

The Regard Partnership Limited

The Regard Partnership Limited - Restormel Terrace

Inspection report

8 Restormel Terrace
Mutley
Plymouth
Devon
PL4-6BJ

Tel: 01752 267221

Website: 1aand8restormelterrace@regard.co.uk

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Ratings

Overall rating for this service

Outstanding



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Outstanding



Is the service responsive?

Outstanding



Is the service well-led?

Outstanding



Overall summary

The inspection took place on the 19 and 20 October 2015 and was unannounced.

Restormel Terrace (known as Douglas House by the people who live there) provides care and accommodation for up to four people. On the day of the

inspection four people were living at the service. Restormel Terrace provides care for adults with a learning disability and associated conditions such as Asperger's and autism.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The service provided outstanding care and support to people enabling them to live fulfilled and meaningful lives. People told us they 'loved' living at Restormel Terrace. One person told us they had lived at Restormel Terrace for nearly 10 years and the staff had planned a party to celebrate all they had achieved. The interactions between people and staff were positive. We heard and saw people laughing and smiling. People looked comfortable, relaxed and happy in their home and with the people they lived with.

People were very proud of their home and spoke in a way that suggested a sense of belonging and contentment. One person told us "I love it here, it's luxury". All the relatives we spoke to without exception used words such as, "caring", "excellent", "brilliant", and "kind". Comments from relatives included, "I have nothing but praise, the staff are all wonderful", and "The care is really excellent, I cannot believe how much [...] has achieved, they are happy, positive and confident". An advocate said, "Wonderful, the care is so person centred, the house is so vibrant, people are so involved" and "The staff are always so keen to get involved, always really positive, it is a joy".

There was an extremely positive culture within the service, the management team provided strong leadership and led by example. The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. Individualised care was central to the home's philosophy and staff demonstrated they understood and practiced this by talking to us about how they met people's care and support needs. They spoke with commitment and used words like, "individual", and "personalise", when they talked about people they supported. Staff spoke in a compassionate and caring way about the people they supported. People were supported to fulfil their goals, wishes and aspirations, and their achievements were celebrated.

Throughout the inspection people were keen to tell us about their routines and their achievements. We saw

many examples of how staff had considered ways of helping people achieve their goals and aspirations. Staff helped people think about everyday risks, but did not allow this or other hurdles to get in the way of people progressing or achieving their goal. This contributed to the high levels of satisfaction expressed at the service. People were proud to tell us about how well they had done and how with the support of staff they had progressed and achieved goals such as obtaining work and travelling independently.

There were sufficient numbers of staff to meet people's needs and keep them safe. The provider had effective recruitment and selection procedures in place and carried out checks when they employed staff to help ensure people were safe. People told us they were always involved in the recruitment process. They said they met staff before they worked in the home and also took part in the interview process. Staff were well trained and aspects of training were used regularly when planning care and supporting people with their lifestyle choices.

People had their medicines managed safely, and received their medicines in a way they chose and preferred. The registered manager and staff had given much consideration about how they could support and encourage people to manage their medicines independently and safely.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager and staff demonstrated a good understanding of the Mental Capacity Act (MCA) and a wide range of learning material was available regarding assessing people's capacity and making best interest decisions. At the time of the inspection all people using the service had been assessed as having capacity to make decisions and were not being deprived of their liberty. The registered manager was aware of the correct legal process to follow if these assessments of people's needs changed.

People were able to express their opinions and views and were encouraged and supported to have their voice heard. People were fully involved in planning and reviewing their care and support needs. All of the files we

Summary of findings

looked at evidenced that people were involved in decisions about their care. People attended meetings and discussions that concerned them. People's were supported to use their individualised communication methods during these discussions to ensure their views were noted and acted on. Information about the service and care arrangements had been translated into a format people could understand. During the inspection people were happy to show us their support plans and were clearly used to being involved in this process.

Due to people's learning disability and associated conditions such as autism and Asperger's support plans in most cases stated that people needed good, clear information to help them plan their time and understand what was going on. We saw a range of personalised communication methods and tools being used to support people. Communication aids were specific to people's needs and were detailed as part of their support plan. We saw that people used this information and referred to these visual prompts to assist them when performing a certain activity or planning their day. We saw many examples of how the staff had really thought about people's communication needs and ensured they were not a barrier to them achieving their goals and aspirations. We saw people being supported to use their individual communications methods and tools to help reduce anxiety and have greater control about their care and lifestyle.

People's health and well-being needs were well-monitored. The registered manager and staff responded promptly to any concerns in relation to people's health and also encouraged people to attend health checks recommended for their age group and gender. People were provided with information about diet and healthy eating and were fully involved in all aspects of shopping, menu planning and meal preparation.

All of the people who lived at Restormel Terrace were supported to lead a full and active lifestyle. Throughout the inspection we saw people coming and going from the home either independently or supported by staff. Some people went out for short trips to the shops or to visit friends and others went for a full day out either visiting family or partaking in other planned activities such as sport and voluntary work. Activities and people's daily routines were personalised and dependent on people's particular choices and interests. People were supported to develop their skills and pursue employment and educational opportunities A relative told us, "It's brilliant, [...] is learning to read and write, and they love their voluntary work".

