

The Regard Partnership Limited

The Regard Partnership Limited - Vancouver Road

Inspection report

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31 December 2018

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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

This unannounced inspection was undertaken on 17 December 2018. We completed the inspection with a second visit on 31 December 2018, after the outings and festivities at the service for the Christmas season.

Vancouver Road-Regards Partnership is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during the inspection. The service provides personal care for up to eight people with a learning disability and/or autistic spectrum disorder. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The service was registered to accommodate eight people and was at full occupancy on the first day of the inspection. We noted there were seven people living at the care home when we concluded our visit as one person had moved to a different service.

At our previous inspection we rated the service as Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

People continued to receive safe care. Risk management plans had been developed to mitigate identified risks and the service had taken action in relation to fire safety concerns. The provider had informed us of safeguarding concerns and demonstrated how they had worked with local professionals to safeguard people from abuse. Well-organised systems were in place to safely manage people's medicine needs. Accidents and incidents were recorded and analysed, so that trends could be detected and addressed. People were provided with a clean environment and protected from the risk of cross infection. Robust recruitment practices were in place so that people were supported by staff with the right skills, knowledge and approach to provide kind, respectful, dignified and effective care.

The provider assessed people's needs before they moved into the service and individual care and support plans were developed to meet people's needs and wishes. The care and support plans, and accompanying risk assessments were kept under review. Staff were provided with training and support to effectively meet people's needs. People were asked for their consent prior to receiving personal care and other support. Processes were in place to enable people to make choices about their lives and staff understood how to support people in the least restrictive way possible. Effective care and support was given to enable people to receive a balanced and enjoyable diet, and they were supported by staff to attend health care appointments and adhere to guidance from health care professionals.

People who used the service continued to receive support to engage in fulfilling activities at home and in the wider community. At the time of the service we observed that there was a lively programme of events to mark Christmas and New Year and some people told us they felt very satisfied with their activities. However,

external observations indicated that the service could expand on the current activity programme to offer greater variety and interest for people. Complaints were suitably managed and the locality manager confirmed that they were reviewing how they specifically ensured relatives had comprehensive information about the complaints procedure.

We received positive comments about how the service was managed, and the approachable style and integrity of the management team. We observed how people who used the service enjoyed the relaxed and friendly atmosphere that was promoted by management and the staff. Staff felt well supported in their roles and described a culture and ethos that was professional, caring and open. Clear quality assurance systems were in place, which included monitoring visits by the provider's own quality team. The management team spoke in a transparent manner about challenges the service had faced since the previous inspection and demonstrated that learning for the future took place in these circumstances.

We have made one recommendation for the service to seek guidance from reputable sources about how to further develop the scope of its activity programme.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 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 was conducted on 17 and 31 December 2018 and was carried out by one adult social care inspector. The inspection was unannounced on the first day and we informed the provider of our intention to return on the second day. Following discussions with people who used the service and staff on 17 December 2018, the second day of the inspection was scheduled to take into consideration that people were looking forward to a vibrant programme of entertainments for the Christmas season which we did not wish to disrupt.

Before the inspection we reviewed the information we held about the service, which included the previous inspection report for June 2016 and notifications we had received from the provider. Notifications are changes, events or incidents the provider is required by law to tell us about so that we can monitor the service. We had also received a letter from the local fire brigade in November 2018 to inform us of safety concerns they had found at the premises, which were described as 'minor deficiencies.' We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The completed PIR was sent to us within the given timescale.

Over the two inspection days we greeted each person present at the service and had discussions with three people. We also spoke with two support workers, two senior support staff, the registered manager and the visiting locality manager. We reviewed a range of documents which included the care and support plans for three people, medicine records, quality assurance checks, the complaints log and compliments folder, health and safety records, policies and procedures, and the staff files for recruitment, training, supervision

and appraisal.

Following the inspection, we spoke by telephone with the relatives of four people who used the service. We contacted five health and social care professionals with knowledge and experience of the service and received written comments from one professional.

