

Regents Park Limited

42 East Wonford Hill

Inspection report

42 East Wonford Hill
Exeter
Devon
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

42 East Wonford Hill is a 'care home' registered to provide accommodation and personal care support for up to six people living with a learning disability and/or autistic spectrum disorder. At the time of this inspection five people were living there, all of them had been resident at the service for several years.

Services for people with learning disabilities and or autism were supported. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff did not wear clothes that suggested they were care staff in the service or when going out with people.

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

People living at 42 East Wonford Hill had little or no verbal communication. One person said they liked living there and staff were "kind." Everyone appeared relaxed and happy in the service. All five people had been resident for a number of years and were familiar with staff, who knew them well.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These guidelines helped to 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. Staff had been trained to meet each person's needs, taking into consideration their safety, preferences and wellbeing. Staff knew people well and were able to spend time with them, working at the person's pace. Staff supported people to develop skills to promote their independence. For example, people were encouraged to do activities they enjoyed both in the service and in the community. This included mixing with friends and family, shopping, attending community run groups and learning life skills.

People were supported to have maximum choice and control of their lives by staff who supported them in the least restrictive way possible. Care records contained details of decisions made where a person had been assessed as not having capacity to make that decision. These had involved, where possible, the person, their family and professionals. The provider's policies and systems supported this practice.

People received their medicines safely and on time. Medicines were stored safely. Risks to the person had been assessed and care plans described how people were supported to minimise these risks while supporting people to live life as fully as possible.

Staff knew how to communicate with each person using a range of communication methods, both verbal and non-verbal.

The registered manager understood their role and led by example, using a person-centred and empowering approach. The registered manager was involving people, their families and staff in improving the care and support provided to people. Staff said the registered manager was open and supportive.

The provider and registered manager ensured checks and audits were regularly carried out to ensure the quality of care and safety of the service. Where issues were identified, action was taken to make improvements.

Rating at last inspection

The last rating for this service was Good (published 21 August 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.

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

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.

42 East Wonford Hill

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

One inspector carried out the inspection.

Service and service type

42 East Wonford Hill is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. This included notifications about incidents and accidents which the provider is required to inform us about. We used all of this information to plan our inspection.

During the inspection

We met everyone who lived at the service, spending time with them in communal areas and their bedrooms. Most people did not have verbal communication skills, so we spent time observing how they were supported. We were able to speak with one of them about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager and two care workers

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection –

We contacted health and social care professionals who have provided support and care to people living at the service. We received one response. We also contacted six relatives and received one response.

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

- Everyone living at the service had limited verbal communication. During the inspection, people and staff appeared relaxed and happy in each other's company. For example, people engaged with staff in conversations about what activities they wanted to do and how their day had been. One person said staff were kind and helped them to feel safe.
- Systems had been developed to ensure people were kept safe from the risks of abuse, including the risks of financial, physical and psychological abuse. Staff were trained to recognise signs of abuse and report concerns appropriately. One member of staff described how they would raise any concern with the registered manager. Staff said they were confident action would be taken to address their concerns.
- The service reported concerns to the local authority. The registered manager said they would work with the local authority safeguarding team to ensure any concerns were fully investigated. For example, the registered manager had reported incidents and investigated ways to reduce the risks for people.

Assessing risk, safety monitoring and management

- People were assessed for any risks to their health, safety and welfare. Where risks were identified, detailed care plans had been developed. These described how the person should be supported to reduce the risks. For example, one person was at risk of self-harming. In the care plan, there was information to help staff understand how to support the person to minimise this. There was also information explaining what to do if there was an escalation in self-harm resulting in open wounds.
- Environmental risks, such as the dangers of fire, electrical equipment, hot surfaces and water temperatures were monitored. This helped to reduce the risks of injury or accidents. Staff described how to support people to minimise these risks. For example, regular fire practices were held to ensure people knew what to do. The service had an 'emergency grab bag'; which contained information and equipment which would help staff support people if there was a fire.

Staffing and recruitment

- Staff were recruited safely. Checks, including interviews were carried out before staff were appointed. Background checks, such as references and Disclosure and Barring Service (DBS) checks were completed before a new member of staff started working at the service. DBS checks are carried out by police to establish whether people are safe to work with vulnerable people.
- There were enough staff to support people to remain safe and help them meet their needs and wishes. People were supported to go out on their own accompanied by a member of staff. Staff worked in an unhurried way, giving each person time to help them consider alternatives and make decisions.

