

# The Regard Partnership Limited

## 23 Valley Road

### Inspection report

23 Valley Road  
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### Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

23 Valley Road is a specialist residential service for people aged 18 plus who may be living with learning disabilities, mental health needs, behaviours that may challenge and dementia.

The property itself has six bedrooms; five in the main house and one in the purpose-built annexe for someone with mobility restrictions. All bedrooms are bespoke and centre on the person's needs and preferences. The property also comprises of a large garden which can be accessed by all.

### People's experience of using this service and what we found

Safeguarding systems did not consistently protect people from the risk of financial abuse. Governance systems required time to be embedded. The management of medicines required improvement to ensure people received their medicine when they needed it.

Records relating to people's care were detailed, up to date and reviewed after incidents where behaviours challenged others. Staff received appropriate training and were supervised effectively. Relatives felt appropriate care was provided. The provider implemented effective infection control procedures which were followed by staff and visitors.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right support:

- We could not be assured the model of care and setting maximised people's choice, control and Independence.

### Right care:

- We could not be assured care was person-centred and promoted people's dignity, privacy and human rights.

### Right culture:

- We could not be assured the ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

The provider took action via their governance systems to drive improvement in relation to the right support, right care and right culture.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
We previously carried out an Infection prevention and control inspection on 18 December and were assured their procedures were safe.

#### Why we inspected

We received concerns in relation to the possibility of financial abuse. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. The overall rating for the service is requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

## 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 23 Valley 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The Inspection was carried out by one Inspector with the support of an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

23 Valley 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. The provider had applied to us to remove the registered manager as they were no longer working in the service.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and

professionals who work with the service.

During the inspection

In the absence of the registered manager we spoke with the nominated individual and the manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

During the inspection

We spoke with two people who used the service about their experience of the care provided, the regional director and the manager.

After the inspection

We reviewed a range of records. This included two people's care records including incident and accident records relating to behaviours that challenged others. We looked at three people's files in relation to recruitment, staff supervision and training including their induction. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We contacted five relatives and two external professionals to obtain feedback about the quality of care provided. We requested feedback from four support workers, but they failed to respond.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated.

Requires improvement: This meant 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.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and processes failed to prevent the possibility of financial abuse. On 17 February 2021, the provider submitted a statutory notification advising us they believed two people had been financially abused. The provider confirmed they had referred the concerns to the relevant local authorities, the commissioners responsible for funding the care packages and the police. The notification stated the provider had begun an internal investigation.
- We reviewed the documents relating to the investigation and found the provider responded effectively, had conducted a comprehensive investigation and acted with openness and transparency. The regional director (RD) stated, "The organisation understands the need to review all financial processes in place regarding people's finances".
- During our inspection the RD told us they had spoken with the families concerned. They said, "The money is about to be paid back and we are in the process of writing a formal apology which will be sent soon" and "We are so sorry this has happened". A "reflective finance action plan" had been devised to mitigate any further risk of possible financial abuse and to ensure staff were monitored more effectively. Additional safeguarding training for all staff and managers had taken place and the arrangements for the monitoring and the recording of people's finances had been reviewed and strengthened. An external professional stated, "I feel that they have adequately addressed the concerns regarding the finances and acted appropriately to reduce the risk of further incidents".
- At the time of our inspection, the allegation of financial abuse was subject to an ongoing police investigation.

Using medicines safely

- We could not be assured medicines were always administered safely. One professional said, "There has been a few medication errors, that have not always been reported in a timely manner". Comments from a relative included, "My son had to come home because no one could give him his insulin during a COVID outbreak at the home. All trained staff were off with COVID" and "Staff were signing to say they understood it all, but weren't giving it to him in the morning if his bloods indicated he needed it. The new manager has corrected this and retrained on this. A bit of practice in person would be good to avoid these situations."
- During the inspection we received information of concern relating to the services ability to safely support one person who required insulin. We reported this matter to the RD who assured us they would investigate the issue. We also made a referral to the local authority safeguarding team.
- Guidance was available for staff on when to offer 'as required' (PRN) medicines and what these medicines were for.

- We reviewed medication administration records for three people and found the recordings accurately reflected the amount of medicines administered.
- Staff had received medicine administration training and systems were in place to regularly assess staff competence.

#### Assessing risk, safety monitoring and management

- Strategies for supporting people who displayed behaviours that challenged were detailed in people's care plans and risk assessments. These plans were regularly reviewed and where incidents occurred, these were investigated and reported to the appropriate authorities.
- Staff received effective training in how to assist people when they became anxious or frustrated. The manager explained the actions staff must follow when one person's behaviours became physically or verbally challenging.
- Feedback from relatives included, "Yes, well there have been a number of incidents, but protecting residents was of paramount importance." When describing one incident a relative said, "Staff were called in, so extra staff were there to keep them safe" and "They care about him and he is physically safe there".

#### Staffing and recruitment

- Sufficient staff were deployed to keep people safe.
- The manager was in the process of recruiting additional staff.
- Staff were subject to the appropriate security checks and their application forms detailed any gaps in employment. Suitable references were obtained.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems for protecting people from the possibility of financial abuse required time to be embedded.
- In response to the possible financial abuse, the provider carried out a review of their governance systems. Their records sent to us stated, a "new governance system to be introduced, all managers to be trained in a new financial systems launch, a new suite of finance audits to be introduced and piloted, a review of all policies and procedures in relation to people we support finances and a review of all in house processes and management plans in relation to people we support finances and process mapping". The local authority were satisfied with the investigation conducted by the provider.

Continuous learning and improving care

- The RD was transparent about the errors made in respect of oversight and acknowledged improvement was required to more closely monitor the quality of care and safety provided. Quality audits and feedback from professionals supported an improving and developing service after a recent change in leadership and a number of incidents at the service.
- A relative said, "I think the new manager will be really good but there is a lot to do and after everything that's happened it will be tough".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives were generally complimentary about the quality of care provided but told us the change in leadership and the impact of COVID had impacted the consistency of care and the outcomes for people. Comments included, "She's (manager) started new activities for him to get involved in, they got him a karaoke machine and other stuff inside for the moment because he can't go out to socialise. He normally has a better social life than me.", "The new manager will make a good manager, she seems very well qualified. Staff are having to earn their money more now – having to keep residents busy and plan activities" and "I'm Impressed with the general set up though, his key worker is great, when we have visited she will distract him really well when we're leaving because she knows he doesn't like it." and "I've had emails with questionnaires on, maybe a couple of times since he's been there."
- We observed staff engaging with people and treating them with dignity and respect at all times. People were being supported to participate in a range of activities including archery in the back garden.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider has been open and honest with us during recent safeguarding concerns and have reported allegations of abuse in good time. Notifications submitted to us demonstrate relevant external organisations were informed of incidents and accidents.

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

- Relatives told us they were asked for feedback about the care provided in the service and said they were sent surveys.
- The RD and the manager communicated regularly with external professionals including healthcare professionals and the mental health team.
- The manager told us covid and lockdown had impacted upon people's ability to engage in their usual chosen activities within the community.

Working in partnership with others

- Records demonstrate the provider, the RD and the manager worked effectively with others including relatives and healthcare professionals.