

The Regard Partnership Limited

The Regard Partnership Limited - Clareville Road

Inspection report

3 Clareville Road
Caterham
Surrey
CR3 6LA

Tel: 01883340181
Website: www.achievetogether.co.uk

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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

Clareville Road is a care home providing care for up to ten people. On the day of our visit nine people lived at the service. The service provides support to people who have a learning disability and some who may challenge the service.

The service was not developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. We were told there were no plans to change the design or development of the service to meet these values and principles. Whilst people did live full lives, the potential impact of the service not working in line with these principles had not been assessed. We have made a recommendation that the provider consider the guidance on Registering the Right Support in any future planning of the service.

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

The outcomes for people using the service promoted as much choice and control as possible. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. However, the layout and size of the premises were not in line with best practice guidance. People were living in a large group setting which is different to how most citizens choose to live their lives.

We met and spoke to all nine people during our visit. However, some people who lived at the service had some communication difficulties due to their learning disability and associated conditions, such as autism. Therefore, they were not able to tell us verbally about their experience of living there. We spent short periods of time with people seeing how they spent their day and observing the interactions between people and the staff supporting them. One relative who provided feedback said; "I have always been happy with him living there."

People's relatives said they felt their loved ones were safe with the staff supporting them. Systems were in place to safeguard people. Risks to them were identified and managed.

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 received their medicines safely in the way prescribed for them. Infection control measures were in place to prevent cross infection. Staff were suitably recruited. Staffing levels were flexible to enable the service to provide a bespoke service to people to meet their needs.

People were supported by staff who completed an induction, training and were supervised. The support required by people with health and nutritional needs was identified and provided.

All relatives agreed that the staff were kind and caring. Their privacy and independence were promoted. Systems were in place to deal with concerns and complaints. This enabled people to raise concerns about their care if they needed to.

People's care records were detailed and personalised to meet individual needs. Staff understood people's needs and responded when needed. People were not able to be fully involved with their support plans, therefore family members or advocates supported staff to complete and review people's support plans. People's preferences were sought and respected.

People had staff support to access day centres, other activities and holidays. This was flexible and provided in response to people's choices. People's communication needs were known by staff. Staff had received training in how to support people with different communication needs.

People were supported by a service that was well managed. Records were accessible and up to date. The service was audited, and action taken to address any areas identified that needed improving. Staff were committed to providing good outcomes for people.

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

Rating at last inspection

The last rating for this service was Good (Published 18 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

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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

The inspection was completed by one inspector.

Service and service type

Clareville Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the 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. This information helps support our inspections.

We used this information to plan our inspection.

During the inspection

We met and spoke with all nine people who lived at the service. We spoke with four members of staff and the registered manager. We also spoke with four relatives.

We reviewed a range of records. This included three people's care records and medicine records. We looked at one staff file in relation to recruitment and at the staff supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines safely and on time. Staff received training in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Medicines were audited regularly with action taken to make ongoing improvements. However, at the last inspection it was noted that not everyone had a PRN protocol in place that was in date and held all people's prescribed medicines. This action had been completed.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and told us they would be confident reporting any concerns to the registered manager.
- Information about how to report safeguarding concerns externally was displayed in the service.
- Any safeguarding concerns had been investigated appropriately by the registered manager and action taken.
- The service was well managed which helped protect people from abuse. One relative said; "Definitely safe there!"

Assessing risk, safety monitoring and management

- Risks were identified, assessed and regularly reviewed. There was guidance for staff on the action they should take to mitigate risk.
- People were supported to take positive risks to promote their independence. For example, individual care records detailed what support people needed to enable them to access the community as independently as possible.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information for staff to help identify known triggers, so they could respond quickly to prevent situations from escalating.
- The environment was well maintained. Utilities, equipment and fire systems were regularly checked to make sure they were safe and fit for purpose.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff spent time with people talking to them and offering reassurance and encouragement.

