The Regard Partnership Limited

Adrian Lodge

Inspection report

19 Gaywood Road
Kings Lynn
Norfolk
PE30 1QT

Tel: 01553760347
Website: www.regard.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 4 October 2018 and was unannounced. The service was last inspected 15 March 2016 and was rated good overall and for all the key questions we inspected against. At our latest inspection we identified a number of concerns in relation to the deployment of staff across the day and unassessed risks posed from the environment and at times of reduced staffing. We have therefore made safe requires improvement.

Adrian Lodge 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.

Adrian Lodge can accommodate up to ten people who have a diagnosed mental health condition. It does not provide nursing care. At the time of our inspection there were nine people living permanently at the service.

The service is situated on the edge of the town of Kings Lynn and provides accommodation on ground, first and second floor. It also had a cellar.

At the time of our inspection 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.

During our most recent inspection we had a number of concerns about the building in relation to its current use and the physical needs of people using the service. Some people had been using the service for many years and their physical and cognitive needs were changing which meant that the service may no longer be appropriate. For example, there was a steep flight of stairs which could not be adapted and there was no lift on the premises. Some risks posed from the environment had not been considered in the overall environmental risk assessment. This included uncovered radiators and potential ligature risks. The registered manager said no one was presenting with unstable mental health or at risk of self -harm.

We had concerns about fluctuating staffing levels at the service. At times there was only one member of staff in the building and people were not regularly monitored at night to ensure they were safe and well. We had concerns about how one member of staff would be able to adequately respond to adverse incidents within the service and keep themselves and others safe.

The registered manager said additional staffing could be provided if people's needs changed. However, we felt within the existing staffing levels people did not get much input in terms of individualised support or encouragement to participate in the wider community which might increase their emotional resilience.

We found, overall, other factors considered, that the service was safe and individual and generic risk assessments helped to ensure the building and equipment was safely maintained and individual risks identified and controlled.

People received support from a well-established and experienced staff team which helped people feel secure.

There were robust systems in place to help ensure medicines were there for when people needed them and were administered as prescribed.

There were robust staff recruitment processes in place to help ensure only suitable staff were employed and this helped to protect people using the service who could be vulnerable by their circumstances.

Staff knew how to safeguard people from abuse and were skilful in intervening as necessary to ensure people were appropriately supported with their emotional and mental health.

Staff were well supported by the registered manager and had trust and confidence in them. There were robust systems in place to ensure all staff had access to the training they needed and had a sufficient induction into their role. Staff received regular support and time to meet up to discuss their progress and training needs.

People were supported to maintain good health and access the services they needed. They were supported with meal preparation and eating and drinking enough.

Staff understood how to support people lawfully in line with legislation relating to mental capacity. People were free to make their own decisions in the least restrictive environment as possible.

Staff were caring and spent time with people actively listening to people and helping them to reach decisions and take control over their lives. They provided the necessary emotional support and were skilful in their approach.

People were empowered by the approach used by staff. People were encouraged to be independent and participate in meeting their own needs and helping to contribute to the cleanliness of the service.

People were actively involved in their care and support and had regular consultation with staff and their key worker. A key worker is a named member of staff who is assigned to the person to oversee their care and support.

Care and support plans were drawn up with the involvement of the person. The service could evidence how much time they spent supporting the person and what with. This was regularly reviewed to help ensure the person was getting the level of support they required. We had concerns about staffing levels and the potential impact this had on people's support needs when staffing levels were reduced.

End of life planning had not been taken in to consideration when assessing and reviewing people's needs and staff had not had training provided by this service. At the time of our inspection there was no one receiving palliative care.

The service had an accessible complaints procedure. There were no recorded complaints and it was clear that people had regular opportunities to raise issues and these were resolved immediately.

The service had an experienced, registered manager who had very good interpersonal skills and was proactive in supporting their staff and people using the service.

The service had robust record keeping and clear auditing processes designed to identify how the service was being managed and to have a clear plan to address any shortfalls but had not taken into account staffing and some environmental factors.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not fully safe.

