

The Regard Partnership Limited

The Regard Partnership Limited - Eastbourne 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 ●

Summary of findings

Overall summary

The Regard Partnership Limited - Eastbourne Road, is a care home providing social and residential care for up to nine adults with learning disabilities. On the day of our inspection there were nine people living in the home. People required different levels of support; some people required one to one staff support to meet their needs, particularly regarding behaviour that could challenge others. People had learning disabilities and other diverse and complex needs such as autism, downs syndrome, epilepsy and limited verbal communication. The provider runs a number of care homes locally and is also a national provider of care. At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Although there was a registered manager in post, they had moved to manage another location within the organisation. 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. A new acting manager had been appointed and had started working in the home seven weeks before our inspection. They had submitted their application for registration. The registered manager was supporting the new manager in their induction to the home and both were present on the day of inspection.

There were good recruitment procedures and enough staff to meet people's individual needs and wishes. Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk. Risks to individuals were well managed and people were able to stay safe without having their freedoms restricted. People's independence was well promoted. Incidents and accidents were well managed. People's medicines were managed safely.

People's needs were effectively met because staff had the training and skills they needed to do so. Staff were supported well with induction, training, supervision and appraisal. 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 had enough to eat and drink. Food was homemade and nutritious and people had been involved in making decisions about menus. Everyone was supported to maintain good physical and mental health. Appropriate referrals were made to health care professionals when needed.

People were treated with dignity and respect by kind and caring staff. Staff had a good understanding of the care and support needs of people and had developed positive relationships with people. There was a friendly and relaxed atmosphere in the home.

There was good leadership in the home and the acting manager ensured all staff were clear about their individual roles and responsibilities. The organisation had effective systems to monitor and review the quality of the care provided.

The service has met all of the fundamental standards and the acting manager and staff have maintained a consistently good service. Further information is in the detailed findings below.

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 remains Good.

People's medicines were stored, administered and disposed of safely.

There were risk assessments in place and staff had a good understanding of the risks associated with the people they supported.

Staff understood the procedures to safeguard people from abuse.

There were enough staff who had been safely recruited to meet people's needs.

Is the service effective?

Good ●

The service remains Good.

There was training and supervision to ensure staff maintained and developed their knowledge and skills.

The manager and staff had a good understanding of mental Capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were given choice about what they wanted to eat and drink and received food that they enjoyed.

People were supported to have access to healthcare services and maintain good health.

Is the service caring?

Good ●

The service remains Good.

People were treated with respect and dignity.

Staff knew people well and treated them with kindness and warmth.

Staff talked to people in a way they could understand.

Is the service responsive?

Good ●

The service remains Good.

People received support that was responsive to their needs because staff knew them well.

People had opportunities to take part in activities of their choice.

People's support plans contained guidance to ensure staff knew how to support them.

Is the service well-led?

Good ●

The service remains Good.

The acting manager was approachable and supportive and encouraged staff to develop in their roles.

There were effective systems in place to monitor the quality of the care provided.

Statutory notifications were submitted to the Care Quality Commission when appropriate.

The Regard Partnership Limited - Eastbourne 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 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 comprehensive inspection took place on 24 April 2017 and was unannounced. When planning the inspection we took account of the size of the service and that some people at the home could find visitors unsettling. As a result, this inspection was carried out by one inspector.

Before the inspection the provider completed 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. We also reviewed other information we held about the home. This included notifications of events that had affected the service such as any safeguarding investigations. Since our last inspection we received two 'share your experience forms' where negative comments were expressed about the home. In each case a detailed investigation was carried out by the provider and the issues were not substantiated. We also looked at these issues as part of our normal inspection processes. We requested feedback from healthcare professionals who had contact with people living at Eastbourne Road. We received correspondence from one professional.

Some people were unable to tell us about their experience of life at Eastbourne Road so we spent time observing the care they experienced. We saw the interaction between people and staff and watched how people were being cared for by staff. We met with three people, two care staff, the registered manager and the acting manager.

We reviewed two people's care plans and risk assessments, the recruitment records for two members of staff, quality monitoring audits and other records relating to the management of the home.

Is the service safe?

Our findings

People told us they felt safe living at Eastbourne Road. One person said everyone got on well together. They told us, "If anyone is upset we stay out of their way and give them time to calm down and then we talk to them to check if there is something bothering them." A relative told us since the acting manager started working in the home, there was much more structure, and this gave them more confidence that their relative was safe in the home. Some people needed regular reassurance from staff and there was always a staff member available to provide reassurance and guidance where appropriate. Appropriate checks for the recruitment of staff were carried out. These ensured as far as possible, only suitable people were employed. There were enough staff to keep people safe and meet their needs.

Staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. All staff had received training in safeguarding. They told us if an incident occurred they reported it to the management team who were responsible for referring the matter to the local safeguarding authority. Where appropriate, matters had been reported to the Local Authority for further advice and support.

Risks to individuals were well managed. Where risks were identified there were appropriate risk assessments and risk management plans. This helped people to stay safe while their independence was promoted as much as possible. Incidents and accidents were reported and investigated. Staff told us they felt confident to report any incident, and knew the acting manager would deal with it appropriately. Records confirmed that when incidents occurred, there were support systems for the people involved and detailed records were kept that described the incident. A staff debrief was held after to support staff members and to learn from the incident. Any professionals involved in the person's care were advised.

People's medicines were managed so they received them safely. Medicines administration records (MAR) showed people received their medicines as prescribed. Staff could not administer medicines unless they had been trained and there was a policy to support staff to safely give medicines. Some people took medicines on an 'as and when required' basis (PRN). One person had an arrangement to enable additional PRN medicine in certain circumstances and there was guidance to explain how and when this could be used. There was a safe procedure for storing, handling and disposing of medicines.

People lived in a safe environment because the home continued to have good systems to carry out regular health and safety checks. All of the relevant safety checks had been completed, such as gas, electrical appliance safety and monitoring of water temperatures. There were robust procedures to make sure that fire safety checks were carried out and to carry out regular fire drills to ensure people and staff knew how to respond in the event of a fire.

Is the service effective?

Our findings

People told us that they liked the food served in the home. They received support from staff who knew them well. They were supported to attend a range of healthcare appointments to meet their individual needs such as GPs, dentists, psychologist and dieticians.

All of the staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. There was information within care plans about how each person communicated their needs and wishes and staff described how each person made their needs known. Staff knew if people were unable to make complex decisions, for example about medical treatment, a relative or advocate would be asked to support them and a best interests meeting held to ensure all proposed treatments were in their best interests. People who lack mental capacity can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and there was appropriate documentation was in place. We were told that a number of standard authorisations had been applied for.

People had enough to eat and drink. New menu plans were being introduced at the time of our inspection and they were varied, nutritious and well balanced. People took it in turn to choose the meal each day. Pictorial aids were used for those who needed assistance to make choices. If people did not want the meal choice an alternative was provided. Recipes had been compiled, along with portion controls, to ensure that those who needed support with healthy eating plans were assisted. Fruit and vegetables were bought on a daily basis. There were no desserts on the menus but we were told that people went out daily and had regular opportunities to have cake and treats. People's likes and dislikes were clearly recorded in their care plans. Staff regularly offered people drinks during our inspection.

There was a structured induction programme when staff started work at the home. This included time to get to know people, to read their support plans and to shadow other staff. An in-house induction checklist was completed to ensure that staff knew the home's procedures. A staff member told us the checklist was good but they would have liked more detail in each area. They had, "Picked things up as they went along." However, they said they knew staff that started since they did had been given more detail.

Staff were supported and encouraged to complete a variety of training, including safeguarding, first aid, infection control and food hygiene. Over half of the staff team had completed a national qualification in care. A number of staff had recently completed 'down syndrome awareness' training. A staff member told us that although the content was good, they did not think they had learned anything new from this training so this information had been fed back to the acting manager. The acting manager said they would consider if the course was appropriate and possibly look elsewhere for more appropriate training. Staff said they felt well supported with supervision and were comfortable to discuss any concerns or ideas they might have. A staff member told us, the new manager was, "A really good manager, I can approach her and she puts things

in place. She has brought structure to the home and staff are more settled because they know what they are doing."

Is the service caring?

Our findings

People and staff were relaxed with each other. We asked one person if they would meet in private with us and they said they would be happy to talk with us if their keyworker was there too. The person's keyworker was happy to join us and this gave the person confidence to share their views about the home.

People's privacy and dignity was respected. A staff member told us they always ensured people's privacy and dignity by making sure doors and curtains were closed when care was provided. They said it was important to ensure people were given opportunities to develop their skills in housework, cooking, shopping and basic life skills. A staff member told us, "We try to involve people in everything we do." There were plans to make alterations to the building by creating a new kitchen and laundry area. We were told that each area had been specifically designed to ensure people could have access to increase their opportunities to develop their independence skills.

During our inspection we observed people were treated with kindness and compassion. There was a very relaxed and calm atmosphere in the home and staff had a good rapport with people. When one person refused to go to the dining room for their meal their decision was respected. However, a short time later another staff member checked again and this time the person happily went to the dining room.

Bedrooms had been personalised to reflect each people's individual tastes and interests. Most people had double beds. Staff told us one person had not been sleeping well. The person's family had told staff they had bought a new bed at their family house and this had helped them to sleep better. The same bed was bought at the home and this had had a positive impact on the person's sleeping habits.

