

The Regard Partnership Limited

# The Regard Partnership Limited - Hersham 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 

### Overall summary

The Regard Partnership Limited - Hersham Road provides accommodation, care and support for a maximum of six adults with learning disabilities. There were five people using the service at the time of our inspection.

The inspection took place on 11 December 2015.

There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People were kept safe because staff understood their responsibilities should they suspect abuse was taking place and knew how to report any concerns they had.

# Summary of findings

Risks to people's safety had been assessed and measures had been put in place to mitigate these risks. There were enough staff on duty to keep people safe and meet their needs. The provider's recruitment procedures helped ensure that only suitable staff were employed. People's medicines were managed safely.

People received their care from a consistent staff team who knew their needs well. Staff were supported through supervision and had access to relevant, ongoing training. Staff said morale had improved since the arrival of the registered manager and they worked well together as a team.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's best interests had been considered when they needed support to make decisions and applications for DoLS authorisations had been submitted where restrictions were imposed to keep people safe.

People's nutritional needs were assessed and any dietary needs were managed effectively. Staff enabled people to make informed choices about what they ate and supported them to maintain a balanced diet. People were supported to maintain good health and to obtain treatment when they needed it. The service had effective relationships with healthcare professionals which ensured that people received the care and treatment they needed.

Staff were kind and caring. They treated people with respect and supported them in a way that maintained their privacy and dignity. Staff made sure people had the information they needed to make informed choices and to understand information that was important to them. People were supported to maintain relationships with their friends and families.

People's needs were assessed before they moved to the service and their support plans reflected their individual needs, preferences and goals. Staff had increased opportunities for people to take part in activities and to be involved in their local community. Relatives told us that this initiative had realised benefits for their family members in a short space of time.

The registered manager had improved the management and leadership of the service. The registered manager had identified goals for the service and encouraged staff

to think creatively about how the support people received could be improved. The provider had effective systems of quality monitoring, which helped ensure that all areas of the service were working well and records were up to date.

The last full inspection of the service took place on 10 October 2013 and we identified concerns in relation to the safety and suitability of the premises. We carried out a follow up inspection on 7 February 2014 and found the provider had taken action to meet this standard.

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People were kept safe because staff understood their responsibilities should they suspect abuse was taking place and knew how to report any concerns they had. Risks to people's safety had been assessed and measures had been put in place to mitigate these risks. There were enough staff on duty to keep people safe and meet their needs. Accidents and incidents were monitored and analysed to reduce the likelihood of recurrence. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency. The provider's recruitment procedures helped ensure that only suitable staff were employed. People's medicines were managed safely.

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The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005

# Summary of findings

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People's nutritional needs were assessed and any dietary needs were managed effectively. Staff enabled people to make informed choices about what they ate and supported them to maintain a balanced diet. People were supported to maintain good health and to obtain treatment when they needed it. The service had effective relationships with healthcare professionals which ensured that people received the care and treatment they needed.

Staff were kind and caring. They treated people with respect and supported them in a way that maintained their privacy and dignity. Staff made sure people had the information they needed to make informed choices and to understand information that was important to them. People were supported to maintain relationships with their friends and families.

People's needs were assessed before they moved to the service and their support plans reflected their individual needs, preferences and goals. Staff had increased opportunities for people to take part in activities and to be involved in their local community. Relatives told us that this initiative had realised benefits for their family members in a short space of time. There were appropriate procedures for managing complaints.

The registered manager had improved the management and leadership of the service. Clear goals for the service had been identified and staff had been encouraged to think creatively about how the support people received could be improved. The registered manager had increased the extent to which people who used the service, their families and staff were involved in developing the service.

The provider had effective systems of quality monitoring, which helped ensure that all areas of the service were working well and records were up to date.

# Summary of findings

## 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 safe.

Staff understood their responsibilities if they suspected abuse was taking place and knew how to report any concerns they had.

Staff understood the risks people faced and how to manage these.

There were enough staff deployed to provide people's care and support safely.

The provider had appropriate recruitment procedures which helped ensure that only suitable staff were employed.

People's medicines were managed safely.

Good



### Is the service effective?

The service was effective.

Staff had access to the training and supervision they needed to provide effective care and support.

People's best interests had been considered when they needed support to make decisions. Applications for DoLS authorisations had been made where restrictions were imposed to keep people safe.

People's nutritional needs had been assessed and any dietary needs identified were managed effectively. People were supported to have a balanced diet and to choose what to eat

People were supported to maintain good health and to obtain treatment when they needed it.

Good



### Is the service caring?

The service was caring.

Staff were kind and treated people with respect.

Staff supported people in a way that maintained their privacy and dignity.

Staff supported people in a way that promoted their independence.

Staff ensured that people had access to the information they needed to make informed choices.

Relatives could visit at any time and were made welcome by staff.

