

The Regard Partnership Limited

Girling Street

Inspection report

34 Girling Street
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Girling Street is a residential care home that provides accommodation and personal care for up to five people who have a learning disability. There were four people living in the service when we inspected on 17 January 2018. We gave the provider just under 24 hours' notice that we would be inspecting the service because it is a small service and we needed to be sure that there would be someone at home.

At the last inspection in April 2015 the service was rated as 'Good' in four of the key questions we ask and overall. The key question of Responsive was rated as 'Outstanding.' At this inspection we found that the provider had sustained these ratings.

Girling Street 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. Girling Street accommodates up to five people in a mid terrace house situated centrally within the town of Sudbury. The service was situated within close proximity of the shopping town centre.

The registered manager at Girling Street was also the registered manager at another of the providers locations, which was situated a third of a mile from Girling Street. The two services share the same staff team and many of the non service user specific records we looked at, such as team meeting minutes were the same across both services. Therefore there are similarities in the inspection reports for both locations. We inspected the other service the day after the inspection at Girling Street.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service lived as ordinary a life as any citizen.

People continued to be provided with regular opportunities to express their wishes, aspirations and preferences regarding how they lived their daily lives. People were supported to make their own decisions about the care and support they received. Regular meetings continued to be held between people and their keyworker to ascertain their individual thoughts and choices. People continued to be supported to access a wide range of personalised activities and social opportunities. Staff supported people to access the local community and encouraged activities which promoted their independence.

Staff continued to demonstrate a good understanding of safeguarding and how to report concerns. Sufficient numbers of staff continued to be in post and rotas were written around the needs of the people who lived at the service. Recruitment procedures continued to be effective and thorough. This included pre-employment checks to ensure new staff were suitable to work at the home. Staff had a good understanding of risks associated with people's care needs and how to support them.

Medicines continued to be stored and administered safely, and people received their medicines as prescribed. Weekly and monthly audits were carried out of medicines to ensure they were managed in line with good practice guidelines. Infection control practice was good and helped to reduce the risks associated with poor cleanliness systems.

Good leadership continued to be in place that provided staff with the necessary support and training to make sure people received good quality care. The service had good links with external healthcare professionals. People received necessary support from these services when they needed help. Appropriate records were kept of any appointments people attended.

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

People received a service that was caring. Staff knew people's needs well and were responsive and supportive. Staff treated people with dignity and respect. Staff sought to gain people's views.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Outstanding	Outstanding ☆
Is the service well-led? The service remains Good	Good ●

Girling Street

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 17 January 2018 and was announced. We telephoned the registered manager at 4pm the day before our visit because the service is very small and we needed to be sure that someone would be at home. The inspection team consisted of one inspector.

Before the inspection, we requested that the provider complete a Provider Information Return (PIR). This 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 was received from the provider.

We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

We looked at the care records of one person in detail to check they were receiving their care and support as planned. We also looked at records including two staff recruitment files, training records, meeting minutes and management records.

We spoke with two people who lived at the service and also observed the staff interacting with them. We spoke with three members of care staff, a senior care worker and the registered manager. We also spoke with two people's relatives following our visit via the telephone to seek their feedback on the service.

Is the service safe?

Our findings

At our last inspection the key question of Safe was rated 'Good'. At this inspection we found that this rating had been sustained.

People we spoke with told us they were happy living at Girling Street. One person said, "I feel safe here no one is ever mean to me." Another person told us, "I could always talk to [registered manager] she is very nice to me."

The staff we spoke with showed a good understanding of safeguarding. They knew how to raise concerns if needed and said they would be confident to do so. One member of staff told us, "I wouldn't hesitate to report a safeguarding concern if I had one." Staff were clear what would constitute a safeguarding concern, such as unexplained bruising, and who to report it to.

Risk assessments were in place which provided guidance about how to support people in a safe manner and helped to mitigate any risks they faced. Risk assessments we looked at balanced safety with supporting people to be independent.

There continued to be enough staff to keep people safe and meet their individual needs. One person's relative told us, "There are enough staff, if anyone [people living at the service] wants to go out there are always enough staff to go with them." The registered manager told us there were sufficient staff, including a small pool of bank staff, that was sufficient to ensure that the shifts were always covered with staff people were familiar with. The service did not use agency staff and hadn't for a number of years.

The service had a robust staff recruitment system. All staff had reference checks undertaken and Disclosure and Barring Service (DBS) checks were carried out. DBS checks were undertaken prior to the member of staff commencing their employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This process assured the provider that employees were of good character and had the skills and experience to support people living at the service.

