

The Regard Partnership Limited

# The Regard Partnership Limited - Kneller Road

## Inspection report

191 Kneller 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:

191 Kneller Road provides accommodation and personal care for up to six adults with a learning disability and/ or autistic spectrum disorder.

People's experience of using this service:

- The people living at the home were unable to communicate verbally with us to provide detailed feedback. We therefore used observation of interaction and engagement between people and staff in order to understand how comfortable and at ease people were. People were able to tell us they felt safe and happy in short phrases. Their interaction with staff throughout the inspection demonstrated that they felt at ease, were able to indicate their needs through various interactions and the use of sign language and pictorial images and enjoyed freedom of movement and activity in and around the home.
- The outcomes for people using the service reflected the principles and values of Registering the Right Support and other best practice guidance. These values include the promotion of choice, independence and inclusion, so people with learning disabilities and autism can live as ordinary a life as any citizen. At 191 Kneller Road people's support focused on them having maximum choice and control in their day to day lives, and the premises were designed to promote independence.
- People could access a range of interesting things to do. They were supported to enjoy a range of activities which enhanced their lives, both individually and in groups. This included support to enjoy swimming, clubs and going out in the community doing things they liked.
- People were supported to keep in touch with relatives and friends who were important to them.
- People had access to the healthcare they required. Staff had been provided with clear guidance so people would receive the support they needed if they required emergency health care.
- Staff understood people's safety needs well and supported people so their individual risks were reduced. People were supported to have their medicines safely, by staff who were competent to do this.
- The environment at the home was clean, well maintained and regularly checked. The risk of accidental harm or infections was reduced as staff used the resources and equipment provided to help ensure this.
- There were sufficient staff to care for people. Staff received effective training and support to develop the skills they needed to care for people.
- People's care needs were assessed and detailed support plans put in place based on their individual needs and to promote their well-being. These were reviewed regularly and kept up to date.
- People, their relatives, staff and other involved healthcare professionals were encouraged to make any suggestions for improving the care provided and the service further.
- There was an open and transparent and person-centred culture with good leadership evident. The provider, registered manager and the staff team were committed to providing high quality person centred care and support. They reflected on the support provided and considered improvements to enhance this.
- We found the service met the characteristics of a "Good" rating in all areas.

More information is available in the full report.

Rating at last inspection:

At our last inspection, the service was rated Good. Our last report was published on 8 September 2016.

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 intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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?

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

# The Regard Partnership Limited - Kneller 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 adult social care inspector.

#### Service and service type:

191 Kneller 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. 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:

Inspection site visit activity started on 4 March 2019 and ended on 4 March 2019.

#### What we did:

We spent time with five people using the service to ask about their experience of the care provided and to observe interaction between people and staff. We spoke with the service manager for the home, the registered manager and four staff members. We also spoke with three relatives to ask for their views on the service. We looked at three people's care records, three staff files and other records relating to the management of the home.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt confident that people were safe in the home. One relative said, "[My relative] is happy there. You can see it on their face when we visit." Another relative told us, "They look after them very well. We have never seen any problems."
- The registered manager and staff understood their responsibility to safeguard people from abuse.
- Staff had received safeguarding training and knew what action to take in the event of any concerns for people's safety and wellbeing. One staff member said, "We know we can raise any concern we have with the manager. We also discuss any issues, problems or concerns at handover sessions so that we know what to keep an eye on, or monitor."

Assessing risk, safety monitoring and management

- Relative's told us that they had been involved in helping the home carry out risk assessments in order that people could be safe. One relative said, "We were able to help the manager and staff understand the kinds of things that would make [my relative] scared or react in a challenging way. They took these on board and things are looking good."
- Staff understood people's individual safety risks well. Staff used this knowledge when supporting people. For example, when people needed assistance to move safely round the home or make a trip to the local community shops.
- People's care plans contained risk assessments which addressed their safety and support needs. For example, if people were at increased risk when out in the community or managing their own money. People's risk assessments were up to date and gave clear guidance to follow to reduce risks to people.

Staffing and recruitment

- Staffing levels enabled people to have support when they wanted. We saw there were sufficient numbers of staff to care for people.
- There was a mix of long standing and experienced staff together with staff who had recently been recruited. Staff knew people well and provided individual personalised care tailored to their support needs. One staff member said, "The more experienced staff make sure that the newer staff are shadowed and supported before taking charge of things themselves."
- The provider continued to check the suitability of potential staff to care for people living at the home. Recruitment procedures made sure that the right staff were recruited to support people to stay safe.

Using medicines safely

- People's medicines were managed safely. Staff received training before they could administer people's medicines.
- People's medicines were stored and disposed of safely.

- The administration of medicines was regularly checked by the registered manager, so they could be assured these were being given as prescribed.

