The Regard Partnership Limited

The Regard Partnership Limited - Clareville Road

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Clareville Road is a home which provides care and support for up to 10 people who have a learning disability, such as autism, or epilepsy or a sensory impairment. At the time of our unannounced inspection on 12 April 2016, nine people were living at the home.

There was 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 and associated Regulations about how the service is run. The registered manager was present during our inspection.

People were not always enabled to participate in external activities of their choice as there were not enough staff deployed in the home.

People lived in an environment that was not well-maintained. However, we did see people's bedrooms had been individualised to their own taste and some bedrooms had recently been redecorated.

People's care records were not always up to date, accurate or reviewed often enough to ensure they contained the latest information in relation to the care people required. Information was held in several different places and often replicated.

Risks to people had been identified and recorded and any accidents or incidents were dealt with by staff appropriately. Staff had a good understanding of their responsibility in relation to safeguarding and knew who to report any concerns too. The registered provider followed good recruitment processes to help ensure only suitable staff worked in the home.

Should people need to be evacuated in the event of an emergency there were arrangements in place to help ensure the continuity of their care. Staff had received up to date fire training and had access to the registered provider's mandatory training as well as training in subjects relevant to the people who lived in the home. For example, epilepsy or autism.

People's medicines were handling safely by staff and people received the medicines they had been prescribed as well as those they could have that did not need a prescription. People were supported to access external health care professionals when appropriate.

People were involved in choosing what they ate and were encouraged to assist with meal preparation. People could make their own choices in their care and were supported to be independent. People were treated with care and respect by staff.

Where people's liberty was restricted or they could not make a decision due to their level of understanding,

staff followed legal requirements in relation to the Mental Capacity Act. For example, mental capacity assessments had been completed and deprivation of liberty safeguard applications made.

Visitors were welcomed into the home and people were supported to maintain relationships that were meaningful to them. Staff recruited independent advocates for people when appropriate.

Complaints information was made available to people and complaints acted upon by the registered manager. People and their relatives were encouraged to give their feedback on the care they received. Staff were involved in the running of the home and felt supported by the registered manager.

Quality assurance checks were carried out to help identify areas that required improvement.

During the inspection we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not consistently safe.

There were an insufficient number of staff deployed to ensure people received the support they should expect or attend their external activities.

People did not live in an environment that was homely or well maintained.

People's medicines were managed safely.

Risk assessments were in place for people which identified potential risks for them.

The provider had carried out appropriate checks on staff employed in the home.

Staff knew what to do in the event they suspected abuse was taking place.

People would continue to be cared for should there be an emergency or the home had to be evacuated.

Is the service effective?

Good

The service was effective.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

Staff received appropriate training related to the needs of people.

Staff were given the opportunity to meet with their line manager regularly.

People were involved in decisions about their meals and supported to have enough to eat and drink.

People had involvement from external healthcare professionals

as well as staff to support them to remain healthy.

Is the service caring?

Good

The service was caring.

People were provided with support from staff who were caring.

Staff showed respect to people in a way that upheld their dignity.

People were encouraged to be independent and make their own choices. Where people could not make decisions for themselves, staff recruited independent representatives on their behalf.

Relatives and visitors were able to visit Clareville Road at any time.

Is the service responsive?

Requires Improvement

The service was not always responsive

Information contained in care records was not always reviewed regularly.

Activities on offer to people were individualised and meaningful, but people were not always able to access them.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Better management oversight was required to monitor deployment of staff, ensure care records were accurate and to ensure the environment was one suitable for people to live in.

Staff carried out quality assurance checks to ensure the home was meeting the needs of people. Feedback from people and relatives was sought and listened to by staff.

The home had a registered manager who knew of their responsibilities in relation to the requirements of CQC.

Staff felt supported by the registered manager and they were involved in the running of the home.

The Regard Partnership Limited - Clareville Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection that took place on 12 April 2016. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We had asked the provider to complete a Provider Information Return (PIR). A 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. This allowed us to determine whether or not we should focus on certain areas during our inspection.

As most people who lived at Clareville Road were unable to tell us about their experiences because of their communication needs, we observed the care and support being provided and talked to relatives and other people involved following the inspection.

As part of the inspection we spoke with the registered manager and three staff. We also spoke with four relatives and one health and social care professional following the inspection to gain their feedback as to the care that people received.

We looked at a range of records about people's care and how the home was managed. For example, we

looked at care records in relation to four people, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at five staff recruitment files.