The registered manager took an active role within the home. There were clear lines of accountability and responsibility within the management structure and tasks were delegated to help ensure the smooth and efficient running of the service. Comments included, "The manager is really supportive, I have never experienced this level of organisation", and "There is really good team work, good management and lots of opportunities for discussion". The registered manager encouraged and promoted community involvement and joint agency working. This helped ensure people had their full range of health and social needs met.

The provider had a robust quality assurance system in place and gathered information about the quality of the service from a variety of sources including people who used the service, relatives and other agencies. Learning from incidents, feedback, concerns and complaints were used to help drive continuous improvement across the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

There were sufficient numbers of staff to meet people's needs and keep them safe.

People were protected by safe and appropriate systems for handling and administering medicines.

People were protected by safe and robust recruitment practices.

Good



Is the service effective?

The service was effective.

People were supported by highly motivated and well trained staff. Induction for new staff was robust and appropriate and all staff received regular and effective supervision and support.

People's rights were protected. Staff and management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the capacity to make decisions for themselves had their legal rights protected.

People were supported to have their health and dietary needs met.

Good



Is the service caring?

The service was very caring.

The service provided outstanding care and support to people enabling them to live fulfilled and meaningful lives.

The registered manager and staff were committed to a strong personalised culture. Kindness, respect, dignity, and attention to detail was integral to the day-to-day practice of the service.

People were treated with respect by staff who were kind and compassionate. Relatives were encouraged to visit regularly, were supported and involved in the service.

People had access to advocacy services. The registered manager and staff promoted and recognised the importance of people having the support of others outside the service to support them and speak on their behalf.

Outstanding



Is the service responsive?

The service was very responsive.

People received personalised care and support, which was responsive to their changing needs.

Outstanding



Summary of findings

People were supported by staff who knew them well and were passionate about enhancing people's well-being and quality of life.

People were supported to lead a full and active lifestyle. People were actively encouraged to engage with the local community and maintain relationships that were important to them.

People's views were actively and regularly sought, listened to and used to drive improvement in the service. Complaints and concerns were listened to, taken seriously and addressed appropriately.

Is the service well-led?

The service was exceptionally well led.

There was a positive culture within the service. There were clear values that included involvement, compassion, dignity, respect and independence. The management team provided strong leadership and led by example.

People were able to express their opinions and views and were encouraged and supported to have their voice heard.

People were included in decisions about the running of the service and staff were encouraged and supported to question practice.

The registered manager and senior staff within the organisation had very robust and effective systems in place to assess and monitor the quality of the service. The quality assurance system operated to help develop and drive improvement.

Outstanding



The Regard Partnership Limited - Restormel Terrace

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.

The inspection took place on the 19 and 20 October 2015 and was unannounced. The inspection was carried out by one inspector.

People who lived at Restormel Terrace had some communication difficulties due to their learning disability and associated conditions such as autism and Asperger's. Although people were able to communicate verbally they did have some limitations understanding and providing information about their care and experiences at Restormel Terrace. We spent time with people listening to what they wanted to tell us about their daily routines and living at the home. We observed people as they went about their day and also observed the care and interaction between people and the staff team.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke to all of the people who lived at Douglas House and five members of staff. The registered manager was available throughout the inspection and we also met and spoke to the locality manager for the service. We looked at the care records for all the people who lived at the home as well as other records relating to the service. This included staff records, health and safety records and quality audits.

Following our inspection visit we spoke to two relatives, an advocate and a representative from the specialist learning disability service in Plymouth.

Is the service safe?

Our findings

People told us they felt safe living at Restormel Terrace. Comments included, “I like it here, the staff are nice and I can talk to my keyworker”, and “The staff help me with my medicine and check I have done it properly”. Relatives said, “I feel reassured that [...] is safe, I don’t have to worry”.

People were protected by staff who knew how to recognise signs of possible abuse. Staff said reported signs of suspected abuse or poor practice would be taken seriously and investigated thoroughly. Staff had completed training in safeguarding adults and this was regularly updated. This training helped ensure staff were kept up to date with any changes in legislation and good practice guidelines. Detailed policies and procedures were in place in relation to abuse and whistleblowing procedures. Staff knew who to contact externally if they felt their concerns had not been dealt with appropriately within the service. A safeguarding file was available with all the information staff needed to assist them when recognising and reporting any safeguarding concerns. This file contained a clear audit trail of any safeguarding concerns raised within the service as well as any action taken and lessons learned.

Staff recognised people’s rights to make choices and take everyday risks. Assessments had been carried out to identify any risks to the person and to the staff supporting them. This included environmental risks as well as risks associated with their support needs and lifestyle choices. Assessments included information about any action needed to minimise the risk of any harm to the individual or others, whilst also promoting and recognising the person’s rights and independence. For example, one person had risks identified in relation to their finances. A plan had been put in place to support the person to manage their money as independently as possible, whilst keeping their finances as safe as possible. Another person had known risks in relation to absconding. These risks had prevented them from going out into the community independently. A plan had been put in place to support their independence, which included encouraging the person concerned to use a mobile phone as well as guidelines for staff about what they needed to do if the person went missing. Staff also supported one person to

understand the risks associated with excessive alcohol use. Staff had supported the person to understand the risks, whilst also recognising the individual’s rights to make their own lifestyle choices.