#### Preventing and controlling infection

- Staff were trained and understood their role and responsibilities, for example, around food safety.
- The home was clean and free of malodours when we visited. The provider and registered manager checked the home was kept clean and hygienic.

#### Learning lessons when things go wrong

- Accidents, near misses and untoward incidents were documented and reviewed by the provider and registered manager.

# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's interaction with staff and the way they made use of their home confirmed this.

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

- Most people living at 191 Kneller Road had been there for a long time and the staff knew them very well.
- People, their involved relatives' and other health and social care professionals' views were always obtained to inform the support provided. This helped to ensure people continued to be supported by staff who fully understood their needs and preferences. One relative said, "We are always kept up to date with how [my relative] is getting on and I can visit or phone the staff whenever I need to let them know something."

Staff support: induction, training, skills and experience

- Staff were supported to develop the knowledge and skills they needed to care for people. Relatives were positive about the way staff used their skills when caring for their family members. One relative said, "The staff seem very good at their job. They really know [my relative] and how they like to be helped."
- Staff gave us examples of the training they had undertaken, which was linked to the needs of the people they cared for. One staff member told us, "We have a lot of training which we do online, and then there is training that we do face to face, such as managing behaviour that challenges, moving and handling." Records showed completed courses included positive behaviour support, autism awareness, person centred care, safeguarding and medicines administration.
- Training and support to staff reflected the principles and values of Registering the Right Support, for example by focussing on people's rights and the importance of people maintaining choice and autonomy.

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

- The menus reflected people's known preferences and people were involved in developing the weekly menu, shopping for it and being able to choose alternatives when desired.
- Staff made sure people had enough to eat and drink to remain well. We saw people's mealtimes were not rushed and alternatives were provided where someone did not like a dish. We observed a staff member checking with people what they wanted to eat for dinner during our inspection and encouraging involvement and participation by people in the kitchen.

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

- The home retained a very homely feel in line with its ethos and values. People using the service benefited from the use of an ordinary home environment. People had decorated and arranged their bedrooms as they wished.
- Adaptations and improvements continued to be made to meet people's needs. For example, the rear garden was being developed to enable those with an interest in vegetable gardening to enjoy this space.



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

- The registered manager had put systems in place so staff could work effectively with other health and social care professionals. These included comprehensive details about each person, their preferred style of communication and individual care needs.
- Up to date records showed that staff supported people to attend routine health appointments, for example, to see the GP or dentist.

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.

- People were supported to be involved in decisions about their care. Staff gave us examples where people's decisions were respected. For example, if people did not want to do an activity staff supported people's choices.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisations correctly obtained, and any conditions complied with.

# 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

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

- 191 Kneller Road had a strong visible person-centred culture. People using the service lived in a caring, supportive and nurturing environment. People knew each other and the staff team extremely well. We saw that people were happy and relaxed in 'their home' and with the staff supporting them. Staff understood how people liked to be spoken with, what their interests were and what their sense of humour was. Staff responded to each person in a kind, friendly and familiar manner. One relative told us, "The staff who work regularly with [my relative] are lovely and really understand [my relative]. Another relative told us, "We are so glad [my relative] is in this home as they are so happy."
- The provider, registered manager and staff integrated fully with people, sitting in the main communal lounge and dining room with them or encouraging people to join them in the kitchen. This added to the homely and caring atmosphere.
- Staff actively promoted people's wellbeing. They were available to support people when they needed something and were seen to anticipate people's needs as they knew each individual so well. Staff provided timely and sensitive responses if people needed support with personal care, or if someone wanted to go out. These timely responses positively impacted on each person's level of wellbeing.
- We observed caring, respectful and positive interactions throughout our visit. Staff engaged meaningfully with people as individuals. They knew how to best communicate with each person and knew the things that were important to them. For example, one person placed great importance on regular home visits and staff made sure this happened. Another person had an interest in public transport and listening to a radio which staff supported by ensuring that there was always space available with a table for their models and radio.
- Staff worked to make sure that people were treated equally and that their protected characteristics under the Equality Act were respected and promoted. Staff had received training in equality and diversity and people's support plans reflected their spiritual and cultural needs. For example, some people were supported by the service to maintain their faith while others chose not to.

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

- The culture of the home was one where people had ownership of the service, despite the difficulties caused by complex disability and lack of conventional communication. Although people knew each other well they lived their lives individually. However, they benefitted from regular outings to shops and restaurants where they could socialise as a group.
- Staff spoke respectfully to people and were clearly aware of people's individual needs and preferences. They asked the person's permission before doing something and engaged people in everything they did. They supported people to express their views and make everyday decisions for themselves. For example, about what they wanted to do, where they wanted to go and what they wanted to eat.
- People could have visitors whenever they wanted and people were supported to keep in touch with their

family and friends and maintain their relationships with the people who were important to them. All relatives we spoke with confirmed they had received a positive welcome from the home and staff.