Is the service safe?

Our findings

People who used the service told us they felt safe and happy living at their home. Comments included "I like all the staff, I would tell them if anything was wrong" and "Yes, it is safe here and I am happy." People, relatives and staff told us about safeguarding concerns that had arisen at the service. One of the relatives expressed that they had felt particularly worried during this period about the safety of their family member, other people living at the service and the staff team. We found that the provider had promptly informed us of these concerns and had taken appropriate actions to prevent abuse from occurring. Records showed the provider had consistently liaised with external health and social care professionals including psychologists, psychiatrists and local authority social workers and placement officers to support people with behaviours that challenged the service, including behaviours where a person might physically and/or verbally abuse other people living at the care home. We noted that these specific concerns were no longer applicable on the final day of this inspection due to changes at the service.

The staff we spoke with presented with a comprehensive understanding of how to identify different types of abuse and how to promptly report any concerns to their line manager. Staff reported they periodically received safeguarding training, which was confirmed when we looked at training records. They understood how to whistle blow within the organisation and externally if they were aware of any wrongdoing by colleagues.

Risk assessments were in place to identify risks to people's safety, health and welfare. Risk management plans had been developed to mitigate these risks while supporting people to be as independent as possible. For example, one person's care and support plan contained a risk management plan to promote their skin integrity and reduce the risk of pressure ulcers, in line with their identified health care needs. There were also environmental risk assessments to detect and minimise the risks of potential hazards at home, and individual personal emergency evacuation plans (PEEPs) had been developed to safely support people to evacuate from the care home if necessary.

We noted that the service had received an inspection visit by the London Fire Brigade in November 2018, which had resulted in actions to be undertaken to address the identified safety issues by 4 January 2019. During our tour of the premises on the first day of the inspection staff showed us the measures implemented to meet these fire safety concerns. The provider had also enrolled additional staff on 'fire marshal' training and ensured that all members of the night staff team had this training, as the London Fire Brigade had raised concerns about how staff would support people with mobility issues and health care needs in the event of a fire during the night. The fire marshal training provides staff with knowledge of what to do in a fire, an understanding of the responsibilities and duties of a fire marshal and practical experience of tackling a controlled fire with a fire extinguisher. Fire drills were undertaken every three months and included at least one drill each year at night time.

There were appropriately managed systems in place to ensure people who used the service safely received their prescribed medicines. We saw that staff had received training for administering medicines and their competency was assessed. Medicines were stored securely and staff understood about the importance of

making sure that medicines were stored in line with the manufacturers' instructions for temperature ranges, to maintain their quality. The medicine administration record (MAR) charts we looked at had been properly completed, which enabled staff to efficiently carry out their daily audits to check that people had correctly received their medicines. There was an established process in operation to return medicines no longer required to the dispensing pharmacist.

During the inspection we observed there were sufficient staff deployed to safely meet people's personal care and social care needs. People who used the service went on shopping trips, out for a walk or attended appointments with staff on the first day of the inspection. The second day of the inspection was quieter as it was New Year's Eve, however there were sufficient staff on duty to offer people a drive to the West End to look at the Christmas lights in the evening.

People who used the service were protected by robust recruitment practices. The recruitment files showed that appropriate documents were obtained and scrutinised before people were permitted to commence employment, to ensure they were suitable to work with people who used the service. This included a minimum of two references, criminal record checks and proof of identity and eligibility to work in the UK.

The premises were welcoming, clean and free from clutter and malodours. Records showed that staff had received infection control training and we saw that appropriate practices were in place to protect people from the risk of cross infection. For example, communal bathrooms were supplied with hand washing liquid and paper towels, and staff were issued with personal protective equipment including disposable gloves and aprons.

Is the service effective?