People’s needs were considered in the event of an emergency such as a fire. People had personal evacuation plans in place, which helped ensure their individual needs were known to staff and other services in the event of an emergency. A fire safety policy and procedure was in place, which clearly outlined action that should be taken in the event of a fire. We saw regular fire alarm tests were conducted. These were done in a controlled manner and people were made aware of the planned test prior to the alarm being activated. Records showed this was performed weekly, to ensure the fire alarm system was fully operational. We saw people were involved in these health and safety checks and one person had designated responsibility of supporting staff with regular checks of the building. The registered manager said this helped ensure people were involved in the running of the home and improved their understanding of issues relating to health and safety. We saw that people considered this an important role and were fully involved in the process.

There were sufficient numbers of staff available to keep people safe. Staffing levels had been organised for each person dependent on their assessed need. Support plans clearly described how these staffing levels were organised and the support required by each person concerned. During the inspection we saw there were enough staff to support people in the different areas of the home and to take people out when they needed or requested. Staff we spoke with said the staffing arrangements were well organised and sufficient to keep people safe and meet their needs. Staffing levels were discussed as part of the review of people’s support needs and any changes or issues were discussed and shared with other relevant agencies.

We saw robust recruitment and selection processes were in place. We looked at the records of four members of staff, two of whom had recently been employed. We found appropriate checks had been undertaken before people started work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS), health screening and evidence of their

Is the service safe?

identity had also been obtained. As part of the staff recruitment process, people who used the service assisted with interviews and also met prospective new staff before they were employed.

Medicines were managed, stored, given to people as prescribed and disposed of safely. People's care records had detailed information regarding their medicines and how they needed and preferred these to be administered. Where possible people were supported to manage their medicines independently. One person was happy to tell us about how the staff supported them to take their medicines independently and safely. They told us "I take my medicines myself, that is what I want to do, I am happy for the staff to check I have done it right". One person had information about their medicines and how to take them in picture format. They showed us how this helped them remember how many they had to take and at what time. Even when people needed support with medicines they were still encouraged to be involved in this area of care. The guidelines for one person said that staff must encourage them to be as independent as possible by talking them through the process and helping them understand what they were taking and why. People's medicines were stored safely and in a way that ensured people could have them administered discreetly and in the privacy of people's own personal space.

A staff member talked us through the process of ordering of medicines and the checks completed when they arrived in the service. Two members of staff checked the medicines when they arrived cross referencing them with the records for each person. Each person's medicines file had a photograph of the individual as well as a picture of the prescribed medicine, reason for taking and dosage. Medicines administration records (MARS) were in place and been completed as required. To reduce the risks of errors two staff members were responsible for administering medicines, one signed the MAR sheet to confirm the medicine had been given and the other completed a second witness signature. A policy was also in place when staff worked alone to help ensure medicines were administered safely and appropriately.

Clear systems were in place for recording when people took medicines out of the home, for example when they visited relatives or went on holiday. Any risks associated with medicines had been documented and advice had been sought from health professionals when required. Information was clearly available for staff about people who required, as needed (PRN) medicines. These protocols helped ensure staff understood the reasons for these medicines and when and how they should be given. People were advised to see their GP in relation to homely remedies and a record was kept of any stored and administered in the home. The application of prescribed topical creams/ointments was clearly recorded and these types of medicines were stored as required.

Staff told us they undertook training and understood the importance of safe administration of medicines. Staff told us they undertook competency tests as part of their induction to the service and had this knowledge regularly reviewed and tested. One staff member said "I had to observe staff six times and then be observed six times before I was able to administer on my own". Designated staff had the responsibility of overseeing medicines and undertook regular audits. The registered manager said weekly and monthly medicines audits were completed and were crucial to ensure any issues or errors were picked up and addressed promptly.

We saw robust recruitment and selection processes were in place. We looked at the records of four members of staff, two of whom had recently been employed. We found appropriate checks had been undertaken before people started work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS), health screening and evidence of their identity had also been obtained. As part of the staff recruitment process, people who used the service assisted with interviews and also met prospective new staff before they were employed.

Is the service effective?

Our findings

People received care and support from staff who knew them well and who had the skills and training to meet their needs. There was a strong emphasis on training and continuing professional development throughout the staff team. Staff confirmed they undertook a thorough induction when they first started working in the home. Comments included, “My induction was very good, I shadowed staff for a week, had competency tests and lots of time to read people’s information”. The registered manager said she was in the process of looking at the induction for new staff alongside the organisations policy, “I want to really ensure that during the induction staff know what is expected of them and have the skills required to work in this home”. The registered manager had started to introduce the new care certificate for all new staff. The Care Certificate is a new national set of standards for all staff new to care.

Records and certificates of training showed us a wide range of learning opportunities were provided for all staff. These included areas such as Health and Safety, Mental Capacity Act (MCA) Deprivation of Liberty Safeguards (DoLS) and safeguarding adults. Staff also had the opportunity to complete additional training in relation to the specific needs of people who lived at the home. For example, the registered manager had recognised staff required training in relation to the needs of people with attention deficit disorder, and Tourette’s syndrome. This training had been provided to all the staff team and helped them understand the specific needs of people living with these conditions. Consideration had also been given to any training requirements for staff as people’s needs changed due to age and other life changes. For example, aspects of Autism training had been used to support one person to cope with health changes within their family and consideration had also been given to bereavement training to support people to manage loss.

