

The Regard Partnership Limited

# The Regard Partnership Limited - Tolworth Park Road

## Inspection report

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## Ratings

|                                 |                                                                                                            |
|---------------------------------|------------------------------------------------------------------------------------------------------------|
| Overall rating for this service | Requires Improvement  |
| Is the service safe?            | Requires Improvement  |
| Is the service effective?       | Requires Improvement  |
| Is the service caring?          | Good                  |
| Is the service responsive?      | Requires Improvement  |
| Is the service well-led?        | Requires Improvement  |

# Summary of findings

## Overall summary

### About the service:

- The Regard Partnership Limited – Tolworth Park Road is a care home is a 'care home'. At the time of our inspection five people were living at the home, of varying ages.

### People's experience of using this service:

- People were not fully supported to engage in meaningful activities that were important to them and improved their social skills. Staff were not always fully responsive in engaging people in non task based activities.
- Improvements were needed to ensure the premises were updated to meet the needs of all the people living at the home, primarily affecting use of the bathroom facilities and space for night staff.
- We have made a recommendation in relation to supporting staff to understand how to safeguard people from abuse.
- People received their medicines in a safe way, with records being kept up to date and accurate.
- Risks to people were regularly assessed and the premises were maintained safely.
- People were cared for by staff that had been suitably vetted, and received regular training, supervision and appraisal.
- People received meals in line with their preferences and were supported to access healthcare services.
- Staff demonstrated a compassionate attitude towards people they cared for and treated people with privacy and dignity.
- Complaints were appropriately managed and responded to.
- Comments in relation to the management were overall positive with staff telling us they received a good level of support.

### Rating at last inspection:

- At our last inspection of 04 January 2017 we rated the service as 'Good'. (Report published 01 February 2017)

### Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

### Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

## 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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# The Regard Partnership Limited - Tolworth Park 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- This inspection was carried out by one inspector

Service and service type:

- The Regard Partnership – Tolworth Park Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Regard Partnership – Tolworth Park Road accommodates up to six people in one adapted building.
- The service had a manager registered with the Care Quality Commission. This means that they 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:

- This inspection was unannounced.

What we did:

- We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the

local authority and members of the public.

- On the day of inspection we spoke with one person living at the home and one relative. We spoke with two support workers and the home manager. Following the inspection we made contact with three relatives.
- We reviewed two people's care files, three people's medicines records and a range of other documents in relation to the care people received. We reviewed three staff files and other relevant documents relating to the service.

# Is the service safe?

## Our findings

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

RI:  Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Relatives that we spoke with raised concerns about staffing levels at the home that impacted on people receiving meaningful activities and the support they required.
- Relatives told us, "I have concerns about staffing levels, [person] should have one to one twice a week", "They don't have the staff or the funding [to go out]" and "[Exercise] is increasingly difficulty due to availability of staff." One person said, "Sometimes only two [staff] in the afternoon."
- Staff also expressed concerns in relation to staffing telling us, "Staffing levels are very low, I think three or four more are needed" and "We are short staffed, it used to be four during the day plus the deputy."
- Following the inspection the registered manager sent us evidence to support that staffing levels were in line with people's requirements. We will review suitability of staffing levels at our next inspection.
- People were supported by staff that had been safely recruited.
- Recruitment records held evidence of the staff interview process as well as obtaining two references to deem suitability for the role.
- Staff were subject to a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

### Systems and processes to safeguard people from the risk of abuse

- We reviewed the provider's safeguarding records and saw that steps had been taken to respond appropriately to any allegations of abuse.
- We spoke to staff about their understanding of abuse and received a mixed response. Comments included "To make sure everything is ok, no hazards" and "If anything happens I have to tell my manager, she can do something about it, she reports it to social services."
- We were assured that staff knew to inform the manager of any concerns raised, however they were not able to confirm to us that they had a full understanding of how to recognise the signs of abuse.
- We raised this issue with the registered manager following inspection who told us that safeguarding was regularly discussed at team meetings.
- We recommend that the provider take action to assure themselves that all staff are competent in their understanding of how to recognise and address potential safeguarding concerns.

