Partnerships in Care Limited

Roydon Road

Inspection report

27 Roydon Road
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Roydon Road is a residential care home providing personal and nursing care to three people and there were three people using the service at the time of inspection. People lived in a shared dwelling in an older style property and had single bedrooms and shared communal space.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
People had lived at the service for many years and it remained appropriate to their needs. Although care plans were well written they did not clearly consider people's needs as they were getting older or consider how the environment could be adapted to better support people. We have made recommendations about this.

Risk assessments were in place and where possible equipment had been purchased to help facilitate people's mobility and independence such as rails to hold on to when getting in and out of the bath. There were plans in place to update and refurbish parts of the home which were showing signs of age and wear and tear. Unfortunately, the accommodation was restricted in how much it could be adapted.

People clearly enjoyed their lives and were supported to undertake a range of activities in line with their individual needs. There was a core team of staff who knew people well and helped ensure people received continuity of care. Staff spoken with were sufficiently knowledgeable, felt well supported and enjoyed their job role.

There were systems in place to help ensure the service remained compliant with regulation and took into account feedback from people in terms of how the service was managed. The service had a registered manager who supported her staff and ensured their training was up to date and provided them with regular supervisions.

The registered manager was supported by other managers working for the same provider and supported by a regional and operational manager. A series of audits and health and safety checks were carried out to ensure equipment was safe to use and the environment fit for purpose. We have made a recommendation about the environment and some associated risks.

People were supported with their assessed needs and these were kept under review. Staff supported people

to eat well and access health services they needed. People's health care needs were clearly understood, and staff monitored these well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Why we inspected

This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Roydon 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 on one day.

Service and service type
Roydon Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that people and staff would be there and available to speak with us.

Inspection activity started on 04 July 2019 and ended on the same day.

What we did before inspection
We reviewed information we had received about the service since the last inspection. This included any notifications which are important events the service is required to tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-
We spoke with two out of the three people using the service and met the third person who declined to speak with us, but we observed their interactions with staff. We spoke with the registered manager, the regional manager and one care staff on shift. We looked at two staff records, a person's care plan and other records relating to the management and oversight of the business.

After the inspection –
We spoke, on the telephone, with two more staff and two people's relatives.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.
This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
- People told us they felt safe and it was clear from their interactions with staff that they trusted them to keep them safe and meet their needs. One person told us what they did if the fire alarm went off and what support they needed, which was reflected in their plan of care.
- Relevant risk assessments and guidance was in place which took a proportionate approach to risk taking and measures in place to reduce individual risk.
- Equipment was regularly tested to ensure it was safe to use.
- Staff had sufficient oversight of risk and information was effectively handed over from one shift to the next. Staff had the necessary health and safety training which was clearly linked to areas of responsibility to ensure people's safety.

Systems and processes to safeguard people from the risk of abuse
- People continued to be protected, as far as reasonably possible, from abuse and exploitation because staff received enough training and knew what actions to take if they suspected abuse.
- People told us they felt safe because they trusted the staff and staff were always available 24 hours a day. Care plans highlighted risk and described how and why people might be vulnerable and how staff should uphold their needs and safeguard them from possible abuse or harm.

Staffing and recruitment
- Staff recruitment processes continued to be robust and helped ensure that only staff suitable to work in care were employed. Recruitment checks were completed and included a disclosure and barring check which stated where an offence had been committed which might be the person unsuitable for employment. Staff selection was based on a shortlisting criteria and evidence that the candidate had the right attributes and skills.
- One staff member was on duty across a 24-hour period which was enough to meet individual needs as the registered manager was also on site during the week.
- The home was supported by activity staff who worked across three other homes. This enabled both one to one and group activity to take place. Staff turnover was low which meant people had consistency of support.
- There were effective on calls systems and risk assessments around lone working so any given emergency could be quickly addressed.

Using medicines safely
- People received their medicines as required by trained and competent staff.

● People were assessed to see if they could take their own medicines safely, one person did. The other two people had consented for their medicines to be administered by staff.
● Regular medicines audits helped ensure medicines were given as intended.

Preventing and controlling infection
●Systems were in place to help ensure the service was clean and the risk of cross infection was reduced. People were supported to keep the home clean and staff were trained in infection control so knew what and how to reduce hazards.

Learning lessons when things go wrong
●Policies helped to determine actions to take if an accident, incident or near miss occurred. Staff understood the importance of record keeping and knew what should be reported. There had been no recent reportable incidents.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same.
This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People received care and treatment in accordance with their assessed needs. The service took into account assessments completed by other health and social care professionals and carried out their own assessment.
● Care and support was provided in a lawful way taking into account principles of human rights and equality and diversity.
● Staff received relevant training to ensure their practices were up to date. Policies were accessible to staff and automatically updated when a change in policy or law occurred which helped ensure staff had the most up to date guidance.