Clareville Road was last inspected by CQC in June 2014 when we had no concerns.

Requires Improvement

Is the service safe?

Our findings

Relatives were confident their family member was safe. One relative told us, "I have no concerns in relation to his safety."

Staffing levels were not always sufficient to allow people to provide them with the support they expected to receive. Although there were a sufficient number of staff during the inspection, we saw administration staff acting as support workers during the lunch period. We were told four or five staff would be on duty during the day and two waking staff at night. In addition to their caring role, staff undertook the cooking, laundry and cleaning within the home. The registered manager told us there were times staffing levels may reduce to three staff (due to last minute sickness) but this would only happen about, "Once a month" and generally at the weekend.

Although staff told us staffing levels would increase dependent on people's activities we did not always find this to be the case which meant people were not always enable to access their external activities. For example, daily records showed that one person on six occasions during a period of 10 days had been unable to attend their external activities due to shortage of staff. Another person could not attend their external activities three times in a similar timeframe for the same reason. Two further people missed out on their external activities on four days. These included people's monthly cinema trip and trips to the pub which was one person's favourite activity. Most people required either one to one or two to one staffing when they went out of the home. Due to staffing levels staff could not always provide this, so people could not go out. A member of staff told us three staff were absent from the home long term which had had an impact on the support provided. A relative told us if there was one thing that could improve it would be the staffing levels, particularly at the weekend. A relative told us, "At the weekend they seem to wander around aimlessly."

There were times during the inspection we found staff to be quite task focused and care staff required direction from senior staff. One person who required one to one care for a large percentage of the day received this from a variety of staff, rather than one member of care staff. This resulted at one point in this person accessing foods they should not have in the kitchen because no one was observing them. This person went out to the park in the morning and also out for lunch, but at lunchtime they were back at the home within 20 minutes. At other times people appeared to 'mill' about and they became unsettled. Other people spent a lot of time wandering around the home or the garden with staff regularly suggesting cups of tea as a way of keeping them occupied.

The lack of a sufficient staff deployed to support people was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not live in a homely, well maintained environment. The home was 'tired' and in need of redecorating. Paintwork was chipped and floors were stained. In one bathroom the shower curtain was hanging down and there was a commode seat with some rusty fixtures on it being used as a shower chair. The general décor within the home, although clean, looked uncared for. The registered manager told us they had requested a full redecoration in September 2015 and although this had been approved they still had to

be told when it would start. A relative said, "If I had any gripes it would be that the standard of the building is poor."

The lack of suitability maintained premises was a breach of Regulation 15 of the Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received the medicines they required when as they were prescribed to them. Each person had a Medicine Administration Record (MAR) which recorded the medicines they were prescribed and whether they had any allergies, this also included a photograph of the person. This helped ensure medicines were given to the correct people and people were not given medicines which they should not have. MARs were completed fully, with no gaps.

Safe medicines management procedures were carried out. When staff gave people their medicines it was always in pairs with one staff member dispensing medicines and the other observing to help ensure no mistakes were made. Medicine cabinets were kept clean and tidy.

People who used 'as required' (PRN) medicines or homely remedies (medicines which can be purchased over the counter without a prescription) had separate protocols which evidence the GP had been involved. Protocols covered which PRN or homely remedy a person could have, why they may need it, the maximum dosage to be given and signs or symptoms they may display to indicate they required it. We did note staff did not keep PRN and homely remedy protocols together with the MAR which is good practice. We spoke with the registered manager about this at the end of the inspection who said they would remedy this.

Risks to people had been identified and staff recorded actions and guidance for staff on what to do to prevent these risks. For example, risks in relation to people leaving the home unsupervised, having a bath or making their own hot drinks. One person was at risk of choking and input had been sought from the Speech and Language Therapy team in relation to this. Care records detailed suggested suitable foods for this person when they were out of the home to reduce their risk of choking when eating snacks. A staff member said, "I use support and risk assessments to keep people safe and follow eating and drinking guidelines."

People were cared for by staff who were aware of their responsibility in relation to safeguarding. Staff had a good understanding of the types of abuse that may take place and were able to tell us what to do if they suspected any abuse or had any concerns. Staff knew the role of the local authority in relation to safeguarding and there was information available to them in the staff room with the appropriate contact details. Where there had been safeguarding concerns at the home, the registered manager had always taken appropriate action in notifying the local authority as well as the Care Quality Commission (CQC). A member of staff told us they had raised safeguarding concerns in the past so knew what to do.

