

Regents Park Limited

55 Langaton Lane

## Inspection report

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 13 and 14 April 2016. The inspection was carried out by one inspector.

The service provides accommodation and personal care for up to four adults with physical and/or learning disabilities. On the day of this inspection there were two people living there. The service was last inspected on 11 May and 2 June 2015. At that inspection we found the service was not well managed. At this inspection we found the management of the service had improved and the service was fully compliant, although we have recommended improvements are made to the provider's quality monitoring and improvements systems. There was a registered manager in post who also managed another two care homes on behalf of Regents Park Limited. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The people living at 55 Langaton Lane had limited verbal communication skills and were unable to answer questions about the service. Therefore we relied on our observations of their interaction with the registered manager and a care worker during our visit. They were relaxed and smiling and appeared comfortable in all interactions with the registered manager and care worker.

The provider had introduced new quality monitoring systems since the last inspection to ensure the home ran smoothly and to identify where improvements were needed. We saw many examples of improvements to the service, such as care plans, and staff training. However, the monitoring systems were not fully embedded and needed further adjustment to ensure the provider is pro-active in identifying and addressing all issues promptly. We found some areas where further improvements were needed, for example, assessment of dependency levels to determine safe staffing levels.

Recent staff rotas indicated there had been at least two occasions recently when only one member of staff had been on duty during waking hours. The provider did not have procedures in place to measure the dependency levels of the people living in the home. This meant they were unable to identify the safe level of staffing needed to ensure the two people's support needs were met safely. We have been given firm assurances there will always be sufficient staff on duty in the future.

New staff were recruited by the provider through their head office for the three care homes and one day centre they operated. Checks and references had been carried out before new staff began working with people. The registered manager interviewed and appointed staff. We were given verbal reassurance that a risk assessment procedure was followed where recruitment checks identified issues that may indicate the applicant was unsuitable. However, this had not been recorded.

Medicines were stored and administered safely.

The registered manager and staff showed caring and understanding of each person's individual needs. They had an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been submitted where relevant. Staff understood the importance of seeking consent before carrying out care tasks. We observed a member of staff seeking consent from people before carrying out any tasks for people.

People had been involved and consulted in drawing up and agreeing a plan of their support needs. Their care plans were comprehensive, well laid out and easy to read. The care plans explained each person's daily routines and how they wanted staff to support them. The plans were regularly reviewed and updated. The care plans and daily notes provided evidence to show that people were supported to maintain good health.

Staff had received training, supervision and support to enable them to effectively support each person's mental and physical health needs. New staff received thorough induction training before they began working with people. All staff received ongoing training on topics covering all aspects of their jobs.

The home was well maintained, clean, warm and comfortable. Building works had been carried out in 2015 to create new bedroom and living space on the first floor. At the time of this inspection alterations were being made to the living room to create a sensory area.

On weekdays the two people attended a day centre where they were able to participate in a range of activities such as cooking, gardening, arts and crafts and animal care. When they were at home they were offered a choice of activities including shopping trips and outings.

## 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 

Some aspects of the service were not safe.

Safe recruitment procedures were usually followed. However, risk assessment procedures needed improvement where recruitment checks identified possible concerns about applicant's suitability for the post.

There had been a few occasions where there had not been enough staff to keep people safe and meet their needs. We were satisfied this was fully addressed following our inspection.

People received their medicines safely from staff who were competent to carry out the task.

### Is the service effective?

Good 

The service was effective.

Staff had the skills and knowledge to meet people's needs.

People were offered a choice of meals that met their needs and preferences.

Staff monitored people's health and took prompt action when they were unwell.

### Is the service caring?

Good 

The service was caring.

People told us staff were always kind and polite.

People were involved in decisions about their care and treatment.

### Is the service responsive?

Good 

The service was responsive.

People received care and support which met their individual needs and wishes.

Activities and individual support were available for people who wished to access them. People's daily living choices were respected.

