

The Regard Partnership Limited

The Regard Partnership Limited - Grove Road

Inspection report

45 Grove Road
Sutton
Surrey
SM1 2AW

Tel: 02086422899
Website: www.achievetogether.co.uk

Date of inspection visit:
23 August 2019

Date of publication:
10 October 2019

Ratings

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

Summary of findings

Overall summary

About the service

The Regard Partnership – Grove Road is a residential care home providing personal care to people with a learning disability. The service can support up to nine people in one adapted building. Eight people were living at the service at the time of our inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People and their relatives spoke positively about the experiences at the service. One person told us, "I like it here. The staff are nice." A relative said, "As parents we have been consistently happy for a long time. There are always plenty of activities. I've always been happy about that."

People were protected from avoidable harm because staff followed the guidance in risk assessments and risk management plans to keep them safe. Staff stored people's medicines securely and administered them in line with the prescriber's instructions. Where safeguarding concerns had arisen, the provider took appropriate action and learned lessons from the incident. There were enough suitable staff to support people at all times.

The staff who delivered care and support to people were supervised and trained. People consented to the care they received. Staff supported people to eat well and to stay healthy. There were detailed assessments of people's needs in place which were person centred.

Staff were empathetic and compassionate and supported people to make choices and decisions. People and staff shared positive relationships which had been established and maintained over time. Staff treated people respectfully and respected their privacy. Relatives felt welcome when they visited the service.

Staff delivered care and support in line with people's needs and preferences which were detailed in care records. A range of activities were available for people to participate in and people were supported to follow their individual interests. People's bedrooms were personalised. A clear complaints procedure was in place. The service was capable of continuing to provide support to people if they required end of life care.

The service continued to be well-led. People, relatives and staff were continually consulted about improving the service. The registered manager coordinated quality audit checks and ensured on-going partnership

working with external agencies and professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was Good (published 13 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Regard Partnership Limited - Grove Road

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

The Regard Partnership - Grove Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced. Inspection activity started and ended on 23 August 2019.

What we did before inspection

Before the inspection we reviewed the information we held about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people, two relatives, one member of staff, the deputy manager, registered manager and the regional manager. We reviewed four people's care records and medicines administration records. We looked at five staff files which included staff supervision and recruitment files. We also checked a range of records relating to the management of the service, including policies and procedures and quality assurance audits.

After the inspection

We contacted three health and social care professionals who regularly visit the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding procedures in place which staff understood.
- Staff we spoke with were clear about their role in protecting people from abuse and improper treatment, this included the necessity to immediately report concerns to the registered manager.
- Staff received training in safeguarding people from abuse. Regular refresher training was undertaken to ensure staff knowledge was kept up to date.

Assessing risk, safety monitoring and management

- Staff kept people safe by following the support plans in place to manage people's risks.
- Where people presented with health associated risks, care plans were in place which detailed the actions staff should follow to keep people safe. Staff received training to manage these specific risks and healthcare professionals regularly reviewed protocols for 'when required' medicines.
- Where there were concerns around people's swallow safety, referrals were made to healthcare professionals and these risks were assessed. Staff had guidance in care records to ensure people received foods at the prescribed, safe consistency.
- Care files contained missing persons profiles. These profiles included people's photographs, physical description and an overview of their needs such as how people communicated and the medicines they were prescribed. This meant important information was readily available for staff to share with emergency services.
- People's care records contained personal emergency evacuation plans (PEEPs). PEEPs provided guidance to staff on the support people required to safely evacuate the service in the event of an emergency.
- Staff tested the home's fire alarm call points each week and supported people to rehearse building evacuations every three months. All staff received regular refresher fire safety training. This meant people were protected by the preparedness of staff to keep them safe in an emergency.

Staffing and recruitment

- The provider's recruitment processes were robust.
- The provider ensured staff were safe and suitable to deliver care and support by interviewing them, checking their employment histories, confirming their identities and checking criminal records.
- The registered manager ensured there were enough staff available throughout the day and overnight to keep people safe. In addition, the provider used an out-of-hours on call service which enabled staff to receive management support and guidance at night and at weekends when the registered manager was not available.

Using medicines safely

- People received their medicines in line with the prescriber's instructions. Staff maintained medicines administration Records (MAR) appropriately. The registered manager regularly audited MAR charts to ensure they were fully completed.
- People's medicines were regularly reviewed by the GP to ensure they remained effective.
- Where people had 'when required' medicines staff had clear directions in people's MAR charts.
- Medicines were stored safely and securely in a locked area to which people did not have access.

Preventing and controlling infection

- The care home was clean with no unpleasant odours.
- Staff wore personal protective equipment such as single-use aprons and gloves when providing personal care, handling food or laundry and when cleaning. This protected people from the risk and spreading of infection.
- Hand sanitizing dispensers were located around the service for people, staff and visitors to use.
- The registered manager ensured that environmental risks assessments were in place and that checks were undertaken by external specialists where required.
- The service received a four out of five food hygiene rating when it was inspected by the Food Standards Agency in 2018. This equated to Good. Staff checked and recorded the temperature of cooked food prior to serving. In addition, each month staff tested the food temperature probe to ensure it was correctly calibrated.

Is the service effective?

Our findings

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

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

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

- People's needs assessments were holistic and person centred.
- People, their relatives, health and social care professionals and staff were involved in assessing people's needs.
- Where people presented with behaviours which may challenge their needs were assessed and guidance was in place. This guidance included interventions to be used by staff which were in line with best practice.

