support people in a calm unhurried manner. One member of staff told us “Staffing levels here are pretty good and people get the support they need.” Another person confirmed that staffing levels were increased when necessary to enable people to be appropriately supported, including out in the community and on holidays.

Robust recruitment practices helped to ensure the safety of people and all relevant checks had been completed before new staff started work. Staff files contained evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

People received care from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. Relatives spoke very positively about the service, the staff and the care and support provided. A relative told us “All the staff seem to have the right skills and training, they know what they’re doing.” Another relative told us, “I have never had any major concerns. Staff really try to help her with her weight and encourage her to eat healthily.”

The manager told us all new staff completed an induction programme, compatible with the Skills for Care common induction standards. These are the standards people working in adult social care need to meet before they can safely work unsupervised. Training records indicated that staff had undertaken this induction programme and had received all essential training. They had also completed specific training based on people’s individual needs and conditions, including epilepsy, autism, behaviour management and crisis prevention intervention (CPI).

All staff we spoke with confirmed they received the necessary training to undertake their roles and responsibilities and felt confident in their ability to do their work well. A senior support worker told us that Bi-polar training had recently been introduced for staff to meet one person’s specific needs. This was confirmed by one member of staff who told us “It means that we are much more confident dealing with this person, we understand their condition and are aware of the symptoms and how best to support them.” Another member of staff told us “There’s plenty of training going on here and it’s important we all know how best to support people safely and consistently, because routine is so important.” We saw many examples throughout the day of staff supporting people in a confident, respectful and professional manner.

The manager told us that regular supervision sessions and annual appraisals were carried out for all staff and we saw appropriate documentation to support this. Records showed that formal staff supervision happened regularly and staff had either received their annual appraisal or it had been planned by the manager. Supervision provided individual members of staff an opportunity to meet, in a confidential one-to-one setting with their line manager or a senior member of staff, to discuss their work and any

related issues. It also enabled any poor practice or other concerns to be addressed. The manager said that individual competency was monitored and training was arranged to make sure staff had the up to date skills they needed to support people. This was also confirmed by staff who described the benefits of formal supervision, to discuss their work and performance, and told us they felt “valued” and “supported” by the manager.

Records showed that people had regular access to healthcare professionals, such as GPs, physiotherapists, speech and language therapists, podiatrists and dentists and had attended regular appointments, as necessary regarding their health needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People’s rights were protected as the manager understood and followed the legal requirements in relation to DoLS. They confirmed they were currently assessing people, where necessary, to establish whether DoLS applications needed to be submitted.

Policies were in place in relation to the Mental Capacity Act 2005 (MCA) and DoLS. The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with staff to check their understanding of MCA and DoLS. They confirmed they had received training in these areas and demonstrated a good awareness of the code of practice. Clear procedures were in place to enable staff to assess people’s mental capacity, should there be concerns about their ability to make specific decisions for themselves.

People had enough to eat and drink. Drinks were readily available throughout the day and people were offered choice of hot and cold drinks at regular intervals or request them at any time. Meals were homemade, freshly prepared and well presented. People’s nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. We saw that people were individually consulted about their food preferences each day, in accordance with their personalised method of communication. Where individuals required assistance with eating, during the mealtime, we observed staff providing discreet support.

Is the service caring?

Our findings

People and relatives spoke very positively about the caring and compassionate nature of the staff. We found there were positive, caring relationships between people and members of staff and the key worker system was very effective. Each person had a named member of staff as their key worker. A keyworker is someone who co-ordinates all aspects of a person's care at the service. People knew their key worker and told us they talked with them regularly.

Despite their very limited vocal communication, all the people we spoke with said they were happy with the staff and that they could always ask someone for what they wanted. One relative told us "We are very happy with the care and support she gets from the staff. I can't fault them." Another relative spoke about the "extra mile" the staff went and how much they appreciated it. They told us "I've been in hospital recently so they come and pick me up so that I can go to see my daughter. I offered them petrol money but they refused, they're very supportive. My daughter seems happy... and she says she's happy. I'm very pleased with it." Another relative told us "my daughter is happy there, she likes the staff and we're always made welcome."

Communication and interaction between staff and people was sensitive and respectful. We saw people being supported with consideration and gently encouraged by staff to express their views. We saw staff dealing with individuals in a calm, respectful and professional manner. We observed staff involved people as far as possible in making decisions about their care, treatment and support, including which activities they wished to take part in. We spent time in the communal areas and observed how people and staff interacted. People were very comfortable and relaxed with the staff who supported them and there was frequent good natured engagement between people and staff.

Staff were knowledgeable and showed a good awareness and understanding of the individual preferences and care

needs of people they were supporting. They were respectful of people's views and wishes and demonstrated a kind, sensitive and compassionate approach to their role. One support worker emphasised the importance of developing close working relationships with people and being aware of any subtle changes in their mood or condition. Consequently they were able to respond appropriately to how individuals were feeling. This meant they were able to provide care and support to people and meet their assessed needs in a structured and consistent manner. They told us the keyworker system worked very well in promoting and maintaining this caring relationship.

People received care and support in a calm, professional and sensitive manner. Throughout the inspection, we saw many examples where staff patiently encouraged and enabled people to do what they could for themselves, at the pace they were comfortable with, whilst discreetly providing the support they needed. We observed one person, who was due to go out, being patiently encouraged to get dressed, although they clearly preferred to stay in their pyjamas. Eventually, after some gentle persuasion, they agreed to get dressed and were soon looking forward to going out on a shopping trip. The member of staff explained to us that the person liked being in their pyjamas when indoors.