**Is the service well-led?**

The service had shown improvements in the last year although was not yet fully well-led.

New systems had been introduced to monitor the quality of the service and seek people's views. However these were not yet fully embedded and needed further adjustment to ensure the provider was pro-active in identifying and addressing any issues.

People who used the service and their representatives were involved and consulted in the management of the service.

People were cared for by staff who were well supported by the management structure in the home.

**Requires Improvement** 

# 55 Langaton Lane

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 14 April 2016 and was unannounced. It was carried out by one social care inspector. The first visit took place in the late afternoon and evening. On the second day we visited the provider's head office where records relating to the management of the home were kept.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service including statutory notifications (issues providers are legally required to notify us about) or other enquiries from and about the provider.

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 the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During our inspection we spoke with the registered manager and one staff. We observed care given to two people living in the home. We looked at the care records of two people living in the home. After the inspection we contacted six health and social care professionals to seek their views on the service.

We also looked at records relevant to the running of the service. This included staff recruitment files, training records, medication records, and quality monitoring procedures.

# Is the service safe?

## Our findings

A few weeks before this inspection a person moved out of the home and this resulted in a reduction in staffing levels because the number of people requiring support had reduced from three to two. This had resulted in a change of shift patterns for some staff, and staff had subsequently resigned. The staff rotas showed that occasionally there had been only one member of staff on duty. The dependency levels of the two people had not been assessed and the manager was unable to show how they had determined a safe staffing level. After our inspection the registered manager showed us new staffing rotas showing two staff on duty during waking hours, when the two people were at home.

The provider had recruitment procedures in place which ensured all new staff were checked before employment to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff recruitment records mostly contained evidence of at least two or more good or excellent references. However, where we saw unsatisfactory references had been received, there was no written evidence to show a risk assessment procedure had been followed. We spoke with the registered manager and provider about their recruitment procedure. They explained how they had monitored and supported new staff before allowing them to work on their own. They told us in future they would ensure a risk assessment procedure had been followed where recruitment checks identified possible doubts about an applicant's suitability for the job.

The two people living in the home had little or no verbal communication skills. Therefore we relied on our observations of care and our discussions with the manager and a member of staff to help us understand people's experience of the service. The two people were relaxed and happy in the company of the registered manager and the member of staff. The registered manager and member of staff had a good understanding of the risks associated with each person's care explaining their daily care routines and how they monitored each person's health and welfare.

Care plans contained risks assessments covering each person's physical and mental health, and personal care needs. The risks were reviewed regularly and the areas covered included skin care, diet and nutrition, continence, mobility, moving and handling and personal evacuation plans. This indicated people's needs were regularly assessed. Risk assessments were updated when people's needs or abilities changed. The staff were given detailed information on how to support people to minimise the risks. For example, ensuring people were sitting in a safe position at the dining table so staff could monitor them closely. Risks associated with epilepsy and weight loss were recorded and monitored regularly.

Information contained in the care plans showed that each person was at risk of choking. They had received assessment and guidance in the past from the Speech and Language Therapy (SALT) team, although there was no evidence of recent visits contained in the care plan files. Training on the risk of choking had been requested from the SALT team and was booked for the very near future. The registered manager confirmed he would approach the SALT team for updated assessment and guidance on suitable foods for each person.

After the inspection the registered manager gave us assurance this had been addressed.

The two people were able to move independently around the house by sitting on the floor. Their beds were close to the floor to allow them to get in and out of bed independently. Soft foam steps were available to help them get up off the floor and into a chair or wheelchair. Care plans contained detailed information about each person's mobility and the assistance and equipment they needed.

Medicines were stored and administered safely. They were stored in a locked cabinet in the kitchen. Records of administration had been completed accurately and there were no unexplained gaps. Creams and lotions were dated when opened and discarded within a safe period of time. Medicines had been regularly audited to ensure safe procedures had been followed and the correct levels of stock were held. All staff had received training in the safe administration of medicines. A GP we contacted told us "The care staff are responsible for ordering and issuing patients with medication and I have no concerns in this area."