We found there continued to be appropriate arrangements in place for the management of medicines. Medicines were stored securely and at the correct temperatures. Staff completed regular checks to ensure medicines were administered correctly using weekly audit sheets. Staff completed Medication Administration Records (MARs) correctly, showing people received their medication as intended by the prescriber.

The premises were well maintained. The home environment was clean and free of any malodour. Cleaning schedules were in place which included people living at the service in the tasks. When we arrived at the service one person and a member of staff were in the middle of completing a number of cleaning chores.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and

we saw the records of this. We saw that incidents were responded for example for one person who had been unwell had an increase in the number of falls they experienced. In response to this support from other organisations had been obtained such as the GP and falls team. This had seen a recent reduction in the number of falls the person was having. This meant the service learned from incidents and put procedures in place to help prevent reoccurrence.

Is the service effective?

Our findings

At our last inspection the key question of Effective was rated 'Good'. At this inspection we found that this rating had been sustained.

We found staff continued to receive appropriate training to meet people's needs. The registered manager completed regular competency checks to ensure staff maintained best practice. Staff confirmed they continued to have regular supervisions and an annual appraisal of their performance. Staff we spoke with told us they felt much supported at work and that they could approach the registered manager or team leaders comfortably. One member of staff said, "I have regular supervision, it's a two way process. I can also highlight what I think I have done well and what I have achieved."

People told us they continued to enjoy the food they ate and were offered a choice. We saw the minutes of a weekly meeting where people were asked about the foods they wanted included on the menu for that forthcoming week. One person was trying to ensure they did not lose weight so high calorie milk was purchased with the shopping for this person. At the time of our visit there were no people, who used the service, who had specific cultural or religious preferences about the food they ate.

We looked at people's support plans and found staff took advice from health and social care professionals and paid attention to any relevant legislation. Some people had lived at the service for many years. The service had suitable processes to holistically assess people's needs and choices for any future admissions.

People who lived at Girling Street had access to health professionals such as GP's, dentists and opticians according to their needs. Records demonstrated that the registered manager and staff were very proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing.

The building was suitably adapted to meet the needs of people living there. Accommodation was across two floors with a chair lift installed for people who needed it. Everybody had their own bedroom which had been personalised to their specific taste and choosing. There was suitable shared space such as a lounge and dining area adjoining the kitchen which people could use.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications where appropriate had been made to the local authority, with any conditions on authorisations being followed. Staff we spoke with understood the MCA and we observed people continually offered choice throughout our visit. One staff member said, "We [staff] support people to make decisions for themselves. In the person's care plan it will tell us how they communicate, they might like pictures to help them."

Is the service caring?

Our findings

At our last inspection the key question of Caring was rated 'Good'. At this inspection we found that this rating had been sustained. People continued to receive support from staff who were caring, respected their privacy and dignity and who supported them to be involved in making decisions about their care.

People who used the service and their relatives spoke positively about the service and the caring nature of the staff who worked there. One person's relative said, "Staff are so caring, we wouldn't want anywhere else for [person]." Another person's relative told us, "Staff are very good, they actually listen and they know [person] very well."

Throughout our inspection we continued to see that staff engaged and interacted with people regularly, showing patience and understanding. Many staff had worked at the service for a number of years and as such it was clear staff knew people extremely well and had developed close professional relationships with them during their employment at the service.

We observed staff chatting with people about their families and interests. They also checked people were alright and had everything they needed. For example, making sure people had drinks and snacks or that they were okay with what they were doing. Throughout the day there was a lot of laughing between staff and people which provided a nice atmosphere. The mutual banter was clearly well received on both sides.

People continued to be encouraged to express their views and to make choices. There was information in people's support plans about their preferences and choices regarding how they wanted to be supported by staff and we saw that this was respected. Staff recognised the importance of treating people as individuals in line with equality and diversity principles.

People were encouraged to be independent and be fully involved with their lives and their home. During our visit we also observed people's independence being promoted. Staff encouraged people to be involved in all aspects of the running of their home from cleaning to food preparation. One person told us, "I love cleaning [my home], I don't mind doing it. We [people who live at Girling Street] share cooking, we take it in turns."

Is the service responsive?

Our findings

At our last inspection the key question of Responsive was rated 'Outstanding'. This was because people's care was planned in a personalised way, people and their relatives were consulted about people's needs and preferences and support plans were comprehensive in detail. This supported staff to provide care and support which reflected people's preferences, wishes and choices. At this inspection we found that this rating had been sustained. People continued to receive support from staff who ensured people's support was extremely person centred and they were able to live their lives as they chose.