An advocate we spoke to said all the staff team showed willingness and enthusiasm when offered any training opportunities to enhance people’s well-being and independence. They said “It is always a joy to speak to the staff at this home, they always take up any offers to develop their awareness and skills, it is so nice to see”.

When we spoke with staff, they told us they received regular supervision. This included one-to-one staff development sessions to discuss practice as well as an annual appraisal

of their work and role in the home. We spoke to new member of staff who said “The team is small and very supportive, the manager is always available and we have regular supervision”, and “We talk regularly about what we are doing and reflect on our practice”.

People were free to move around the home independently and some were able to go out without support from staff. Some people were unable to go out on their own due to safety risks and required some staff support. The registered manager was aware of the need to consider people’s ability to consent to these staffing arrangements within the legal framework of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) to ensure people’s rights were protected. DoLS provides the legal protection for vulnerable people who are, or may become deprived of their liberty. The MCA provides the legal framework to assess people’s capacity to make a certain decision, at a certain time. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals where relevant. At the time of the inspection it had been assessed that people had the capacity to make decisions about their care and were therefore not having their liberty restricted. The registered manager was aware of the correct legal process to follow if these assessments or people’s need changed. The correct procedures had been followed when people were not able to go out alone and needed staff support to do so.

Staff demonstrated a good understanding of the Mental Capacity Act (MCA) and a wide range of learning material was available regarding assessing people’s capacity and making best interest decisions. Support plans included information about people’s capacity in relation to different areas of care and lifestyle and highlighted when people were able to make decisions for themselves or if best interest discussions would be needed to support them. For example, one support plan detailed that the person had the capacity to make decisions on a day-to-day basis, but this fluctuated due to changes in their mental health. Monitoring arrangements were in place to ensure staff were aware of when the person may require some assistance to make choices and decisions about their care and support.

Is the service effective?

People's consent was sought before care and support was provided. We saw staff speaking to people as they provided support and checking they were happy with the care being provided. Records confirmed formal consent had been requested for certain aspects of care such as the management of people's money, sharing of records and holding of personal keys and belongings.

Staff were supported to understand and manage people's behaviours in an appropriate and lawful manner. Behaviour management plans were in place for some people to help staff understand the behaviour people may present, to recognise the triggers and signs and understand the action they would need to take to manage the behaviour in a way that was appropriate and lawful. Individual behaviour management plans highlighted the need for staff to be aware of how they needed to support people to prevent behaviours escalating and becoming unsafe. For example, advice had been sought from specialist learning disability staff in relation to one person's behaviour and anxiety levels. The outcome of this assessment detailed that the person needed to be supported in a very specific way due to their Autism and staff needed to follow these guidelines to promote positive health and well-being. We were able to observe staff following these guidelines when the person became agitated and distressed. The consistency and skills of the staff team helped ensure that the person's behaviours were very quickly diffused.

People were very keen to tell us about their meals and mealtime arrangements. The kitchen was situated next to a small dining area and was clearly a busy and popular part of the home. When we arrived people who lived in the home wanted to offer and make us drinks and were seen helping themselves to snack and drinks throughout the day. As with other areas of care at Douglas House, meals and people's dietary requirements were very person centred and planned dependent on individual need. Each person had their own cupboard for storing food as well as their own fridge and freezer. People were encouraged to look after these facilities and were supported to consider food hygiene and health and safety. We saw one person checking the temperature on their fridge, and sorting out their food cupboard before going shopping. People were keen to tell us about these tasks and clearly viewed them as an important part of their day.

When people had identified health needs associated with their diet they were supported to manage them and consider healthy food options. For example, one person had a plan in place to cook healthy meals on certain days and then to reward themselves with a treat, such as eating out or having a less healthy option. We spoke to the person about this plan and they said it helped them stay healthy and fit. We heard staff offering advice about what could be a healthy meal, but allowing the person concerned to make the final decision. We saw information posted on the main notice board about healthy eating and the possible risks of some less healthy foods such as sugary drinks. The staff said this information helped people understand about different types of food so they could make an informed choice about their diet.

People were fully involved in planning, preparing and cooking meals. We saw one person preparing their shopping list for cooking their evening meal. The person's support plan stated they needed a range of visual prompts and communication aids for all daily routines and planning. We saw a staff member sat with them as they completed their shopping list on the computer using a range of pictures and symbols to plan their meal. The staff member was very enthusiastic about this task and praised the person concerned for completing their shopping list with very little support. The person concerned went off happily with staff to purchase the items needed for their evening meal.

People's health needs were met. People were supported to maintain good health and when required had access to a range of healthcare services. A relative said, "The staff always support [...] to go for well man checks, it is really reassuring that this is done". Support plans included information about people's past and current health needs and staff were familiar with this information. Information had been documented as part of a 'Hospital Passport', which could be used should a person require an admission to hospital. This information is considered by the National Health Service to be good practice to help ensure people's needs are understood should they require treatment in hospital or other healthcare facility. People were supported to understand their health needs and to manage their healthcare independently when possible. For example, one person had asked staff to provide them with pain killers for headaches. The staff had advised the person to visit their GP to ensure they had any necessary checks and to ensure any medicines were appropriate and prescribed for use by

Is the service effective?

the person concerned. People's health needs were regularly monitored and reviewed and any concerns or changes were dealt with promptly. For example, staff had noted within daily records that one person's level of anxiety

had increased. A referral had been made to the specialist learning disability services as well as the GP for a medication review. A relative said "They always deal with things immediately".



