The Regard Partnership Limited

The Regard Partnership Limited - Vancouver Road

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?	Good

Summary of findings

Overall summary

This inspection took placed on 11 and 12 May 2016 and was unannounced.

The Regard Partnership Vancouver Road is a residential service providing care and support for up to eight people with a learning disability. At the time of this inspection the service was providing support to seven people.

The service did not have a registered manager in post. A senior support worker was the acting manager and their role was covered by a support worker acting in a senior role. 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.

People were protected against harm and abuse. Staff received training in safeguarding procedures and had knowledge of how to identify different types of abuse. Additionally staff knew how to whistle-blow and bring to the attention of outside agencies any safeguarding concerns they had in the event of the provider not addressing them thoroughly.

Staff assessed risks to people and took steps to protect them from avoidable harm. People were protected from the risk of avoidable harm because staff assessed, managed and reviewed their risks. People's care records were personalised and detailed and people were supported to participate in the activities they chose. A complaints procedure was in place. People knew how to complain and complaints were dealt with appropriately. The service actively sought feedback and used the information given to improve service delivery.
Staff administered medicines safely and conducted regular checks to ensure that the home environment was safe. Each person had an individualised plan to ensure their safe exit from the building in the event of a fire.

Staff were recruited using a robust process that ensured they were suitable to work with people and there were sufficient staff at all times to safely meet people's needs. People received care and support from staff who received supervision. Staff were trained and had their performances appraised.

People were supported to access sufficient amounts of nutritious food that met their dietary requirements. People had timely access to the healthcare services they required to monitor and maintain their health and well-being. People did not have their liberty deprived unlawfully. The service was delivered with regard to the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards.

People viewed the staff as caring and relatives were made to feel welcome when they visited. People's independence and choices were supported and their dignity and privacy were respected.

People's care records were personalised and detailed and people were supported to participate in the activities they chose. A complaints procedure was in place. People knew how to complain and complaints were dealt with appropriately. The service actively sought feedback and used the information given to improve service delivery.

The acting manager carried out regular quality and health and safety audits of the service. The acting manager worked in partnership with health and social care professionals.

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. Staff were trained to identify and report abuse and understood how to whistle-blow if their concerns about people were not appropriately addressed.

People were protected from the risk of avoidable harm because staff assessed, managed and reviewed their risks.

There were sufficient staff available to support people safely and staff were vetted to ensure their suitability to work with people.

People received their medicines safely and medicines records were accurately completed and audited.

The safety of the home environment was routinely checked and people had individual emergency plans.

Is the service effective?

Good

The service was effective. People were supported by trained, supervised and appraised staff.

People's consent to support was obtained and their rights under mental capacity legislation were upheld.

People were supported to eat nutritious food and their needs around eating and drinking was assessed.

People were supported by staff to access a wide range of healthcare services required.

Is the service caring?

Good

The service was caring. Staff knew people well and promoted their dignity and confidentiality.

People were supported to make choices and maintain their independence.

Relatives felt comfortable and welcomed when visiting the service

Is the service responsive?

Good

The service was responsive. People had detailed and personalised care plans based on assessments undertaken prior to admission and updated as people's needs changed.

People engaged in a wide variety of activities and were supported to go on holiday destinations of their choice.

People knew how to complain and the service responded promptly to complaints raised.

Is the service well-led?

Good

The service was well-led. The service did not have a registered manager but the acting manager was experienced.

People and their relatives spoke positively about the acting manager's open leadership style.

The quality of service deliver was audited by the acting manager, their line manager and external auditors.

The provider sought the views of people their relatives and visitors to improve service delivery

The service worked closely with local health and local authority resources

The Regard Partnership Limited - Vancouver Road

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 unannounced inspection took place on 11 and 12 May 2016 and was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about The Regard Partnership Limited - Vancouver Road including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used this information in the planning of the inspection.

During the inspection we spoke with three people, one relative, three staff, the acting manager and the locality manager. We reviewed documents relating to people's care and support. We reviewed seven people's care records, risk assessments and medicines administration records. We looked at documents relating to staff and management. We reviewed eight staff files which included pre-employment checks, training records and supervision notes. We read the provider's quality assurance information and audits. We looked at complaints and compliments from people and their relatives.

Following the inspection we contacted six health and social care professionals and two relatives to gather their views about the service people were receiving.

Good

Is the service safe?