- The staff covered additional hours, so people had staff they knew and trusted. This was to support appointments or staff absences.
- Where people were assessed as needing specific staffing ratios, for example, when going out in the community, this was always provided.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Staff had been recruited safely. All pre-employment checks such as criminal record checks and references had been carried out before staff started work.

Preventing and controlling infection

- The premises were clean and free from malodours.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- When accidents and incidents occurred these were discussed at regular staff meetings, as a learning opportunity.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's individual needs had been assessed before they moved in.
- Assessments of people's individual needs were detailed, expected outcomes were identified and care and support regularly reviewed.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and experienced staff who had the relevant skills and qualifications to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- Staff training covered those areas identified as necessary for the service and additional training to meet people's specific needs.
- New staff completed an induction which included training and familiarisation with policies and procedures, organisational working practices and people's care needs. There was also a period of shadowing more experienced staff.
- Staff received regular supervisions and annual appraisals. They told us they felt well supported on a daily basis and were able to ask for additional support if needed.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-balanced diet and make healthy eating choices.
- People were supported with shopping and menu planning in line with their needs and preferences.
- Where possible people were involved in meal preparation and the kitchen was suitably equipped to enable people to do this.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to see their GP, district nurses, and attend other health appointments when required.
- If people found attending healthcare appointments difficult, because it might cause them to become anxious, additional staff were provided to support people.
- Health information was recorded ready to be shared with other agencies if people needed to access other

services such as hospitals.

- Staff supported people to see external healthcare professionals regularly, such as dentists. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.

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

- The service was registered before the development of Registering the Right Support (RRS) guidance. The premises had not been designed in line with the guidance and had not been updated to comply with the principles. The manager confirmed no plans had been discussed to change the layout or size of the premises.
- People were living in a large group setting which is different to how most citizens choose to live their lives.
- People had access to their own private space which had been personalised for people who wished to have some space and quiet time.

We recommend the provider gives due consideration to Registering the Right Support guidance when planning for the future.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- 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.
- There were processes for managing MCA and DoLS information. The registered manager told us that required applications had been made to have DoLS assessed. However, not all authorisations were in place at the time of the inspection.
- Staff had completed training in MCA and had a clear understanding of how to apply it in their daily work.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with consideration and kindness. Staff were friendly in their approach and offered reassurance and support appropriately. Positive and caring relationships had been developed between people and staff.
- Care plans contained information about people's abilities and skills. Management and staff took a pride in people's achievements and were keen to talk with us about this.
- Relatives were complimentary about the care and support the service provided. They said; "He's in good hands," and "Couldn't wish for anything better."

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

- People were supported to make as many decisions as possible about their daily living. A relative confirmed staff involved them if people needed help and support with decision making.
- We saw how staff put people at the centre of the service and reflected the provider's values. Staff valued people's views and encouraged us to talk with as many people as we could during our visit.
- Care plans contained information about people's specific communication methods. People living in the care home were not all able to communicate their needs.
- People, and those acting on their behalf, were provided with a range of opportunities to express their views about the care and support through regular care reviews, meetings and surveys.

Respecting and promoting people's privacy, dignity and independence.

- People's right to privacy and confidentiality was respected. Each person had their own private space when they wished to be alone. Confidential information was kept securely.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of care they could manage independently and when staff needed to support them. Staff promoted people to be as independent as possible by encouraging and praising them.
- People were supported to maintain and develop relationships with those close to them. One relative commented; "He's always happy living there so that makes me happy." Records showed family members had been updated when changes in people's needs were identified.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Care plans were informative and provided staff with detailed information about people's likes, dislikes, personal preferences, care needs and medical history. This guided staff to support people in the way they wished to be supported. Staff were familiar with the information in the plans and used this to ensure they gave the best support in an individualised way.
- People and relatives were involved in planning and developing their care where possible. People agreed the standard of care people received was very good.
- People received person-centred care. Staff had a knowledge of people's histories, their likes and dislikes and how they wished to be supported. This information was used to support people in a way that valued them as unique individuals and respected them for who they were.
- People's needs were reviewed on a regular basis and any changes were recorded accordingly. Handover meetings were people focused and provided staff with information about people's changing needs and how to meet them.