People said they felt they were treated with dignity and respect and dignity. We observed staff dealing with individuals in a calm, professional and respectful manner. They always knocked on the door and waited for a response before they entered a bedroom. The manager told us of the importance of treating people with dignity and respect, how it was fundamental to their work and formed part of the culture of the service. They told us "It's what we do here!" They also said it was included in the staff induction training. They said, as an example of how the service promoted an individual's dignity and respect, all bedrooms had an en-suite facility, which helped ensure privacy when providing personal care.

Is the service responsive?

Our findings

People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and how they liked things to be done. Relatives spoke positively about the communication with the service and their involvement in their family member's care. One relative told us "I'm always kept informed of everything." Another relative gave us two examples of the personalised care provided and how responsive the service was to their daughter's needs and wishes. They told us "She chose every bit of the decor in her room. Her key-worker is always available and they also have varied activities that are very much what my daughter wants." Another relative described how concerns had been dealt with by the service. They told us "We had a problem with another client and a few of us complained but they dealt with it very well... absolutely."

We observed staff carried out their duties in a calm, unhurried manner and they spent time with people on a one to one basis. Most of the staff were very experienced and had been working at Eastbourne Road for a long time. They demonstrated a sound understanding and awareness of people's individual needs and were very responsive to their wishes. Communication was very effective and we observed staff responding skilfully and consistently to one person's requests. They were clearly very knowledgeable about individuals and picked up on their sounds, gestures and understood, without hesitation, every time. This resulted in the person smiling and clearly very happy with the response from the support workers.

There was an inclusive atmosphere and a real sense of sharing and co-operation within the home. We observed two people preparing to go out shopping with two support workers. Everyone was directly involved in organising and compiling the list of what was needed. On their return they all carried bags in and then were all involved in putting everything away.

Concerns and complaints were taken seriously and acted upon. A complaints record detailed each complaint, as well as action taken and the findings of any investigation. Any actions that had been taken, as a result of the complaint, to change practice or improve the service were also recorded. We looked at how complaints had been managed and investigated, in accordance with the provider's published procedures and resolved to the satisfaction of the complainant. The manager told us that staff worked very closely with people and their families and any comments or concerns would be taken seriously and acted upon immediately.

People's relatives told us they were very satisfied with the service, they knew how to make a complaint if necessary and felt confident that any issues or concerns they might need to raise would be listened to, acted upon and dealt with professionally. They also felt communication with the home was good. They told us they were kept informed and were always invited to reviews and, where appropriate, their views and suggestions had been included in their family member's care plan.

We saw that surveys were carried out and review meetings held to obtain the views and experiences of people, their relatives and friends. We were also given many examples of how the service had listened and learned from people's experiences, concerns or complaints and what changes were made as a result. One relative described how they had influenced change in two very different ways. In the first example, following discussion with the manager, their son's keyworker had been changed. Secondly, filtered water was now routinely provided, at their request. Following another request during their review, one person is now accompanied to visit their sister. The manager also told us that in response to people becoming increasingly independent, the kitchen and laundry room had been extended. This resulted in people being supported to be more involved in their own day to day activities, in accordance with their individual wishes.

Is the service well-led?

Our findings

People and their relatives spoke positively about the dedication and commitment of the manager and the confidence they had in him. One relative told us “I can’t fault them.” We also received very positive feedback from members of staff regarding the support they received from the manager. One support worker told us that staff were encouraged to question practice and “think for yourself.”

Staff told us that morale amongst their colleagues was ‘very good’ and they said they felt ‘valued’ and ‘supported’ by the manager, who they described as “very approachable.” They also described the effective communication, including comprehensive handovers that helped ensure consistency and continuity of care. One member of staff told us “It’s a really good place to work and the manager is excellent.”

The culture and values of the service were evident throughout our inspection. The manager told us they routinely monitored awareness and understanding of the values and ethos of the service by observation, discussion and regularly working alongside staff. This was confirmed by staff we spoke with. Throughout the day we saw many examples of people being directly involved in their care and treatment and being treated with the upmost dignity and respect. Staff were clearly motivated and spoke with enthusiasm about their roles and responsibilities. Without exception, they all confirmed that the welfare of the people they supported was their priority and said they were “at the centre of everything we do” and “the reason we are here.”

Effective systems were in place to monitor and review the quality of service provided. These included regular audits, undertaken by the manager, including care records, medication and risk assessments. Compliments and

concerns were recorded and satisfaction surveys were undertaken annually. The manager confirmed that they welcomed constructive feedback from people, their family and friends. Where appropriate, this information was used to drive improvement in the service they provided.

Effective quality assurance systems were in place to monitor and review the quality of the service. The manager carried out regular audits of all aspects of the service including care planning, infection control, medication and health and safety to make sure that any shortfalls were identified and improvements were made when needed.

There were systems in place to identify, minimise and manage risks to people’s safety and welfare in the environment. The manager described how specialist companies were contracted to monitor the safety of equipment and installations such as gas, electrical systems, hoists and the adapted baths to make sure people were protected from harm.

The manager had taken appropriate and timely action to protect people and had ensured that they received necessary care, support or treatment. We saw appropriate records and documentation in place to monitor and review any accidents and incidents. This helped identify any emerging trends or patterns and ensured that any necessary action was taken to minimise the risk of reoccurrence.

The manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They confirmed that their application to register as manager with CQC had been submitted and was currently being processed. They had also submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about.