Our findings

People who used the service and their relatives told us they were pleased with the quality of skills and knowledge displayed by the staff team. Comments from people included, "[Staff member] is my key worker. We like to go out shopping together. [He/she] helps me, [he/she] is very good" and "The staff are nice. I clean my room and they help me." A relative stated, "We have always found the staff keep us informed. They will ring me if there is a problem. They are friendly when we visit and [my family] member has a good rapport with them. When [family member] returns to Vancouver Road after a visit with us [he/she] is happy to see the staff again and they look happy to see [him/her]."

Our discussions with staff and the staff training and support records we looked at showed that staff were suitably supported by the provider to acquire and refresh the skills and knowledge they needed to undertake their roles and responsibilities. The training programme was varied, for example staff undertook training in moving and handling, food hygiene, equality and diversity issues, and how to meet the needs of people with autism and epilepsy. The registered manager closely monitored the records for training, one to one supervision sessions and appraisals to ensure that staff had attained up to date professional development, and facilitated opportunities for staff to share their views and discuss their performance. Staff told us they were provided with interesting and useful training. One staff member told us, "I am planning to do leadership and management course. [Registered manager] and [locality manager] encourage staff to think about our development and other positions in the organisation that we can gain the right skills for." Another staff member stated "I love working here and feel very supported by the senior staff and the manager. You can ask for advice at any time, not just during supervision. [My line manager] asks me about what training I would like to do. The training is good."

During the inspection we observed that people who used the service were asked for their consent before they were provided with personal care and other support. The people we spoke with described how they were fully consulted by staff, for example if they were being supported to have a bath or wash their hair. Members of the staff team described how people who did not communicate verbally expressed their needs, wishes and preferences. One staff member said, "We have got to know our residents well and understand their gestures and facial expressions."

Staff had received training about the Mental Capacity Act 2005 (MCA) and told us that people who used the service were supported to make decisions about their care wherever possible. A senior support worker told us, "We speak with people's social workers, their families and other professionals if a decision needs to be made in their best interests." People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). The registered manager presented a clear understanding of their responsibilities and informed us about specific circumstances where it had been necessary to restrict a person's liberty.

People told us they enjoyed the food. Comments included, "I like most things. Sometimes we have fish and chips, pasta is the best" and "We go out and have a pub lunch." One person told us they liked to make mugs

of tea for themselves throughout the day and they went to the kitchen to do this after having a chat with us. The minutes for the 'resident's meetings' showed that people were asked about their preferences and these were incorporated into the menu plan. We saw that although there was a structured menu plan in place so that essential food items were bought to prepare meals, the staff offered a flexible approach and spoke with people about whether they would like a different meal. People could help themselves to fresh fruit and healthy snacks between meals and we observed staff offering choices to people who were not able to access these items due to health care and mobility problems. The care and support plans we looked at had suitable information to address people's nutritional needs and were written using guidance and instructions from speech and language therapists and dietitians, where applicable.

Systems were in place to support people to access the health services they needed and were accompanied by staff to health care appointments in the wider community. The care and support plans showed that the registered manager and the staff team acted promptly if they had any concerns about people's health and wellbeing. Records demonstrated that staff followed advice given by GPs, community nurses and other health and social care professionals.

People were provided with a homely and comfortable environment. The provider showed us improvements that had been made to the premises since the previous inspection, for example parts of the building had been redecorated and refurbished, and the lay-out of the staff office had been completely reorganised and was now more spacious for people to pop into to speak with the registered manager or senior support worker in charge of the shift. One person who used the service told us they liked the new dining table and carpets. During our tour of the premises staff pointed out areas that still needed to be improved. We were informed that the budget was agreed and a schedule had been drawn up for these works to take place.

Is the service caring?

Our findings

People who used the service and their relatives stated that the staff were kind and caring. One person said, "We do nice things with staff. I like to go shopping with staff. They talk to me about music and my favourite TV programmes." Relatives commented favourably about the caring and thoughtful approach of staff. One relative said, [My family member] is happy with them. They are warm and friendly people and very patient."