Accidents and incidents were recorded and information relating to these was detailed and complete. The log gave information in relation to the accident or incident, what action was taken and the outcome. We observed an incident during the inspection and watched staff take appropriate action. They later showed us they were completing an accident and incident form to record this.

People were cared for by staff who were suitable to work in the home. The provider carried out robust recruitment processes to help ensure that only suitable staff were employed. Staff files contained completed application forms, references, evidence of ID, health checks and Disclosure and Barring Screening checks (DBS). A DBS records whether or not a person has a criminal record and is safe to work with people.

People's care would not be interrupted in the event of an emergency. Should the home have to close for a

period of time or evacuated in an emergency there was guidance available to staff on what to do. Each person had a personal evacuation plan and staff were up to date on their fire training. People's evacuation plans gave additional information to staff on how individuals may react in such a situation. There was an arrangement with other Regard Partnership homes to use their facilities should Clareville Road have to close for a period of time.

Good

Is the service effective?

Our findings

People were supported by staff who followed legal requirements in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Where people may not be able to make or understand certain decisions for themselves staff typically followed the requirements of the MCA) 2005. Capacity assessments had been completed, although these covered several decisions at one time, rather than individual decisions. For example, assessments had been undertaken for the locked doors and food that was locked away. However records showed best interest meetings with relevant parties or independent mental capacity advocates (IMCA's) had taken place and decisions reached. These had resulted in DoLS applications being submitted when appropriate.

CQC monitors the operation of DoLS which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. DoLS applications had been completed and authorised for people. For example, the front door of the home was key coded and the cupboard containing the sugar and coffee in the kitchen was locked. We noted some other foods had been removed from the kitchen to avoid people overeating and some people had a locked drawer in their room which held their toiletries. We highlighted this to the registered manager at the end of the inspection who informed us they would ensure DoLS assessors would be made aware of this when they carried out their visit. Where DoLS authorisations had expired the registered manager had submitted new applications.

Staff were able to demonstrate their understanding of the MCA. One staff member said, "It's for people to make their own decisions on a daily basis. We cannot force them to do anything." Another told us, "Assume capacity unless proven otherwise, give people choice." They said, for example, "If X doesn't want to be shaved they will push you away."

People were able to choose the foods they ate and were involved in the preparation of meals. Staff routinely had house meetings in which they encouraged people to participate in putting together a menu of meals. There was a board displayed in the kitchen/dining area which showed the choices for the day and we saw people who ate lunch during our inspection had a variety of what was on offer. We heard one person tell staff how much they were enjoying their lunch. During the morning one person helped to prepare the vegetables for the evening meals and we regularly saw people make their own hot drinks with the supervision of staff. There was fresh fruit and vegetables available to people throughout the day

People who were at risk of choking had suitable guidelines in place in relation to the foods they could eat. Staff had involved SaLT to assess and advise on one person and suitable foods were served to them for their lunch, together with appropriate cutlery. Staff supervised them whenever they ate. Staff followed the guidelines. For example, we saw staff only give this person a drink once they had eaten their food, rather than at the same time. Their drinks were given in an appropriate cup as outlined in the SaLT guidance.

People were supported remain healthy and access external health care professionals when needed. There was evidence of staff referring people to the optician, dentist or GP in people's care records. Where someone

did not have the capacity to make decisions about the health care intervention they received we read a best interest meeting had been held to discuss this. For example, in the case of one person who required a tooth extraction. This same person had been referred to the physiotherapy team in order for them to be assessed for a mobility aid and chair to use when they were in the home. These had been provided and we saw this person use their chair which meant they were comfortable and supported when seated. A relative had commented in their recent survey response, 'he is always in good health'.

People were cared for by staff who received appropriate induction and training for their role. A newer member of staff told us they had a two-week induction period which including familiarising themselves with people's care plans and Regard's policies and procedures. Following this they shadowed a more experienced staff member until they were comfortable working independently. Staff training in relation to Regard's mandatory subjects was largely up to date. Staff had learnt skills and knowledge in first aid, health and safety, MCA, epilepsy and autism.

Staff confirmed to us they were able to meet with their line manager regularly as part of their on-going supervision and annual for their appraisal. This meant managers could help ensure staff were putting their training into practice. It also gave staff the opportunity to discuss their role, progression and training requirements with their manager.

Good

Is the service caring?