People were supported by staff who knew them well as individuals and they told us about people's needs, choices, personal histories and interests. We observed staff talked and communicated with people in a way they could understand. For example, one person regularly repeated the same question or statement and staff responded with a consistent approach, which made the person very happy.

Is the service responsive?

Our findings

People were supported to take part in a wide range of activities. One person told us they had recently attended an interview for a work placement. On the day of our inspection they also visited a day centre and had another appointment to visit another possible placement. They told us they would wait to see if they were offered a job and then decide what activities they would do at the centre.

Support for people was based on their individual needs. For example staff had recently introduced a motivational chart for one person who was reluctant to leave the house. Staff used social stories in a pictorial format to assist them in making choices and offered a positive reward for each outing. The acting manager told us that although it was still new, the person was responding well to the new structured plan. We were told another person regularly said 'No' when asked if they would like to go out. However, staff had noted that they always enjoyed themselves when they did go out. Along with the advice from their relative, staff had changed their approach to, 'Come on X we are going to,' rather than, 'Do you want to' and this had been successful. Staff had said that this approach worked and if the person did not show that they were enjoying a trip they would return home. They were hoping that in time they could then introduce more choice into the destinations.

People told us they liked spending time in the garden. A number of vegetables had been planted and there was a fairy garden to the rear of the garden which people had enjoyed creating. The activity board included a wide range of information that people would be interested in. For example there were photographs of the staff on duty each day, information about events and activities held locally and minutes of recent house meetings.

People told us they knew who to talk to if they had any worries or concerns. There was an easy read/pictorial version of the complaints procedure on display. The document would assist people who were unable to use the full complaint procedure to raise any concerns or worries they might have. One complaint had been raised with the home from an external source and this had been dealt with appropriately. Staff told us they would feel comfortable raising concerns if they had any.

There was a range of documentation held for each person related to their care needs. This included information about their medical and support needs. There was information to guide staff about how people communicated in each care plan. People's care plans were reviewed regularly and annual reviews were held to ensure that people's relatives and professionals were kept up to date with the care provided. The records contained detailed information and guidance for staff about people's routines, and the support they required to meet their individual needs. One person sometimes displayed behaviours that challenged others. There were detailed guidelines to help staff identify possible triggers and strategies to prevent, and if necessary, deescalate incidents. The guidelines had been written by a professional with input from the person's relatives and staff. Staff told us that the guidelines were very helpful to them in supporting this person. People had the equipment needed to support their individual needs. For example one person had a new bath seat, before this they had needed help to get in and out of the bath, now they were able to have a bath independently.

Is the service well-led?

Our findings

The culture at the home was open, relaxed and inclusive. People were happy and there was a warm atmosphere. We asked a staff member about the new acting manager. They told us, "I can talk to her, she is a really good manager. She has made so many changes to the menus, the activities and brought structure to the home and made staff settled."

Although there was a registered manager in post, they had moved to manage another location within the organisation. However, a new acting manager had been appointed and had started working in the home seven weeks before our inspection. They had submitted their application for registration. The registered manager was supporting the new manager in their induction to the home and both were present on the day of inspection.

People and staff gave very positive feedback about the acting manager. Since starting in post the acting manager had ensured that all staff were clear about their individual roles and responsibilities and all staff had signed to confirm this. A staff member told us that the manager, "Checks that what she has asked has been done." They told us each staff had been given areas to concentrate on. For example, one staff member had reviewed the menus, one had responsibility for activities and the garden and one will be doing the service user meetings. They said, "Everything is fitting into place now and it feels comfortable." A new system had started to ensure people met with their keyworkers monthly to discuss their care and their wishes and time was set aside for this to happen. One person told us that they enjoyed spending time with their keyworker.

A healthcare professional told us that the family of a person they represented had been very satisfied with support the home had given the person and their family when the person was preparing to move to the service.

The organisation continued to have good quality monitoring systems in place which included an annual health and safety audit. Where shortfalls had been identified, for example, moss was found on a fire escape, these had been addressed. There were systems to support staff in monitoring health and safety. There was also a pictorial first aid box checklist. This enabled people to be involved in assisting staff in making sure that the contents were appropriate and in date. The acting manager carried out regular audits of the service, for example in relation to medicines, care plans and cleanliness. An area manager visited monthly to carry out a service review. Part of this process involved a check that any previous recommendations had been addressed.

Minutes of staff meetings were detailed and showed that staff were encouraged to have a say on the running of the home. All discussions were documented and actions reached were clear so that if a staff member had not been at the meeting they would clearly understand the agreed actions and outcomes.

Records were kept of all incidents that had occurred in the home and the home sent notifications to the CQC when appropriate. A notification is information about important events which the provider is required

to tell us about.