The risks posed from the environment had not been carefully considered and fully assessed. This increased the risk to people from avoidable harm.

Staffing levels could compromise peoples safety and less able to respond to people's individual needs. The service managed incidents well and ensured lessons were learnt.

There were robust recruitment processes in place to help ensure staff employed at the service were suitable to work in care.

There were robust checks in place to ensure medicines were available as required and administered as prescribed.

Staff understood and recognised what constituted abuse and how they should act to protect people from abuse or avoidable harm.

Is the service effective?

Good

The service was effective.

Staff were competent, and well supported. They had training appropriate to their job role and regular support to ensure they continued to deliver safe, effective care.

The service kept up to date with best practice and relevant legislation. Staff's practice reflected current good practice.

The staff supported people in line with their wishes and gained lawful consent before supporting people.

People were supported to access health care services and to have a balanced and healthy diet.

Is the service caring?

Good

The service was caring.

Staff knew people well and could anticipate people's needs and support people to have positive mental and physical health.

Staff supported people to retain existing skills and encouraged people to take an active role in running the household and managing their personal care.

Staff supported people in a way of their choosing and considered their individual preferences.

People were regularly consulted about their care and support.

Is the service responsive?

Good

The service was responsive.

People's support and care plans were drawn up with their involvement and agreement and reflected their needs and stated how staff should support them.

The service had not documented people's end of life wishes in line with their care and treatment.

The service considered feedback from people using the service and had an established complaints procedure.

Is the service well-led?

Good

The service was well-led.

People were well supported by the service but the environment posed several risks and staffing levels were not maintained across the week .

The manager and their staff team were very experienced and skilled and supported people in the least intrusive way.

The service had robust processes in place which considered people's feedback about the service. This helped to ensure the service was well planned and managed and learnt from incidents.

Adrian Lodge

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 4 October 2018 and was unannounced. The inspection was undertaken by one 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.

Before the inspection we reviewed information already known about this service including previous inspection reports and notifications. A notification is information about important events which the provider is required to send us by law. 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.

At the inspection we spoke with seven people using the service. We spoke with the registered manager, the senior member of staff and two care staff. We looked at medicines, staff recruitment, one care and support plan and other records relating to people's care and experience. We also looked at health and safety and care audits.

Requires Improvement

Is the service safe?

Our findings

At the last inspection of this service on 15 March 2016 this key question was rated good. At this inspection we have rated it as requires improvement. We had concerns about the deployment of staff across the week and how this was consistent with people's assessed needs. We also found that risks to people's safety had not been fully considered when planning and delivering the service.

Staffing levels were not maintained across the evening, overnight or at the weekend. Staffing rotas showed four staff across the day. This included the registered manager and senior. This reduced to one member of staff in the evening and overnight. This member of staff slept overnight at the service at the end of their evening shift and there was no waking night staff. This arrangement had always been in place and made explicit when assessing people who might be suitable for the service. The Local Authority commissioned a service knowing that this was the case. It was not clear as to the rationale of having a reduced number of staff working in the evening and at the weekend. There was only one member of staff working at weekends and the registered manager was on call. Although we did not evidence any specific negative impact on people using the service at times of reduced staffing we had concerns. People went out independently both in the week and the evenings and weekends and did not require staff support to do so. We found a number of people had been vulnerable when going out in the community when unsupported to do so and some people required motivation to go out independently. We also saw that some people could pose a risk to themselves or others at times of poor mental health. Within the current staffing structure, it was difficult to see how people received adequate support around their assessed and changing needs.

The registered manager told us said they were providing what they were commissioned to provide. This included 156.5 hours across the ten beds which included 7 dedicated 1:1 hours for one placement. In addition, there were 37.5 hours for the registered manager. This was consistent with what the service had been providing for a number of years. The registered manager said everyone had a care reviews in the last twelve months and no-one had raised concerns about staffing hours or their needs not being met. Our concern was the agreed hours also included non- direct care hours including staff training, administration and domestic type duties. There was not a dependency tool showing a breakdown of how many hours staff were spending on domestic type duties or administration. We were not assured there was enough flexibility within the service to meet people's needs responsively according to people's wishes.