Is the service caring?

Our findings

Throughout the inspection people were keen to tell us about their home, their routines and their achievements. People were very proud of their home and spoke in a way that suggested they were happy living there. One person told us “I love it here, it’s luxury”. Relatives and other agencies were exceptionally positive about the service and the care provided, comments included, “I have nothing but praise, the staff are all wonderful”, and “The care is really excellent, I cannot believe how much [...] has achieved, they are happy, positive and confident”. An advocate said, “Wonderful, the care is so personalised, the house is so vibrant, people are so involved” and “The staff are always so keen to get involved, always really positive, it is a joy”.

The atmosphere in the home was warm and welcoming. People viewed Restormel Terrace as their home. We saw people answering the door to visitors and inviting them to come in and have a cup of tea. People were proud to show us around their home and demonstrated a sense of belonging by introducing us to the staff as well as their pet hamster and bird. The interactions between people and staff were positive. We heard and saw people laughing and smiling and people looked comfortable and relaxed in their home. People were busy with their daily routines and staff showed a genuine interest in what they were doing. One person was spending time with staff planning their shopping list. We heard staff praising them and saying, “Fantastic”, and “excellent, you have done really well”. We also heard staff talking to a person about their holiday plans. The person was very excited and wanted to discuss the arrangements in detail even though the dates for the holiday were some time in the future. The staff responded with equal amounts of enthusiasm, whilst gently reminding them that the holiday would not be until the following year. The staff made suggestions about things the person could think about such as applying for their passport and going to the travel agents for brochures. This clearly pleased the person concerned and they happily shared their plans with others in the home.

Staff were highly motivated and inspired to offer kind and compassionate care and support. Staff said they enjoyed their work and loved seeing people progress and achieve their goals. A new staff member said “I have never worked anywhere as caring, staff really do care 100%”. Staff demonstrated they cared about helping people achieve

their goals and wishes. For example, one person had said they wanted to develop their badminton skills. The staff had supported them with their plans to pursue this activity at a local leisure centre. The staff and person concerned were happy and proud to tell us about how they had recently taken part in two badminton tournaments, which involved staying away overnight in a hotel and being awarded medals for outstanding achievement.

Staff spoke in a way that demonstrated they really knew the people they supported. They were able to tell us about people’s likes and dislikes as well as important information about their past, interests and relationships. People told us about their plans to keep in touch with family and people who were important to them. Staff were familiar with these important contacts and arrangements. A relative described how staff had supported them when they had been too unwell to visit the home. They said they had been overwhelmed by how much the staff cared and how they had recognised the importance of the visits for them and their relative living in the home. They said “The staff are always so kind, it has really made a difference, they ask if I am ok, I also don’t have to worry as I know [...] is safe and happy”. Another relative said the staff had never failed to support them with arrangements for a person who lived in the home to visit them. They said “As I don’t find it easy to travel the staff go with [...] on the train journey home and then again for the return trip back to Plymouth”. When we asked one relative about what they thought of the home they said, “I just cannot imagine a better place”. All the relatives said they were able to visit and were welcomed into the home at all times. They said when their relative who lived in the home requested, they were invited to meetings, and made to feel their views as parents were valued and listened to. Comments included, “They contact us about important things and ask our views, they treat people as adults but also treat us as important, that is nice”.

People were able to make decisions about their care and lifestyle. Staff were familiar with people’s daily routines and respected their lifestyle choices. For example we saw people coming and going from the home independently. One person liked to go for a cup of tea at another home in the same road and staff said they liked to do this every day. Another person returned from a day’s voluntary work and said they liked to get a drink and relax when they got home. The staff were familiar with this person’s routine and allowed them the time and space they wanted.



Is the service caring?

Information was available in the hallway about the staff on duty and people were very familiar with the staff team and who would be supporting them. One person showed us a folder with information about each staff member, their experience in care and their role in the home. The registered manager said this had been developed with people and staff and had been a useful way of helping people get to know new and current staff and for them to also have information about the skills and background of the keyworker supporting them.

Staff demonstrated they cared by providing prompt and compassionate care and support when people were upset or distressed. For example, one person became agitated while they were doing some of their daily tasks. The staff managed the situation in a calm manner. They checked that everyone felt safe, and offered people space and alternative activities to help them calm down and relax. Another person showed signs of anxiety regarding a plan to visit relatives. Although the person did not fully verbalise the reasons for their distress, the staff recognised the signs and provided kind and gentle words of reassurance. Staff were also aware of when people needed some clear and honest guidance to help them make a decision. We saw that staff provided information to people clearly, and allowed them time to process the information and make their own choice.

This caring attitude by staff was also demonstrated in the way staff had considered innovative ways to support people during a difficult time. Staff had been aware of one person's anxiety about their parent's health. The staff had considered how they could support this person at the time and to help them cope in the future. They had used some aspects of Autism training to support the person to communicate with their parents and to share their feelings. This was supported with the use of a 'talking tin'. The person's relatives would record messages and these would be in the tin when they wanted to listen to them. The staff said this had been really successful particularly when visits home had become less frequent. Another person had problems with some aspects of their personal care particularly dental hygiene as they disliked the taste of toothpaste. The registered manager said this had caused them a real problem, particularly in the morning when they were getting ready for the day. The registered manager had

explored different types of toothpaste and had purchased one with no flavour. This had a positive result and the person concerned had been able to brush their teeth every day without any distress.