Our findings

We asked relative's is they felt their family member was cared for by kind, caring staff. One relative told us, "Some staff members are very client focused and care for them (people) in the right way." Another said, "It's alright. They (staff) treat him quite well and the carer's are quite nice." A third relative commented, "He seems to be happy." A fourth relative said, "He's never been as happy." We also saw from the last relative's survey, comments such as, 'fond and happy with staff', 'very happy with the care he is receiving'.

People were treated kindly by staff. Staff knew people and their individual characteristics well. We heard staff speak with one person about their favourite television programmes which clearly pleased them. Another staff member checked people were enjoying their food during lunchtime, encouraged and prompted them and praised people when they finished.

People used different forms of communication and staff responded to these. For example, some people used a form of Makaton (sign language) whilst others took staff to what they wanted. Staff understood people's individual forms of communication.

People were encouraged to be independent and make their own decisions. Apart from people making their own hot drinks, they assisted with household chores by hoovering their own rooms for example. We saw one person lay the table for lunch. During lunchtime people make individual decisions about what they wished to eat and daily notes evidenced where people had changed their mind in the activity they undertook that day or had declined an activity. One person came to lunch later than the others and staff had held back their lunch until they arrived which meant they sat down to a hot lunch at a time that suited them. A member of staff said they would offer up different clothes each morning so a person could choose what they would like to wear.

People were treated with respect by staff. Staff knocked on people's doors even when they knew they may not be in their rooms and staff told us when people had a bath they would never allow them to, "Stand in front of me without being covered up." A member of staff said they would give people time to 'soak' in the bath in private. Another member of staff told us, "I talk to people whilst giving personal care." People's bedrooms had been individualised to their own taste and some bedrooms had recently been redecorated.

People's relationships with their family members were maintained. Relatives we spoke with said they were involved in the home and visited regularly.

Where people did not have the capacity to express their views staff actively involved advocacy services to speak up on their behalf. Some people at Clareville Road did not have immediate family involvement and when decisions needed to be made on their behalf staff recruited IMCAs' or paid representatives. For example, in relation to their finances or decisions around health intervention.

Requires Improvement

Is the service responsive?

Our findings

We asked relatives if they felt there was enough going on for their family member. One relative told us, "I'm not convinced they do enough with them (people), there are times when I turn up and staffing looks a bit short." Another relative said, "They (family member) used to do certain things. I assume they still do, but we don't know because we have not had a review." A third relative told us, "I have no complaints, but I would like him to have more trips out." One relative had commented in the feedback survey, 'maybe more outdoor pursuits'.

Activities for people varied. There was clear evidence of a good range of activities that individuals enjoyed, from day centre visits to trips out, the gym and swimming. However as previously mentioned some of these did not always happen due to staffing levels. People's rooms were individualised with sensory items dependent on their individual needs. For example, one person liked to look at shapes and colours and appropriate sensory items had been placed in their room so staff could support them to do this. Other people had sensory cameras which projected shapes, colours and visual effects in their room. Staff told us people enjoyed these. The registered manager said they had secured approval and funding from the registered provider to have a sensory room within the home which would give people another alternative from sitting in the lounge or dining area. Work on this had been scheduled to start in January, but was now rescheduled for later in 2016.

People had care plans which contained comprehensive information about them for staff. This included their communication, likes and dislikes, their health needs and daily care needs. However, information in care records was not always up to date, accurate or acted upon and reviews or updates of people's care plans were not always completed. For example, one person's 'what will happen when I die' form had not been reviewed for almost two years. Other information about this person had not been reviewed since 2013. Another person's care records stated, 'aggressive behaviours, rare', however this person had hit a staff member twice recently and an urgent psychiatry review had been held in January this year. A third person's care records stated, 'objects of reference should be used to aid communication' however we did not see this happen during the inspection.

There was no real evidence of people being involved in their care plan although it was written, 'the person has been involved as much as possible'. One relative we spoke with after the inspection told us, "We have not had a review recently. Maybe for two or three years. I have asked." They added their family member had a keyworker, but they did not really know who it was and they had no communication from the keyworker.

Where people's needs changed staff sought professional intervention and advice but this was not always recorded. For example, one person had developed an increased risk of falling. This information had been updated in the person's care records so staff knew they now had a mobility aid to use. However, one person had lost weight and although staff told us they had referred them to the dietician for assessment, there was no evidence of this in the person's care records. Following our inspection the registered manager was able to show us that a referral for this person had been made to the dietician.

