

The Regard Partnership Limited

The Regard Partnership Limited - 225 London Road

Inspection report

225 London Road
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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

225 London Road provides personal care and accommodation for up to six people in a small domestic care home setting. The home was presented as an ordinary detached house over two floors with access to the first floor via stairs. People had single rooms. Communal space consisted of a lounge area and dining room. There was a private garden at the rear of the property.

225 London 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. At the time of inspection there were five people living in the home.

At our last inspection we rated the service 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. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service was provided 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.

At our last inspection in June 2016 we rated the service Good. At this inspection, we found the service had remained Good.

The home was well decorated and adapted to meet people's needs. The home had a homely feel and reflected the interests and lives of the people who lived there, with photos of people and staff on display.

None of the people who lived at the home were able to communicate using ordinary verbal conversation. However, most people could respond to direct questions with a "yes" or "no" answer and used other forms of communication such as basic sign language or sounds which the staff knew how to interpret.

People gave us positive feedback about the home and their satisfaction with care staff and did this through their interaction with staff and the ease with which they moved about the home and exercised choice throughout the inspection.

There were sufficient numbers of staff to meet the needs and preferences of the people that lived there. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom. Staff ensured that people were involved in decisions by speaking

with people and making sure care plans were personalised and easy to read.

People were offered choices, supported to feel involved and staff knew how to communicate effectively with each individual according to their needs. People were relaxed and comfortable in the company of staff. Staff supported people in a way which was kind, caring, and respectful.

Staff told us they received the support and training they needed to help them do their jobs well. The managers were proactive in ensuring staff completed training relevant to the needs of people living at the service. This included specialist training to enable staff to care for people with particular needs.

Staff helped people to keep healthy and well, they supported people to attend appointments with GP's and other healthcare professionals when they needed to. Medicines were stored safely and people received their medicines as prescribed, with accurate records available to show which medicines people had received. People were involved in their food and drink choices and meals were prepared taking account of people's health, cultural and religious needs.

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

The provider regularly sought people's and staff's views about how the care and support they received could be improved. There were systems in place to monitor the safety and quality of the service that people experienced. Relatives told us they felt able to speak to the registered manager or any of the staff team at any time if they needed help and assistance.

The newly-appointed registered manager and an established staff team were committed to providing high quality person centred care and support. This ethos was central to how the service operated. The service was flexible and responsive to changes in people's needs and individual family circumstances. The service had a stable and consistent staff team who had people's wellbeing at heart.

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? The service remained Good.	Good ●
Is the service effective? The service remained Good.	Good ●
Is the service caring? The service remained Good.	Good ●
Is the service responsive? The service remained Good.	Good ●
Is the service well-led? The service remained Good..	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.

Prior to our visit we reviewed the information we held about the service. This included inspection history, any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

The provider had completed 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.

We visited the home on 28 November 2018. The visit was unannounced and the inspection was carried out by one inspector.

We spoke and spent time with five people using the service and observed the routine of the home and the interaction between people and staff. We spoke with the registered manager, the locality manager and three members of staff. After the inspection we spoke with three relatives and three external professionals by telephone.

We looked at records about care, including three files of people using the service. We checked three staff files and the records kept for staff training and supervision. We looked around the premises and at records for the management of the service including quality audits and medicines records.

Is the service safe?

Our findings

At our last inspection in June 2016 this key question was rated as 'Good'. At this inspection the rating remained 'Good'.

People's relatives told us they felt the home provided a safe environment and that their relatives enjoyed living in the home. One relative told us, "I've never had any concerns about how [my relative] is cared for or treated. I can tell by their behaviour that they feel safe with the staff." Another relative said, "We have always had a high regard for the staff and the way they look after [our relative]. When [my relative visits us, it is good to see that they are happy enough to go back to their home, as it were."

Relatives and staff told us there were always enough staff on duty to keep people safe. Throughout the day there were a senior care staff with two care staff on duty up till 9.30pm. Throughout the night there were one waking and one sleeping care staff.

The registered manager was newly appointed and had spent the previous month getting to know people and reviewing their care. The registered manager explained that the priority had been to ensure he had a comprehensive understanding of people's abilities and needs in order to ensure a safe service.

Observation of the interaction between people and staff throughout the day demonstrated that people felt very comfortable and relaxed in staff presence. The home also had clear policies and procedures with regard to safeguarding and guidance was available for people in easy read posters.

We also saw that there were pictorial signs for people in their care records which they could use to communicate their feelings and moods as well as their wishes and choices. This enabled staff to understand the best way to reassure people and keep them safe.

Staff were clear on their obligations towards people and demonstrated a clear understanding of what constituted a safeguarding matter and how to report this. One member of staff told us, "If I was worried about anything I would take this to my manager and write it up. I know that we can talk to social services and that our manager would need to report our concerns to them."

