

The Regard Partnership Limited

31 Egmont Road

Inspection report

31 Egmont Road
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Ratings

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

Summary of findings

Overall summary

About the service

31 Egmont Road is a residential care home for people with learning disabilities and/ or autism, providing personal care to up to six people. At the time of the inspection there were five people using the service, all of whom were non-verbal.

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

People received the right support in relation to risks, such as those relating to behaviour which challenged the service. There were enough staff to support people safely. The provider checked staff were suitable to work with people through recruitment checks. Staff received training in infection control practices, including the safe use of personal protective equipment (PPE) to reduce the risk of COVID19 transmission. People received the right support in relation to their medicines and the registered manager had good oversight of this. The provider carried out the necessary health and safety checks of the premises.

Staff received the training and support they needed to meet people's needs. People were supported to maintain their health and to maintain contact with professionals involved in their care. People received food and drink of their choice. The service was adapted to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were comfortable with the staff who supported them and had good relationships with them. People received consistency of care from a small number of staff who knew them well and understood the best ways to communicate with each person. People were encouraged to be involved in the running of the home. Staff treated people with kindness, dignity and respect. People were involved people in their care and their care plans were based on their individual needs and preferences. Relatives were encouraged to raise any concerns or complaints and staff worked closely with people to check they were happy with their care.

The registered manager understood their role and responsibilities, as did staff. The registered manager engaged and consulted well with people using the service, relatives and staff. Staff felt well supported by the registered manager. A system of audits was in place to check people received a good standard of care and the home was run in line with the regulations and best practice. The registered manager notified CQC of significant events as required by law.

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

Rating at last inspection

This was the first inspection since the service registered with us on 1 December 2020. This is an established service which registered under a new provider on this date. The people using the service, the registered manager and many of the staff remained the same under the new provider.

Why we inspected

The inspection was prompted in part due to concerns received about infection control and prevention practices. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

31 Egmont Road

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Our inspection was completed by one inspector.

Service and service type

31 Egmont Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is linked to 33 Egmont Road, a similar service run by the same provider and registered manager. We inspected both services on the same day and the reports bear some similarities.

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

Notice of inspection

This inspection was announced. We called the service just before our inspection to check the COVID-19 status of people and staff. The inspection activity started on 1 August 2021. We then made phone calls to relatives of people using the service and inspection activity ended on 20 August 2021.

What we did before the inspection

We reviewed the information we had received about the service since they registered with us, including any statutory notifications received. We had not asked the provider to send us a provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. We used all of this information to plan our inspection

During the inspection

We spoke with the registered manager and two staff. People were unable to share their views as they were non-verbal and had limited capacity in relation to their care, so we carried out observations to understand their experiences at the care home. We reviewed a range of records including care and staff records and records relating to the management of the service.

After the inspection

We spoke with two relatives about their experience of the care provided. We also received feedback from a Psychiatrist. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager identified and assessed risks to people, such as those relating to health conditions such as epilepsy and any behaviours which challenged the service. They put guidance in place for staff to follow in reducing the risks.
- Staff received support from the local challenging behaviour intervention team and incorporated their guidance into care plans for staff to refer to. A professional told us staff managed incidents of behaviour which challenged well and understood people's needs.
- Staff understood how to respond to accidents and incidents, including how to de-escalate challenging behaviour, and had received training in this. The registered manager reviewed all records of incidents and challenging behaviour to identify patterns and reduce the risk of reoccurrence.
- The provider carried out checks of the premises and equipment. These included checks relating to the general environment, fire, electrical, gas and water safety.

Using medicines safely

- People's medicines were managed safely and relatives did not raise any concerns about medicines management. The registered manager assessed risks relating to medicines management and put guidance in place for staff to follow, including for 'as required' medicines.
- Only staff who had received suitable training administered medicines to people. The registered manager carried out medicines competency checks on staff to check they retained the right skills and knowledge.
- Staff recorded medicines administration appropriately and the registered manager regularly checked people received their medicines as prescribed. Medicines were stored safely.

Staffing and recruitment

- There were enough staff to support people safely and new staff were being recruited to fill vacancies. The provider recently began using agency staff to ensure staffing levels remained safe. Processes were in place to ensure agency staff met people's needs, such as an induction and supervision by employed staff.
- The provider carried out recruitment checks including those relating to criminal records, references, fitness to work and identification. However, some staff files lacked a full employment history which meant recruitment checks could be improved. The registered manager told us they would improve this going forwards.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them.
- Systems were in place to protect people from the risk of abuse including regularly training staff to

recognise abuse and take the right action. Staff understood their responsibilities in relation to safeguarding.