The use of advocacy services were strongly promoted by the staff team and registered manager. An advocate we spoke to said, "The staff always support everything we do". Regular advocacy meetings took place in the home. An independent advocate visited the home for these meetings and supported people to discuss issues about their care and lifestyle. The registered manager said as well as group advocacy meetings they also supported people to have individual advocacy support when required. For example, one person had been supported by an advocate in relation to the planning of their support in the home. The registered manager said the advocate supported the person and their relative to be involved in these discussions and ensured their views and wishes were listened to. The registered manager said this input had resulted in a positive outcome for the person concerned as the advocate had helped them voice their views, which were then included in their plan of care.

People's privacy was respected. People told us that their belongings were safe and they didn't go into other people's rooms without being invited. Staff we spoke to said "We often speak to people and remind them about respecting people's privacy". Staff spoke about people respectfully and ensured any personal information was respected and treated in confidence.

Staff spoke positively about people, made them feel valued and celebrated their achievements. One person had been supported to undertake a three week training course with the local police and fire service. Following this course they had acted as a road safety ambassador and had spoken at a large conference. An advocate told us that they had been so impressed with how the staff had supported this person and celebrated their achievements with them. They said "The staff really went above and beyond, they helped buy a new suit, he looked so smart". People were proud to show us how the staff had framed their certificates of achievement so they could display them in their bedrooms.

Although people in the service were young adults, consideration had been given to end of life care and people's personal wishes. Any particular requests by the person or their family had been discussed and documented as part of the individual's support plan. The



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registered manager was very aware that the relatives of some people were getting older and in some cases suffering from poor health. They said that in addition to bereavement training they also planned to contact the specialist learning disability services for any specific support people may need to deal with bereavement and loss. One staff member was also undertaking a six step end

of life training course with a local hospice. The registered manager said staff would use this training to help people consider end of life issues and to ensure their wishes and views were taken into account when planning care. This training would also ensure staff had the skills and knowledge to support people with any issues relating to bereavement and loss.



Is the service responsive?

Our findings

When we asked people if they were happy living at Douglas House they said “Oh yes, it’s luxury, it’s like a hotel isn’t it” and “The staff are good, it’s their job to look after us”. A representative from a Plymouth Advocacy service spoke highly of the home’s personalised care. They told us, “They are so person centred; everything is about the person, helping them to be as independent as possible and helping them achieve and progress”. Relatives told us they thought people’s needs were well met by the staff team. Comments included, “The staff are excellent, they really involve people, they listen to them and help them move forward”, and “I visit every week and have nothing but praise” and, “I can’t believe how much [...] has achieved, the problem they had was really difficult for them and the home has helped them overcome these difficulties, they treat [...] as an individual, I cannot imagine a better place”.

People’s support plans included clear and detailed information about people’s health and social care needs. Each area of the support plan described the person’s skills and the support needed by staff or other agencies. For example, one person had guidelines in place to support them with money. Assessments had been completed, which identified the person had the ability to make some decisions about their money but there were known risks when the person had no guidance or support. A plan had been put in place and agreed with the person concerned about how the staff would support them to manage their money and to keep it safe. The person concerned was happy to show us how they organised their finances each day and how the staff supported them when required. They said they were happy with the arrangement, “I have pictures to help me organise my money each day, it works really well, and I save any extra for my holiday”.

People were involved in planning and reviewing their care and support needs. People showed us their support plans and said they were involved in planning their care. One person said, “It’s my plan, I go to the meetings, that’s what we’re meant to do, the staff do what we want them to do”. All of the files we looked at evidenced that people were involved in decisions about their care. Support plans had been translated into a format the individual could understand. For example, each section of a support plan for one person who was unable to read had been translated into pictures using their preferred

communication methods. The person had signed to say they had seen and understood this information. During the inspection people were happy to show us their support plans and were clearly used to being involved in this process.

Due to people’s learning disability and associated conditions such as autism and Asperger’s, support plans in most cases stated that people needed good, clear information to help them plan their time and understand what was going on. We saw a range of communication methods and tools being used to support people. These were specific to people’s needs and were detailed as part of their support plan. For example, one person’s plan stated they needed visual prompts to plan their day and reduce the risk of them becoming confused and anxious. We saw this person had pictures to support them to take their medicines independently and safely, this included a photo of each medicine and a picture of a clock set at the time they needed to be taken. They also had a clock set at different times for activities and a pictorial planner with pictures they could attach of different tasks for the day. We spoke to this person and they said “These things help me plan my day and stay happy and healthy”. The kitchen area had a range of pictures and symbols to help people locate certain items and to complete tasks such as checking fridge temperatures and using the washing machine. We saw that people used this information and referred to these visual prompts to assist them when performing a certain activity or planning their day. We saw staff reminded people to look at these specific communication aids when they showed signs of confusion or distress. For example, one person became slightly agitated about the time and what task they needed to do next. A staff member spent time with the person looking at their pictorial planner to help them decide and make a choice about what they wanted to do next. This clearly reassured the person and helped them remember their plan for the day.