Our findings

People told us they felt safe as a result of the support they received from staff. One person told us, "My staff won't let anything happen to me. They go out with me and won't let strangers in our house at night." Another person said, "Staff are fun and they make sure no-one gets hurt."

People were safe because the provider had procedures in place to identify and report any suspicions of abuse. Staff received safeguarding training which enabled them to recognise the signs of abuse. Staff were aware of the correct procedures to follow if they suspected a person was at risk of abuse. One member of staff told us, "I would preserve any evidence and inform my manager who would contact the council's safeguarding unit and the police." We saw that the telephone number of the local authorities safeguarding team was displayed in the staff office and on a notice board in the communal hallway.

People were protected from abuse and harm because staff understood their responsibility to whistle blow if they had concerns about the safety of people that the provider had not addressed. Whistleblowing is a term used to describe when staff alert an outside agency such as the local authority or CQC if they are concerned about the providers practice. One member of staff told us, "It's a moral issue and I wouldn't think twice about picking up the phone to let [CQC] or the police know that abuse was going on."

People were given the skills to promote their own safety. Minutes of a residents meeting showed staff and people discussing what bullying meant and the importance of informing staff immediately should a person feel they are being bullied by anyone at any time or place.

People were protected from the risk of avoidable harm. Staff undertook assessments to identify people's risks and worked with people to manage and reduce them. For example, one person was supported to have an assessment from a healthcare professional to reduce the risks associated with their health condition. Staff acted on the recommendations made in the assessment by installing sensors in the person's to alert staff when the person's health need required an immediate response. This meant people's risks were identified and reduced as a result of planned staff action.

People told us there were enough staff available to support them safely at home and in the community. Rotas confirmed that the provider adjusted staffing levels to ensure people's needs were met and their activity choices safely supported. For example, people who chose to go to club in the evening were supported to do so while those who chose to do alternative activities were supported by staff too. This meant the service ensured there were sufficient staff available for care and support at all times.

People received care and support from staff who were recruited safely. The provider operated a robust recruitment process that started with telephone screening interviews, the submission of applications and face to face interviews. Successful candidates were subject to a number of checks. For example, the provider checked to see if applicants had criminal records, were barred from working with vulnerable adults and had the right to work in the United Kingdom. References were requested and candidates were required to provide proof of their identities and where they lived. This meant the provider had obtained the information

they required to determine if someone was suitable to work in the service.

People received their medicines safely. One person told us, "The staff give me my [medicine]. It would be dangerous for me to just help myself to [medicine] when I wanted, wouldn't it?" The acting manager tested staff on their medicines administration knowledge following each medicines training course. We saw test questions which included asking staff about the use of certain medicines as well as their potential side effects. The acting manager also conducted and recorded observations of staff engaged in medicines management. For example, staff were monitored whilst administering medicine to people and whilst completing medicines reordering documentation. The Medicines Administration Records (MAR) charts we reviewed were signed appropriately and audits were regularly conducted.

Staff conducted checks of the environment to ensure people were safe. Staff carried out weekly health and safety, fire safety, food hygiene and infection prevention checks. These checks were audited by the acting manager. Where checks revealed the need for action a plan was produced and signed off when completed. This meant the safety of people was promoted because the cleanliness and maintenance of the service was being monitored.

People were protected from risks in the event of a fire. Each person had an individualised personal emergency evacuation plan (PEEP). These plans provided guidance to staff on the support people required in the event of a fire.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the knowledge and competence of staff. One person told us, "I think they are good and great at being support workers." Another person said, "The staff are very good at their jobs." A relative told us, "There is no comparison between the staff in this home and the last home [relative's name] was in. The staff are on the ball, they are keen to learn, they have good skills and definitely have the right attitude."

People were supported by staff who were skilled. Staff received regular training to ensure their skills and knowledge were up to date. Records showed that staff training included medicines, epilepsy, safeguarding, mental capacity, mental health of people with learning disabilities, first aid, infection prevention and control, moving and handling and fire awareness. Training was undertaken online and in classroom settings. We reviewed the providers training matrix which identified the training undertaken by each member of staff. Each training experience had an 'expiry date' which indicated when a refresher session was due. This meant staff were supported to maintain and develop the skills and knowledge required to support people effectively.