Care plans contained useful information about the medication each person was prescribed and relevant information relating to their administration.

We checked records of cash held in the home on behalf of the two people living there. Receipts had been retained for all purchases made by staff with, or on behalf of each person. The records had been well maintained and showed that care had been taken when handling people's money to ensure they were protected from financial abuse. The provider was also responsible for income and savings for most people living in the three care homes, although they were in the process of negotiating with relatives to hand over responsibility to them.

The building was well maintained and safe. All areas appeared in good decorative order, comfortable and clean. In the last year the loft area had been converted to provide two large rooms plus a kitchen and bathroom. An application to increase the number of people the home can accommodate from three to four people was approved earlier this year.

The kitchen and cooking arrangements had recently been inspected by the local Environmental Health Officer who had found the service had followed safe procedures. They had rated the service as good (five stars).

We recommend the provider considers ways of determining safe staffing levels, for example through the use of a dependency level tool.



## Is the service effective?

### Our findings

People received an effective service from staff who had the skills, qualifications and knowledge to meet people's needs effectively. The training was planned and organised by the provider for all staff working in the three care homes and day centre run by them. We saw copies of training certificates in staff files and we were given a copy of the training matrix for all staff. Five staff were employed at 55 Langaton Lane. Of these, two held a National Vocational Qualification (NVQ), one staff was in the process of gaining this qualification, and one held a Masters' Degree in Sociology. New staff received induction training at the start of their employment covering all basic training topics. The induction included several days shadowing experienced members of staff before they were expected to carry out any care tasks unsupervised.

The training matrix showed all staff had received training on essential topics relating to health and safety, including moving and handling, safeguarding, fire awareness, emergency first aid and infection control. Staff had also received training in a range of topics relevant to the health and support needs of people who used the service. This included autism awareness, challenging behaviour, deaf awareness, equality and diversity, and meeting health needs for people with learning disabilities. Training was provided in a variety of ways including in-house group training and external courses.

The training matrix showed that future training needs were highlighted and planned.

Training was booked for the near future for staff on choking awareness. A healthcare professional told us "I offer training around meeting the health needs for people with a learning disability to all providers in Exeter, and Regents Park Ltd has been the only provider to regularly have me return to deliver this training to all of their staff. The staff at Regents Park are always really easy to engage and are always so grateful for my input."

Staff were well supported and there were a variety of methods of keeping staff informed and updated. These included regular supervision sessions, annual appraisals and regular staff meetings. The registered manager showed us records of monthly supervision sessions and dates when next sessions were planned to take place.

The two people were involved in menu planning as far as they were able. There was a large pictorial menu displayed in the kitchen showing the meals on offer for the current week. People were able to choose the meals they enjoyed by looking at pictures. The pictures were attached to the menu with Velcro. During our visit the two people were given their evening meal. They were able to choose an alternative if they did not want what was on offer. One person indicated they wanted to look at the menu and make a choice from a previous menu. The meal was freshly prepared and both people clearly enjoyed it. The food was cut into small pieces to enable them to eat safely. They were able to eat their meals with minimal assistance using specially adapted plates and cutlery. A member of staff offered discreet assistance where needed. They were offered second helpings if they wanted more. The pudding course was a fruit strudel. There was Fresh fruit or yogurts were available if people preferred this. They were also offered a choice of drinks. All food and drink consumed was recorded in the daily notes and intake levels were monitored to ensure they had received

safe amounts each day.

The people who lived in the home were unable to make decisions about what care or treatment they received. Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. 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.

We checked whether the service was working within the principles of the MCA. Staff had received training and had an understanding of the requirements of the MCA. Where necessary, external health and social care professionals were involved and consulted. Best interest meetings were held by professionals, staff, relatives and advocates who supported the person where important decisions were necessary.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Applications had been submitted for both people living in the home. One had been completed and confirmed and the second application was still waiting for assessment.