People and their relatives continued to tell us that staff had outstanding skills and a comprehensive understanding of people's needs. People continued to receive highly personalised care that was responsive to them specifically and respected their individuality. People were constantly consulted by staff about what they wanted to do, where they wanted to go and who with. It was clear people continued to be asked for their views, opinions and choices. They made their own decisions, were listened to, their views were acted upon and they took control of their lives. People were supported to be in charge of how their bedrooms were decorated and furnished. One person showed us their recently redecorated bedroom and the choices they had made. One person's relative told us, "[Person] wanted a particular colour wall, we didn't like it, no one else did, but they [staff] made sure [person] got what they wanted." Where possible, people were able to make their choices according to their preferences.

The registered manager told us the assessment process for people moving into the service took as long as required to ensure this was the right placement. They were clear that the process of someone moving in to the service had to work for that person and importantly for the people already living at Girling Street. It was clear decisions were made on placement appropriateness and not financial constraints. People were invited to visit, have meals and spend social time at the service as well as having overnight stays; all with the aim of ensuring people were in control and remained in control of their lives.

We found that a key working system continued to be in place. This was used to ensure people were involved in decisions about their care and support. A keyworker is a member of staff who takes a lead role in working with a person to understand their preferences, as well as supporting them with changes in health, social and emotional needs. Keyworkers at the service supported people to hold keyworker meetings each month where they reviewed what the person liked and didn't like about their support and where they lived. We saw that the staff had made this information accessible to people through the use of pictures where a person may have found written text inaccessible. This enabled people to fully engage with the meeting and provide their feedback. We saw as part of these meetings actions and goals were set and we could see how these had been fulfilled.

People were actively encouraged and supported with their hobbies, interests and personal goals. We saw people were able to spend time how they wanted. The staff rota's at the service were planned around ensuring that there were sufficient staffing levels to enable people to go out and take part in the activities and hobbies they wished to. One person's relative told us, "They [people] are never refused to go out somewhere. The staff make sure whatever people want to do happen. We couldn't ask for more than that." A

healthcare professional told us, "There is a great deal of social inclusion and 'out and about' activities for the [people]."

A large variety of activities, many in the local community, were undertaken by people. On the day of our visit some people went out to a local café group. Another person told staff they wished to walk to town to book a personal beauty appointment; staff supported them to do this at a time of their choosing. Other activities people routinely took part included trampolining, swimming, spa days, museum club, eco arts and crafts and music and drama. Some of these activities took place in the community and some at the service.

Records showed the service had not received any formal complaints in the last 12 months. There was a pictorial version of the complaints procedure available which was also on display within the service. This helped to make it more accessible to people who were unable to read it in written text alone. Relatives and staff we spoke with told us the registered manager was approachable and if they had any concerns, they would speak with the registered manager.

Care plans contained information about people's wishes and preferences around end of life and death. For example, information consisted of whether the person wanted to be buried or cremated and who they wanted to be invited to their funeral. We saw that end of life plans had been developed in pictorial format to enable people who may have found written words alone difficult, to be engaged with the information.

Is the service well-led?

Our findings

At our last inspection the key question of Well-led was rated 'Good'. At this inspection we found that this rating had been sustained. The provider and registered manager continued to have processes in place to monitor the quality of service provided. Staff continued to feel supported in their roles and told us they enjoyed their job role.

The registered manager had been the manager of the service for the past 15 years. This provided consistency in how the service was managed. 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.

People, their relatives and care staff working at the service all told us that the registered manager continued to be approachable and supportive and that they could speak to them at any time. One relative we spoke with said, "[Registered manager] is lovely, wonderful. She always listens, she's very good." Another relative told us, "I can talk to [registered manager] when I need to, nothing is too much trouble for her."

The service had a clear management structure. The registered manager had a good understanding of their responsibilities and of the people the service was supporting. The registered manager was supported by two senior support workers and reported to an operational manager who oversaw the group of services on behalf of the registered provider. The registered manager was also responsible for another service which was less than half a mile away from Girling Street. We asked staff about the culture and values of the service. Staff told us that they felt part of a close team. One staff member said, "We [staff] help each other out, we support one another. There must be something good here, all the staff stay."

Staff told us that team meetings continued to take place and records confirmed this. Minutes from staff meetings showed that a range of topics and issues relating to the running of the service were discussed and information was shared with staff. At meetings a policy or relevant piece of legislation was discussed and shared with staff to ensure that staff had access to the latest information and current practice.

There were opportunities for people and relatives to give feedback about the service. As part of this review, people, their relatives and stakeholders were asked about the quality of support people received. Overall we could see that the responses were very positive. The registered manager and provider continued to complete audits to gain assurance the service being provided was of high quality. This included reviewing that the premises and equipment were safe, regularly serviced and well-maintained. Any improvements required were included in an action plan.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the service and we found that all incidents had been recorded, investigated and reported correctly.