The Regard Partnership Limited

The Regard Partnership Limited - Chertsey Road

Inspection report

401 Chertsey Road
Whitton
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Date of inspection visit: 3 and 6 July 2015
Date of publication: 19/08/2015

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 was an unannounced inspection and took place on 3 and 6 July 2015.

The Regard Partnership Chertsey Road is a care home providing support for up to five people with a learning disability. It is located in the Whitton area.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

In February 2014, our inspection found that the service met the regulations we inspected against. At this inspection the home met the regulations.

Summary of findings

People and their relatives said they were happy living at the home and with the manner in which staff provided care and support. People chose their activities, made their own choices and the house was safe. During our visit there was a welcoming, friendly atmosphere and people came and went doing activities and interacting with each other and staff. The activities were varied and took place at home and in the community.

The records were kept up to date, covered all aspects of the care and support people received, their choices, activities and safety. People's care plans were fully completed and the information contained was regularly reviewed. This supported staff to perform their duties efficiently and professionally. People were encouraged to discuss their health needs with staff and had access to GP's and other community based health professionals, as required. People were supported to choose healthy and balanced diets that also met their likes, dislikes and preferences. This enabled them to be protected from nutrition and hydration associated risks. They said they were happy with the choice and quality of meals they ate.

People knew who the staff that supported them were and the staff knew them, their likes and dislikes. They were well supported and they liked the way their care was delivered. Relatives also said staff worked well as a team and provided them with updated information. They had appropriate skills and provided care and support in a professional, friendly and supportive way that was focussed on people as individuals. The staff were well trained and accessible to people using the service and their relatives. Staff said they enjoyed working at the home and that the organisation was a good one to work for. They received good training, support and there were opportunities for career advancement.

People said the management team and provider were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

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.

Good

People told us that they felt safe and were not mistreated. There were effective safeguarding procedures that staff used, understood and the home was risk assessed.

There was evidence the home had improved its practice by learning from incidents that had previously occurred and there were enough staff to meet people's needs.

People's medicine records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?
The service was effective.

Good

People's support needs were assessed and agreed with them and their relatives. Staff were well trained.

Food and fluid intake and balanced diets were monitored within their care plans and people had access to community based health services.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'best interests' meetings were arranged as required.

Is the service caring?
The service was caring.

Good

People said they felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they wished to be supported were clearly recorded.

Staff provided good support, care and encouragement. They listened to, acknowledged and acted upon people's opinions, preferences and choices. People's privacy and dignity was also respected and promoted by staff. Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Is the service responsive?
The service was responsive.

Good

People chose and joined in with a range of recreational and educational activities at home and within the local community during our visit. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

The home had a complaints procedure and system and people said that any concerns raised were discussed and addressed as a matter of urgency.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The home had a positive and enabling culture at all staff levels of seniority. The manager enabled people to make decisions and staff to take lead responsibility for specific areas of the running of the home.

Staff said they were well supported by the manager and organisation.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

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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 checked 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 was an unannounced inspection and took place on 3 and 6 July 2015.

The inspection was carried out by one inspector.

During the visit, we spoke with four people who use the service, two care staff and the registered manager. There were four people living at the home.

Before the inspection, we checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support, was shown around the home and checked records, policies and procedures and maintenance and quality assurance systems. We also looked at the personal care and support plans for three people using the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they thought the home was a safe place to live. They said they were never bullied and did not feel any pressure from the staff to do things. One person said, "I like it here." A relative said, "People are in very good hands." Another relative told us, "It's a very safe environment and people in the community and shops know her (person using the service)."

Staff understood what constituted abuse and the course of action to follow if it was encountered. They had access to abuse policies, procedures and induction and refresher training that enabled them to protect people from abuse and harm in a safe way. Their responses followed the provider's policies and procedures.

There was no current safeguarding activity. Previous safeguarding alerts had been suitably reported, investigated and recorded. Staff were aware of how to raise a safeguarding alert and the circumstances under which this should happen. They had received appropriate training. There was also information about keeping safe on a noticeboard by the dining room that was accessible to people who use the service.