Systems were in place to help ensure information about people’s needs were regularly reviewed and updated when required. Each person had a designated key worker who had responsibility for reviewing people’s support plans and personal goals. Key worker meetings were held every month and the person concerned had the opportunity to plan in advance anything they would like to discuss at this meeting. We saw the minutes of three key worker meetings, which included questions for the individual such as, “How are you doing?”, “Are you happy at Douglas House?” “Do



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you feel safe?”, and “Do you know how to make a complaint?” In addition to these questions a summary was completed with the person about what they had done since the last meetings, any achievements and an action plan for any future goals. In addition to key worker meetings the staff also completed a full annual review of the person’s support arrangements, with the involvement of the person, their family and other agencies when appropriate. All of the care records we looked at provided evidence that these meetings took place as planned and information had been updated to reflect any changes.

We saw changes were made to people’s support arrangements when required. For example, staff had recognised the daily plan for one person was not working positively for the person and was making them more anxious. As a result of these observations the staff agreed with the person to change the plan and make the choice of activities and daily tasks more flexible. The registered manager said this change had been positive and as well as reducing the person’s anxiety had also given them more control and choice over their day and lifestyle.

People were supported to lead a full and active lifestyle. Throughout the inspection we saw people coming and going from the home either independently or supported by staff. Some people went out for short trips to the shops or to visit friends and others went for a full day out either visiting family or partaking in other planned activities such as sport and voluntary work. Activities and people’s daily routines were personalised and dependent on people’s particular choices and interests. A relative told us, “It’s brilliant, [...] is learning to read and write, and they love their voluntary work”. People told us about their interests and different activities they enjoyed. One person liked to keep fit and went regularly to the local sports centre to a dance class and to play badminton. They also told us how much they enjoyed playing football each week. Discussions and records confirmed that the staff supported people to explore new opportunities. The key worker meeting for one person detailed their wish to try a new activity at a local leisure centre. This person told us they would be starting the activity and showed the leaflets they had received with all the information they needed.

People were supported to develop their skills and pursue employment and educational opportunities. One person had expressed a personal goal when they first moved into the home to find employment. The registered manager

said this person had previously lacked confidence and required a high level of staff support particularly when going out. A plan had been put in place with the person to work with them around issues relating to confidence and feelings and to gradually reduce the staff hours required. The plan included small, manageable steps to help them achieve their goals. The staff supported this person with any risks and hurdles encountered during this time. For example, the person didn’t like using a mobile phone so the staff supported them to use a public telephone and ensured they knew the locations of these facilities. This helped ensure they were able to contact people if they required support. The plan and support resulted in the person achieving their goal and eventually securing employment five days each week with no staff support. All of the staff we spoke to said they wanted this person to achieve their goal and had seen how their achievements had impacted positively on their well-being and lifestyle.

People were supported to be involved in community events and were familiar with the role of local services such as police and fire services. The notice board in the hallway had information about the role of the community police officer and how people could be supported by this service. People showed us this information during the inspection and were clearly familiar with a range of services within their local community. One person had undertaken a three week training programme with the police and fire service and as a result held the role of Road Safety Ambassador. This role had involved them speaking at public events and supporting other learning disability services in the local community. The staff said this achievement had a positive impact on the person’s self-esteem and confidence and had also equipped them with the skills they needed to go out independently.

We saw people socialising in the home as well as going out to meet up with friends and relatives. Staff supported people with arrangements to visit family and friends and were flexible when these arrangements and plans changed. For example, one person who liked to visit family regularly needed support on the journey as their relatives were unable to collect them due to being unwell. The staff travelled with the person on the train and then went back to support them on the return journey. The registered manager said these arrangements were important to the person concerned and relatives said they were grateful for the staff’s support and flexibility.



Is the service responsive?

We saw lots of information was available for people about the service in a format they could understand. This included information about how to make a complaint, which had been translated into pictures and symbols. The complaints procedure was freely available in the home and clearly outlined the action the staff would take and in what timescale. We saw concerns and complaints had been

documented and records included the action taken and feedback provided to the person or people concerned. For example, we saw people had raised a concern in relation to the kitchen facility within the service. Records confirmed that a meeting had been held with people to discuss the concern and an action plan put in place to address the issues raised.



Is the service well-led?

Our findings

People said they loved living at Restormel Terrace. Comments included, “It’s great, I have been here a long time, the staff always help me”. All the relatives and professionals without exception spoke highly of the management and staff team, comments included, “Brilliant, I have nothing but praise”, and “It is always a joy to work with this staff team, they are enthusiastic and always keen to get involved in anything we suggest”.

There was a positive culture within the service, the management team provided strong leadership and led by example. The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and eagerness and this showed in the way they cared for people. Individualised care was central to the home’s philosophy and staff demonstrated their understanding of this by talking to us about how they met people’s care and support needs. They spoke with commitment and used words like, “individual”, and “personalise” when they talked about people they supported. Staff spoke in a compassionate and caring way about the people they supported and celebrated people’s achievements and progress. For example, a party had been planned for one person who had lived in the home for nearly ten years and people also showed us how staff had helped them frame and display certificates of achievement on their bedroom walls. We observed how new staff understood and displayed the same values of the home. A member of staff who had recently started working in the home told us, “The values of the service are about encouraging independence, doing with people, not doing for them”.