We observed that there was a noticeably friendly atmosphere at the service. Throughout the inspection people who used the service approached staff to speak with them and it was evident that staff knew their interests and hobbies. For example, one person talked to us and members of the staff team about a well-known celebrity they admired. Staff were genuinely interested in the person's views and asked questions to demonstrate that they enjoyed discussing topics of interest with the person. Amusing comments were exchanged during the light-hearted chat and we observed the person left the office smiling, as they felt respected and valued. During our conversations with people we noted that staff had given them reassuring information about the inspection process, and staff ensured that people were aware they were entitled to decline having a conversation with us and did not have to allow us to look at their bedroom.

The care and support plans contained information about people's histories, family background, likes and dislikes, and details about how to meet any cultural and/or religious needs. One person told us they did not wish to attend a place of worship and this was appropriately recorded in their care and support plan. Another person liked a mixture of British food and cuisine that reflected their cultural background. This was clearly explained in their file and we also noted that the menu plan included their favourite meals.

Throughout the inspection we observed relaxed and pleasant interactions between people who used the service and members of the staff team. Staff knocked on doors before entering and told us how they promoted people's dignity when supporting them with personal care, for example by making sure that bedroom and bathroom doors were closed and curtains were drawn. Confidential records were securely kept in the office and staff explained to us that the provider's training had highlighted the importance of not sharing information about people who used the service with external professionals unless they had a valid reason to know.

People's views were sought at residents' meetings and during their person-centred review meetings. The registered manager told us that where required people were supported to access support from independent advocates, for example if they needed support to make a complaint in relation to their care and support from the provider or any other individuals or organisations.

Is the service responsive?

Our findings

People received care and support to meet their individual identified needs. People who used the service told us they were comfortable living at Vancouver Road and felt that staff enabled them to develop their independence and confidence. Two people told us that staff had encouraged them to try new activities that they had expressed an interest in and supported them to engage with new household tasks, for example one person stated they were now more involved in carrying out aspects of their personal laundry and preparation of their own snacks and refreshments.

The care and support plans we looked at demonstrated that people's needs were thoroughly assessed before they moved into the service. Comprehensive assessments had been undertaken by people's placing authorities and the provider had carried out their own additional assessments. We saw that where people's needs had changed, the service worked well with local health and social care professionals to ensure that new assessments were carried out so that people received care and support that appropriately met their current needs and wishes. For example, we saw how people's care and support plans along with accompanying risk assessments had been updated if they were issued with new equipment by an occupational therapist or physiotherapist, or health care professionals had advised that adjustments needed to be made to existing clinically developed protocols. This showed that staff understood and effectively responded to people's changing needs, which included some complex needs due to people's long-term health care conditions. Annual review meetings took place and records showed that people and their chosen representatives were encouraged to be as actively involved as possible.

We spoke with the locality manager about how the provider ensured that they could meet people's needs before they moved into the service and how assessments were conducted to ensure that prospective new people fitted in with the existing people living at the service. We were informed that people could visit the service for a day followed by an overnight stay and a trial period before they moved into the service. It was noted that where people's needs had changed and they might need to move to a different setting, the service had endeavoured to achieve this. At the time of the inspection there was one vacancy and the locality manager stated that there were no immediate plans to fill this vacancy. The locality manager was in early discussions with senior management in the organisation as to whether the vacant room could be permanently used as a sensory room or another amenity for people currently living at the service to enjoy.

People were supported by staff to participate in different meaningful activities, in line with their preferences and interests. Through our discussions with people who used the service and by looking at people's care and support plans we noted that people attended college and resource centres, went to the gym and swimming, received aromatherapy, watched films with staff at the cinema or at home, and visited nearby town centres with staff. One person told us, "I like to go to charity shops and look around" and another person said that they felt happy and healthier after taking a daily stroll in the neighbourhood. Relatives told us they were pleased that staff encouraged people to engage in activities at home and in the wider community. One relative suggested that the activities programme would benefit by being broadened and increased as sometimes their family member needed more social stimulation, which was also observed by a visiting professional.