- The registered manager took action to keep people safe in response to allegations of abuse, including reporting to the local authority safeguarding team in line with guidance.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People's learning disabilities and/ or autism, plus any physical healthcare needs were understood by staff. Staff received training and support to help them meet people's needs.
- Staff supported people to see the healthcare professionals they needed to maintain their health including their care coordinators, specialist healthcare professionals and their GPs.
- We observed people received their food and drink according to their needs and wishes. A relative told us, "[My family member] likes the food. They eat their dinner."

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

- The service was adapted to meet people's needs and preferences. For example, due to the risk of people tearing them down, pictures were displayed high on the walls and in plastic frames to reduce the risk of injury.
- People were encouraged to personalise their rooms with things that were important to them. However, some people expressed their preference to have few possessions in their rooms and staff respected this.
- Some areas of the home were accessible only with staff support as part of keeping people safe. People's liberty to leave the home freely was restricted under DoLS with keypad access.

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

- The registered manager assessed whether people's care met their needs through regularly reviewing their care plans and consulting with those involved in their care, such as their relatives and mental health team.
- There had been no new admissions since our last inspection although the registered manager explained how they would carefully assess any new referrals to ensure they could meet their needs.

Staff support: induction, training, skills and experience

- Staff understood their role and responsibilities and received training on key topics such as learning disability and mental health awareness, epilepsy and behaviour which challenge the service.
- Staff received regular supervision with spot checks to check they carried out their responsibilities as expected. Staff told us they felt well supported by the registered manager.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

- All people using the service lacked capacity in relation to many aspects of their care. The registered manager followed the MCA. They ensured mental capacity assessments were carried out and decisions made in people's best interest's, consulting with relatives and professionals. The provider had applied for DoLS authorisations appropriately and took note of any conditions.
- Staff understood their responsibilities in relation to the MCA and had received training in this.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported in line with their preferences, such as how they liked to receive their personal care, how they spent their days and their food and drink. Relatives told us staff knew people's preferences as many had worked with people for several years. Key details were recorded in people's care plans for staff to refer to.
- Each person had a keyworker who checked people's care needs were met by working closely with them.

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

- We observed people were comfortable with the staff who supported them, approaching them freely to interact or indicate a need. People received consistency of care from staff who knew them well and developed good relationships with them. A relative told us, "The staff know [my family member] well, better than anyone I would say."
- Staff were kind, caring, respectful and patient in their interactions with people. We observed this and relatives also confirmed this.
- Staff understood the best ways to communicate with people and we observed they understood people's body language and gestures. Detailed information was in people's care plans for staff to refer to.
- Staff told us, and we observed, they were not rushed and had time to engage with people, providing meaningful care.
- Staff received training in equality and diversity and understood people's religious, cultural and social needs. People were provided with food from their own cultures where they wanted this.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff and staff understood how to maintain people's confidentiality. Staff received training to understand their responsibilities in relation to this.
- People were supported and encouraged to be involved in some household chores to improve their skills.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them;

- Staff knew people's individual needs and preferences well as they worked closely with them, some for several years, and understood their care plans.
- People's care plans were personalised. They detailed their health needs, backgrounds, personalities, those who were important to them and how they preferred to receive their care. Care plans were kept up to date so they remained reliable for staff to follow.
- Each person had a personalised activity programme in place based on their interests and staff supported people to do the activities they enjoyed. One relative told us, "They take him out a lot trampolining. I think he has enough to do." Visitors were welcomed to the scheme, following suitable guidance to reduce the risk of COVID-19 outbreaks.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place which relatives were made aware of. The registered manager encouraged concerns or complaints although they had received none since they had registered with us. A relative told us, "If I was to complain it would get to the relevant people. I'm pretty sure it would be dealt with."

Meeting people's communication needs

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

- The provider met the AIS and key information could be provided to people in alternative formats if necessary.
- The provider recorded people's communication needs in their care plans and how best to communicate with them.

End of life care and support

- At the time of our inspection no one was receiving end of life care. However, the registered manager told us they would work closely with the person, their relatives, the local hospice and others involved in their care if they needed to provide end of life care.
- The provider encouraged relatives to consider how they would like their family members to receive care at the end of their lives and recorded any preferences or any refusal to engage.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was experienced in managing learning disability care homes. Our discussions and findings showed they understood their role and responsibilities well, as did staff.
- A clear management structure was in place. The registered manager was supported by a deputy manager and senior support worker and each shift was led by an allocated staff member.
- The provider had a system of audits to check people received a good standard of care and the service met regulations. These included checks of all care records, the premises, supervision and training.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager carried out regular observations to find out people's experience of living at the service. The registered manager also communicated well with relatives and staff about any developments at the service and asked their views. A relative told us, "[The registered manager] is amiable and approachable."
- The registered manager understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Staff told us the registered manager was open and transparent.
- The provider communicated with external health and social care professionals such as care coordinators, mental health professionals, specialist nurses, GPs and speech and language therapists to ensure people received the care they needed.