### Using medicines safely

- People's medicines were securely stored and their administration recorded on a medication administration record (MAR).
- It had been identified that one person preferred to take their medicines unwitnessed, however their

medicines records did not accurately reflect this. We raised this with the registered manager, who following the inspection sent us a signature sheet that would be completed by the person to show they had taken their medicines.

- Storage temperatures for medicines were checked daily and records showed that these were up to date and within a safe range.

#### Assessing risk, safety monitoring and management

- People had risk assessments in place to address a range of presenting needs. These included areas such as falls risk, mobility, behaviours that could be considered challenging and any nutritional support.
- Where people presented with potential swallowing difficulties guidance had been sought from the Speech and Language Therapist (SALT).
- We saw staff support one person in line with their SALT guidelines to ensure the risk of choking was monitored.
- Records showed that maintenance and premises issues across the home were dealt with promptly.

#### Preventing and controlling infection

- We observed the home to be clean and well maintained throughout our inspection.
- Staff were aware of their responsibilities in relation to infection control telling us, "We put on gloves, aprons and shoe boots for the shower room."
- Regular cleaning schedules ensured that communal areas and people's rooms were kept clean.

#### Learning lessons when things go wrong

- Any incidents or accidents were reported and investigated promptly.
- Records included body maps to detail the location of injury for any accidents. Any actions taken to mitigate future risks were recorded, as well as other agencies being notified of their occurrence.

# 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

RI:  The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Adapting service, design, decoration to meet people's needs

- The provider had recognised that there were areas of the home that required updating to better meet people's needs.
- One relative told us how the home was unable to accommodate the use of a wheelchair for their family member; which was not in line with their care needs. However, the provider had taken action to ensure alternative agreed methods were in place to support the person to mobilise.
- People only had the use of one shower room between all residents. This meant each person had to wait for sufficient periods each morning before being supported. Staff also presented to us the difficulties that this presented. One relative reported that their family member was sometimes not supported to shower until 11am.
- Records showed that plans to renovate the area had been discussed with a view to remodelling the space to design two bathrooms. However, these recorded discussions dated back to August 2018.
- The staff sleeping area to cover night shifts was also unsuitable with a bed in the outside office, with no access to washing or toilet facilities without accessing the main house.

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

- One relative told us they did not feel their family member always received the healthiest meal options. On the whole opinions on the portions and availability of food were positive. One person said, "It's ok, I get the right portion size."
- Pictorial menus were displayed on the wall so that people could see the meal choices available to them. Staff reported to us that people were sometimes taken out for meals and for coffee.
- A relative said, "They're not always told what food they're going to eat, but it is good."

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

- People's needs were assessed to ensure that a placement at the home was suitable for them, including information from the placing local authority.
- Identified needs were assessed in line with best practice to ensure that needs were met through appropriate support plans.

Staff support: induction, training, skills and experience

- Staff received regular training to equip them with the skills to support people. This included training in areas such as mental health awareness, first aid and health and safety. Training specific to needs of people living at the home was also delivered.
- The registered manager had identified some staff that required refresher training and had showed us that

these sessions had been booked.

- Medicines competency assessments were carried out every six months to ensure that staff were able to provide medicines safely.
- Staff told us they received regular supervision and appraisal from management. Comments included, "If you have a problem you can talk to them [management], very supportive" and "[Supervision] every three months. She's [registered manager] very supportive in everything."

Staff working with other agencies to provide consistent, effective, timely care

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals at times when they needed to. A healthcare professional said "Any health and mobility issue are communicated to the GP, District nurses and members of our team to ensure that the issue is resolved as soon as possible."
- Each person had a healthcare file that detailed attendance at appointments such as the doctors, chiropodist, opticians and dentist.
- Where one person required support in relation to their mobility records showed that advice and guidance had been sought from an occupational therapist.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records showed that DoLS applications had been made in a timely manner.
- The registered manager kept up to date records to ensure that they were aware of when any authorisations expired.

# 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

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One person told us they felt staff treated them well telling us, "Yes, they're caring. They spend enough time [helping me]."
- Relatives told us, "Staff are efficient", "Staff are brilliant" and "I see [family member] three to four times a year. I ask if she's happy where she is and only once has she said she's unhappy."
- People's religious and cultural needs were detailed in their care plans. Staff told us how they supported people to attend church should they wish to do so.
- One relative commented on an improvement in their family member's appearance and demeanour following a recent visit.