The staff recruitment process was thorough and records showed us were followed. The interview process included scenario based questions that identified if prospective staff had the skills and knowledge to provide care for people with learning disabilities. If there were gaps in their knowledge the organisation decided if they could be filled and the person employed. References were taken up, work history checked for gaps and Disclosure and Barring Service (DBS) clearance obtained before starting in post. If there was work history gaps people were asked the reason for them. Staff were provided with a handbook that contained the organisation's disciplinary policies and procedures. The staff rota showed and staff confirmed that staffing levels were flexible to meet people's needs. The staffing levels during our visit enabled people's needs to be met and the activities they had chosen to be pursued safely. There were no staff vacancies and staff had been in post for a number of years.

There were risk assessments that enabled people to take acceptable risks and enjoy their lives safely. The risk assessments covered all aspects of people's daily living, including activities at home, within the community and when on holiday. There were also health related risk assessments for areas such as falls and choking. The risks were reviewed regularly and updated if people's needs and interests changed. There were also general risk assessments for the home and equipment used that were reviewed and updated. Equipment was regularly serviced and maintained. Care plan information gave staff the means to accurately risk assess activities that people had chosen. They were able to evaluate and compare risks with and for people against the benefits they would gain. Examples of this were the way people were able to access facilities in the community such as shops, the theatre and tea dances. The risks assessments were reviewed annually or as required, adjusted when needs and interests changed and contributed to by people, their relatives and staff. Staff encouraged input from people whenever possible.

The staff said they shared information within the team regarding risks to individuals. This included passing on any incidents that were discussed at shift handovers and during staff meetings. There were also accident and incident records kept. Staff told us they knew people living at the home very well, were able to identify situations where people may be at risk or in discomfort and take action to minimise the risk and remove discomfort.

We checked the medicine records for all people using the service and found that all the records were fully completed and up to date. Medicine was regularly audited, safely stored and disposed of, as required. Staff were trained to administer medicine and this training was regularly updated. There were no people currently self-medicating.

Good

Is the service effective?

Our findings

People and their relatives said they made their own decisions about the care and support they received and when it was provided. They told us the care and support provided by staff was what they needed and delivered in a friendly, enabling and appropriate way that they liked. One person said, "I'm going for a walk, see you later." A relative said, "I visited a week ago and everything was fine. I'm always impressed with how happy people are there." Another relative told us, "She (person using the service) loves to go home after visiting us." They also commented "I have every admiration for the staff."

There was comprehensive induction and annual mandatory training provided for staff. The induction was partly on line and participation based depending on its nature. Staff were required to complete modules as part of the induction. New staff were also required to shadow experienced staff as part of the induction to increase their knowledge of the people who lived at the home. The training matrix identified when mandatory training was required. The training provided included infection control, challenging behaviour, medication, food hygiene, equality and diversity and infection control. There was also access to specialist service specific training such as falls, trips and dementia awareness. Monthly staff meetings, six weekly supervision sessions and annual appraisals were used to identify any further individual or group training needed. There were staff training and development plans in place.

The home carried out a pre-admission assessment, with people and their relatives that formed the initial basis for care plans. The care plans contained sections for health, nutrition and diet. These included completed and regularly updated nutritional assessments. Weight charts were kept if required and staff monitored the type of meals and how much people ate to encourage a healthy diet. There was also information regarding the type of support people required at meal times. Staff said any concerns were raised and discussed with the person and their GP if necessary. Nutritional advice and guidance was provided by staff and there were regular visits by a local authority health care team who reviewed nutrition and hydration six monthly. Other community based health care professionals, such as speech and language therapists visited as required. People also had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

People chose the meals they wanted using pictures if needed, decided on a menu and participated in food shopping. One person told us, "We are having a barbecue on Saturday, are you coming?" Another person said, "I choose the meals I want." Meals were timed to coincide with people's preferences and activities they were attending. They were monitored to ensure they were provided at the correct temperature and people's preferred portion sizes.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications under DoLS were submitted by the provider and were three were awaiting authorisation. One person was assessed as having capacity. Best interests meetings took place to determine the best course of action for people if they did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. Staff continually checked that people consented to the way they were treated and were happy with what they were doing and activities they had chosen during our visit. There were advocacy services available and people were made aware of them. An advocacy service represents people and speaks on their behalf.