- Relatives told us they had been involved in planning people's care. One relative said, "Before [my relative] came to the home I was able to discuss the care plan with the home, describe what works best for [my relative] and this helped the transition to the home."

Respecting and promoting people's privacy, dignity and independence

- Respect for people's privacy and dignity was at the heart of the service at 191 Kneller Road. Staff understood it was a person's human right to be treated with respect and dignity. They listened to people, respected their choices and upheld their dignity. One staff member told us, "It is always their right to be treated with respect. Whether they are having a good time or whether they are agitated and using challenging behaviour it's our job to respond in a way that helps them."

- People's confidentiality was supported and information about people was held securely. Staff respected people's privacy by not talking about them in front of other people and knocking on their bedroom doors and waiting for a response before entering.

- People were encouraged to maintain and develop their independence as far as possible. For example, participating in community activities or internal domestic tasks like cooking and cleaning.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

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

- People's support plans provided staff with detailed guidance on people's care, health and well-being. They were written in the first person, documenting people's likes and dislikes and strengths and needs. For example, one person's plan gave clear guidance about how to keep them safe, the things they could do well themselves and the things they found more difficult.

- The views of people, their relatives, staff and other health and social care professionals were listened to and incorporated into the support plans.

- The support plans were regularly reviewed. This helped to ensure people's care reflected their current preferences and needs.

- Where people wanted support to keep in touch with people who were important to them, this was reflected in their support plans. For example, one person's plan talked about how important their family relationships were to them and the support required to maintain these.

- People had a range of interesting things to do within the home and externally, according to stated preference and choice. In addition, the staff of the home responded well to specific activities which they knew were very important to people. For example, for one person who was unable to feel comfortable with the local dentist, staff discussed the issue with the family and worked out a plan to take the person to the dentist they attended whilst still living at the family home. Although this was quite a distance from the care home, staff committed to doing this. The person was able to have their dental hygiene maintained as a result.

- People were supported to live as ordinary a life as any citizen. The home was registered with CQC before Registering the Right Support and Building the Right Support guidance had been developed. The support provided was consistent with this guidance promoting choice, independence and inclusion.

- People received information in accessible formats and the registered manager knew about meeting the Accessible Information Standard. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand. NHS and publicly-funded adult social care services are legally required to comply with this standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services.

- The cognitive disabilities of the people in the home meant that much of the information held about them was too complex for them to understand. However, important records such as care plans, behaviour support plans and information describing the person's likes and preferences, some of the information was provided in plain English for staff and easy-read symbols for people.

Improving care quality in response to complaints or concerns

- Relatives felt able to speak to the provider and registered manager if they had any concerns or complaints. One relative told us, "I know I can complain to the registered manager, or, if I don't want to go through the

registered manager, I can contact the service manager." Another relative said, "I know how to complain. It's just that we've never had to make a complaint."

- Systems were in place to manage and respond to complaints or any concerns raised, to drive through improvement in the home. There had not been any complaints in the last 12 months.

#### End of life care and support

- At the time of our visit there was no one who had requested a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR), or any specific request regarding their choices and wishes for the end of their life.
- No one living in the home required end of life, or palliative care.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture of the service was caring and person-centred. People were always at the centre of the support focusing on their needs and wishes. One staff member told us, "Our "personal daily outcomes" notes which are completed through the day, handover sessions, keyworker system – they are all about making sure staff understand how things have been for the people we support so that we can know how to support them better. It's not just about recording stuff for the sake of it."
- The service was commended by relatives in comments seen in recent surveys sent out by the home and when we spoke to them. One relative said, "It's a lovely home and the manager is very open and approachable."
- Staff told us they were motivated and supported to provide high-quality care. They enjoyed working at the home and said they would recommend it to other people.
- The registered manager knew their responsibilities for duty of candour and the action required to inform all the relevant people when incidents occurred.

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

- The registered manager was supported by the provider who was fully involved in the running of the service. The home was managed well and people's care needs were met. The provider and registered manager were a constant visible presence in the service. People, their relatives and staff could approach them whenever they wanted.
- The provider had run the home successfully for many years and the registered manager was well established in the home. Staff understood their vision and ethos for the service and how they were expected to support people.
- The registered manager regularly checked the quality of the support provided. For example, checks were made to ensure people's medicines were administered as prescribed. The registered manager also checked staff received appropriate training and supervision, that support records were up to date and that the environment was safe.

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

- Relatives told us they could speak with the provider, registered manager or staff if there was anything they wished to discuss or change. One relative said, "The [registered] manager is great. She emails me with updates and I can speak to her anytime."

- Feedback obtained from surveys completed by people, their relatives and care professionals was positive.
- The service had strong links with the local and wider community, and other organisations to support people's preferences and meet their needs. For example, with local groups, day centres and local shops.
- The registered manager and staff worked well in partnership with other services, for example, the GP, social workers and other involved healthcare professionals.