Good



### Is the service responsive?

The service was responsive to people's needs.

Support plans reflected people's individual needs, preferences and ambitions.

Staff had opportunities to discuss any changes in people's needs, which ensured that they provided care in a consistent way.

Staff promoted people's involvement in their local community.

Good



# Summary of findings

Staff had increased opportunities to take part in activities.

There were appropriate procedures for managing complaints.

## Is the service well-led?

The service was well-led.

The registered manager had improved the management and leadership of the service.

There was an effective system of quality checks to ensure that people received safe and appropriate care and support.

Records relating to people's health and care were accurate, up to date and stored appropriately.

**Good**



# The Regard Partnership Limited - Hersham 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 was 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.

The inspection took place on 11 December 2015 and was unannounced. Due to the small size of this service, the inspection was carried out by one inspector.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We did not ask the provider to complete a Provider Information Return (PIR) on this occasion as this inspection was brought forward. The PIR 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.

During the inspection we met all the people who lived at the service and spoke with three care staff. Some people were not able to tell us directly about the care they received. We observed the care and support they received and the interactions they had with staff. We looked at three people's care records, including their assessments, support plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at records of staff support and training and quality monitoring checks and audits.

We spoke with two relatives after the inspection to hear their views about the care and support their family members received.

The last full inspection of the service took place on 10 October 2013 and we identified concerns in relation to the safety and suitability of the premises. We carried out a follow up inspection on 7 February 2014 and found the provider had taken action to meet this standard.

# Is the service safe?

## Our findings

Relatives told us they were confident their family members were kept safe. They said this was because staff understood people's needs and any risks involved in their care. One relative told us, "I've never had any concerns about his safety" and another relative said, "I'm confident she's safe; she's very well looked after there."

Staff had received safeguarding training and were clear about their responsibilities if they suspected abuse was taking place. They were able to tell us about the signs of abuse and how they could report any concerns they had about people's safety. One member of staff told us, "If you notice something, you mustn't keep quiet" and another member of staff said, "If you see bad practice, you have to raise it, you can't ignore it." Staff had been given information about the provider's whistle-blowing policy and the minutes of team meetings demonstrated that the registered manager had discussed safeguarding with staff.

People were supported to exercise control over their lives in a safe way. Risk assessments and support plans were in place to keep people safe while supporting their independence and strategies were in place to minimise risks. Risk assessments included a description of the risk, the severity and likelihood of the risk occurring. There were clear action plans for the staff to follow to minimise the risks and to prevent harm. Staff understood the importance of positive risk taking and were aware of the risk assessments in place to support each person. For example one person liked to visit the local pub and staff ensured they were supported to do this in a safe way.

People lived in a safe environment. Staff carried out health and safety checks to ensure the premises and equipment were safe and there were plans in place to ensure that people's care would not be interrupted in the event of an emergency. Accidents and incidents were recorded and analysed to minimise the likelihood of recurrence. The service had an appropriate fire alarm system, which had

been recently serviced. Staff carried out visual checks of firefighting equipment and tested the alarm system each week. A fire risk assessment had been carried out in March 2015 and there was a personal emergency evacuation plan (PEEP) in place for each person. Staff had attended fire safety training and there was evidence that fire drills were carried out regularly.

There were enough staff deployed to meet people's needs and keep them safe. Staff were on duty 24-hours a day and had access to on-call management support at all times. The rota was planned to ensure that staff were available to support people to take part in activities and access the community. Due to people's complex needs, staff always provided one-to-one support when people left the service. Staff told us that there were always enough staff available to ensure that people were supported in line with their care plans. We observed during our inspection that staff were available whenever people needed support.

The provider had robust recruitment procedures which helped ensure that only suitable staff worked at the service. Staff were appointed following submission of an application form and a face-to-face interview. Staff told us they had been required to submit evidence of full employment history, proof of identity, proof of address and a criminal record check certificate before they started work.

People's medicines were managed in a safe way. All staff responsible for administering medicines had all been trained to do so and their competency had been assessed. Medicines were stored securely and there were appropriate arrangements for the ordering and disposal of medicines. Records relating to medicines were accurate and up to date. Each person had an individual profile that detailed their medical needs, allergies, the purpose of the medicine, the dose and any special instructions for administration. Medicine administration records showed that people had received their medicines as prescribed. Audits of medicines management were carried out to ensure that people were receiving their medicines safely.

# Is the service effective?

## Our findings

Staff had access to the training and support they needed to do their jobs. Staff told us they had an induction when they started work, which included shadowing an experienced colleague. Staff had attended all aspects of mandatory training, including emergency first aid, fire safety, moving and handling, medicines management, safeguarding, infection control and food hygiene. Staff said they attended refresher training in these areas to keep their knowledge and skills up to date. Staff also had access to training specific to the needs of people living at the service, such as managing behaviour that challenges and non-abusive intervention.