The organisation had a restraint policy and procedure that was de-escalation based and staff had received training in de-escalation procedures. They were also aware of what constituted lawful and unlawful restraint. Individual de-escalation guidance was contained in people's care plans as appropriate and any behavioural issues were discussed during shift handovers and staff meetings.

The home worked closely with the local authority and had contact with organisations that provided service specific guidance and informed of local events taking place, such as Richmond Mencap.

Good

Is the service caring?

Our findings

People and their relatives told us that staff treated them with dignity, respect and compassion. This mirrored the staff care practices we saw. Staff listened to what people had to say, valued their opinions and acted on them if required, rather than just meeting people's basic needs. They also provided support in a friendly, caring and helpful way. One person told us, "Staff are really nice." Another person said, "Couldn't want anyone better." A relative said, "The service is absolutely wonderful and she (person using the service) has never been happier." Another relative said, "Everyone is very, very nice, they understand (person using the service) and that makes her happy." A further relative told us, "She (person using the service) has been here 15 years and the quality of life is so good." People's body language was also positive throughout our visit that indicated they were happy with the way staff delivered care. Health professionals said that the care provided was of a good standard and delivered in a friendly, approachable and compassionate way.

During our visit staff demonstrated skill, patience and knew the people, their needs and preferences well. People's needs were well met and they were encouraged to make decisions about their lives. Staff communicated with people in a patient way, making sure they were understood and understood what people were telling them. They asked what they wanted to do, where they wanted to go and who with. This included the type of activities they liked. These were also discussed with staff during keyworker sessions and home meetings.

The home provided care focussed on the individual and we saw staff put into practice training to promote a person centred approach. At each opportunity people were enabled to discuss their choices, and contribute to their care and care plans. The care plans were developed with them and had been signed by people or their representatives where practicable. Staff were warm, encouraging and approachable. Where people had difficulty expressing themselves staff listened carefully and made sure they understood what the person was saying.

People were constantly consulted by staff about what they wanted to do and if they had been out, what they had been doing. One person told a member of staff, "I want to go to Hampton Court, Bushey Park and get some sweets." The staff member said they would arrange it. They also asked another person where they had been. They replied, "I went for a car ride." Another person told us, "I'm going to Manuka (a disco for people with learning disabilities) tonight." A further person told staff, "I've been to the shops." There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service.

Staff had received training about respecting people's rights, dignity and treating them with respect. This was reflected in the caring, compassionate and respectful support staff provided. There was a relaxed, inclusive and fun atmosphere that people enjoyed due to the approach of the staff. The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and on going training and contained in the staff handbook.

Good

Is the service responsive?

Our findings

People and their relatives said they were enabled to make decisions about their care and the activities they wanted to do. Staff knew what people's needs and wishes were and met them. Their needs were met in a way that they enjoyed, was comfortable, relaxed and homely. They were asked for their views by the organisation, home's management team and staff. Throughout our visit people were encouraged to give their views, opinions and make choices by staff and the manager. Staff enabled them to decide things for themselves, listened to them and took action if needed. Staff were available to people to discuss any wishes or concerns they might have. Needs were met and support provided promptly and appropriately. One person told us, "I'm helping to make lunch." A relative said, "I'm quite old and at least I don't have to worry about the care provided." Another relative told us, "No complaints, she (person using the service) thrives here and I'm always impressed at what she can do."

We saw that staff met peoples' needs in an appropriate and timely way. People were given the opportunity to decide what support they wanted and when. The appropriateness of the support was reflected in the positive responses of people using the service. If people felt they had a problem, it was resolved quickly and in an appropriate way. Any concerns or discomfort displayed by people using the service were resolved during our visit.