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

- People's records reflected that they were consulted in their care. These included the use of pen profiles to detail people's likes and dislikes as well as their day to day routines. One person still required their profile to be updated and the registered manager told us they were working on this.
- People were involved in regular home meetings where they discussed seasonal celebration activities, home improvements and menu choices.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to respect people's privacy and dignity. One staff member told us, "I have to knock on doors and get consent. I ask permission first 'can we give you a shower?' offer help and check in, seek their consent."
- People were supported to be independent where possible. We saw one person preparing their own breakfast on the day and photographs of another person that had been supported by staff to prepare their own lunch.

## Is the service responsive?

### Our findings

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

RI:  People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were not sufficiently supported to regularly take part in meaningful activities.
- The home had a vehicle for use, however had no staff that were currently utilising the vehicle to support people in the community. Relatives reported to us that this had impacted on people returning home, which staff had supported previously and that they were now supporting with attendance at healthcare appointments. The registered manager told us that taxis were used to support people to their appointments when needed.
- Relatives expressed to us their concerns and that they felt their family members did not receive enough support to access in house activities or the community. Comments included, "Sometimes they go out, twice since July. There's no group outings", "[Person] only goes out twice a week and it's spoiling it" and "I'd like [person] to have an activity to look forward to every day." A staff member also told us, "It's a bit tight at the moment."
- On the day of inspection we saw that people were left to wander the home and either sat in their rooms or in the garden. During the day staff were seen to support people with meals, however we then saw three staff members sat in the dining room completing paperwork. We did not see staff being proactive with people or attempting to engage them in non task based conversation or activities.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the registered manager told us of the activities that some people participated in outside of the home. This included visits to local points of interest, coffee shops and the day centre.

End of life care and support

- The provider made efforts to seek people's end of life wishes where possible, and the registered manager told us these were often given to family members to complete.
- The registered manager told us they understood the sensitivity of these discussions and would record that they attempted to review end of life care wishes with people; should they not wish to discuss them when asked.

Improving care quality in response to complaints or concerns

- We reviewed the provider's complaints records and saw that one complaint had been raised since the last inspection.
- The registered manager did not have a response to the complaint in line with the provider's policy and told us that the complaint had been discussed and resolved at a review meeting with the placing authority.

- Following the inspection the registered manager contacted the placing authority to provide an update in relation to the resolution of the complaint. We received correspondence from the local authority and are satisfied the matter was dealt with appropriately.

# 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

RI:  Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Some improvements were needed to ensure that people were fully involved in the service. A communal noticeboard contained posters and information for events, that were out of date. The registered manager needed to ensure that important information was current and available for people to access.
- People and their relatives were regularly consulted through quality assurance surveys. The most recent responses from 2018 were primarily positive. The registered manager informed us that the format of these questionnaires was currently under review to elicit more detailed feedback from people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular local audits were conducted to review the quality of care delivery, as well as additional audits by the locality manager.
- These highlighted issues such as improvements required to the premises, and feedback received from people and relatives.
- The registered manager ensured that people's care records were regularly reviewed for accuracy, as well as conducting routine checks of medicines administration records.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We received positive feedback from staff about the management of the home. They told us, "She had done a wonderful job. She's flexible" and "I think we all co-operate."
- Relatives told us, "[Registered manager's] very nice" and "I think she's better than the previous manager."
- The registered manager ensured that the CQC were notified of significant events as they occurred at the home.

Continuous learning and improving care

- The registered manager shared learning from incidents and events through discussion at team meetings. This included any updates on changes in people's needs as well as ensuring staff were aware of provider policies.

Working in partnership with others

- The provider worked alongside people's placing authority to ensure that care needs were reviewed

regularly.

- Where people's needs changed or further support was required records showed that appropriate advice was sought from other healthcare professionals.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity                                             | Regulation                                                                                                                                                                  |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>People were not fully supported to engage in meaningful activities that supported their social development |