Staff support: induction, training, skills and experience

- New staff completed an induction programme which included training in key subjects, shadowing colleagues and completing the care certificate.
- People were supported by trained staff. Staff received a combination of online and face to face training in key areas including medicines administration, safeguarding, mental capacity, record keeping and first aid.
- The registered manager ensured that all staff received training to meet people's specific needs such as epilepsy, autism, Downs syndrome and diabetes.

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

- People chose what they ate and were offered healthy eating options.
- The support people required to eat was assessed, stated in care records and followed by staff.
- Care records detailed the foods people liked and disliked.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by consistent and familiar staff. The service's staff team were well established with most staff having worked at the service for between five and 10 years. This meant people, most of whom had lived at the service for over 10 years, were supported by staff who knew them well.

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

- The service had been adapted to meet people's needs.
- Toilets and bathrooms were suitable for people with mobility needs who required staff support with personal care.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to stay healthy.
- Staff supported people to attend appointments with healthcare professionals whenever they needed to.

- Staff maintained a record of people's health appointments for review by the registered manager and healthcare professionals.
- People were supported with annual health checks with their GP.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found people were treated in line with mental capacity legislation. Where people were subject to DoLS, details of the deprivation to keep them safe was stated in care records. This included mental capacity and best interests assessments and the duration for which the deprivations were valid.
- Where people lacked capacity and were subject to DoLS the registered manager ensured they were supported by independent advocates.

Is the service caring?

Our findings

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

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

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

- People and their relatives told us staff were kind and caring. One person told us, "I like them." One relative told us, "The staff are so nice they really care. Another relative said, "Our [family member] has been here half their life and it has been great, because the staff are so good. So nice"
- People's care records contained information about their backgrounds and lives before moving into the service. One member of staff told us this information gave them insight and greater empathy with people. Another member of staff told us it enabled them to see life events they had in common with the people they supported.
- Care records included assessments of people's cultural needs and care records stated how people wanted their spiritual needs met.
- Pictures of people smiling and engaged in activities they enjoyed were displayed on walls throughout the care home including communal areas, hallways and stairs. A member of staff told us the positive images of people increased their self-esteem.

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

- Care records detailed people's communication abilities including the support people required to make decisions.
- Where people required the support of independent advocates this was noted in care records.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. Care records noted the things people were able to do for themselves. For example, one person's care record noted they could brush their teeth without support but needed assistance to dress. Another person's care records noted they were able to choose the drink they wanted but needed staff support to prepare it.
- During the inspection we observed staff talking to people respectfully and treating them with dignity. For example, we saw one person ask a member of staff to read the newspaper to them. The member of staff did this, then the two of them discussed the article.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported to choose how their assessed needs were met and their preferences were stated in personalised care plans. People attended annual care plan reviews along with relatives and social care professionals to ensure care plans continued to reflect people's choices and changing needs.
- Staff supported people to pursue their hobbies and activities. For example, one person who had an interest in horses was supported to decorate their bedroom in an equestrian theme and to attend horse riding sessions each week.

Meeting people's communication needs

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

- People had personalised communication passports. These contained information about people's communication needs including how they expressed themselves and how best to support their understanding. One person's communication passport explained what a number of their gestures meant. This enabled staff to better understand the person's communication which was not based upon speech.
- The provider made information available to people in pictorial form to support their understanding. For example, menus included photos of foods. This enabled people to make informed choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain relationships with those who were important to them. Staff supported people to meet with family and friends whenever they chose.
- The service operated a key working system. Key workers are members of staff with specific responsibilities for individual people including planning activities and arranging appointments. People and key workers met regularly, and key workers wrote regular reports about people's progress.
- People were supported to engage in a range of activities. Care records noted people's preferred activities such as playing drums and snooker, gardening, discos, swimming and long car drives. Staff supported people to do these.
- Staff supported people to go on holiday and day trips. Photographs were taken of these events and reviewed periodically with people to support them to remember the events.
- Staff supported people's spiritual needs. This included supporting two people to attend weekly Church of England services and two people to attend Catholic Mass each week.

Improving care quality in response to complaints or concerns; End of life care and support

- No complaints had been received at the service since the last inspection
- None of the people receiving care and support had been identified as requiring end of life care. The registered manager said the support of healthcare specialists would be sought if people required end of life care and staff would receive the appropriate training.

Is the service well-led?

Our findings

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

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

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

- People were at the centre of the service. The registered manager ensured people chose how their care and support was received and how the care home was arranged. For example, each person's bedroom was unique with separate colour schemes, furnishings and artwork in line with their preferences. Similarly, people chose the photographs of themselves which were displayed around the service.
- There was a culture of openness and inclusiveness at the service. The registered manager gathered the views of people, relatives and staff and held regular meetings to gather their views about improving the service. For example, we reviewed five relatives survey responses and found all to be positive.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their duty of candour and ensured that people, relatives, healthcare professionals and the CQC were kept informed when significant issues occurred.
- Staff and the registered manager were clear about their roles and what was expected of them.
- The care and support people received was audited. The registered manager carried out a range of quality checks to ensure the service was delivering care and support safely and effectively. Quality checks included the physical environment, care records, training and observing support being provided to people.
- Further quality checks were undertaken by the regional manager who produced a report and action plan for the registered manager to implement. This action plan was later checked by the regional manager to ensure all shortfalls were met and improvements made.

Working in partnership with others; Continuous learning and improving care

- The service accessed external organisations and services to meet people's needs. Staff made referrals to healthcare professionals such as, physiologists, speech and language therapists, occupational therapists and social workers and recorded their involvement.
- People were supported by external specialists such as advocates and activities coordinators who led sessions including arts, crafts and music.
- The registered manager and staff were supported by the provider organisation through an on-going programme of training and development to maintain and improve their skills and knowledge.