Using medicines safely

- Everyone living at the service required support to receive the correct medicines. Staff helped people to be as independent as possible when administering their medicine, for example, encouraging a person to get a drink of water to have with their medicine.
- Staff were trained to administer medicines. This included staff completing a training course as well as being observed administering medicines. This helped to ensure staff were competent.
- Staff completed medicine administration records (MARs) when they gave a person their medicines and had observed them taking it. Records were completed accurately and completely. .
- MARs were audited and where an error was identified, action was taken to reduce the risk of a reoccurrence. Medicines were stored safely in a locked cabinet which was tidy with medicines clearly labelled.

Preventing and controlling infection

- The service was clean and tidy throughout on both days of inspection.
- Staff understood how to prevent and control the spread of any infections including the practice of good hand hygiene. Staff used personal protective equipment (PPE) when supporting people with personal care.
- There were systems in place to ensure that food and drink was stored correctly to avoid risks of food poisoning from cross-contamination. Food was labelled when first opened and was disposed of when use-by dates were reached.

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

- Everyone living at 42 East Wonford Hill had done so for several years and were well known to long-serving staff. People's physical, mental and social needs were regularly reassessed and reviewed to ensure the care and support offered was still meeting these needs. This helped to ensure their care and support was delivered in line with the person's current presentation and preferences.
- The registered manager and staff were aware of legislation, standards and evidence-based guidance, including expert professional bodies, to achieve effective outcomes. This included being aware of how to support some people with specific long-term conditions, including some which were uncommon.
- Staff worked with health and social care professionals to find ways to improve the care and support for each person. Care records contained details of meetings and appointments with professionals where advice and guidance was sought.

Staff support: induction, training, skills and experience

- Staff completed an induction programme when they first started working at the service. This included completing online and face to face training as well as meeting people living there. Staff who had not worked before in a care setting underwent a training programme based on the Care Certificate. The Care Certificate is a set of standards developed by Skills for Care. This helped to ensure staff understood how to support people living with a learning disability and/or autism as well as other health conditions.
- Staff updated training in line with the provider's policies. This helped staff to support people safely and effectively in line with current best practice. Staff were supported by the provider to complete nationally recognised qualifications in care. This helped to ensure the service had a knowledgeable and experienced workforce who knew how to support people well.
- Staff received support and supervision which gave them an opportunity to reflect on what was going well with their work and how they could improve. Staff said the registered manager, provider and senior staff were always available to provide advice and support if they needed it.

Supporting people to eat and drink enough to maintain a balanced diet Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to have food and drink they enjoyed. People were encouraged to be involved in choosing the meals they ate. For example, one person did not want a particular meal so was offered an alternative which they ate and clearly enjoyed. People ate out at local cafes and pubs on occasions which helped them to socialise with others.

- People were supported to eat a healthy diet by staff. Staff monitored people's weight to ensure they remained healthy. Where one person had lost weight, staff had arranged a GP appointment for them to discuss this.
- Staff were aware of each person's risks around eating and drinking. For example, one person had food intolerances which staff were aware of. Some people were at risk of choking. Staff had involved speech and language therapists who had provided advice about how to reduce the risks. Staff were familiar with the guidance and each person had food and drink served in line with the advice. For example, one person was always given small amounts of liquid at a time to reduce the risks of swallowing too much, too fast.
- The kitchen area was kept locked as people had been assessed as not safe to go in there on their own. However, during the inspection, people were able to go into the kitchen with staff support so they could help with meal preparation and choice.
- People were supported to remain healthy and access health services when necessary. People had appointments with healthcare professionals including the GP and dentist. Other healthcare professionals were also contacted and involved when a person needed support. For example, some people were supported by staff to see specialist learning disability teams.

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

- The service had been adapted to support the needs of people living with a learning disability, autism and/or physical disabilities. The main house provided six bedrooms on three floors. The service was homely and adapted to people's needs. This included providing spaces where people could spend time away from others if they chose.
- Each person had their own bedroom which had been decorated and furnished to support the person's taste. Bedrooms were comfortable and spacious. Some bedrooms had private bath/shower rooms.
- There were spacious communal areas including a lounge, games room, dining room and kitchen. This meant people could spend time on their own, if they preferred, in quieter areas of the service.
- Externally there was a large enclosed garden and patio which people could use when they wanted.

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.

- DoLS authorisations had been applied for each person living at the service. Four had been authorised and the fifth was in progress. There were systems to ensure renewals of authorisations were applied for in a timely way.
- The registered manager and staff understood about the MCA and how this applied to people at the service. Staff knew how to communicate with each person to enable them to make as many of their own decisions as possible.
- Where best interests' meetings had been held, there was information about who had been involved and

what had been decided to support the person.

