

# The Regard Partnership Limited

## 287 Dyke Road

### Inspection report

287 Dyke 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

### About the service

287 Dyke Road is a residential care home that provides care and accommodation for people with physical and learning disabilities. It was registered for the support of up to eight people. Eight people were living at the service on the day of our inspection.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was registered before Right Support, Right Care, Right Culture was developed. The service had not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The guidance ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

This service was able to demonstrate how they were meeting most of the underpinning principles of right support, right care, right culture.

### Right support:

- The service was a large domestic property, that was bigger than would be considered in line with current best practice guidelines. However, the provider had made the service homely and welcoming. People received personalised care and support specific to their needs and preferences. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Staff understood the risks associated with the people they supported. Risk assessments provided guidance for staff about individual and environmental risks. People received their medicines safely, when they needed them.

### Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. People's individual needs and choices were recognised, and respected. This had been effective in supporting people to achieve goals and encouraged them to learn and grow as individuals. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right culture:

- Despite the need to keep people safe during the COVID-19 pandemic taking priority, the provider and staff

had worked hard to develop good leadership. Quality monitoring systems had been embedded and morale was good amongst the staff team. We received positive feedback in relation to the care people received and how the service was run. One relative told us, "I'm very happy with what they do for [my relative], he has very challenging needs that I couldn't manage, but they do."

Due to the COVID-19 pandemic, the provider had ensured that appropriate infection control procedures were in place to keep people safe. This included increased cleaning and ensuring adequate supplies of personal protective equipment (PPE) were available. Staff completed training in relation to COVID-19. We were assured the provider managed infection prevention and control through the COVID-19 pandemic.

Staff had the skills and knowledge to meet people's needs and preferences. They received training, regular supervision and attended team meetings to support them in their roles. People's nutritional and hydrational needs were met. There was regular involvement from health and social care professionals, who spoke positively about the support people received.

We observed a kind and caring culture. Relatives and professionals spoke positively about the support staff gave to people. We observed positive interactions between people and staff throughout the inspection.

People's care plans were personalised and gave staff the information they needed to support people. Staff received training and support from the provider's positive behaviour support team which ensured there was a person-centred approach to supporting people. Health care professional input was accessed when required and people's nutrition and hydration needs were met. We saw people were supported with their communication needs and their preferred activities in accordance with their care plans.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 1 December 2020. This is the first inspection.

#### Why we inspected

This was the first inspection for this service.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# 287 Dyke Road

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission (CQC). Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short notice period of the inspection. This was because of the COVID-19 pandemic. We wanted to be sure that no-one at the service was displaying any symptoms of the virus and needed to know about the provider's infection control procedures to make sure we worked in line with their guidance. Due to the COVID-19 pandemic, we needed to limit the time we spent at the service.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We

sought feedback from the local authority and professionals who work with the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four members of staff, including the registered manager, the regional manager and two care staff. People living at the service were not able to fully verbalise their views with us. Due to people's needs, we spent time observing people with staff supporting them.

We reviewed a range of records. This included two people's care records, medicine records, and further records relating to the quality assurance of the service, including audits and training records.

After the inspection

We spoke with two relatives by telephone to gain further feedback around the care delivered.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and care practices were safe. Safeguarding training was provided and completed by all staff. Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- People were unable to verbally express their views. We observed the support they received and their interactions with staff which were relaxed and demonstrated trust and confidence in the members of staff.
- Staff had a good understanding of what to do to ensure people were protected from abuse. They referred to the provider's whistleblowing policy and said they would not hesitate to report poor or unsafe care. One member of staff told us, "I would report anything I was concerned about."

Assessing risk, safety monitoring and management

- People had risk assessments in place with detailed guidance for staff on how to recognise, assess and reduce risk. People's specific circumstances which led to behaviours that challenged and signs of escalation were clearly documented.
- Staff spoke confidently about individual risks and how they employed recommended ways to reduce these risks. One told us, "We keep the guys very safe here."
- People had positive behaviour support plans that supported staff in understanding early warning signs of potential behaviours which challenged. Strategies to reduce the person's anxiety as well as potential risks to the person or others were clearly documented.
- The building was kept safe with regular health and safety checks by staff and external professionals. This included fire safety, equipment maintenance, water temperature checks and legionella monitoring.
- Personal Emergency Evacuation Plans (PEEPS) were in place to guide staff on how to safely support people from the building in an emergency.

Staffing and recruitment

- Relatives told us there were enough staff to meet their loved ones needs safely. One relative told us, "They're never short of staff as far as I'm aware." A member of staff said, "We could always do with more staff, but so could everywhere at the moment. We keep people safe though, they get good care." Our own observations supported this, and we saw people and staff spending social time together, as well as staff responding to people's needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and regular agency staff were used when required.
- The provider had a dependency tool which helped them assess their staffing levels. Staff also used their knowledge of people to determine if more support was needed.
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols.

For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

#### Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw systems where specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

#### Using medicines safely

- Care staff were trained in the administration of medicines. A member of staff explained the medicines procedures to us. They were knowledgeable and knew what medicine people needed and how they liked to take them.
- The medicines people took were recorded in Medication Administration Records (MAR). The MARs we looked at were completed accurately and correctly. We saw evidence of audit activity that showed where any errors were found that action had been taken and recorded.
- Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely. Relatives we spoke with did not express any concerns around medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments had been completed with people, their relatives or previous placements to ensure the service was suitable and could meet their needs. These assessments covered all aspects of their care and support needs and were used to draw-up care plans and risk assessments.
- Care was provided in line with relevant national guidance. The registered manager kept up to date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff at team meetings. This was of particular relevance during the COVID-19 pandemic.