We saw that people's needs were assessed before they moved into the service. This pre-admission assessment involved input from people, relatives and professionals where appropriate and identified if the service could meet the person's needs. Risk assessments clearly identified risks and provided staff with clear guidance on how to address these risks. Examples included health-related issues, behavioural challenges, participation in household tasks, mobility and safety awareness.

Assessments meant that staff could support people in a safe way whilst supporting them in activities or interests of their choice. Risk assessments were reviewed at regular intervals or in response to incidents or changes in behaviour.

Relatives told us they were included in the assessment process and during reviews, and that this gave them

confidence about the safety of the service. One relative told us, "It helps when you can explain what your child needs and it's reassuring when you feel they listen and take your own worries into account."

The service continued to ensure there was a robust recruitment procedure in place which included application with two references, criminal records checks, interview and probationary period.

There were effective Infection control procedures in place. These included Food Hygiene procedures (e.g. checking of food temperatures, labelling of food kept in fridge and colour coded chopping boards).

People's medicines continued to be managed in a safe manner. People were fully involved in the process and staff who administered medicines to people received appropriate training, which was regularly updated. Staff who supported people with medicines were able to describe what the medicine was for to ensure people were safe when taking it. The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use.

Is the service effective?

Our findings

At our last inspection in June 2016 this key question was rated as 'Good'. At this inspection the rating remained 'Good'.

People continued to be cared for by staff who had the knowledge and skills they needed to deliver safe and effective care.

People had their needs assessed before they came to stay at the home. Familiarisation visits were arranged so the person, together with their main carer or relative could come to see the service where possible. An individual support plan and assessments were completed by the provider that were used to discuss with the person and / or their representatives about how they wanted to be supported.

Staff told us they were well supported by the management team. They received regular supervision sessions to discuss work related issues, although there had been some missed sessions due to changes of registered manager. One staff member told us, "I would give this place 10 out of 10 for care and support, and we are a good team." Another staff member said, "The new manager is doing a good job and he is happy to help."

Staff continued to receive effective training which supported them to carry out their role. Staff told us they completed mandatory training which included subjects such as safeguarding, moving and handling, food hygiene, fire safety and behaviour that required a response. Staff also told us they could request other training to develop their knowledge in specific areas, such as sign language or epilepsy.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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. The service continued to work within these principles.

People's records showed the provider assessed people's level of understanding and ability to consent to the care and support they needed. A framework and procedure was in place to deal with situations where if people lacked capacity to make specific decisions people involved in their care, such as family members and healthcare professionals would be involved by staff in making decisions that were in people's best interests.

We observed staff interaction with people and looked at the way people were supported throughout the day. We saw that staff understood the support needs of people well, and that they also understood people's preferred method of communicating their needs. Staff supported people in a respectful manner, and always ensured that where possible, people were given the time to voice their opinion and give consent to whatever activity or tasks they were being invited to participate in.

Each person had their own key worker who supported them with all aspects of their day to day living and who ensured that support plans with associated risks were implemented and reviewed with support from the manager. Keyworkers also ensured that monthly reviews were held as well as preparing for the service users annual reviews with funding authorities.

People continued to have enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. Menus were planned with the involvement of people, with people's preferences being incorporated into the overall menu for each week. People's special dietary needs and risk assessments were identified in their support plans.

The service continued to have good working relationships with a range of professionals from the local community teams, including speech and language therapists (SALT), psychologists, dentist and the local GP surgery. One external professional told us, "I have worked with a few of the people at 225 London Road and the staff are always ready to support them and listen to any advice we have."

People were supported by staff to keep healthy and well. The provider kept daily records in which they recorded the level of support people received, any issues or concerns about people's health and wellbeing and the support obtained for them when this had been needed.

Is the service caring?

Our findings

At our last inspection in June 2016 this key question was rated as 'Good'. At this inspection the rating remained 'Good'.

The staff at the home continued to develop positive, caring relationships with people. One relative told us, "The one thing about the staff is they do care. They know the residents well and they do care for them really well." One staff member said, "I have been here for some years and I feel I know people as well as my own family."

Care was delivered by staff in a patient, friendly and sensitive manner. We observed and listened to interactions between people and staff throughout the duration of our inspection. We saw examples of positive and caring interactions, including mealtimes, staff sitting with people reading, staff enabling people to have freedom of movement and access to all parts of the home, supporting people to attend appointments, sensitively monitoring anyone who was feeling under the weather, and supporting them in daily home routines.

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. Staff understood people's support needs and communication methods and were therefore able to detect any discomfort or distress and provided caring interventions in a respectful manner. People's care records contained clear person-centred descriptions of how people preferred to be supported and these were followed by care staff.