People's care was delivered by supervised and appraised staff. There was an induction programme for new staff. New staff shadowed experienced team members and were given administrative days to read care records and policies as part of their induction. A member of staff told us, "I think the induction was well thought out and the training that went with it has been good. In supervision we look at how I'm progressing." The acting manager arranged regular one to one meetings with staff to discuss people's needs and support. Appraisals took place annually to review staff performance and to identify areas for professional development. A timetable of staff supervision was displayed in the office.

People consented to the care they received. People told us staff asked for permission and agreement prior to delivering support. One person told us, "The staff ask me what I want to do and we talk about it." A member of staff told us, "Choice and consent are crucial to people controlling their lives and it's ingrained in everything we do. We [staff] offer support and we offer choices. People have choices which include the right to refuse [support]."

People were not deprived of their liberty unlawfully. Staff were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberties Safeguards (DoLS). These aim to make sure that people in care homes are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and lawful manner. One person told us, "I have my freedom. I go anywhere I want to go." The service followed the procedures laid out in its policy and legislation by seeking mental capacity assessments and DoLS authorisations from the local authority. The outcome of the assessments and applications were present in people's care records.

People told us they chose the meals they received and were satisfied with the quality and quantity of what

they ate. One person told us, "I like my dinners a lot. I don't like pasta because it's horrible but I don't have it. I have something else instead and I like it because it's nice." Another person told us, "We have a menu meeting once a week and plan what will be on the menu and the staff say 'ok'. We take turns in cooking." Another person said, "If I don't like what is being cooked I'll just ask for something else." A relative told us, "I visit a lot and I can say that there is always fresh fruit available and more importantly it is within reach and not on some high self. If you look on the dining table there are strawberries, grapes and bananas and people help themselves." Menus showed the meals that were planned as well as actually written. This meant records showed the choices people made and allowed the quality of nutritional consumption to be monitored.

People were supported by staff to access the health services they required. People attended annual health checks with their GPs as well as regular dental appointments. Care records showed that when specialist health care was required staff ensured people had timely access. For example, we read how people received assessments from physiotherapists, psychologists, speech and language therapists and diabetic nurses. These were recorded in people's records along with guidance for staff. This meant staff knew how to support people's health needs effectively.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were caring. One person told us, "The staff are really nice, they really are. They are very good to me." Another person said, "They [staff] are really, really nice." A relative told us, "[person's name] is happy and well cared for here and the staff provide tailor- made care. I'm happy."

The atmosphere in the home was relaxed. We observed positive interactions between people and staff. For example, we saw people and staff sharing jokes and laughing in the kitchen and whilst in an adjacent room other people were discussing their choice of activities with staff. People knew all of the staff present by name and staff had detailed knowledge about people's histories and needs as well as the contents of their care plans. Care records contained a section entitled 'My previous life' which included information and memories important to people. For example, one person recalled happily swimming during their summer holidays as a child. This meant care records gave staff insight into people's lives.

People were involved in making decisions about how they received their support. For example, we observed a member of staff offering a person a choice of two activities. The person declined both and was offered a further two to choose from. Having made a decision about what they were about to do the person was clearly excited. In another example, we saw staff invite people to choose the drinks and snacks they wanted to have and were given the opportunity to participate in preparing them. This meant people had choices and made decisions over their day to day lives.

People were supported to maintain and develop their independence. One person told us, "I like my room looking nice and tidy. I can do some things myself but staff help me with the tricky stuff like changing the duvet." Staff had guidance in care records as to the level of support people required. For example, one person needed verbal promoting to get ready and leave on time to go independently to college whilst another person required staff to support them along the journey to college then whilst in the classroom.

The confidentiality of people's information was protected. Care records included information about health, relationships and personal care needs and were kept securely. Staff told us they would only share information about people with health and social care professionals who had a need to know as defined by the provider's confidentiality policy.

People and their relatives told us staff treated them with dignity and respect. One person told us, "Staff speak nicely to me." Another person said, "[Staff] always knock my door before coming in." People's achievements were celebrated. Eight trophies won by the home's football team were displayed in the dining area and photographs of the players in action were on show in the office.

Relatives told us they were always made to feel welcome when they visited the service. One relative told us, "The staff always give me a cheery welcome and make me feel at home."

Good

Is the service responsive?

Our findings

The care and support people received was personalised and met their needs. People's needs were identified through an assessment prior to moving into the service. Assessments were reviewed regularly and as people's needs changed.