People who lived at the home had been supported to understand what they should expect from the service and to question if necessary the quality of the care provided. Comments included, “If I have a problem I speak to the manager or my key worker”. Information had been provided to people about the role of their key worker as well as a one page profile about the person supporting them. The registered manager said this helped people understand what support they should and could expect from their keyworker. People we spoke to were familiar with this information and were clear about how they expected their keyworker to support them. People also

understood about the role of other senior staff within the organisation and were able to meet with them if they requested. During the inspection the locality manager for the organisation visited and people clearly recognised them and felt comfortable and confident to discuss any issues with them.

The registered manager took an active role within the home, demonstrated a passion for the service and modelled high standards of care, through a hands on approach and attention to detail. For example, on the day of the inspection the registered manager had gone in early to support a new member of staff. They said they regularly went in at different times as part of their quality checks but also to let people and staff know they were part of a team and there to support them.

There were clear lines of accountability and responsibility within the management structure and tasks were delegated to help ensure the smooth and efficient running of the service. Comments from staff included, “The manager is really supportive, I have never experienced this level of organisation”, and “There is really good team work, good management and lots of opportunities for discussion”. The registered manager maintained their own professional development by attending regular training. This had recently included ‘Attention Deficit Disorder’, Tourette’s Syndrome, and ‘service specific behaviour training’. The registered manager said this specialist training had been incorporated into the development of people’s individual support plans to ensure their needs were met appropriately. For example, people’s behaviour support plans had been reviewed and updated following training to ensure they were in line with best practice and met people’s specific support needs. The registered manager was in the process of completing a leadership and management award through a local authority training programme, and had also been asked to lead on other service related training including staff supervision skills. The registered manager said these training opportunities and skills would be used to further improve the quality of the staff team and the lives of people living at Restormel Terrace.

The registered manager encouraged and promoted community involvement and joint agency working. An advocate told us, “They have really good links with the local police and fire service”. One person had completed a road



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safety course with the local police and as a result was an ambassador for the service. The staff said this opportunity to learn new skills had dramatically increased the person's confidence, self-esteem and independence.

People were involved in decisions about the service. For example, one person told us how they were involved in the interviewing of new staff. They said "We ask them questions like, have you done this work before, it is very important". Another person showed us a file of policies and procedures, which were provided in a format people could understand. These included policies relating to confidentiality and privacy, safeguarding and The Human Rights Act. People told us it was important that they had this information. People were involved in checking the quality of the service. We saw one person being supported by staff to complete the weekly checks of fire safety equipment, and another person ensured the temperature of fridges and freezers were appropriate and safe. People were able to tell us about these roles and responsibilities and clearly felt their contribution and involvement were an important part of quality checks within their home.

Information was used to aid learning and drive improvement across the service. We saw incident forms had been completed in good detail and included a form for staff to consider any learning or practice issues. Accident and incident records were analysed to look for any trends developing and where preventative action needed to be taken. For example, analysis of incident reports had identified one person's anxiety had increased in the kitchen area at mealtimes. The registered manager and staff had spent time with the person concerned and had put plans in place to help reduce the risks of further incidents occurring. The registered manager said as a result the person's anxiety at mealtimes had significantly reduced and they had been using the kitchen area happily and safely.

The registered manager continued to explore ways of improving and developing the service. They showed us how they had put together a check list to ensure they were providing a safe, effective, caring, responsive and well-led service. They said they wanted to be prepared for an inspection but also wanted to ensure quality at all times. The service had actively sought and acted upon the views of people through creative and innovative methods. This included an annual survey and regular one to one discussions with people to seek feedback. People who had been unable to provide feedback in writing or verbally had

been supported to do so using their personalised communication methods. Relatives said they were often asked about their view on the quality of the service and the care provided, comments included, "The manager and staff often ask us if we are happy with everything or if there is anything they can do better". Feedback had been analysed as part of an annual quality audit and an action plan completed to address any issues raised. For example, a comment had been made about the house not always being as warm as people wanted. The feedback had been sent to head office by the registered manager and a new boiler had been fitted, which worked more efficiently and effectively to heat the home.

Staff meetings were held to provide opportunity for open communication. Daily handover meetings helped ensure staff had accurate and up to date information about people's needs and other important information. The registered manager showed us new daily monitoring forms, which when operational would be directly linked to people's support plans. The registered manager said this would provide a check list for staff and further assurances that people were receiving the care and support required to meet their identified needs.

The registered manager demonstrated a passion for the service and modelled high standards of care, through a hands on approach and attention to detail. As well as seeking feedback from people and their relatives the registered manager assessed and assured the quality of the service through a number of regular audits and safety checks. They said they undertook various shifts in the home to allow them to assess the quality of the service at different times of the day. This included announced and, if required, unannounced checks during the evening, night and weekends. The registered manager had systems in place to check people's care records on a regular basis to ensure they were accurate and up to date. Regular audits were completed of people's personal finances and medicines. There were effective quality assurance systems in place to monitor the standards of the service and care provided. Learning from incidents, feedback, complaints and concerns had been used to help drive continuous improvement across the service.

The Regard Partnership Limited had recently been awarded the 'Investors in People, Gold Award'. Information about this award had been posted on the notice board and people in the home were aware of this achievement. The



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registered manager said the organisation had received this award for staff excellence in their particular area of care and had been recognised for good practice. People told us they had been invited to a big afternoon tea party to celebrate this achievement with the staff team. The

registered manager said the award had been discussed with people and the staff team to ensure the practice that had been recognised and rewarded, continued across all aspects of the service.