The Regard Partnership Limited

The Regard Partnership Limited - Grove 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

This unannounced inspection took place on 22 October 2014. When we last visited the home on the 8 October 2013 we found the service was meeting the regulations we looked at.

Grove Road is a residential care home that provides accommodation and personal care for up to nine people with learning disabilities. Some of the people living at the home, also had dementia care needs.

At the time of our visit, there were eight people living at Grove Road.

The service had a registered manager in post. 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.

Summary of findings

People using the service told us they felt safe. Staff were knowledgeable in recognising signs of potential abuse and followed the required reporting procedures.

Staff received regular training, support and were knowledgeable about their roles and responsibilities in caring for people living at Grove Road. The provider had made sure staff had sufficient skills and experience to do their job effectively. People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

People's needs were assessed and plans put into place so their needs could be met. This included people's health needs and making sure they stayed well. People were involved in writing their own plans and reviewing them so they were getting the care they wanted and the information was always kept up to date.

People were encouraged to be as independent as possible. There was a range of activities for people to participate in, if they wanted to. People we spoke with knew how to make a complaint if they were not happy with the service they or their relative was receiving.

The manager was approachable. People and staff we spoke with told us the manager listened to their views and acted on them. The manager and the provider undertook spot checks to make sure that people using the service received a good standard of care to meet their needs.

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?

Good

The service was safe. People told us they felt safe. There were procedures in place and staff knew what to do to keep people safe. This included people being given the medicines they needed, when they needed them.

Assessments were undertaken of risk to people who used the service. Written plans were in place to manage these risks.

Staff were appropriately recruited. There were enough staff on duty to look after people.

Is the service effective?

Good

The service was effective. Staff had adequate training and were supported to do their job.

People were helped to maintain good health. They received a variety of meals that met their needs.

The provider met the requirements of the Mental Capacity Act (2005) to help ensure people's rights were respected.

Is the service caring?

Good

The service was caring. Staff respected people's privacy and promoted their dignity.

People were involved in making decisions about their care, and the support they received. People and their relatives told us they felt involved in the care and they felt able to raise any issues informally with staff or the registered manager.

Is the service responsive?

Good

The service was responsive. People's needs were written down and were assessed and their care records were reviewed regularly to ensure these appropriately reflected people's current needs.

People had opportunities to be involved in a range of activities.

People were encouraged to say what they thought about the service and felt staff and managers would listen and act upon them.

Is the service well-led?

Good

The service was well-led. The manager was approachable and ran the service in an open and transparent way.

There were systems in place to monitor the safety and quality of the service people received.

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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 checked 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 inspection took place on the 22 October 2014 and was unannounced.

A single inspector undertook this inspection over the period of a day. We looked at the information we had received about the service since we last inspected on the 8 October 2013. This included looking at the previous report and the information the provider had sent us about significant events that had taken place in the home over the last 12 months.

During the inspection we spoke with three people who used the service, two care staff, the registered manager and regional manager. We looked at a number of records including the care plans of two people, three staff files and other records relating to the management of the home.

After the inspection, we received feedback about the service from three relatives of people who used the service, the local authority quality assurance manager, a psychologist and occupational therapist from a specialist team supporting people who used the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. Relatives also told us they considered their family members to be safe and happy living at the home. One person we spoke with said, “I feel safe” and a relative told us, “He [person living at the service] seems very happy and is safe and is well looked after”.

We asked two care staff about safeguarding adults at risk of abuse and what they would do in given scenarios’. We were assured they understood what abuse was and what they would do if they suspected abuse. Managers and staff told us they had received safeguarding adults at risk training within in the last year and this was confirmed by records we looked at. Therefore the provider had arrangements in place to safeguard people living at the home from the risk of abuse.

The provider had policies and procedures in place so staff had the necessary information about what to do if they witnessed possible abuse or heard about allegations of abuse. There was also a whistleblowing policy to inform staff about how to raise aby concern they had about the safety of people.

Where people were at risk either as part of their daily living or as part of promoting their independence, there were clear risk assessments and support plans for each person living at the home to minimise the risks. The two sets of information we looked were detailed, up to date and had been reviewed monthly. In one example we saw a person was at risk from choking whilst eating or drinking, and guidelines for supporting the person had been developed for the staff. These included information about the most suitable seating position, favoured foods and cutlery to use. The risk plan was dated August 2014 and had advice from a dysphagia nurse (specialist in swallowing). Throughout the day we observed staff following the guidelines to minimise the risks for the individual.

We saw there was a safety gate across the kitchen doorway which we observed was open most of the time. Staff told us the gate was not to impede access to the kitchen, but to slow one person down who was prone to pull pans off the cooker whilst meals were being prepared. Staff showed us a risk assessment that stated this strategy was being used and was continually being monitored.

The service followed safe recruitment processes. We saw staff files contained a check list which identified all the pre-employment checks the provider obtained for each staff member. The information included two references from former employers, two forms of identity, a completed application form and notes from interview and evidence of a criminal records check. In this way the provider was ensuring that only suitable staff where employed.