To ensure that people continued to feel involved in decision making and have their views considered, staff used their keyworker responsibilities to engage people daily and to co-ordinate regular reviews on each person so that all staff were updated on any changes. We observed that staff constantly involved people in the activities and tasks of the home, using a range of methods from ordinary reminders and invitations to some people, through to prompting and physical assistance for others.

People's involvement and decision making were evident in the individualised programmes of activity for each person. For example, one person enjoyed walking, another enjoyed music and another would have their favourite TV show on.

People's privacy and dignity was respected and promoted through clear policies that emphasised people's rights and staff behaviour towards people. This was reflected in people's care plans and in their individual routines in the home as well as in the attitude of staff when entering people's rooms or offering personal care.

The registered manager and staff supported people in developing their aspirations, to identify choices and preferences. One external professional told us that they were pleased with the commitment of the service in ensuring people's opinions and feelings were considered through the annual review process.

Is the service responsive?

Our findings

At our last inspection in June 2016 this key question was rated as 'Good'. At this inspection the rating remained 'Good'.

People continued to receive care that was responsive to their needs. The registered manager, although newly-appointed had made himself known to relatives and had familiarised himself with people, staff and the routines of the home.

One relative told us, "There is a new manager. He hasn't been there long but he is very good and we could talk to him about anything."

Staff were knowledgeable about and attentive to the needs of people they supported. Each person's care plan contained a summary of their life before they came to the service providing prompts for topics of conversation, including "things I am good at doing" and "important people in my life". Staff were aware of people's preferences and interests which meant they were better equipped to deliver personalised care and support. People's care records were person centred in the way they were written and identified people's needs, goals and preferences and how they were expected to be delivered. This information about people provided guidance that enabled staff to deliver appropriate care and support in a responsive manner.

The home worked to make the plans as accessible as possible to people using the service, including by receiving information which they could access and understand, with support if required. We saw pictures, symbols and photographs were used wherever possible to help people have ownership of these documents in their daily routines.

The staff supported people who had a range of disabilities, including non-verbal communication, autism, and behaviours which challenged the service. Staff were skilled with different levels of experience who knew people well and were able to respond quickly and supportively when people were not well.

The registered manager and locality manager told us there were good relationships with GPs and learning disability teams and care records documented visits and appointments. People had a "health file" and "health action plan" which enabled staff to act responsively when needing to communicate with health services.

Technology was used in the home for the benefit of staff and people. This included the use of electronic training and auditing systems for the staff, monitoring systems for those who required sensitive and discreet monitoring (for example, at night) and the use of internet where people could use this.

The home had a complaints procedure and maintained records of any complaints, accidents and incidents as well as reporting these to senior managers via an online reporting system.

Relatives of people who used the service felt that staff were good at listening to them and meeting their

family member's needs. One relative told us, "I always talk to [my relative's] keyworker. He knows [my relative] almost as much as we do."

Regular contact with family and friends was facilitated and encouraged to help protect people from the risk of social isolation and loneliness. Relatives also told us they had no concerns about the service. One relative said, "I know how to make a complaint but I've never needed to. Any small issues can always be sorted just by talking it through with the keyworker or the manager."

Is the service well-led?

Our findings

At our last inspection in June 2016 this key question was rated as 'Good'. At this inspection the rating remained 'Good'.

A registered manager was in post. 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 2008 and associated Regulations about how the service is run.

Senior managers continued to be involved in the home, where a representative from the provider carried out regular visits to check on the quality of service being provided to people. These visits included an inspection of the premises and reviewing care records. An action plan was generated, which detailed who was responsible for completing the action and by when. This was then reviewed at each visit to ensure actions had been completed.

The registered manager was supported by senior support workers, the Locality Manager and Regional Director with on-call support out of hours if required.

Feedback from relatives was positive. They confirmed that there was a relative's forum where they could meet and discuss things with the locality manager and staff. One relative told us, "We have been able to meet and talk about certain things like difficult placements in the home and the impact it has had on the house as a whole and the effect on people's lives. It is good to see that they do listen, and eventually things got resolved."

Another relative said, "The home has a great atmosphere, very welcoming. If I come to pick up [my relative] to take him to stay for a weekend staff always welcome you and make sure we have everything we need."

The provider ensured the ethos of openness and transparency was communicated via a regular newsletter which described news of events and initiatives across the various Regard Group services. The service had recently had the Investors In People award updated to the Gold standard, which the registered manager and locality manager felt was an indicator of good team working, having an open culture and a supportive environment.

The registered manager was familiar with all aspects of the management role, including his regulatory responsibilities under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken.

Records management was good and showed that the home and care provided was regularly checked to ensure it was of a good standard. Records were stored safely and confidentially.