There was a lone working policy and environmental risk assessments in place. These did not consider if there was an increased risk to people in relation to a reduction of staff overnight. People were not regularly checked throughout the night for their safety as there was no assessed risk for people needing this support. We had concerns that by the nature of people's history, fluctuating health and behaviours that some people might not recognise risks or potentially dangerous situations for themselves. This could have an impact on their safety or others. We were also concerned as to how staff would respond to any given emergency or adverse incident and keep themselves and others safe. The registered manager assured us they continuously monitored people and any change in their mood would be quickly identified and acted upon by staff.

People we spoke with told us there were enough staff and this helped them feel safe and they had someone to talk with when they needed to. Staff also felt there were enough staff. They said they worked as a good team and the registered manager was always on hand to support them when needed. The registered manager told us they had no staffing vacancies and good retention of staff. They said this contributed to the security people felt using the service. There were six staff in total employed for this service which meant there was not a lot of scope to cover for holiday and sickness in house. However, the registered manager said there were three services in the locality that shared a bank of staff when necessary. They said they had never used agency staff and could respond quickly to a change in a person's needs and provide extra staffing if required.

Regular environmental checks were carried out but they did not always adequately show what actions were taken to reduce the risk to individuals. For example, we observed some ligature risks which had not been taken into account when carrying out generic health and safety checks. The service had not taken into account individual risk in relation to self -harm or suicide. We found radiators uncovered and in one instance very hot and with exposed pipework. This was for an unoccupied room but there was nothing to prevent another person going in. The registered manager said radiators had thermostatically controlled valves so the temperature could be adjusted and risks were explained to people. People were independent with their personal care but some had reduced mobility or could be unsteady on their feet, particularly as some people chose to take illicit drugs and alcohol. This could reduce their capacity to make informed choices. If a person fell against the radiator they would not easily be able to summons support at night. This increased the risk of scalding which had not been fully assessed. We were concerned about the stairs which were both steep and only had a rail on one side due to them being narrow. Some people were unsteady on their feet and where this had been assessed were offered ground floor accommodation. There were further steps to the cellar and generic risks of these had not been considered. there was a risk of people falling. Some people had access to the cellar to use the washing machine and tumble dryer. This was also down steep steps which posed an unassessed risk.

There were robust systems to ensure people had their medicines as prescribed. People told us they received their medicines when required. One person told us they took their own medicines. Another person collected their medicines each week from staff and had a set day when staffed checked to ensure they were taking their medicines safely. The service kept this under review and gave people the opportunity to take their own medicines if they could do this safely.

Staff administered medicines for most people and had adequate training and support to do this. Staff completed training and there was ongoing support and assessment of their competencies around medicine administration. Two medicine errors had occurred in the last year. These were clearly recorded to show how the error had occurred, what actions had been taken to ensure it did not happen again and lessons learned. This involved supporting staff and providing additional training or observation of practice when required.

Medicines were kept safely and regularly audited to ensure there were sufficient in stock, stored correctly at the right temperature and administered as required. There were daily and weekly audits and additional audits both internal and external. This meant errors were picked up and addressed very quickly which reduced the risk of avoidable harm.

Staff knew what medicines people were prescribed and when to administer them because there was clear guidance and protocols in place, including for medicines prescribed on an 'as required' basis (PRN). Staff knew how people liked to take their medicines and at what time. There was clear guidance about what medicines were for and any potential side effects to look out for. Staff ensured people's medicines were regularly reviewed to ensure people's continued good physical and mental health.

People spoken with told us they felt safe at the service and the environment was appropriate to their needs. One person said they locked their door at night but could speak with staff if they felt unsafe. Another person told us the building was secure.