We talked with relatives and staff about the levels of staffing available to meet the needs of people and they told us there were enough staff on duty. We saw from weekly staff rotas that numbers of care staff varied throughout the day dependent upon activities that people were involved in and the needs of people. The manager was additional to these staffing levels and we observed that whilst initially he was not available during the inspection, when he did arrive he was involved with direct care for people. The manager told us that the recent recruitment of two permanent full time care staff and an additional bank staff should provide more continuity of care. The regional manager told us that staffing levels were constantly under review so that the home could best meet the needs of people living at the service.

People received their medicines as prescribed. We spoke with staff and looked at training records which confirmed staff had all completed recent training in the administration of medicines. We saw that medicines were stored appropriately in a locked cabinet secured to the wall. We found no recording errors in any of the medication administration records we looked at. The individual records had a photograph of each person and of each tablet. In this way risks of an error occurring were minimised. We observed the administration of medicines and saw that two members of staff were involved. There was evidence on staff files that managers regularly assessed staff’s competency for the administration of medicines.

People using the service had been assessed in regards to their capacity and ability to take their medicines independently and were being supported to manage their medicines according to their individual needs. One person took their own medicines and signed that they had done so, under staff supervision. Another person was given the packaging from their medicines to throw away. Staff told us these decisions were constantly under review.

During the inspection we toured the building and looked at some bedrooms with people’s agreement. The premises

Good

Is the service safe?

were safe and adequately maintained. We spoke with the maintenance person who told us about the process for getting priority works completed. During the inspection we noted a bedroom door was sticking; we discussed with the maintenance person who was able to rectify the problem immediately.

We looked at the accidents and incidents records and saw they were written so any patterns could be identified. We saw there was a system of entering information about all accidents and incidents onto the provider's database, in this way they could all be checked by senior managers and clinical staff. Care staff confirmed there were discussion at team meetings about any accidents and incidents, and in some cases there was an opportunity for care staff to talk through about a particular incident so learning took place.

Good

Is the service effective?

Our findings

People received care from staff who were appropriately trained and supported. A relatively new member of staff told us that their induction had been thorough and they felt it had prepared them well for their role. We saw records to show that the Common Induction Standards were used for all new staff. The also included training in key aspects of their role, and shadowing experienced members of staff.

The manager showed us training and development records which identified 18 courses the provider required staff to undertake. Some of these courses were e-learning, some taught and others had been put in place because of the very specific needs of the people using the service, such as dementia awareness. The manager showed us they monitored staff training to make sure staff received refresher training according to the training plan. Staff told us they had plenty of opportunities to continuously update training they had previously undertaken, as well as learn new skills.

Staff had effective support and supervision. Records showed staff regularly attended team meetings and had individual one to one meetings with their line manager. Staff we spoke with told us they felt well supported by their managers and had regular meetings and daily shift handovers with other staff and their managers.

The home had policies and procedures in relation to the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS) and consent. Staff we spoke with had received training in these areas in the last 12 months. We saw on care plans for people who used the service that a number of DoLS applications had been completed and were ready to be sent to the local authority for their consideration. This meant staff had identified that some people could have been deprived of their liberty and had taken action to address this. The home had prioritised more urgent applications as the local authorities currently have a back-log of applications to process.

We received positive feedback from people about the quality of food they were offered. We observed a mealtime and saw that the food looked appetising and nutritious. Throughout our visit we saw people were regularly offered hot and cold drinks by staff and that they could also help themselves. People using the service told us they helped plan the food menus each week; they were also able to choose take aways twice a week. We saw that care plans included information about people's food preferences and some people were actively able to choose what they wanted to eat. There were also pictorial images of meals that staff used to enable people to make choices about what they wanted to eat. People's weight was monitored regularly as a way of making sure they were having enough to eat and drink to stay healthy. Specialist advice was sought if staff had concerns about people's nutrition.

People were supported to maintain good health and access to healthcare services when required. Care records we examined each contained a health plan. These plans set out in detail how people could remain healthy and which health care professionals they needed to see to achieve this. It was clear from the information contained in health action plans that people were in regular contact with a range of community based healthcare professionals such as GP's, opticians, dentists, psychologists and occupational therapists. We saw that all appointments with health care professionals and the outcomes were recorded so staff could monitor the support people require with their healthcare needs.

Good

Is the service caring?

Our findings

People using the service and their relatives told us they were happy with the level of care and support provided by the home. On relative told us, “We’ve never had any complaints; we’ve felt very, very lucky.” Throughout our inspection we observed staff interacting with people in a warm and compassionate manner. Staff knew about people’s likes and dislikes and responded accordingly. For example, one person was pulling at their jumper and a member of staff recognised that perhaps the jumper was uncomfortable and said to the person, “Let’s go and get you something else to wear.”