People's care records reflected their preferences and provided staff with the information they required to support people appropriately. One person told us, "My care plan is a folder about me and what I do and what I want to do and why it's important to be healthy. I talk to my keyworker about it." Each person had a member of staff allocated to them as a keyworker. A keyworker is a member of staff who takes the lead in ensuring a person's needs are met. For example, we saw that key workers arranged health appointments, planned activities and supported personal shopping. People and their keyworkers met each month and keyworkers updated colleagues about changes in people's needs at team meetings.

People were supported to engage in a wide range of activities which they chose individually. One person told us, "I do all sorts all the time. I go to college and the cinema and the pub. You name it I do it." Another person said, "My hobby is gardening. I like doing that and the staff tell me I am a brilliant gardener. " A relative told us, "I was instantly impressed by the tempo of activity here. Everyone goes out every day and their activities are meaningful." Five people were supported to attend college courses which included, basic life skills, performance dance, pottery, digital art, information technology and maths. Other activities people were supported with included, bowling, aromatherapy, clubs and discos. This meant people were supported to purse their interests and hobbies. People told us they were supported to go on domestic and international holidays with staff support. We read that following research and discussion, people had selected holiday destinations which included America, Spain and Devon.

People were involved in choosing the staff who supported them. Interviews for perspective staff were conducted in the service. This enabled people to meet applicants and to participate in their interviews. A person told us, "I asked [the candidates at interview] "what would you do in an emergency?" and the staff write down their answers. We talk about it afterwards." People were also supported around staff preferences for care and support. For example, one person's care records stated that they only wished to be accompanied to health appointments by female staff.

People were supported to share their views about the care and support they received. People attended weekly menu planning meetings, monthly key working meeting and monthly residents meetings. Minutes of one resident's meeting recorded people expressing dislike for the sofas in the service's living room. The service responded by purchasing new furniture which people told us they chose and much preferred. This meant the provider listened to people's views and acted in response to them.

The provider sought the views of relatives and visitors to the service. For example, we read healthcare professionals, an architect and contractor were asked for their views about the cleanliness of the service, the friendliness of staff and any suggestions for improvements. We saw that the service responded to the comments and suggestions made.

People and their relatives understood how and to whom to make a complaint. The provider's complaints policy was available in a number of formats including easy to read text. We read that complaints were addressed appropriately and in a timely manner.

Good

Is the service well-led?

Our findings

The service did not have a registered manager in post and the provider had notified CQC of this. At the time of the inspection recruitment to the position was underway. The acting manager was a senior support worker with nine years' experience of supporting people in the service. People were supported by an acting senior support worker and supervised by a locality manager from the provider's regional office.

People, relatives and staff were positive in their comments about the acting manager. One person told us, "[staff name] runs a good home." Another person said, "She is friendly and chatty and nice." A relative said, "She understands the people here and knows how to keep everyone active and provide high calibre support." A member of staff said "I have a lot of respect for [the acting manager] she's worked here for ages and knows the [people] really well and she encourages us [staff]."

The acting manager held regular team meetings to discuss how to safely and effectively meet people's needs. We read the minutes of four well attended team meetings. We saw that discussions took place about safeguarding and staff recognition and responses to different types of abuse including reporting and whistle blowing. We also read staff feedback from the training they had undertaken being shared with colleagues. This meant the service used staff meetings as a forum to share knowledge throughout the team.

The acting manager said they felt supported by their line manager and senior officers. The acting manager received supervision from the locality manager, attended training and was in regular contact with other managers within the organisation. The acting manager was assisted by a number of systems which enabled their activities to be transparent. For example, repairs, complaints, and training were all logged onto systems which could be monitored by senior managers and relevant management support teams. This meant the leadership of the service was supervised and assisted to deliver care and support appropriately.

The quality of support people received was monitored. The service operated robust quality assurance processes. Auditors external to Regard Partnership undertook quarterly audits of the service alternating their focus between service delivery and health and safety at each review. The acting manager produced an action plan to address any shortfalls. For example, an audit noted difficulty locating a key policy document. The acting manager took steps to ensure this was more readily accessible for auditors and staff. The acting manager also undertook a range of quality audits which included observations of staff administering, recording and re-ordering medicines.

The service maintained effective links with local resources including learning disabilities social workers and healthcare professionals such as speech and language therapists, psychologists and physiotherapists. The provider ensured that the Care Quality Commission was kept informed of important events within the home in line with the legal requirements of their registration with us.