

The Regard Partnership Limited

The Regard Partnership Limited - Tolworth Park Road

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced inspection took place on 13 May 2015. Tolworth Park Road is a care home which provides accommodation and personal care for up to six people with learning and physical disabilities. There were six people living at the home on the day we visited. The home was based in a single storey bungalow.

At the last inspection on 26 September 2013 we found the service was meeting the regulations we looked at.

The service had a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

People were safe at the home. The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk. There were easy read versions of 'protecting people at risk' and 'safeguarding people' on display for people to access and read.

Care plans showed that staff assessed the risks to people's health, safety and welfare. Where risks were identified management plans were in place.

The provider had processes in place to ensure people's finances were kept safe. We saw these processes in action when people were organising their money in the morning for the day ahead. The provider also conducted financial audits of people's money and all of this helped to ensure people's finances were kept safe.

We saw that regular checks of maintenance and service records were conducted. An independent fire risk assessment was conducted in February 2015 and the outcome was good because up to date checks were made of fire equipment to help keep people safe.

We observed that there were sufficient numbers of qualified staff to care for and support people and to meet their needs. We saw that staff were always near at hand to give assistance, chat, play a game or help people when required.

People were supported by staff to take their medicines when they needed them and records were kept of medicines taken. Staff received annual medicines training.

We saw the home was clean and free of malodours. The kitchen was clean and the equipment well maintained.

Staff had the skills, experiences and a good understanding of how to meet people's needs. People were cared for by staff who received appropriate training and support.

The service had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a service only deprives someone of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. An easy read version of what MCA and DoLS meant was on display for people to read.

People were supported to eat and drink sufficient amounts to meet their needs. We saw that meals were planned according to people's wishes and that menus changed on a daily basis to offer choice to people.

Detailed records of the care and support people received were kept. Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals. Easy read versions of different health care processes were available for people to help them understand what may happen to them.

People were supported by caring staff. The majority of the staff had worked at the home for many years and knew the people well. Staff enabled people to make decisions by taking the time to explain things to people and to wait for the person to make a decision.

People were encouraged to join in with household tasks, such as doing their own laundry, setting the table for dinner and helping to prepare and serve food.

The home held monthly house meetings and everyone who lived at the home was encouraged to attend. The agenda and minutes were in an easy to read format. People also had the opportunity to attend the local Learning Disabilities Parliament, held twice a year which included information sharing sessions and an open forum time. Kingston's Learning Disability Parliament is run by people with learning disabilities and supported by the local authority.

Advocacy services were available when required. This gave people the support where needed for them to make decisions and the opportunity to speak to an independent person about any aspect of their life that they wanted to discuss. An easy read survey was given to people every three to six months and the advocacy service could help people complete the questionnaire if help was required.

People's privacy and dignity were maintained. We observed when providing personal care this was done in the privacy of people's rooms.

People's needs were assessed and information from these assessments were used to plan the care and support they received. People we spoke with knew about their care plans and had been involved in their

Summary of findings

development. Care plans were in an easy read format, written in the first person and comprehensive. This comprehensive information about people helped staff to understand a person's needs and respond accordingly.

Many of the activities that people attended were organised by the local Mencap organisation. (Mencap is a national charity for people with learning disabilities) A list of activities and dates were sent to the home and people could choose which to go on and book themselves a place. Events included an open bus tour of London, crazy golf, cycling and bowling.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. There was an easy read version of the complaints procedure and people told us they knew who to make a complaint to and said they felt happy to speak up when necessary.

We could see that people who lived at the home knew who the deputy manager and staff were by name and

could freely chat with them at any time. The registered manager and deputy both worked in the home with people. This helped to ensure people were cared for by staff and managers that were involved in the running of the home and available to people when needed.

The home had policies and procedures in place and these were readily available for staff to refer to when necessary. Many of the policies were also available in an easy read format so that people could read and understand them.

The provider had systems in place to assess and monitor the quality of the service. In addition to an annual survey, health and safety and quality assurance audits were conducted by the provider and the home conducted weekly health and safety checks of the environment, people's rooms and equipment. Both types of audits generated action plans which were discussed and actions signed off once completed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People were kept safe because there was sufficient staff to support people and medicines were stored safely.

Individual risks assessments for people were updated as required to reflect people's changing needs. The provider had taken appropriate steps to protect people from abuse, neglect or harm.

Regular checks of maintenance and service records were conducted. These helped to ensure the premises and equipment were safe for use.

Good



Is the service effective?

The service was effective. Staff had the skills and knowledge to meet people's needs and preferences. Staff were suitably trained and supported for their caring role and we saw this training put into practice.