Staff communicated with people in a way they would understand, sometimes repeating information and sometimes using other forms of communication such as Makaton. We looked at the minutes of the house meetings and saw that they were written in plain English. People were encouraged to attend the meetings but made their own choice about whether to attend or not. We could see that people who used the service tended to raise the agenda items. We talked with the manager about using pictorial images for the house meetings minutes, and he agreed that this would be undertaken so that these were more accessible to people who used the service.

Staff used the information that had been gathered by the provider which outlined people’s likes and dislikes and preferences. We saw many examples of people making choices in their day to day life. One person using the service got up at 11.30 am by choice and the home accommodated this. People’s bedrooms were individualised reflecting their preferences and interests. A person using the service told us about their recent summer holiday, they told us, “I said I wanted to go and they showed me pictures”.

Staff respected people’s privacy and dignity. Staff we talked with were able to tell us what actions they undertook to make sure people’s privacy and dignity were maintained. This included keeping doors and curtains closed whilst people received care, telling people what personal care they were providing and telling people what they were doing throughout. We also observed staff always knocked on bedroom doors and sought people’s permission before entering.

We looked at two care plans for people who lived at the home. We saw that care plans were centred on people as individuals and contained detailed information about people’s diverse needs and were written in the first person. For example, one person’s care plan outlined communication needs and stated, ‘use short sentences, show me what you mean, and use photographs or Makaton and check that I’ve understood’.

Good

Is the service responsive?

Our findings

People could take part in a number of social, recreational and leisure activities and were supported to do so. There were a number of house activities that took place weekly such as art and crafts, bingo and disco. Regular activities away from the home included visits to the pub, attending church and horse-riding. On the day of our inspection, two people were involved in going to the supermarket to do the weekly house shop. On their return another two people were involved in putting the groceries away. One person was due to go swimming and three others were going to a local sensory room (this is a place where people's senses are developed through special lighting, music and objects.) There were also preparations for Halloween. One person told us, "I go to SCOLA [local college] three times a week, I go to aqua, I'll be travel training , I like doing the house shop".

We saw staff supported people to be as independent as possible. One person told us they sometimes helped with the cooking. People were supported to make their own drinks and clear away their plates after eating a meal.

Relatives told us they were invited to care plan reviews and were informed of any significant changes or events. Annual statutory reviews with social services had been completed within the timeframe. The manager also told us that key workers evaluated the care plans on a monthly basis. A key worker is a member of staff who has responsibility for overseeing and coordinating the assessment and support planning process of specific people who use the service. In this way, staff ensured care plans reflected people's current needs so people received the care they needed.

People who use the service told us about choices they made, or how their views had been sought and acted on to help improve the overall service. In residents' meetings minutes we read people had requested a new shed as the one they had was damaged. On the day of the inspection, the maintenance person had just erected the new shed. The manager told us that new dining room chairs were on order, as people felt that the existing ones were too heavy. There was an annual survey in easy to read and pictorial format which was completed by people using the service. Satisfaction surveys also went to relatives, care staff and other professionals. The manager told us they analysed the responses and prepared an action plan where necessary to address areas that required improvements. Other records showed that people also had an opportunity to express their views through regular meetings with their key worker, house meetings and care plans reviews.

People and relatives told us they had not made a formal complaint about the service, although relatives stated that if they did have to make a complaint then they felt it would be taken seriously. The home had a complaints policy which outlined the process and timescales for dealing with complaints. We were also shown the easy to read, pictorial complaints leaflet available to people. The service kept a log which showed that complaints were dealt with in a timely and appropriate manner.

Good

Is the service well-led?

Our findings

There was a clear management structure within the home which consisted of a registered manager, senior care staff and care staff. Managers and staff we spoke with understood the structure and the roles and responsibilities they held within the organisation, and there were clear lines of accountability. Relatives of people who used the service, commented on how 'open and approachable the manager was' and if they had to raise any concerns or comments they would feel comfortable doing so. Care staff also told us if any issues arose they felt comfortable in talking with the manager. This management style ensured a culture of openness and honesty within the home.

The manager told us and we saw records that showed there were systems in place to monitor the quality and safety of the service for people living at the home. For example, there was a daily audit of medicines completed by the care staff; a weekly audit undertaken by the manager and an annual audit undertaken by the organisation's quality assurance team. Action plans were developed to address areas where the service did not perform so well.

A further three audits were undertaken by the organisation's quality assurance team on an annual basis and reports were produced following each visit. The reports highlighted works that required immediate action and those of a lesser concern, clearly documenting who and when the issues should be resolved by. The manager also told us about out of hour's visits to the service that he had undertaken every three to four months to check that people were appropriately supported and cared for.

We spoke with external professionals who supported people using the service. They told us the manager worked alongside them to promote best practice and where professionals identified issues about the service the manager took these views and board and made the necessary changes. The example given was a concern had been raised by the professionals about the lack of activities people were engaged in. However, the team for people with learning disabilities had undertaken Active Support training with the staff and there was now an acknowledgement that staff were more willing to engage and encourage people into undertaking additional activities since the training.