Staff support: induction, training, skills and experience
● Staff received the necessary support and training for their role and had access to enhanced training if they wished. Staff told us training was plentiful and relevant to the needs of people they were supporting. Training records showed almost 100 per cent compliant and staff spoken with confirmed their training was up to date.
● Staff new to the role had a comprehensive induction which included the Care Certificate, a nationally recognised induction for staff working in social care. None of the staff we met were new to the organisation and they had previously either completed the Care Certificate or an equivalent qualification in care.
● Staff did not work unsupervised until they felt confident and had demonstrated they had the necessary understanding of people's needs and their job role.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to have a balanced diet and enough food and drink in line with their individual needs.
● Staff told us shopping was ordered on line and once a week they sat down with people to discuss the menu for the following week. People were supported to cook and eat foods they enjoyed. One person told us they had lost some weight, and this was planned. Their weight record showed slight fluctuations and guidance on sensible eating.

Staff working with other agencies to provide consistent, effective, timely care
● Staff worked across services registered to the same provider. This helped ensure people were supported across services but also meant that people were able to meet people living in other schemes.
● People's needs were kept under regular review and staff contacted family and appropriate agencies to be

involved including the Local Authority who commissioned the care. Feedback from other professionals was acted upon to improve the experiences of people using the service.

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

● Risk assessments had not been put in place to establish the level of risk associated with the environment. The premises had not been adapted and were restricted in terms of how much they could be. Although people were mobile, self- caring and received staff support over 24 hours people were getting older and less mobile.

● Each person had a bedroom upstairs and had to navigate stairs to the ground floor toilet and bathroom.

● Large radiators in communal areas were uncovered as was pipework both could represent a risk from falls and scalds respectively. The registered manager told us they had not had any accidents or incidents within the home but did acknowledge people could be unsteady on their feet and agreed that risk assessments would be carried out immediately to establish levels of risk and actions to reduce it.

●The premises were maintained to a good standard but there were areas which required attention. For example, the kitchen floor and kitchen cupboards. This had been identified by the registered manager and there was a refurbishment and replacement plan in place.

We recommend the provider considers how the environment will continue to be suitable for people's assessed needs and how it could be adapted in the future to accommodate peoples' people's changing needs.

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

● Staff supported people to access services they needed and were mindful of people's changing needs. Staff told us the GP was familiar with people and some services were accessed regularly including the optician and chiropodist as required.

● People were supported to stay active and take part in activities they enjoyed and increased their health and wellbeing. For example, on the day of our inspection people were gardening, cooking and then going to the pub.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● People had been assessed as having capacity to make decisions for themselves, but this was kept under review and staff recognised that people could make simple choices but might struggle to make more complex ones. Staff said given time people could reach decisions about their day to day needs and health care needs.

● One person had an active deprivation of liberty safeguard in place. People were only deprived of their liberty when it was in their best interest and done lawfully.

● People's consent was recorded in their care plans and staff gave people choices which were

communicated in a way which was appropriate to their needs.

● Staff received training and had policies to follow to help them understand the five principles of capacity and staff demonstrated enough understanding of this.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
● . People had good relationships with those they lived with and could meet others outside the service. They were supported to express their views about what they would like to do and with who.
● Family members told us the service was inclusive and people were happy living there and staff were happy in their work, which created a positive atmosphere.
● People had their rights and wishes upheld. Staff supported people in line with their individual needs and were respectful of people they were supporting. Staff knew people well and provided timely, considerate care.
● People had specific needs in line with their disability, staff understood this and supported people in an appropriate way and gave people time to communicate their needs.

Supporting people to express their views and be involved in making decisions about their care
● On arriving at the home, a person using the service opened the door and we introduced ourselves, staff were close at hand. The person showed us round and pointed out things like the fire policy and information we might need as part of our visit. They were clearly involved in the daily routines and running of the home. They had autonomy to decide who visited and what information was shared.
● The service had regular staff who met with people often to discuss their care plan and their needs. People decided all aspects of their care and support and decisions were recorded. Six monthly reviews were held with family members who told us they always attended, along with the person being supported.
● The provider sought people's views through surveys which were circulated to staff, family and people using the service. Results were collated and used to identify any service improvements. Feedback from these seen at the time of inspection was positive.

Respecting and promoting people's privacy, dignity and independence
● People had their own personal space and staff were mindful of this. Staff told us people were largely independent and would ask for support if they needed it.
● Staff told us people needed minimal support with personal care and were aware of people's preferences and choices and these were respected.
● Routines were flexible around people's wishes and staff encouraged people to have routines which enhanced their well- being. One person needed a lot of support to keep their bedroom clean and accessible. Staff provided this support sensitively and were aware of the person's rights to make their own decisions,

whilst balancing this with a proportionate risk-based approach.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● One person chose not to talk with us, but two people told us how much they liked living at the home and what they liked to do. There were photographs of things they had attended and were planning to attend. They told us they liked the staff and had a lot of fun.