Staff support: induction, training, skills and experience

- Staff received support, training and supervision to carry out their roles safely and effectively. Supervision and appraisal meetings had been completed in line with the provider's policy. The registered manager maintained an overview of staff training and told us, "We've carried on with training throughout the pandemic. We've had to do more online, but I continue to assess the competency of staff."
- Staff completed an induction upon commencement of their employment. New staff shadowed senior staff until they were deemed competent and felt confident to support people.
- In respect to training, a relative told us, "The staff all seem well trained and kind." A member of staff added, "[Registered manager] is always very hot on training."

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

- People's nutrition and hydration needs were met. Many people at the service could not eat orally and were fed through percutaneous endoscopic gastrostomy (PEG). This is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.
- Staff were well trained on using PEGs and people's nutrition and weights were monitored closely.
- People who could eat orally were offered healthy and nutritious food that they enjoyed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- People received support to maintain their health. The registered manager and staff worked closely with health professionals for the benefit of people in the service.
- Care plans documented people's healthcare requirements and clearly identified any involvement with healthcare services.

- The communal and kitchen areas were spacious. People had choice of how to decorate their bedroom and had access to sensory areas.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Where there were authorised applications to deprive people of their liberty for their protection (DoLS), we found that the required paperwork was in place. Any conditions were being followed and kept under review to consider a reapplication when needed.
- Staff received training and information to help them understand how people were to be supported in line with the key principles of the Act. The registered manager and staff demonstrated a good understanding of the MCA.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who knew their needs and cared for them in a respectful way. The interactions we observed were positive, with staff and people engaging well and being attentive to people's needs.
- People could not tell us how they felt about how they were treated and supported. However, we observed that they enjoyed being in the company of staff.
- Relatives told us staff were caring and attentive. One relative told us, "The staff are a good bunch, they are very caring actually."
- Staff had all received training in equality and diversity and understood the importance of recognising and respecting people's differences.
- The provider and staff supported people's privacy and dignity and promoted independence. We saw how staff ensured they did not discuss anything of a personal nature in front of other people. A member of staff told us, "We get to know the guys, we respect them."

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

- People were unable to be involved in their care and to make decisions about how they spent their time. However, staff ensured that families and professionals were involved in order to guide them on the best way to care for and support people.
- Throughout our inspection, we saw how staff attended to people when they sought their attention and interacted with them in the way best suited to their individual communication needs.
- A member of staff told us, "We can understand gestures, expressions, noises and tones, we know what they want."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People's support plans were person-centred and comprehensive providing information and guidance about people's health and care needs, and how best to support them.
- The registered manager told us how goals were developed with the person. These were set within each person's level of achievement and included a diverse range for example, from basic personal care tasks to people being involved in work that influenced care delivery and the language used in supporting people.
- A relative told us, "I've always been involved from day one in [my relative's] care plan. They always update me with any changes."
- The provider had a positive behaviour support (PBS) team who supported staff at 287 Dyke Road. PBS promotes principles and proactive management of behaviours that may challenge.

Meeting people's communication needs

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

- Management and staff understood people's communication needs and preferences. Information was available in a variety of formats to meet people's communication needs. These included easy read and pictures.
- People's communication needs were assessed and recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood.

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

- People engaged with activities which included trips out to local discos and events that involved other services in the group. There was also musical entertainment in the service. On the day of our inspection a singer entertained people and it was clear that this was very popular.
- The registered manager confirmed that activities were happening again as restrictions from the pandemic eased. They told us, "We went to a Halloween disco recently and we've been to the pub and gigs."

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

- No formal complaints about the service had been received. However, the home had a complaints procedure which was given to all relatives and next of kin. It was displayed for people's reference and was also available in an easy read format.

- At the time of our inspection no one using the service required end of life support. The provider had an end of life care planning policy and procedure in place and had experience of supporting people at the end of their life.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Quality assurance systems were effective, and we saw a number of audits, checks and monitoring systems including, the environment, medicines, training and infection control. These systems had been implemented to show where shortfalls were, and to enable staff to take action.
- Records were detailed, accessible and provided staff with the information they needed to provide person centred care and drive improvement.
- Relatives told us that staff contacted them about any changes in their relative's health or wellbeing.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff told us about the positive impact the service had on people's lives and how much they enjoyed working there. One member of staff told us, "I love working here, I've been here a long time. I wouldn't work anywhere else, we're like a family." This was echoed by the registered manager who told us, "I'm super proud of the people who live here and how they have such inner strength. We've got through some tough times together and they always have a smile on their face, they are fantastic people. We keep them safe and we love caring for them."
- The culture of the service was positive and inclusive. Although we only spent a short time in the service, we saw that there was a positive atmosphere between people and staff. Staff spoke about people with care and compassion. They told us of the importance of keeping people safe and well-looked after especially during the COVID-19 pandemic. A member of staff told us, "We've kept everybody safe, I'm really proud of that, as some people here would have really struggled if they contracted COVID-19."
- We received positive feedback in relation to how the service was run, and our own observations supported this. One relative said, "I'm very happy with what they do for [my relative], he has very challenging needs that I couldn't manage, but they do."
- The service liaised with organisations within the local community. For example, local charities, the Local Authority and the Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation

that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.