We recommend the provider seeks guidance from reputable sources to develop new activities to meet people's individual needs.

There was a complaints' procedure in place and pictorial information about how to make a complaint was available for people who used the service. We looked at the complaints file and saw that complaints had been responded to in a professional way. The relatives of one person told us about a complaint they had made, which we had read during the inspection. The relative noted that it would be beneficial if people's relatives and other representatives were provided with an 'introductory folder' when their family member first moved into the service, with relevant information including more guidance about how to make a complaint. This had been raised during the inspection by the locality manager who stated that as many people who used the service had lived there for a long time, the provider was now looking at how to ensure that established relatives and friends were given information presented in a way that met current expectations.

We spoke with one of the senior support worker's about how the service supported people with end of life care needs. They showed us a training and resources package that the provider used which gave staff an understanding about end of life care needs and practical guidance about when it could be appropriate to have conversations with people about their end of life care needs, particularly if people were younger adults. For example, the training material suggested that people might raise these issues with staff if there has been a bereavement in their family or at the service. The senior support worker told us they would liaise when required with a person's GP to arrange specialist end of life care support, for example visits from palliative care nurses and district nurses so that people could remain living at their home in accordance with their wishes.

Is the service well-led?

Our findings

We had noted at the previous inspection that the service did not have a registered manager in post and the provider had appropriately informed the Care Quality Commission (CQC) of this. At the time of the previous inspection the provider was actively recruiting a new manager and the service was being temporarily managed by an experienced senior support worker.

At this inspection the service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Like 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. We met the registered manager on the first day of the inspection and she confirmed that she was now firmly established in her role.

People who used the service, members of the staff team and relatives were complimentary about how the registered manager managed the service. Comments from people who used the service included, "I like [registered manager]. I can talk to her about anything" and "[registered manager] is nice. I told her that I am going to see [my relative] at Christmas." During the inspection we observed how frequently people stopped to speak with the registered manager and the senior support worker in charge on the second day, as the registered manager was on authorised leave. We observed that when the registered manager or senior support worker were in the ground floor staff office people entering or leaving the premises were warmly greeted and asked supportive questions about their day and their activities. It was clear that people were accustomed to these regular positive interactions with the management team. A relative commented, "[Registered manager] is very approachable and is always knowledgeable about what is happening with [my relative's] appointments and other needs. I have no complaints at all."

Staff told us that the registered manager was very supportive and ensured that the culture at the service was professional, nurturing and friendly. One staff member told us, "If I am concerned about a resident we have been told that there is no such thing as a silly question. [Registered manager] and [two senior support staff] will listen and provide advice." Minutes showed that staff attended regular staff meetings, which were used to seek the views of staff, discuss people's health and social care needs and look at any new policies or relevant publications. For example, staff had looked at the CQC document 'Registering the Right Support' so that they could consider how they provided personalised care that placed people firmly within their local community.

We saw that the registered manager and the locality manager carried out regular audits at the service to ensure that people were receiving a good quality of care and support. The provider's own quality assurance team carried out visits and issued improvement recommendations for the registered manager to action. The registered manager and the staff team demonstrated a keen commitment to implementing any suggestions to improve the quality of the service. Other quality assurance practices included questionnaires for people who used the service and relatives to complete.

A health and social care professional told us they found the provider to be approachable and helpful. Staff

were consistently open, honest and caring. The professional had visited the service on different occasions in the past year and had found that people were well cared for and staff were responsive to their needs. These visits were a combination of announced and unannounced visits.

The registered manager told us she felt well supported by the locality manager. The registered manager understood her legal responsibilities to inform the CQC of any notifiable events and other records showed that the care home worked effectively with statutory local health and social services.