People and their relatives were consulted and involved in the decision-making process before moving in. They were invited to visit as many times as they wished before deciding if they wanted to live at the home. Staff told us about the importance of recognising the views of people using the service as well as relatives so that care and support could be focussed on the individual. They said it was also important to get the views of people already living at the home. During the course of people visiting the manager and staff added to the assessment information.

People were referred by the local authority who provided assessment information. Information from any previous placements was also requested if available. This information was shared with the home's staff by the management team to identify if people's needs could initially be met. The home then carried out its own pre-admission needs assessments with the person and their relatives.

Written information about the home and organisation was provided and regular reviews took place to check that the placement was working, once they had moved in. If it was not working alternatives were discussed and information provided to prospective services where needs might be better met.

People's care plans were part pictorial to make them easier for them to understand. They recorded people's interests, hobbies, health and life skill needs and the support required for them to be fulfilled. They were focussed on the individual and contained people's 'social and life histories'. These were live documents that were added to by people using the service and staff when new information became available. The information gave the home, staff and people using the service the opportunity to identify activities they may wish to do. People's needs were regularly reviewed, re-assessed with them and their relatives and re-structured to meet their changing needs. The plans were individualised, person focused and developed by identified lead staff. People were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. They agreed goals with staff that were reviewed, underpinned by risk assessments and daily notes confirmed that identified activities had taken place.

Activities were a combination of individual and group with a balance between home and the community. Each person had their own weekly activity planner. One person said, "I do what I want, when it's my birthday we are going to have a big cake." The home made use of local community based activities wherever possible and people chose if they wanted to do them individually or as a group. There were also group and individual holidays with people having visited the Isle of Wight. Activities included going out for tea and cakes, picnics, walks, companion cycling and shopping. Other activities included the hydro pool, day centre, discos, tea dances and music therapy. People were also encouraged to do tasks in the house to develop their life skills such as laundry, tidying their rooms, helping with lunch and putting the rubbish out. One person also carried out the home's health and safety checks with staff support. A person, who lived at another home in the organisation, had a cleaning job at Chertsey Road to help them prepare for a move to more independent living.

People and their relatives said they knew about the complaints procedure and how to use it. The procedure was included in the information provided for them. There

Good

Is the service responsive?

was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

The home and organisation used different methods to provide information and listen and respond to people and their relatives. There were monthly house and weekly menu planning meetings where people could express their views. Annual questionnaires were sent to people using the service and staff. There were also monthly keyworker and annual care reviews that people were invited to.

Good

Is the service well-led?

Our findings

People and their relatives told us that they were made to feel comfortable by the manager, staff and organisation and were happy to approach them if they had any concerns. One relative said, “Everyone is very accessible.” Another relative told us, “Staff communicate well and are responsive to constructive criticism.” During our visit, we found that the home had an open culture with staff and the manager listening to people’s views and acting upon them.

The organisation’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited during staff meetings. The management and staff practices we saw reflected the organisation’s stated vision and values as they went about their duties. There was a culture of supportive, clear, honest and enabling leadership.

There were clear lines of communication within the organisation and specific areas of responsibility. Staff told us the support they received from the manager and organisation was good. They felt suggestions they made to improve the service were listened to and given serious consideration. The organisation was transparent and there was a whistle-blowing procedure that staff felt confident in. There was a career development programme that enabled staff to progress towards promotion in a way that was tailored to meet their individual needs. They said they really enjoyed working at the home. One member of staff had received an award at the ‘National Care Awards’. There were regular minuted home and staff meetings that enabled everyone to voice their opinion. The records demonstrated that regular staff supervision and appraisals took place and this was confirmed by staff.

There was a policy and procedure in place to inform other services, such as district nurses, of relevant information should services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained performance indicators that identified how the home was performing, any areas that required improvement and areas where the home was performing well. This enabled required improvements to be made. Areas of particular good practice were also recognised by the provider.

The home used a range of methods to identify service quality. These included four monthly risk profiling and unannounced locality manager visits. There were compliance audits that included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. There were also daily health and safety checks that staff members and a person using the service took responsibility for with support. Shift handovers included information about each person that enabled staff coming on duty to be aware of anything they needed to know. There were also local authority contract monitoring visits.