The lack of planning of care was a breach of Regulation 9 of the Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had written hospital passports which contained all relevant information should they require a hospital stay. In addition, each person had a health action plan. This detailed the external health intervention they required, what it was for and how often. People's likes and dislikes were recorded in their care records together with their wishes. For example, one person wanted their room decorated and we saw this had been done. The records recorded this person liked hand massages and soft music and we saw staff give them a hand massage during the afternoon.

People had access to information on how to make a complaint written in a way they would understand. For example, in pictorial format. This was displayed in the dining area of the home. We checked the complaints log held by the registered manager which showed one formal complaint in the last 12 months in which the registered manager had taken appropriate action to respond to. Relative's told us they knew how to complain and one said they would write formally into the home should they have a complaint.

Requires Improvement

Is the service well-led?

Our findings

Relatives gave positive feedback about the management of the home and felt it was well-managed. One told us, "The (registered) manager is very good. She has turned the home around." Another relative said, "She's 100%." Relatives were offered the opportunity to give their feedback through formal provider surveys. We read six responses had been received in which we saw all said they were happy with the home. Comments included, 'overall very good'.

Staff said they felt supported by the registered manager. One member of staff said she was approachable and staff worked as a team. "Another told us, "She is approachable and supportive." A professional said the, "Team is good as they do as I ask and they give feedback."

However we found that although people's care plans were comprehensive and contained a considerable amount of information about each person they were difficult to follow as each person had four different files and information was replicated. For example, one person had four different SaLT assessments in their 'working' folder, but the one nearest the beginning of the file was not the most up to date. This was stored in another folder. Again, this same person had care review notes going back to 2010 stored in their care plan and the copy in the 'working' folder was not the most recent. A second person had behavioural guidelines dated 2007 as well as review notes from 2012. Daily notes were written in a 'daily record booklet' which was stored separately to the rest of the care records. We found the written 'goals' in two people's care records were exactly the same. Risk assessments in relation to people, although identified, were contained within other guidance or notes making them difficult to find.

However, areas identified during our inspection told us that better management oversight was needed. For example, in relation to the deployment of staff, environment and care records.

In addition the provider undertook quality assurance visits. We read from the last audit some actions had been identified. For example, to conduct a monthly medicines audit. The registered manager was able to show us this had been introduced. We did not see however an audit of care plans or record keeping which may have identified some of the issues we had found.

The lack of robust record keeping was a breach of Regulation 17 of the Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home was quality assured to check that a good quality of care was being provided. The registered manager carried out a number of checks which included health and safety and environmental checks as well as medicines audits. The registered manager reviewed two people's medicines during each of their audits. In addition there was a medicine audit carried out by senior staff which included a count of medicines. Other external audits were completed. For example, a recent environmental health audit had taken place. This had identified the need to clean and defrost the freezer which had been done.

People were involved in the running of the home. House meetings were held and people's involvement was

recorded. We saw staff had discussed with people the food, activities, holidays and staffing.

People were also encouraged to give their feedback in other ways and the registered manager had developed a working action plan in response to what staff had picked up from them. For example, people had said they did not like the food, would like a vegetable patch and a new garden hammock. Individual sessions with staff highlighted some areas of improvement for example, purchasing sensory equipment for people and arranging summer holidays. The working action plan identified individual staff member's taking responsibility for acting on the feedback, some of which had already been completed. For example, sensory equipment had been bought.

The registered manager followed the requirements of their registration. Registered bodies are required to notify us of specific incidents relating to the home and we had reviewed documentation prior to this inspection. We found that when appropriate, relevant notifications had been sent to us. For example, in the event of accidents or incidents resulting in an injury.

Staff were involved in the decisions about the home. Regular staff meetings were held and we read there was a good staff attendance at these. Staff told us they felt comfortable during these meetings to voice any suggestions or concerns they had. Discussions included training and staffing as well as general information/updates from the provider. Staff were knowledgeable in relation to all aspects of the home. In the absence of the registered manager at the start of our inspection, other staff were knowledgeable and able to answer our questions and assist us.

Compliments about the home were recorded. For example, we read a compliment from a healthcare professional which said, 'work hard to help service users to try different methods to improve behaviour and quality of life'. Another professional had written, 'excellent atmosphere'.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider had not ensured people always received person-centred care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered provider had not ensured people lived in suitably maintained premises.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured robust, contemporaneous notes were always kept by staff.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had not ensured a sufficient number of staff available to meet people's needs.