Staff told us the registered manager had improved the support they received through supervision. They said that they now had regular one-to-one supervision and that they valued these opportunities for advice and support. One member of staff told us, "Supervision is useful because if you have any issues, it's a chance to raise them." Staff said they worked well together as a team and that they supported one another. One member of staff told us, "It's a good team, no problems, we all work well together."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. Staff had attended training in this area and understood how the principles of the legislation applied in their work. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. Staff had considered the implications of the MCA and DoLS at team meetings. Staff were presented with

scenarios in which they discussed how would support people to make decisions in their day-to-day lives and how they would act in their best interests if they were unable to communicate their decision.

There was evidence that people's best interests had been considered when decisions that affected them were made. Where possible, the provider involved people's families to support them in making decisions. Where people did not have family involvement in their care, the service had sought the input of an independent mental capacity advocate to support people. DoLS authorisations were in place for people due to restrictions involved in their care, such as being unable to leave the service independently and having limited access to some parts of the service, which were necessary to keep them safe.

People were supported to have a balanced diet and were involved in choosing the menu. A relative told us their family member was supported to eat foods they enjoyed whilst maintaining a healthy diet. The relative said, "He enjoys the food there and they do encourage him to eat healthily." The minutes of team meetings demonstrated that staff had considered how they could increase people's involvement in choosing the foods they ate. Staff told us about some of the ways their ideas from the team meeting had been implemented, such as ensuring people were always shown a range of foods to choose from at mealtimes. We observed staff offering people a range of options at lunchtime and preparing the meals they chose. People's nutritional needs had been assessed and any dietary needs recorded in their support plans. Risk assessments had been carried out to identify any risks to people in eating and drinking.

People were supported to maintain good health and to obtain treatment when they needed it. People's care records demonstrated that their healthcare needs had been assessed and were kept under review. There was evidence that a care plan had been developed where healthcare needs had been identified through the assessment process. A 'hospital passport' had been developed for each person, which provided important information for healthcare professionals involved in their care who may be unfamiliar with their needs. There was also a health action plan in place for each person that



## Is the service effective?

recorded their health needs and any guidance from healthcare professionals about the delivery of their care. Health action plans also recorded the outcomes of any healthcare appointments.

The layout and design of the premises met the needs of the people who lived there. People had access to appropriate

private and communal space, including a large garden. Each person had a single bedroom, which they were able to personalise according to their individual preferences. The service had a large lounge/dining area and communal kitchen. Both floors of the service had a shared bathroom.

# Is the service caring?

## Our findings

People were supported by caring staff who knew their needs well. Relatives told us staff were kind and provided good care. One relative told us, “He has lived in several places and this is the best; his care has never been better. I can’t fault anyone there; they all treat him very well.” Another relative said, “She’s very happy there and I’m very happy with the care she gets. They’re very caring people.”

People living at the service had complex communication needs. We observed that staff understood these needs well and had the skills to communicate with people effectively. Staff were in the process of developing person-centred communication profiles for people. Staff promoted decision-making and used a range of techniques, such as visual prompts, to support people to make choices. Because staff knew people’s preferences, they were able to tailor the options they offered people based on their individual likes and dislikes. A relative told us that staff understood their family member’s communication needs, which was important in ensuring their family member was able to express themselves.

Staff demonstrated the provider’s organisational values in their work, including providing person-centred care and treating people with respect. Support with personal care was provided in private and staff respected people’s privacy at all times. People were able to meet with their friends and families in private or spend time alone whenever they wished. Staff were committed to supporting people in a way that promoted their rights and reflected their preferences about their lives.

Staff recognised the importance of supporting people to develop and maintain relationships with their friends and families. Relatives said they could visit whenever they wished and that staff made them welcome. One relative told us, “They’ve always been friendly and welcoming to me when I’ve visited.” Relatives told us that staff were available to discuss their family member’s care if necessary and said staff kept them up to date about events affecting their family member. They said staff had sought their views about their family member’s preferences regarding end of life care to ensure that advance planning reflected the person’s wishes.

Relatives told us that staff supported people in a way that maintained their dignity. They said staff supported people to maintain their appearance and personal hygiene. One relative told us, “They help him make sure he’s looking good, shaved and well dressed.” Staff supported people in a way that promoted their independence. For example staff encouraged people to participate in the routines of the service, such as cleaning their rooms, managing their laundry and helping at mealtimes. Relatives told us that staff encouraged their family members to increase their independence. One relative said, “They are encouraging him to do things for himself. They’re helping him regain his independence.”

The provider had produced important information about the service, such as the complaints procedure and Service User Guide, in a range of formats to ensure that it was accessible to people. The provider had a written confidentiality policy, which detailed how people’s private and confidential information would be managed. Staff had received training in this policy and understood the importance of maintaining confidentiality.