●Relatives reiterated that this was a safe, well run home which gave them peace of mind in their knowledge that their family member was well cared for. They also told us their family members had a very full life and although they visited relatives they were always eager to get back to their home and friends.

● Initial assessments were used as a basis to document people's needs and develop a plan of care based on these. This helped ensure people received the support they required to facilitate their independence and live well. Staff were familiar with people's needs and information was easy to access.

● Care plans included goals for people which showed what was important to the person and how it could be achieved Care plans included short, medium and long-term goals which were measurable and achievable. Some related to social activity and where people would like to go. Longer terms goals around people's health and future needs were not clearly documented. We discussed this with the registered manager in terms of the continued appropriateness of the environment.

We recommend the provider considers people's wishes in line with their likely future needs and puts plans in place to continue to support people appropriately.

● Health action plans and hospital passports were in place which meant we could see how staff monitored people's health and diet to ensure people stayed as healthy as they could.

● Care plans were regularly reviewed to help ensure they were up to date and reflected people's current needs. We found however the care plan we reviewed was not entirely accurate and required updating. This did not impact on the person's care as staff were aware of changes, but new staff might not be. The registered manager assured us changes would be made.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People had communication plans in place to help identify their communication needs and any support

they might require expressing their needs.
● Documentation in the home was accessible and staff used communication aids where appropriate such as signs and picture books to help people express their preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● Activities were organised around people's individual needs and these were regular. People had opportunities to go out when they wanted and enjoyed a good social life.
● People told us about concerts and holidays planned and things they had done. Staff support was appropriate as activity coordinators supported staff at the care home which increased people's opportunity to go out. People had established friendships and staff encouraged good networks of support.

Improving care quality in response to complaints or concerns
● People spoken with said they would tell someone if they were unhappy. They had a trusting relationship with staff who they felt comfortable with. We observed staff maintaining professional boundaries and speaking with people respectfully.
● Care plans recorded people would need support to raise a formal concern, but people were given every opportunity to discuss their needs both formally and informally.
● People mostly had support from staff and family but if the need arouse advocacy services could be sought to ensure people had an 'independent voice.'

End of life care and support
● No one at the service was unwell or approaching end of life at the time of our inspection. We discussed with the registered manager the importance of forward planning and anticipating people's likely future care. This would help staff plan the service appropriately around people's needs as far as reasonably possible. The registered manager agreed this would be addressed through the review of people's needs.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

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

● Care was outcome focused and based on the needs and wishes of people using the service. Staff were patient, understanding and met people's needs well. Staff supported people to develop further independence and continue to safely access the community and take part in lots of activities they enjoyed.

● Staff worked with staff from other registered services and other professionals to help ensure they could maximise people's opportunities both in terms of social and health. People appeared happy and told us they liked and trusted the staff.

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 registered manager was experienced and understood their role clearly. There were robust governance systems in place and an expectation that accidents, incidents and near misses would be recorded, responded to appropriately and escalated to ensure there was oversight.

● Roydon Road had a good record in terms of safety and there had not been any recent notifiable incidents. The registered manager said information was shared at managers meetings about any potential risk, or where an incident had occurred. This was collectively discussed, and policies and risk assessments reviewed and amended where necessary and this was cascaded to the staff team.

●Health and safety bulletins were disseminated to staff, so they were aware of latest guidance and safety briefings.

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

● The registered manager had the necessary experience and skills and helped ensure all staff understood their roles and carried them out with due diligence.

● The staff team said they felt well supported in their role and enjoyed the autonomy they had. ● Staff training was up to date and there were robust systems of staff support.

● Risk assessments and policies underpinned good practice and staff provided people with appropriate supervision. We have raised an issue in the report about environmental safety which was not covered as part of the risk assessment and have been assured this will be addressed.

● Governance and oversight were firmly established with a regular schedule of audits in place. These

actively identified issues and action plans were put in place to show how these issues would be addressed. These audits were in line with CQC key lines of enquiry and considered the experiences of people using the service and staff.

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

● People were involved in their community and staff helped to ensure barriers were removed as far as reasonably possible and reasonable adjustments were made. Staff were mindful of any difficulties people might have and carefully planned to ensure 'activity' and community engagement was a success.

● People were placed at the heart of the service and supported to live their lives as they wanted and to engage with staff about any changes they wanted to make. Staff did not work in isolation but worked with people primarily but also their friends, family and other health and social care professionals as appropriate.

Continuous learning and improving care

● The registered manager was supported by other managers and a governance team who had oversight of different parts of the business. They were able to support and advice, so the service kept moving forward and was a learning organisation.

● Staff had opportunities for ongoing learning and development where they wanted to, and this was reviewed in an ongoing way through supervision sessions and annual appraisals.

●The registered manager had qualification in care and was a trained assessor. They attended courses and seminars for their role such as enhanced safeguarding for managers.

Working in partnership with others

● The service was based in the community and was part of the community and worked alongside community members, accessing regular events and local services. Several people had undertaken voluntary work in the community but were not doing anything at the moment.