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.

- People's care plans outlined any communication need and documents could be provided in other formats if required.
- Staff knew how to communicate effectively with people in accordance with their known preferences.
- Information was given to people in an easy read format when required to help aid their understanding. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with the Accessible Information Standard.

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

- People were supported to maintain relationships which were important to them, with friends and relatives.
- There was a programme of activities arranged most days that was very much based on people's interests and preferences. This was a mix of group and individual activities. Activities were designed to be person centred. They encouraged social interaction, provided mental stimulation and promoted people's well-being. The home's activities programme was displayed on a notice board and informed people about

upcoming events.

- There was a whole team approach to keeping people meaningfully occupied.
- Birthdays, cultural and religious festivities were celebrated. For example, birthday parties were arranged for people and their family and friends were invited.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scales. The complaints process was available in an easy read version for people to access.
- Residents meeting were held to enable people to raise issues and contribute to the running of the service.
- Relatives knew how to make complaints and felt confident that these would be listened to and acted upon in an open and transparent way. Complaints received were viewed as opportunities to improve the service.

End of life care and support

- People living in Clareville Road were all younger adults. Staff were not supporting anyone who required end of life care during this inspection.
- There were positive links with external professionals, such as GPs when needed.

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.

At the last inspection this key question was rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular audits took place, and these were completed by the registered manager, who had been appointed since the last inspection. All audits were supported and overseen by providers.
- Roles and responsibilities were clearly defined and understood. The registered manager was supported by senior managers. Staff had key worker roles and had an oversight of named individual's care planning.
- The registered manager was involved in the day to day running of the service including working hands on, alongside staff where required. The providers had a defined organisational management structure and there was regular oversight and input from them.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said; "We have good team work, like a big family and we all get on well."
- There was good communication between all the staff employed. Important information about changes in people's care needs was communicated at staff handover meetings each day and regular staff meetings.
- The management and staff worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and relatives were positive about the management of the service. Staff told us the registered manager was approachable and always available for advice and support. The registered manager was knowledgeable about all the people living at the service. A relative said; "They (the registered manager) contacted me to keep me informed in some changes in my sons' life. I was really pleased."
- The service had clear visions and values in place focusing on community inclusion and supporting people to live fulfilled lives. These values, and any organisational changes, were communicated to staff regularly, for example through meetings and discussions.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The providers had a duty of candour policy in place and they were aware of their responsibilities to be

open and transparent when things went wrong. They used this as an opportunity to promote learning.

- The providers, registered manager and staff team were open, honest and receptive to feedback to enable them to bring about further improvements within the service.
- Audits were carried out to monitor the quality of the service provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to enable people, staff and relatives to give feedback. The providers carried out surveys with people, relatives, professionals and staff. All feedback received was positive.
- Team meetings took place and systems such as a communication book, handovers and emails messages were used to promote good communication within the team. Staff told us communication within the service was good and they all worked well as a team.

Continuous learning and improving care

- The registered manager confirmed to us that the provider had not considered the most up to date guidance when planning future developments in the service. Therefore, they will not be able to meet the best practice guidance of Registering the Right support.
- The company used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care.
- The registered providers kept up to date with developments in practice through working with local health and social care professionals.
- Clareville Road policies and procedures were designed to support staff in their practice.
- The registered manager had forged good links for the benefit of the service with key organisations, reflecting the needs and preferences of people in its care, and, to aid service development.

Working in partnership with others

- The service supported people to access professionals to ensure the relevant support and equipment was made available.
- The registered manager and staff team worked in partnership with representatives from key organisations. These included GPs to provide joined-up care and support.