Staff could describe what might constitute a safeguarding concern and when it might be appropriate to report a concern and to whom. Staff said they were confident in raising concerns and tackling poor practice if identified. They said the registered manager was responsive to any feedback. Staff had access to guidance to follow and had received regular and updated training in protecting adults from abuse so they knew how to keep people using the service safe.

We reviewed incidents, accidents and concerns. These were appropriately recorded and documented what actions had been taken to keep people safe and reduce the likelihood of any further incidents. The organisation regularly reviewed incidents at the service to ensure that the actions taken were appropriate according to the risk posed. Regular service audits were carried out to identify any risks to health and safety. The risks of uncovered radiators and ligature risks had not been identified in relation to the current client group.

During our inspection we reviewed environmental risk assessments, individual risk assessments and audits. These provided a comprehensive overview of the service and how it ensured it was safe. Care and support plans documented any individual risk and how these should be mitigated without stifling a person's independence. We saw that staff were very skilled in their approach to people and encouraging people to problem solve whilst acknowledging what might be preventing the person from doing so.

The staff recruitment processes were sufficiently robust and helped to ensure only suitable staff were employed to work at the service. We looked at the newest member of staff's record and this included all the necessary documentation which had been requested by the service before their employment including references, an application form documenting previous experience and work history. There was a health questionnaire and a completed Disclosure and Barring Service which checked if the staff member had a criminal conviction which might make them unsuitable to work in care. These were renewed every three years which was good practice. There was also evidence of a robust interview process to ensure the person's suitability for employment.

The service was visibly clean and there were systems and processes in place to ensure the risks of cross infection within the service were reduced. The care staff did the cleaning of the property and tried to encourage people to participate and keep their own bedrooms clean. People were supported to do their laundry and take part in other household chores. Staff had received training in infection control and there were clear infection control policies and processes in place. For example, staff readily had access to personal protective clothing to reduce the spread of infection. Buckets and mops were colour coded so it was clear what to use where. The service completed regular audits which helped to identify any concerns about the cleanliness of the service or staff practices so these could b

Good

Is the service effective?

Our findings

At the last inspection of this service on 15 March 2016 this key question was rated as good. At this inspection it remained good.

People being supported by staff said they did it well and people reported being comfortable with staff. Staff we spoke with were comfortable working at the service and had relevant experience. They felt very well supported by the other staff and the registered manager. Staff had clear roles, responsibility and oversight of people's needs.

New staff were supported in their role and there was a clearly laid out induction which included ongoing support and review of their performance. Staff completed an initial on-site induction and the care certificate which is a nationally recognised induction for staff working in care.

Staff received regular support and formal supervision every three months. There were opportunities for staff to meet as a group and discuss their working practice and we saw minutes of the monthly team meetings. The registered manager carried out observations of staff practice to ascertain that staff were working in line with the organisation's values. They had gained people's consent for carrying out these observations.

Staff training was up to date and the service provided training using a mixture of e-learning and face to face training. The organisation offered a wide range of training including mental health and specific long- term illnesses and conditions. The registered manager was proactive in identifying any staff training needs and ensuring training was available as needed. Staff had opportunities to study for enhanced qualifications. Staff had an annual appraisal of their performance which showed staff progression and development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff demonstrated a good understanding of the MCA and DoLS. People living at the service had all been assessed as having capacity and any support they required was carefully documented. People could choose to come and go as they pleased and lived in the least restrictive environment possible. Some people needed support with medicine and finances which was assessed on an individual basis. People's needs were kept under review to ensure they could continue to give valid consent and make day to day decisions. Staff received training to help them understand and implement the MCA. Staff always sought valid consent before supporting a person. Information was accessible and clearly explained to people so they knew what they were consenting to. For example, there was information about

access to records and who this might be shared with if agreed.

People had been involved in agreeing and drawing up their care and support plans and had given signed consent for their care and treatment. Out of the seven people we spoke with everyone knew about their care plans and regularly discussed their needs with staff and their input was valued. Everyone said they could talk to staff as they wished.

The premises were restrictive in terms of its layout. Only two bedrooms were on the ground floor, with most bedrooms being on the first floor and one annex on the second floor. The basement contained the laundry room which was accessible to people who could use stairs. Stairs to the upstairs were steep and narrow and only had one hand rail due to being narrow. There was no lift or stair lift and inadequate space to adapt the premises to allow for this. Some bedrooms had en-suite and, or showers but there was a communal bathroom and a shower room upstairs shared by one person but also used by staff when sleeping-in at the service. There was a small shower room downstairs which did not provide sufficient privacy to people as it was situated close to the kitchen and communal areas. The outside space was secure and sufficiently maintained. The environment required some update and this had already been identified and was underway. The service had issues with ongoing damp.

The service made appropriate provision to ensure people ate and drank according to their expressed needs and preferences. People told us they were involved in meal preparation and food planning. At the monthly resident meetings people agreed the food menus and gave feedback about what they would like or would not like. There was also a board people could write on with individual requests. The service demonstrated how they acted on individual feedback. Staff supported people to cook although some people chose not to cook a main meal. Some people were involved in personal shopping and had space to store their individual purchases.
People had individualised support around their health care needs and dietary requirements. Some people required support to help promote a healthy life style and actively reduce their intake of fat and sugar. Staff told us fresh vegetables and fruit were always available. Some people were at risk of unintentional weight loss. Staff monitored people's weight when necessary and referred them to other agencies such as the GP to rule out any underlying health care condition.

People told us what support they needed to stay healthy and access health care services. Staff supported people to make and attend health appointments. On the day of our inspection one person was supported to go to an appointment and staff talked about how to reduce their anxiety and not to overload them with too many tasks.

There was a clear record of people's health care needs and support people required. There was an information sheet for every person which clearly indicated the person's needs and gave clear instruction so any staff who might not be familiar with the person's needs could clearly meet them. This record required staff to record each day against each agreed task they had supported the person with and how long it had taken. This helped the manager evaluate staffing hours. People had health action plans and a hospital passport which collated all the information in one place and could be used by other health care professionals to ensure people received a seamless service. Staff said when people went into hospital they would support them to help reduce the person's anxiety and to help ensure the person received some continuity of care. People's records were comprehensive and all made reference to the other so staff knew where to find information.

The service had identified when people were due for healthcare appointments and kept records of the outcomes of each appointment. Each person living at the service had identified goals and the outcomes

were recorded. Staff supported people to achieve their goals. We saw in one instance a person who had been overweight had been supported to gradually reduce their weight. Another person had been supported to significantly reduce the amount of medicines they had been taking over many years. This was done in a carefully planned and controlled way. Staff explained the setbacks the person had but how this had been managed by providing consistent and well-planned support. The service gave another example of a person who was often constipated and explained how they had supported them with not only the physical symptoms of constipation but also the psychological factors affecting this person in relation to their physical health. The service worked in conjunction with other health care professionals to provide holistic care. Another person was doing a wellbeing course which helped them stay healthier.

Good

Is the service caring?

Our findings

At the last inspection of this service on 15 March 2016 this key question was rated as good. At this inspection we have rated it as good.

Everyone we spoke with was positive about the staff and the support they received. Comments included, "Staff are good they treat me with dignity and respect. There's no rudeness from staff." "I feel very comfortable living here, I am content." "The staff cannot really improve on their care for me." We observed the interactions between people and noted that staff's approach was respectful and staff took their time to listen to people and gave people time to respond. Staff knew people well and were skilled in diffusing and diverting people when dwelling on negative thoughts. Staff had a good insight into people's background history and how this might impact on the person's life. Staff knew what interested people and could converse with them about their interests and hobbies. Staff took into account people's preferences in the way they provided care and support to them. However staffing levels at the weekend and evening could reduce people's opportunities to go out safely.

People told us they had a key worker, a named member of staff who oversaw their care and support. People said there were regular house meetings and individual meetings with their keyworker. Staff held discussions with people about what they wanted to do individually or as part of a group such as to get a take away, watch a favourite television programme or some other aspect of their care and support. From the meetings we saw actions taken which demonstrated the responsiveness of the service to people's feedback. People confirmed their care plan and progress towards any goals which had been agreed were discussed with them regularly.

The service also involved people in understanding why some things were important such as maintaining a clean environment and budgeting. They involved people by giving them information and having discussions about the dangers of infection or the consequences of not having enough money. By doing so they were supporting people to take greater control over their lives and next steps towards independence.

One person told us about a person who had moved out to a 'home of their own.' They told us they kept in regular contact with them and that they too were hoping to be more independent. They told us how staff tried to support them in achieving their goals, including cooking for themselves, managing their medicines and maintaining their accommodation. People told us of things they participated in including shopping, computer course, playing an instrument and board games.

People had keys to their room and the front door and could come and go as they pleased but some people really benefited from support from staff to go out which was not always possible. Staff respected people's personal space. Staff knocked on bedroom doors and waited for a response. Staff explained what they were doing and asked people for their consent before providing support. People's personal information was kept confidential and secure and staff had been trained in data protection legislation. Access to information was clearly communicated with people and shared according to their expressed wishes. People decided what information staff could share if at all and with whom including family members. This considered people's

wishes.

Several people told us they regularly kept in contact with family members and staff always made them feel welcome. People's care records documented who was important to the person and important events in the person's life.

Good

Is the service responsive?

Our findings

At the last inspection of this service on 15 March 2016 this key question was rated as good. At this inspection we have rated it as good.

People told us how they were involved in their plan of care and what staff did to support them. For example, one person told us they made their own health care appointments but staff went with them. Another person told us about one of their interests and how staff supported them with it. We saw one person made models and staff sat with them and encouraged them. Staff met with people regularly to discuss their needs and interests and to review their care and support plans. Daily notes showed us what staff had supported the person with and how the person had spent their day. It included details of how the person had been in terms of their emotional and physical health or if there were any concerns. Records quickly identified any changes in the person's physical or mental health presentation which enabled staff to respond in a timely responsive way. People told us staff made time to chat with them and ask them how they were and support them in ways the person wanted.

People had detailed documentation in place which included an initial assessment of their needs, risk assessments, history, current needs, an initial visit to the person and the opportunity for the person to visit the service.

Care documentation included people's wishes, aspirations and hobbies or interests. Several people gave us some examples of what they liked to do and how staff supported them to do it. This was discussed with people regularly and considered their wishes and progress towards agreed goals. People's needs were kept under regular review and health and social care professionals were consulted when necessary. People had a therapeutic behavioural plan in place to be followed which all staff had read and helped to compile looking at what had worked and what had not. The registered manager told us they considered the impact new people might have on the people currently living at the service and looked at how they could support their needs within the current staffing levels. For example, if people needed support throughout the night this might not be appropriate given that they do not have a waking night staff.

The registered manager told us the service had been home to some people for many years and would continue to be for as long as the service remained appropriate. Some people had been able to move on to more independent living whilst others had grown older and had become more infirm. People's needs were kept under review and the staff accessed the right health and social services for people when they were needed. No one was approaching the end of their life but records in people's care plans did not document what their wishes would be in terms of who should be contacted, where they would choose to die or if they would want any invasive treatment such as resuscitation. Staff had not received training in palliative care since working at this service.

People we spoke with told us they felt comfortable in raising any concerns with staff and said staff listened to them and acted on their concerns. People said they could refer anything to the registered manager and they would respond appropriately. There was information around the service about how people could raise

a concern and the complaints procedure included details of how to complain to the provider, the local authority and the Care Quality Commission.

The registered manager told us there was a procedure for dealing with complaints but they had not had any formal complaints. They said they thought this was because they were responsive to people's needs and acted upon things immediately.

The registered manager was supported by the regional manager and there was clear oversight of the service to ensure processes were robust and any concerns were acted upon appropriately in line with organisational policies.

Good

Is the service well-led?

Our findings

At the last inspection of this service on 15 March 2016 this key question was rated as good. At this inspection we had some concerns about the safety of the service but had confidence in the current registered manager to address this.

We have raised concerns in this report about staffing levels as they are not in line with the regulated activity and there is no clear rationale as to why staffing levels are significantly reduced at weekends. We also had concerns about the risks to people particularly from the environment and a possible increased risk when people had fewer staff to respond to their needs. This was discussed with the registered manager who knew people well and was confident that they responded to changes in people's needs and did so in communication with the local authority.

We found the service was run in the interest of people using it and the staff were experienced and skilled at supporting people with their individual needs and preferences. One person told us, "It's beautiful living here, the staff are very kind and attentive." Another person said, "I feel very comfortable living here and I am very content." Staff spoken with were positive about their job and clearly enjoyed what they did. One staff member said, "This is the best job I ever had… The manager is fabulous at everything hence very little staff turnover."

We found the registered manager very knowledgeable with a good insight into people's needs and how to support people appropriately. There was no hierarchy within the service and the staff team worked in a consultative, open way which resulted in a positive culture. Staff learned from events to help improve their working practice and staff met regularly to discuss and share ideas. There were regular meetings, observation of staff practice, informal and formal support. This helped ensure staff were working in line with the organisational values and the training staff received was embedded in their working practices.

The Regard Partnership valued its staff and rewarded good performance. The registered manager had been recognised for the service they provided and won the National Regard award for being an inspirational leader. They had also entered the care team for an award. The registered manager said they had a good insight into mental health and had built up good support and a rapport with other mental health professionals. This enabled them to raise any concerns with people they were supporting and get timely interventions.

The service was inclusive. Every person we spoke with told us they met regularly with their key worker, were involved in resident's meetings and were given surveys to complete regularly. These were analysed showing positive results and anything raised was acknowledged and acted upon immediately. There was a board showing the kind of things people raised and what was done about them.

People were actively involved in the service and their opinions sought for everything that happened at the service. This included meal planning and preparation, hiring and feedback about individual staff, activities, redecoration and furnishing of the service and the standards of cleanliness of their individual bedrooms and

the communal areas. They were supported to stay in contact with family and friends and pursue their own interests. They were supported to socialise and not be isolated within the service to help improve their mental health. Staff also encouraged people with their physical health needs and to access health care services as required and to make and keep appointments. They were also supported to manage all aspects of their personal care, manage budgets and manage their medicines where able to do it safely.

Around the service there was a lot of information reminding staff of key policies and good principles of care. People were happy with the care they received and clearly had positive experiences with staff members who maintained professional's boundaries. Staff were supported by robust documentation which gave a personalised account of people's support needs. This was reviewed regularly and showed people's progress towards individual goals.

There were quality assurance systems in place to monitor the quality of care and support that people received. We sampled records which showed audits were completed on a regular daily, weekly and monthly basis. The organisation completed a cycle of audits including a health and safety audit every three months and themed audits were also completed. Feedback about the quality of the service was provided by the auditors and the registered manager completed feedback on a weekly basis for regional sign off. These processes were transparent and helped ensure actions taken were appropriate and timely. This helped ensure people received positive outcomes of care but audits had not picked up on all the possible risks in line with people's assessed needs.

Feedback was sought regularly from people using the service in several different ways including one to one, group meetings and regular questionnaires. People felt involved and consulted and changes occurred because of feedback. The organisation carried out wider consultation with family, friends and other health care professionals which helped inform the service what they were doing well and if any improvements were necessary. The registered manager told us there was sharing across the organisation and they attended monthly managers' meetings and a registered managers' forum locally. This ensured the registered manager was supported and kept up to date with policy and best practice.