People were supported to eat and drink sufficient amounts of their choice to meet their needs.

Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals.

The service had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Good



Is the service caring?

The service was caring. People were looked after by staff who were caring and respectful. Their independence was promoted.

Staff enabled people to make decisions by taking the time to explain things to people and to wait for the person to make a decision

Staff respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive. People's needs were assessed prior to admission to the home, and care plans were comprehensive and had considered who the person was and the care they would like to receive.

Care plans had been regularly reviewed to reflect people's changing needs and people were involved in these reviews

People were supported by staff to access social, leisure and recreational activities that were important to them.

Good



Is the service well-led?

The service was well led.

Systems were in place to monitor the quality of the service such as annual satisfaction surveys and monthly audits by the provider.

Good



Summary of findings

People and staff felt the manager and deputy were approachable and because they were involved in the running of the home, were available to people when needed.

The Regard Partnership Limited - Tolworth Park Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 May 2015 and was unannounced. It was carried out by one inspector. Before the inspection, we reviewed information we had about the service such as notifications the service were required to send to the Care Quality Commission (CQC).

During this inspection we spoke with five people living at the home, three care staff, the deputy manager and the locality manager. We observed care and support in communal areas.

We looked at the care records for four people. We reviewed the medicines records for all the people living at the home, the training and staff supervision records for all the staff and personnel files for three staff employed at the home. We also looked at other records that related to how the home was managed including the quality assurance audits.

Is the service safe?

Our findings

People were safe at the home. Two people said “All staff are good” and “Staff are kind.” The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff knew and explained to us what constituted abuse and the action they would take to protect them if they had a concern about a person. There were policies and procedures available to staff which set out how they should do this. There were easy read versions of ‘protecting people at risk’ and “safeguarding people”, on display for people to access and read.

Care plans showed that staff assessed the risks to people's health, safety and welfare. Records showed that these assessments included all aspects of a person's daily life. Where risks were identified management plans were in place and this included managing risks associated with equipment that was used in the home. For example the management plan in regards to a person's mobility contained information about any equipment to help them mobilise. Another management plan highlighted a person's risk of choking when eating and the practical steps staff should put in place to minimise the risk of this occurring.

The provider had processes in place to ensure people's finances were kept safe. The majority of people had their finances administered by head office of the Regard Partnership. Each person had their own bank account, using their own signature. Two staff always checked the receipts for items bought and that the amounts taken from the accounts were correct. We saw this process in action when people were organising their money in the morning for the day ahead. The provider also conducted financial audits of people's money and all of this helped to ensure people's finances were kept safe from possible abuse.

We saw that regular checks of maintenance and service records were conducted. An independent fire risk assessment was conducted in February 2015 and the outcome was good because up to date checks were made of fire equipment, including the emergency lighting, fire extinguishers and the fire alarm. A fire drill was held quarterly with a full evacuation of all people. An easy read version of what to do during a fire was available to people who lived at the home.

Hot water taps and showers were fitted with thermostatic valves that helped prevent the water temperature rising above 43 degrees Celsius, to help avoid people being scalded by hot water. These temperatures were checked weekly and action taken if a fault was found. Showerheads and taps were descaled monthly to help stop the build-up of limescale and the potential hazard of Legionella bacteria, (Legionella is a water borne disease). The above processes helped to keep the environment and people safe.

A recent food standards agency inspection in April 2015 gave the kitchen a rating of five, where one is the poorest score and five the highest score. The temperature of cooked food was monitored and the fridge and freezer temperatures monitored daily. These checks helped to ensure the home and any equipment used was safe. We saw that the kitchen was visibly clean and the equipment well maintained.

We observed that there were sufficient numbers of qualified staff to care for and support people and to meet their needs. This was a small home of only six people. There were four members of staff on duty including the deputy manager; the registered manager was unavailable on the day of our visit. We observed that people were independently mobile and could choose where they wanted to be in the home and staff were always near at hand to give assistance, chat, play a game or help people when required.

We looked at three staff files and saw the correct recruitment process had been carried out. Files contained a completed application form, two references and a copy of a criminal records check.

People were supported by staff to take their medicines when they needed them and records were kept of medicines taken. Staff received annual medicines training as well as six monthly observation checks of them administering medicines. Medicines were stored in a locked cupboard and regular checks were made of the medicines storage and procedures. The supplying pharmacy also conducted an annual review of medicines. These checks and the safe storage of medicines helped to ensure that people were safe from medicines errors.

We saw the home was clean and free of malodours. Staff told us that as well as their caring duties they also cleaned people's rooms and the communal areas including

Is the service safe?

bathrooms and toilets. It was very warm on the day of our visit and we saw that windows and doors were open and

people could go into the garden when they wanted to. A portable air conditioning unit was also used in the lounge area that staff told us could get very hot because of all the glass.