The home arranged for people to see health care professionals according to their individual needs. We asked a GP if they were happy with the care people received and they replied "Yes, very happy." Another GP told us "The carers always seem well versed and up to date with the patients' condition, are happy to bring them to the surgery for routine appointments and ask for home visits rarely (and appropriately)."

## Is the service caring?

### Our findings

The two people living at 55 Langaton Lane returned home from the day centre at tea time on the day of our inspection. They were greeted warmly by the registered manager and a member of staff when they arrived and they responded with smiles and excitement. Throughout our visit we saw friendly and caring interaction between the two people and the registered manager and member of staff. Despite their very limited verbal communication skills each person was able to make their needs and wishes known and they understood what staff said to them. Their facial expressions and smiles showed there was mutual understanding and respect between the two people and the member of staff.

We saw an example of the member of staff's knowledge and understanding of each person when they noticed a slight change in one person's manner and behaviour. They asked the person if they were feeling cold, and the person indicated they were. The staff offered the person an extra layer of clothing.

During the visit one person chose their evening meal and the member of staff involved them throughout the process of preparing the meal. The person chose the ingredients they wanted and the person watched the meal being prepared. The member of staff chatted with the person while the meal was being cooked.

One person experienced an epileptic fit during our visit. The member of staff immediately recognised what was happening and reacted in a calm and caring way, giving the person gentle support and warm and caring reassurance until they had recovered. The member of staff was knowledgeable about the person's medication and input from relevant professionals to ensure the person received the right treatment and support.

People's privacy was respected and all personal care was provided in private. During the evening people were supported to have baths. Staff supported them in a discreet and respectful manner, making sure the bathroom door was closed while the person was in the bathroom. The member of staff also understood when each person wanted to be alone for a while and respected their right to privacy in their bedrooms.

Staff helped people to keep in touch with their families either by facilitating visits to the home by relatives and friends, by taking people to visit their family, or by helping people keep in touch by e mail or telephone.

Professionals told us people were supported by caring staff. An occupational therapist told us "...basic care is good and staff have the individuals best interests at heart." Two GPs told us they were satisfied with the care people received. Comments included "I have several patients with learning disabilities living in full time care at care homes run by Regents Park Ltd. Overall I have no problems with the level of care offered to my patients at these establishments."

## Is the service responsive?

### Our findings

Care plans had been drawn up for each person using photographs and diagrams to enable people to be involved in their care plans as far as possible, according to their abilities. The care plans were written in the first person and gave clear and detailed explanations of the person's preferred daily routines and how they wanted staff to support them. There was also an 'easy read' version of the care plan drawn up using mainly photos or symbols. The registered manager told us they were planning to increase people's involvement in the care planning process using computers and hand-held tablets.

The care plans were clearly written, neatly filed, and information was easy for staff to find. They had been reviewed in recent months and they provided up-to-date information on all aspects of each person's health and personal care needs. The plans contained important information about family and professionals, and health risks such as allergies and illnesses. Important information such as areas of high risk had been highlighted in yellow to ensure staff were fully aware of these details.

Areas covered in the care plans included eating and drinking, communication, personal hygiene, mobility, being unwell, daily routines and the favourite things each person enjoyed. Each section was clear and easy to read and gave the reader a very good description of each person's support needs. The registered manager told us they planned to hold a full review of each person's care plan every three months, involving the person's family and professionals in decisions about their care.

The care plans contained documents called 'hospital passports' which provided essential information about each person including people involved in their lives, health and personal care needs. The document was designed to be taken with them if they needed urgent hospital treatment.

Daily reports were completed by staff regularly throughout the day. These provided evidence that the care plan had been followed. The daily reports also included information such as the person's dietary intake and fluids, health, mood, activities and visitors. There were also reports from the day centre which provided a full overview of each person's well-being and activities each day.