# Is the service responsive?

## Our findings

People's needs had been assessed before they began to use the service and were kept under review. Each person had an individual support plan based on their assessment. We found the registered manager had improved the quality of care planning since taking up their post. People's care plans had been updated to ensure they were person-centred and accurately reflected individual needs, wishes and ambitions. The updated care plans also provided detailed guidance for staff about how to provide support in the way people needed and preferred. Staff told us that any changes to guidelines were discussed at team meetings to ensure they were supporting people in a consistent way.

There was a well-organised shift plan in place, which ensured accountability for the completion of support and key tasks during each shift. For example the shift plan identified which staff were responsible for checking and administering medicines and for providing the care and support people needed. Handovers took place between shifts to ensure that staff beginning work were up to date with any changes in people's needs. One member of staff told us, "We always have handover where we talk about all the service users, how they are doing, and any problems they have. And we have a communication book for anything we need to tell staff." Staff said they were expected to read the communication book at the beginning of each shift to make themselves aware of any updates or changes to people's care.

The registered manager had identified increasing people's opportunities for activities and community participation as a priority for the service. Staff told us this had been discussed at team meetings and said the registered manager had encouraged them to think creatively about how they could provide these opportunities. Staff said a weekly planner had been introduced for each person which detailed activities they may enjoy. These activities included

sessions at resource centres, such as drama, art, IT and music. Staff told us the service aimed to remain responsive to people's needs by respecting their decision not to attend an activity if they chose. We observed that staff were responsive to people's needs during the inspection. After lunch, staff supported one person to go shopping and another person who wanted to go for a drive. Staff also supported two people who wanted to take part in activities at the service in the afternoon.

Relatives said the efforts of the staff team had already realised benefits for their family members. One relative told us, "He's doing so much more now. He's socialising more, going to the pub, going to the shops. He's even started going to football matches. What they've achieved with him recently has been remarkable. It's great to see him come out of himself. They're helping him be the best he can be." Another relative said, "She's much busier now. They take her out shopping and out for lunch; she really enjoys it."

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. The complaints procedure was available in the service and an easy-read version had been developed, which aimed to provide people who lived at the service with an accessible means of registering any concerns they had. We checked the complaints record and found that no complaints had been received in the last 12 months.

Neither of the relatives we spoke with had made a complaint but both said they would feel comfortable doing so if necessary and were confident that any concerns they raised would be dealt with appropriately. Relatives told us that the registered manager acted on their views about the care and support their family member received. They said they were consulted when decisions were being made that affected their family member and that any suggestions they made had received an appropriate response. One relative told us, "They do take what I say on board."

# Is the service well-led?

## Our findings

The registered manager had improved the leadership of the service since taking up their post in June 2015. Relatives told us their family members had directly benefited from the improvements driven by the registered manager since their arrival. They said the registered manager had focused on encouraging people to do more for themselves and to be more involved in the community. Relatives told us that communication with them had improved and that their input and suggestions were valued. One relative said, “The new manager has been fantastic. He’s improved so many things since he’s been there.”

Staff told us the registered manager had improved the management and leadership of the service. They said the administration of the service was better organised than previously and the support available to them had improved. Staff told us team meetings were now held regularly and were used to ensure staff were supporting people in a consistent way and in line with best practice. Staff said the registered manager had clarified the priorities for the service and valued their contributions to making improvements. They said they had been encouraged to consider new ways of increasing people’s independence and community participation. Staff told us they had access to management support or advice if they needed it. There was an on-call system that meant staff had access to management support at all times. One member of staff told us, “There’s always someone we can ask for help if we need it.”

The provider sought the views of relatives, staff and relevant healthcare professionals about the quality of the service. The provider’s head office distributed surveys

annually and analysed the responses. The surveys distributed in 2015 were not available in the service at the time of our inspection. The previous year’s surveys provided positive feedback about the service from relatives and professionals about the quality of care and support people received.

The provider had a quality assurance system which ensured that all aspects of the service were monitored. The service was regularly audited by the provider’s in-house quality team and any areas identified for improvement were included in the service improvement plan. The plan outlined the actions needed to achieve the improvements and a timescale within which this should be completed. We saw evidence that any actions required to achieve compliance with the provider quality audit tool had been completed. We checked a sample of records relating to the quality and safety of the service, including fire, gas and electrical safety, and found them to be up to date. There were appropriate arrangements for the prevention of infection and for the disposal of clinical waste.

Records relating to people’s health and care were accurate, up to date and stored appropriately. Staff kept daily records for each person, which detailed the care they received, the activities they took part in and any issues related to their health or well-being. The outcomes of medical appointments were recorded and any guidance received from health and social care professionals was incorporated in people’s care plans. The service notified the Commission and other agencies of incidents and events when required. The service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed.