

Regents Park Limited

# 49 Regents Park

## Inspection report

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Date of inspection visit:  
14 April 2016  
21 April 2016  
22 April 2016

Date of publication:  
25 May 2016

## 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

This inspection was unannounced and took place on 14, 21 and 22 April 2016. The inspection was carried out by one inspector.

The service provides accommodation and personal care for up to three adults with learning disabilities. At the time of this inspection there were three people living there. The service was last inspected on 11 and 20 May and 2 June 2015. At that inspection we found the service not safe, effective, responsive or well-led. The overall rating was 'requires improvement'. At this inspection we found all breaches of compliance had been addressed. The management of the service had improved and the service was fully compliant with the Regulations.

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 2008 and associated Regulations about how the service is run.

Two people living at 49 Regents Park had limited verbal communication skills and were unable to answer detailed questions about the service, although they appeared happy and relaxed. One person told us "I like living here." We spoke with two relatives during and after the inspection who told us they were entirely happy with the care people received. Comments included "I am happy they are in safe hands. The staff at the moment are excellent" and "They look after all of them really well. They are happy." They also told us the staff went "above and beyond" their duties by showing care and support for the whole family. The relatives were involved and consulted in all aspects of the service and told us "It feels like we are all part of an extended family."

The provider had introduced new monitoring systems since the last inspection to ensure the home ran smoothly and to identify where improvements were needed by the provider. While we saw many examples of improvements to the service, for example the care plans were regularly reviewed and up to date, we also found some areas that needed to be improved such as their recruitment procedures. The provider and registered manager took prompt action to address these during the inspection as soon as the issues were brought to their attention. The provider also began to adjust their monitoring and quality improvement systems to ensure that in future they are pro-active in identifying and addressing all issues promptly.

On the whole, safe procedures had been followed when recruiting new staff. Checks and references had been carried out by the provider before new staff began working with people. The manager and provider gave assurances that where checks highlighted the possibility that applicants may not be entirely suitable, they took a range of actions to monitor and support new staff. However, these actions were not evidenced by clear risk assessments.

Medicines were stored and administered safely.

Staff rotas showed there were sufficient staff on duty each day to meet the needs of the people living there. This was confirmed by staff and relatives we spoke with. Staff received training, supervision and support to enable them to effectively support each person's mental and physical health needs. New staff received thorough induction training before they began working with people. All staff received ongoing training on topics covering all aspects of their jobs.

Staff showed caring and understanding of each person's individual needs. People were treated with kindness and respect. Staff had an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Applications had been submitted for people living in the home and were waiting for assessment by the local authority. Staff understood the importance of seeking consent before carrying out care tasks. We saw staff offering choices and seeking consent before carrying out any tasks for each person.

People had been involved and consulted in drawing up and agreeing a plan of their support needs as far as they were able. Their care plans were comprehensive, well laid out and easy to read. The care plans explained each person's daily routines and how they wanted staff to support them. The plans were regularly reviewed and updated. The care plans and daily notes provided evidence to show that people were supported to maintain good health.

On weekdays two people attended a day centre where they were able to participate in activities including cooking, gardening, arts and crafts and animal care. They also went out on shopping trips and outings. One person had chosen not to attend the day centre and therefore they received individual support from staff to do whatever they wanted to do each day, such as going for walks, shopping trips and visits to their family.

The home was well maintained, clean, warm and comfortable.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People received care from sufficient numbers of staff to meet their needs fully.

People received their medicines safely from staff who were competent to carry out the task.

People were protected from the risk of abuse or harm because safe recruitment procedures were usually followed.

### Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs.

People were offered a choice of meals that met their needs and preferences.

Staff monitored people's health and took prompt action when they were unwell.

### Is the service caring?

Good ●

The service was caring.

People told us staff were always kind and polite.

People were involved in decisions about their care and treatment.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support which met their individual needs and wishes.

Activities and individual support were available for people who wished to access them. People's daily living choices were

respected. .

People knew how to make a complaint and said they would be comfortable to do so.

**Is the service well-led?**

**Good** ●

The service was well-led.

New systems had been introduced to monitor the quality of the service and seek people's views, although these were not yet fully embedded. The provider was in the process of reviewing and adjusting the systems to ensure that in future they are pro-active in identifying and addressing any issues.

People were cared for by staff who were well supported by the management structure in the home.

# 49 Regents Park

## **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 inspection took place on 14, 21 and 22 April 2016 and was unannounced. It was carried out by one social care inspector.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service including statutory notifications (issues providers are legally required to notify us about) or other enquiries from and about the provider.

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During our inspection we spoke with the registered manager and four staff. We observed care given to three people living in the home. During and after the inspection we spoke with three relatives. We also contacted six health and social care professionals for their views on the service. We looked at the care records of three people living in the home.

We also looked at records relevant to the running of the service. This included staff recruitment files, training records, medication records, and quality monitoring procedures.

# Is the service safe?

## Our findings

At the last inspection we found the service was not safe. Risks to people's health and safety had not been assessed or managed to ensure people were safe. Staffing levels were not always adequate to meet people's needs. At this inspection we found improvements had been made and people received a safe service.

The provider had recruitment procedures in place which ensured all new staff were checked before employment to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff recruitment records mostly contained evidence of at least two or more good or excellent references. However, there was no written evidence to show a risk assessment procedure had been followed where references were not entirely satisfactory. We spoke with the registered manager and provider about their recruitment procedure. They explained how they had monitored and supported new staff before allowing them to work on their own. They told us in future they would ensure a risk assessment procedure had been followed where recruitment checks identified possible doubts about an applicant's suitability for the job.

People were protected from the risk of abuse because staff received training in how to recognise and report abuse. One person was able to communicate verbally and told us "I like living here." Two people were unable to communicate verbally and therefore we relied on our observations of their interactions with staff and our discussions with the staff and relatives to inform our judgements. Each person was smiling, relaxed and happy. Relatives told us they were entirely satisfied with the care and they felt people were safe there. One relative told us "I am happy he is in safe hands. The staff at the moment are excellent" and another relative said "They look after all of them really well. They are happy." They told us they would have no hesitation in speaking out if they saw anything that concerned them when they visited, although they had never had any cause for concern.

After the last inspection we received concerns from staff about the safety of people. The local authority safeguarding team carried out investigations and also provided support and training for the staff. The local authority Quality Assurance and Improvement Team (QAiT) also provided guidance and support to the provider, registered manager and staff. The provider worked with these professionals to make a number of positive changes to the service. During our inspection staff told us about the improvements and said they were completely confident people were now safe. Comments included "This home will never go back to how it was. Don't worry – we would be right on the phone if it did." Staff had received training on safeguarding adults and were confident they could recognise the signs of abuse. They knew the contact details of appropriate agencies to contact including the local safeguarding team and showed us their notice board with information on safeguarding including contact details.

There were sufficient numbers of staff to meet the needs of the three people living in the home. Two people attended a day centre every weekday operated by the provider where they were supported by a separate team of staff. (This service is not regulated by the Care Quality Commission and therefore was not included in this inspection.) Mornings, evenings and weekends there were always at least two staff on duty to support

three people, and one staff on duty overnight. Staff told us they were confident there was always sufficient staff on duty. Any vacant shifts were covered by the staff team, or by the registered manager or providers. Comments included "Yes, there are always enough staff on duty. If someone rings in to say they are sick unexpectedly the team leader will always step in and cover within ten minutes." Staff told us they were in the process of adjusting their shift patterns to enable people to have one-to-one time with staff. They were confident there were sufficient staff employed to ensure all shifts were covered safely.

Care plans contained risks assessments covering each person's physical and personal care needs. The risks were reviewed regularly and the areas covered included skin care, diet and nutrition, continence, mobility, moving and handling and personal evacuation plans. This indicated people's needs were regularly assessed. Risk assessments were updated when people's needs or abilities changed. The staff were given detailed information on how to support people to minimise the risks. Special health risks were highlighted in yellow to draw staff attention to the risks and actions they must take to support people safely. Where people showed signs of anxiety or stress that may affect their welfare or safety there were detailed behaviour support plans in place to ensure staff followed consistent practice.

Daily records completed by staff showed that checks had been carried out regularly to monitor potential risks to each person's health. For example, people were weighed regularly and the records showed their weight had remained stable. Staff received good handover information from day care staff to enable them to monitor each person's health, mood, food and fluid intake over a 24 hour period. One member of staff told us they could ring for advice from a manager or team leader at any time if they were worried, even at night.

Medicines were stored safely and administered by staff who had been trained and had their competency checked. Records of medicines received into the home and administered were in good order. There were no unexplained gaps in the administration records. Medicines prescribed on an 'as required' basis were clearly recorded when administered, and reasons for administration were shown. The provider had carried out a detailed audit of the medication process to ensure safe administration procedures had been followed. Stock balances had been checked to ensure they were correct. A GP we contacted told us "The care staff are responsible for ordering and issuing patients with medication and I have no concerns in this area."

We checked records of cash held in the home on behalf of the people living there. Receipts had been retained for all purchases made by staff with, or on behalf of each person. The records had been well maintained and showed that care had been taken when handling people's money to ensure they were protected from financial abuse. The provider was also responsible for income and savings for most people living in the three care homes owned by them, although they were in the process of negotiating with relatives to hand over responsibility to them.

The building was well maintained and safe. All areas of the home were attractively decorated and furnished and appeared clean and comfortable. The registered manager and provider had systems in place to ensure all equipment was safe, regularly checked and maintained, and in good working order. The most recent visit by an Environmental Health officer showed the kitchen and food processes were rated as 'good' (five stars).



# Is the service effective?

## Our findings

At the last inspection we found staff did not have the knowledge, training or skills to meet people's needs effectively. They were not offered a choice of food that provided a healthy balanced diet. At this inspection we found improvements had been made and the service was fully compliant.

People received a service from staff who had the skills, qualifications and knowledge to meet people's needs effectively. Since the last inspection the level of training provided to staff had increased. Training had been provided on a wide range of topics relevant to the needs of the people who used the service. The training was planned and organised by the provider for all staff working in the three care homes and day centre they operated. We saw copies of training certificates in staff files and we were given a copy of the training matrix for all staff. Five staff were employed at 49 Regents Park. Of these, four held a relevant qualification such as a diploma or National Vocational Qualification (NVQ) either level 2 or level 3. New staff received induction training at the start of their employment covering all basic training topics. The induction included a period shadowing experienced members of staff.

The training matrix showed all staff had received training on essential topics relating to health and safety, including moving and handling, safeguarding, fire awareness, emergency first aid and infection control. In addition they received training on topics relevant to people's needs including autism awareness, challenging behaviour, deaf awareness, equality and diversity, and meeting health needs for people with learning disabilities. Training was provided in a variety of ways including in-house group training and external courses. The training matrix showed that future training needs were highlighted and planned. Staff confirmed the training topics they had completed and told us the standard of training was very good. Comments included "Yes, we get plenty of training, good support and supervision."

A healthcare professional told us "I offer training around meeting the health needs for people with a learning disability to all providers in Exeter, and Regents Park Ltd has been the only provider to regularly have me return to deliver this training to all of their staff. The staff at Regents Park are always really easy to engage and are always so grateful for my input." A relative praised the staff and said "They are the right people to do the job."

Staff were well supported and there were a variety of methods of keeping staff informed and updated. These included regular supervision sessions, annual appraisals and regular staff meetings. Staff talked about the support they received from the provider and manager and said they really appreciated the 'pop in' visits from one of the providers who always checked that staff and people living in the home were happy. The registered manager provided us with evidence of the most recent supervision sessions for each member of staff, and also the planned dates of the next sessions.

Our visits took place during the evenings when we observed people preparing and eating their evening meals. After our last inspection the local authority safeguarding team identified concerns about the standard of food people received. The service received advice from professionals to help them improve. During this inspection we heard that the involvement from local health and social care professionals had

made a positive benefit to the people who used the service. The standard of meals had improved significantly with a strong emphasis on consulting people about their meals, and on providing nourishing and tasty home cooked foods. People no longer took packed lunches to the day centre and instead they were involved in planning and cooking a healthy and balanced midday meal using fresh ingredients purchased locally. This helped them improve their life skills.

On our first visit to the home people had chosen and been involved in preparing curry for their evening meal. One person clearly enjoyed the meal and ate it all, while two people only ate part of the meal. Staff described each person's likes and dislikes and their normal eating pattern. One person was offered an alternative meal of cold meat and salad which was attractively presented. The other person chose a savoury snack as a second course. On our second visit to the home we met a relative who told us they were entirely satisfied with the standard and range of foods provided. They told us they usually visited during the evening at mealtimes and they sat and shared a meal with the three people. They were confident people received a good diet. They praised the staff for their skills in encouraging a person to increase the range of foods they would eat and told us this had resulted in positive health benefits for the person. They said the person's weight was stable and healthy and they felt this was due to the skilled support from the staff.

The people who lived in the home were unable to make decisions about what care or treatment they received. Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

We checked whether the service was working within the principles of the MCA. Staff had received training and had an understanding of the requirements of the MCA. Staff were able to explain each person's support needs and any areas where people struggled to make decisions. Where necessary, external health and social care professionals were involved and consulted. Best interest meetings were held by people who supported the person where important decisions were necessary.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Applications had been submitted for people living in the home and were waiting for assessment by the local authority.

The home arranged for people to see health care professionals according to their individual needs. We asked a GP if they were happy with the care people received and they replied "Yes, very happy." Another GP told us "The carers always seem well versed and up to date with the patients' condition are happy to bring them to the surgery for routine appointments and ask for home visits rarely (and appropriately)."

# Is the service caring?

## Our findings

During our inspection we saw staff talking with the three people in a cheerful, friendly and caring manner. The staff understood each person's needs fully, and demonstrated sensitivity and empathy towards each person.

Staff understood each person's verbal and non-verbal communication needs. There was lots of friendly banter between staff and the three people, with lots of smiles and fun. A member of staff told us "I can't fault the communication skills – the way staff communicate with people is excellent." They told us the staff had received a Makaton training session that day and the session had been enjoyed by everyone. They also told us they were looking into sensory equipment people might benefit from. They said "We have been researching things that might help people."

Staff also gave us examples of ways they 'connected' with people living there. For example, they told us one person loved to watch videos such as cartoons and animated films in the evening after they had a bath. The person loved to sing along to the music and staff always joined in. The person always enjoyed the interaction and afterwards they often told staff "Thank you – that was lovely!"

One member of staff told us "We want to care for them in the same way we would want a member of our family to be looked after."

Relatives told us the staff were always caring. One relative told us "This place is amazing! We are all happy with it." They said the staff went "above and beyond" by supporting the whole family during difficult times. They went on to tell us how staff understood the person completely, despite their lack of verbal communication. The relative lived many miles from the home which meant visits were more difficult for them. However, staff often took people for outings, and when they were in the area they would "pop in" for a visit. They said "This feels like (the person's) home. I always feel welcomed when I visit. They make me feel I am an important part of (the person's) life."

Each person who lived at the home had a single bedroom which they were able to personalise to their own tastes. One person showed me their room which had been decorated and furnished to reflect their tastes and interests. Staff respected each person's right to privacy and to choose to spend time alone in their rooms if they wished. When staff supported people with personal care they did so in a discreet way in the privacy of the person's room.

Healthcare professionals told us they found staff to be caring. A GP told us "I have several patients with Learning disabilities living in full time care at care homes run by Regents Park Ltd. Overall I have no problems with the level of care offered to my patients at these establishments". Another professional told us "Basic care is good and staff have the individuals best interests at heart".

## Is the service responsive?

### Our findings

At the last inspection the service was not fully responsive. People had not been involved or consulted in drawing up a plan of their care needs. The care plans had not been regularly reviewed and contained out of date information. At this inspection we found improvements had been made and the service was fully compliant.

Each person had been consulted and involved in drawing up a plan of their care and support needs. 'Easy read' care plans had been drawn up using photos and symbols. The main care plans also contained some photos which helped staff to involve people in their care plans. The plans contained detailed information about all important areas of support each person needed. They were easy to read and were reviewed and updated approximately every three months. A relative told us they were involved and consulted with all aspects of the person's care planning process. They told us the whole family were involved and consulted, and they felt the staff fully understood the person's needs.

The care plans covered every aspect of each person's daily activities and support needs. Risks were assessed, regularly reviewed, and the care plans were updated regularly to reflect any changes in support needs. The plans were written in the first person and gave staff information about all aspects of the person's health, personal care needs, interests and daily routines. They gave staff an understanding of the person's unique personality, their likes and dislikes and things that were important to them. The plans included information about communications needs, and also how to support people when they showed signs of anxiety or distress. People had detailed Positive Behaviour Support plans giving guidance to staff about techniques they could use to calm or distract the person.

The registered manager told us they planned to increase the level of involvement with people and their families in all aspects of the home in the next year. They planned to create a feedback link on their website for people to express their views both positive and negative. They also planned to investigate greater use of computers and technology to help people have greater involvement in the service and in their care. They planned to hold a full review of each person's care plan every three months, involving the person's family and professionals in decisions about their care.

Daily reports were completed by staff regularly throughout the day. These contained detailed information covering all aspects of the person's day including activities, personal care, meals, drinks, mood and health. Each person had their own monthly report book that had been printed according to their individual needs. The reports guided staff to observe and report on any specific areas of risk. The reports contained an overview of the personal care each person received such as baths, hair washed and nails clipped and weight recorded. These were reviewed on a monthly basis to ensure all needs had been met, and identify any actions necessary or changes to the main care plan.

Staff had worked with each person to help them identify the activities they wanted to participate in. Two people had chosen to attend the provider's day centre which provides facilities for a wide range of activities to suit most interests. One person had chosen not to attend the day centre and their wishes had been

supported. Activities were offered to them according to their individual interests, including shopping trips and walks in the local area, listening to music and visiting family. For the people who attended the day centre they were able to participate in a range of activities including cookery, arts and crafts, cinema, games, computers, pet care, sensory room and gym.

Further activities were provided by the staff at 49 Regents Park such as going for a walk, shopping and cake making.

The home displayed the compliments and complaints book containing the policy and procedure in a visible place for people and their families to see. Each person had been given an easy read version of the complaints policy and procedure. Relatives told us they were confident they could raise concerns at any time. One relative told us they were confident they could speak with the team leader if they had any concerns, although they would have no hesitation in ringing the registered manager if they were not satisfied with the response from the team leader. They told us "I have never had anything to complain about."

## Is the service well-led?

### Our findings

At the last inspection we found the quality assurance systems were not effective. After the inspection the provider received advice and support from the local authority Quality Assurance and Improvement Team (QAiT) to help them improve their systems or implement new systems where necessary. The registered manager carried out regular checks on many aspects of the service. The provider also carried out a range of in-depth audits and checks over a twelve month period. The results of all audits and checks had been input into the provider's Service Improvement Plan. They held weekly and monthly management meetings in which the Service Improvement Plan was discussed and reviewed to ensure actions were being carried out as agreed. While the systems showed significant improvement over the last year they had failed to identify some issues noted during this inspection, such as weaknesses in the recruitment procedure. During and after our inspection we were given assurances the provider and registered manager had addressed these issues promptly. The provider also began to adjust their monitoring and quality improvement systems to ensure that in future they are pro-active in identifying and addressing all issues promptly.

Relatives told us the service was well run. Comments included, "The home is well-run. This is amazing." A professional told us "I have always found the management team wanting to improve their provision and very willing to listen and ask for help."

The provider had recently sent out questionnaires to people who used the service, relatives, professionals and staff. They had a good response rate showing a high level of satisfaction in the service. The results of the survey were collated and a newsletter was sent out letting people know the results of the survey. Where there were areas identified for improvement these were shown. For example, they had told people "Our goal is to review and improve areas where we achieved a 'good' rating rather than 'very good'." The areas they planned to review and improve included: menu choices, cleanliness of the home and the service user's activities programme."

There was a staffing structure in the home which provided clear lines of accountability and responsibility. Staff told us they were confident they could contact the manager if they needed advice or support. They also said the registered manager and providers visited the home regularly. There was a team leader based in the home and staff said they could also speak with the team leader if they needed support.

Since the last inspection the provider has implemented a number of measures to show their support and appreciation to the staff. This has included a 'thank you' party in a local restaurant shortly after Christmas, team building events including ten pin bowling, and also an 'extra mile award' for staff to recognise staff who have shown special commitment to their work. During our inspection the staff we met spoke positively about their jobs and the management of the service. For example, one member of staff told us the organisation of the service was "definitely good. Really good communication. Really, really good support." This meant staff were supported by a stable and happy staff team.

The registered manager told us that the management team had encouraged staff to speak out over the last year, and had sought ways of increasing their involvement in all aspects of the service. The management

team had endeavoured to meet with every member of staff face-to-face both formally and informally to give staff the opportunity to raise any concerns or suggestions. They felt this had proved positive for staff morale and confidence in the service.

The provider and registered manager kept their skills and knowledge up to date through a range of training and support networks. These included conferences and workshops on topics including The Care Certificate – Making it work for your organisation; Devon Independent Care Providers Association meetings; and conferences organised by the Care Quality Commission. The provider told us they have had monthly supervisions by an independent external supervisor to ensure they were following best practice.

The manager was aware of their responsibility to notify the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities, although there were no such events in the last year.