Is the service effective?

Our findings

Staff had the skills, experiences and a good understanding of how to meet people's needs. One person said "Staff work with people, we work together." People were cared for by staff who received appropriate training and support. Records showed staff had attended recent training in safeguarding adults, medicines awareness, manual handling, and understanding dementia and fire safety. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for. To ensure that staff had benefitted from the training, they were observed by senior staff in their practices of delivering care and through one to one observations.

The home had a team of 12 staff and informal meetings were held every day between staff on duty and the manager and/or deputy. We saw records that confirmed one to one supervision took place three to four times a year plus a yearly appraisal. The deputy manager told us that while the registered manager had been unavailable some staff had missed their one to one supervision but dates for the next round of supervision were now being diarised.

Staff spoke positively about the support they received from the registered manager and deputy and through training. One staff member described the home as "A good place to work, people can be challenging but you get good support from the managers." Another staff member said "The managers are very supportive, real managers and the company is good too."

The service had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a service only deprives someone of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The deputy manager explained and we saw records confirming they had carried out assessments for all the people at the home in relation to when people were out in the community and whether they were free to go out on their own or they required continuous staff supervision. We saw that staff encouraged people to make their own decisions and gave them the time and support to do so.

The provider had policies and procedures which provided them with clear guidance about their duties in relation to the MCA and DoLS. An easy read version of what MCA and DoLS was on display for people to read so they also understood what this meant for them.

We saw that people could access all areas of the home including the garden when they wanted to. We saw people going back and forth to their bedrooms, the lounge, kitchen, dining room and garden when they wanted to. The main door to the home opened onto a busy road and this was kept locked but people could answer the door themselves to visitors and understood to call staff to help when required.

One person told us "I choose my own meals, I like soup." People were supported to eat and drink sufficient amounts to meet their needs. We saw meals were planned according to people's wishes and changed on a daily basis if people changed their mind about what they would like to eat. We were unable to observe a meal time during our visit as one person had gone on a boat trip and was having lunch out. The other people were off to a 'café where they met their friends for a coffee. They then choose to go into the local town to have lunch out and staff accompanied them. When they returned they were happy to tell us what they had eaten and whether they had liked it or not. We saw that staff offered them drinks on their return. Staff told us that food was bought using the supermarkets on-line system and delivered to the house where everyone joined in putting the food away. People also went to the local shops to buy food when they wanted to.

Detailed records of the care and support people received were kept. Details included information about people's general health and wellbeing and medical and health care visits. Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals. Easy read versions of different health care processes were available for people such as a guide to breast screening and staff took time to explain to people why this was done and how it would help a person. Staff told us that people made their own decision as to whether they wanted the procedure or not. The written information and staff guidance helped to keep people healthy.

Two people told us about their rooms and how they had chosen what was in them and the colour of the walls. One person said "The home is well decorated." People and professionals were involved in the decorating and

Is the service effective?

furnishing of the home. An example of this is that when refurnishing the home recently the provider had taken advice from the visual impairment team to ensure people's needs were met through the correct choice of furnishings. An example of this is the soft furnishings, sofas and chairs were in bold colours to aid people to recognise the

furniture. Also the cutlery was colour coded for ease of recognition and luminous tape had been used on door edges and some door handles so that people could easily recognise their own bedroom or the bathroom/toilet. These changes were made in direct response to peoples changing needs.

Is the service caring?

Our findings

People were supported by caring staff. One person said “It’s peaceful here, very good.” The majority of the staff had worked at the home for many years and knew the people well. Staff were aware of people’s background, their skills and their challenges. This meant people were relaxed with staff who knew and cared for them.

Staff enabled people to make decisions by taking the time to explain things to people and to wait for the person to make a decision. Staff used various methods to help the person understand information and make decisions such as showing them the actual choice of food or drinks or pictures. There was an easy read version of the support workers agreement which was available for people; this outlined what staff would do to support a person. This helped to ensure people received the care they wanted.

Staff told us they encouraged people to join in with household tasks, such as doing their own laundry, setting the table for dinner and helping to prepare and serve food. We saw that an emergency evacuation box was kept by the main exit. The provider had been thoughtful enough to consider individual needs of people and their comfort. This box included foil blankets and slippers for each person. Staff said they had put this together so that in the case of an emergency evacuation people would be kept warm while waiting for help to arrive.