People were offered choices of activities each day. They attended the provider's day centre based in the Heavitree area of Exeter every weekday. The member of staff assured us staff cover would be arranged if a person chose not to attend the day centre. At the day centre activities included gardening, animal care, arts and crafts, cooking, computers, gym, relaxation, cinema and going out for walks. When they were at home they enjoyed watching television and DVDs, playing games and puzzles, arts and crafts or going on outings.

One person had their own car and was able to choose when they wanted to go out. The car was obtained through a 'best interest' process through consultation with people who were able to speak on the person's behalf. They were offered a choice of going out on their own, or with the other person living in the home. Since our last inspection the two people had enjoyed outings to places such as Bristol, the Donkey Sanctuary, Exmouth and Torquay.

People were supported to raise concerns and complaints about the service. Each person had been given an 'easy read' version of the complaints procedure, and information was also displayed in the hallway. One person had a paid advocate who visited regularly and made sure the person's best interests were met at all times.

## Is the service well-led?

### Our findings

At the last inspection we found the quality assurance systems were not effective. After the inspection the home received advice and support from the local authority Quality Assurance and Improvement Team (QAiT) to help them improve their systems or implement new systems where necessary. The registered manager carried out regular checks on many aspects of the service. The provider also carried out a range of in-depth audits and checks over a twelve month period. The results of all audits and checks had been input into the provider's Service Improvement Plan. They held weekly and monthly management meetings in which the Service Improvement Plan was discussed and reviewed to ensure actions were being carried out as agreed. While the systems showed significant improvement over the last year they had failed to identify some issues noted during this inspection, such as weaknesses in the recruitment procedure, and failure to measure the dependency levels of people living in the home to determine safe staffing levels. The registered manager told us that sufficient staff were employed to ensure at least two staff were on duty at all times, but despite this assurance the staff rotas had shown they had failed to achieve this on a few occasions. During and after our inspection we were given assurances the provider and registered manager had addressed these issues promptly. However, improvements are needed to the quality monitoring processes to ensure the provider is pro-active in identifying areas where improvements are needed.

Professionals told us the service was well run. Comments included, "I have always found the management team wanting to improve their provision and very willing to listen and ask for help."

The provider had recently sent out questionnaires to people who used the service, relatives, professionals and staff. They had a good response rate showing a high level of satisfaction in the service. The results of the survey were collated and a newsletter was sent out letting people know the results of the survey. Where there were areas identified for improvement these were shown. For example, they had told people "Our goal is to review and improve areas where we achieved a 'good' rating rather than 'very good'." The areas they planned to review and improve included: menu choices, cleanliness of the home and the service user's activities programme."

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The home was managed by a person who was registered with the Care Quality Commission. The manager was responsible for the management of three care homes operated by the provider. In each care home there was a team leader who supervised and supported the care staff and ensured people's day to day care needs were met. The registered manager visited each home on a regular basis, and also covered vacant shifts. They told us staff could contact them at any time for advice or support.

Since the last inspection the provider has implemented a number of measures to show their support and appreciation to the staff. This has included a 'thank you' party in a local restaurant shortly after Christmas, team building events including ten pin bowling, and also an 'extra mile award' to recognise staff who have shown special commitment to their work.

The manager told us that the management team have encouraged staff to speak out over the last year, and

have sought ways of increasing their involvement in all aspects of the service. The management team have endeavoured to meet with every member of staff face-to-face both formally and informally, to give staff the opportunity to raise any concerns or suggestions. They felt this had proved positive.

The provider and registered manager kept their skills and knowledge up to date through a range of training and support networks. These included conferences and workshops on topics including The Care Certificate – Making it work for your organisation; Devon Independent Care Providers Association meetings; and conferences organised by the Care Quality Commission. The provider told us they have had monthly supervisions by an independent external supervisor.

The registered manager was aware of their responsibility to notify the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities, although there were no such events in the last year.

We recommend the provider reviews their quality monitoring and improvement systems to ensure they cover all aspects of the service, and to ensure they are pro-active in identifying issues and making improvements where necessary.