- Restrictions on people were minimised while keeping people safe. For example, the front garden had a fenced area with a locked gate. This kept people away from where cars parked, which was off a main road.

Is the service caring?

Our findings

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

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

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

- People were relaxed with staff. Throughout the inspection, people and staff interacted in a friendly manner with each other. Staff showed affection and care for people while maintaining appropriate professional boundaries.
- Staff knew how to ensure people's rights with respect to the protected characteristics under the Equality Act 2010. For example, staff supported people respectfully regardless of their disabilities.
- Staff were working with people to understand diversity and equality including ethnicity. For example, each month there was a 'nationality' day where people learned and celebrated other cultures through looking at photos and having food from the country.
- Staff said they were treated with respect and not discriminated against.

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

- People were supported by staff to develop and maintain skills to enable them to be as independent as possible. For example, staff encouraged one person to help prepare a snack for themselves. This helped to promote the person's independence while keeping them safe.
- People were supported to make decisions. For example, choosing when they got up or went to bed, what activities they did, what they wore and what they had to eat.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's right to privacy. Staff knocked on people's bedroom doors before entering and asked people permission before they supported them with care.
- Staff understood and supported people to have private time if they wanted. Staff encouraged people to act appropriately in the company of others.
- People were supported to maintain relationships with family and friends. This included visiting relatives as well as welcoming them into the service. Staff also encouraged people to stay in contact with family by phone and/or email where possible. One relative commented that as they were not able to visit frequently they would have liked to have been kept in touch more. The registered manager said they were already investigating with each family how best to keep them updated and how often. They said they were also looking at ways social media could be used to keep families in touch with events at the service.

Is the service responsive?

Our findings

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

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

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

- Care records contained information about people including details of their family, life history and personal preferences. This helped staff to develop an understanding of who the person was and what they enjoyed doing. Care records also contained detailed information about any conditions the person lived with and how this affected them.
- The registered manager was undertaking a comprehensive review of each care record to ensure they still met people's needs. Where possible, families and advocates were involved in reviews. They said this was to ensure the records fully described each person and how best to work with them. Staff said they had time to read care plans and ensure they were familiar with the details before they started working with them.
- During the inspection, staff worked with people, helping them decide what they wanted to do. For example, one person was supported to go out while another person chose to spend time playing games with a member of staff.

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 living at 42 East Wonford Hill had limited or no verbal communication. There were details in each person's care plan about how they communicated using simple sign language and specific words and phrases.
- Staff were very familiar with how people communicated. Staff explained issues to people clearly and used verbal and non-verbal communication techniques to help convey meanings. This meant people could make more informed choices and decisions.

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

- People were supported to follow their hobbies and interests and be involved in their local community. People were supported to attend clubs and social groups where they did activities. People were also supported to see family and friends as part of their social life
- People did activities they enjoyed within the home. For example, there were music and craft sessions which people could join in with if they chose.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which was displayed for people and visitors to use if they needed to.
- People were supported to understand how to raise issues about their care if they needed to. A professional commented they thought the registered manager would involve them if the person they supported was unhappy. They said this had not happened, but they checked regularly with the person, who had not expressed they had any complaints.
- The registered manager said they had received no formal complaints since the last inspection.

End of life care and support

- No-one who lived at the service required end of life care at the time of the inspection.
- The registered manager and staff had considered the subject of end of life care. Each care plan described who would be involved if the person should become terminally ill. This included discussions with family and considering how to support the person at the service if appropriate.

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

- The registered manager had worked in the service for a number of years and knew people and their families well. They had recently registered with Care Quality Commission (CQC) and were keen to make improvements to the care and support provided. This included involving people, their families, staff and professionals as changes were considered. Quality assurance surveys were undertaken annually and used to improve the service.
- Staff said the registered manager was supportive and they were able to ask for advice and guidance whenever needed. Staff said the registered manager respected their views and listened to their opinions.

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 had systems to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager was aware of their responsibilities to send information to the CQC about certain events. For example, they sent information about incidents and accidents when necessary.
- Quality assurance audits were completed by staff, the registered manager and the provider. These helped to identify areas for improvements in the service. When needed, actions were completed to address any shortfalls identified by audits. For example, where maintenance issues were identified, work was carried out in a timely manner to address the concerns.
- Staff were aware of the provider's whistleblowing policy and said they would contact the CQC or the local authority if they felt their concerns were not being addressed.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged staff to feedback about how the service could be improved. For example, systems were being implemented to improve the monitoring of the care and support provided.
- The registered manager and staff had positive working relationships with staff from health services and the local authority who supported people.