The home held monthly house meetings and everyone was encouraged to attend. The agenda and minutes were in an easy to read format. If a person chose not to attend the

meetings, staff would discuss the outcomes with them at a later date on a one to one basis. We saw that discussion included planning holidays, activities and outings. This gave people the opportunity to decide what they would like to do and plan their own activities. People also had the opportunity to attend the local Learning Disabilities Parliament. This was held twice a year and has an information sharing session, such as a discussion on direct payments and an open forum time. Kingston's Learning Disability Parliament work with the local authority and Healthwatch Kingston to ensure people with learning disabilities can have a say about things that go on in their lives.

Advocacy services were available at the local café that people went to each week. This gave people the opportunity to speak to an independent person about any aspect of their life that they wanted to discuss. An easy read survey was given to people every three to six months, this asked people about the care they were receiving, the support given by staff, whether they could talk freely to staff and were listened to. The advocacy service could help people complete the questionnaire if help was required. These different forums helped to ensure that people had their say about the care they received.

We observed when providing personal care this was done in the privacy of people’s rooms. Staff spoke to us about how they would maintain people’s privacy and dignity, by locking bathroom doors and asking people how they would like to be treated. We saw that people chose what to wear and staff gave people help if required.

Is the service responsive?

Our findings

People's needs were assessed and information from these assessments had been used to plan the care and support they received. People we spoke with knew about their care plans and had been involved in their development. We saw where people were able to they had signed their care plan and the reviews. Staff had also signed to say they had read the care plan.

Care plans were in an easy read format, written in the first person and comprehensive. They had considered who the person was, their background, knowledge and wishes of how they would like to be cared for. Care plans were tailored to a person's individual needs. The care plans were up to date and were reviewed every three to four months or when a person's circumstances changed.

Each care plan had a pen portrait of the person, their likes and dislikes, how they communicated, their skills and daily activities. Daily notes and appointments were all kept in a person care file. This comprehensive information about people helped staff to understand a person's needs and respond accordingly.

On the day of our visit staff were sitting with two people reading a story and helping people to join in by showing them the pictures in the book. People appeared to be

enjoying the story by smiling and joining by pointing to different aspects of the picture. We saw that the books and games available to people were appropriate for their skills and abilities.

The deputy manager told us another person was going on a boat trip on the River Thames, accompanied by staff. This short trip had been organised to ensure the person was happy on a boat before their holiday when they would be going on a longer ferry trip. While on the boat trip they were taking the opportunity to have lunch out, which the person liked doing.

Many of the activities that people attended were organised by the local Mencap organisation. A list of activities and dates were sent to the home and people could choose which to go on and book themselves a place. Events included an open bus tour of London, crazy golf, cycling and bowling.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. There was an easy read version of the complaints procedure and people told us they knew who to make a complaint to and said they felt happy to speak up when necessary. We saw there were no recent complaints logged in the complaints file and the deputy manager told us that any concerns people had, whether about the home, the environment, staff or other residents were dealt with promptly and this helped to stop the concern becoming a complaint.

Is the service well-led?

Our findings

We could see that people who lived at the home knew who the deputy manager and staff were by name and could freely chat with them at any time. Two people did say that all the staff were nice and kind.

The service was led by a registered manager, who was unavailable on the day of our visit; they were supported by a deputy manager. From our discussions with the deputy manager, it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

The registered manager and deputy both worked in the home with people. This helped to ensure people were cared for by staff that were involved in the running of the home and available to people when needed and managers who were aware of what was happening within the service.

The home had policies and procedures in place and these were readily available for staff to refer to when necessary. Staff said they had access to the policies and any changes were discussed on a daily basis or at team meetings. Many of the policies were also available in an easy read format so that people could read and understand them.

We saw the minutes of the monthly team meetings, where the registered manager or deputy updated staff on changes

to policies, including the changes to the CQC fundamental standards, which had been discussed. Updates were given on the people who lived at the home, any accident or incident trends, as well as staff development. These meetings gave the staff team an opportunity to meet together and share information and knowledge.

The provider had systems in place to assess and monitor the quality of the service. Six monthly health and safety and quality assurance audits were conducted by the provider. The home also conducted weekly health and safety checks of the home including the environment, people's rooms and equipment, such as wheelchairs or specialist beds. Both types of audits generated action plans detailing what actions needed to be taken. Because the home was well maintained many of the actions were small such as getting the windows cleaned or the grass cut. These were discussed at the provider's management meetings and actions signed off once completed.

Records showed that as part of the care plans reviews families and professionals were asked for their feedback on the care being received by a person. This feedback could then be built into a person's care plan and actioned where necessary.

The provider also carried out a staff survey which covered all staff in multiple registered locations; results were not broken down for this location alone. The results of the latest survey were not available during the inspection.