The Regard Partnership Limited

The Regard Partnership Limited - Clareville 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

This inspection took place on 27 March 2017.

3 Clareville Road is a care home providing residential care for up to 10 people with learning disabilities. At the time of our inspection there were nine people living at the service.

There was not a registered manager in post; however a temporary manager was in place whilst awaiting the return of the previous registered manager. 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.

Medicines were administered safely. However we found that peoples PRN protocols were out of date and did not contain details of current prescribed medicines.

People received care from staff that had training and experience. Staff received mandatory training. However, additional training that staff could need to meet people's specific needs had not taken place. We have made a recommendation about this.
Relatives thought their family member were safe. Staff had a good understanding of how to keep people safe. Guidelines were in place for people to access social media safely and a safeguarding policy and whistleblowing policy were available to staff. Care records contained up to date risk assessments to keep people safe whilst encouraging independence

People's needs were met because there was enough staff deployed at the service. The provider followed safe recruitment practices.

The home had been re-decorated and improvements made to the environment. People were protected from hazards in the home.

People were supported by staff who had supervisions (one to one meetings) and an annual appraisal with their line manager.

Staff worked in accordance with the Mental Capacity Act 2005 (MCA). Staff were able to explain what the MCA was and when it applied. Mental capacity assessments were being completed and best interest meetings were being held. DoLS applications had been completed for all people who required them.

The staff met people's dietary needs and preferences. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

There was a sufficient range of activities for people to be involved in that met people's needs.

People were provided with support from staff who were caring. Staff knew, understood and responded to each person's diverse needs in a caring and compassionate way. Staff knew people well, treated them with respect and encouraged their independence.

People were encouraged to be involved in the running of their home and were able to personalise their rooms.

Care plans were detailed, person centred and contained information on people's lifestyles and preferences. They contained detail on who was important to them, what people were good at doing, how people communicated and how to recognise someone was in pain. They clearly detailed what support each person required. The care provided was person centred and reviewed on a regular basis.

Relatives knew how to complain and staff knew how to respond to complaints.

Relatives thought the home was well managed. The manager promoted a positive culture and staff were aware of the vision and values of the home. The manager responded well when incidents occurred.

Audits were completed. These included weekly health and safety audits which were completed by staff and people and medication audits. The manager completed a monthly report for her manager which monitored staffing, staff supervision, staff training, risk assessments, staff meetings and an analysis of untoward events

People, their relatives and staff had completed surveys and these had been responded to.

Staff were involved in the running of the home. Regular meetings took place where staff received important messages and shared good practice. Staff felt supported by their manager.

We made one recommendations to the registered provider.

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

Medicines were administered safely but PRN protocols were out of date

Staff had a good understanding of how to keep people safe

Care records contained up to date risk assessments to keep people safe whilst encouraging independence

People lived in a home that was well maintained

Is the service effective?

Good

The service was effective.

Staff had not received the training they might need to meet people's specific needs. We have made a recommendation about the staff training.

Staff worked in accordance with the Mental Capacity Act 2005 (MCA).

Staff had the opportunity to meet with their line manager regularly.

People's dietary needs and preferences were met.

Peoples health care needs were met.

Is the service caring?

Good

The service was caring.

People were provided with support from staff who are caring

Staff respected people's privacy and dignity.

People were encouraged to be independent

People were involved in the running of their home

Is the service responsive?

Good

The service was responsive

There were sufficient activities for people

Care plans were detailed and person centred

Care was provided in a person centred way

Relatives knew how to complain.

Is the service well-led?

Good

The service was well led

The home was well managed

Regular quality assurance checks were completed

Staff felt supported by the manager

Staff were involved in the running of the home

The Regard Partnership Limited - Clareville Road

Detailed findings

Background to this inspection

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

This inspection took place on 27 March 2017 and was unannounced. The inspection team consisted of two inspectors.

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

During our inspection we spoke with four staff and the manager. Most of the people at the service were unable to verbally communicate with us in any detail to tell us their experiences. We observed interactions between the staff and people throughout the inspection. We also reviewed a variety of documents which included the care plans for two people, three staff files, training records, medicines records, quality assurance monitoring records and other documentation relevant to the management of the home. We spoke with three relatives following the inspection.

We last inspected the service on 12 April 2016. At that inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Is the service safe?

Our findings

At our last inspection in April 2016 we found a lack of sufficient staff deployed to support people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made.

We asked relatives if they felt there were enough staff and they had mixed views about this aspect of the service. One relative said, "There are enough staff. I have never seen anything wrong." A second relative said, "They are clearly understaffed. There are masses of bank staff. There are too many residents for the staffing levels," and a third relative said, "If I'm brutally honest I don't think there are enough staff. I don't think there is a danger. For ages (name of person) didn't have a keyworker." There were occasions over the last three months when people were unable to go to the gym or go out for a drive because of a lack of drivers. One person's family had complained that they were unable to go home because of a lack of drivers. Despite the negative comments from two relatives we found people were provided with the care they needed and were able to attend their activities. The manager may wish to communicate with relatives that new staff have been recruited and to reassure them that staffing levels are as required for the majority of the time.

On the day of the inspection people's needs were met because there were enough staff deployed at the service. Two staff members had phoned in sick. Despite this staff were able to support people with activities as planned, and the manager arranged additional staffing for the afternoon to ensure peoples activities were not affected. Staff rotas showed that sufficient staff were rostered and available to meet people's needs. One staff member said, "I think there is enough staff. Staff are sick but this does not affect people's activities. (Name of person) and (name of person) are two to one in the community and they both went out this morning. A second staff member said, "It is possibly the one thing that we can improve. We try and ensure peoples activities still go ahead," and a third staff member said, "We are short of staff today due to sickness. This isn't regular. We have recruited a lot of new staff." The manager said, "We currently have a thirty hour night vacancy. We use the same three people from the agency as they know people very well."

At our last inspection in April 2016 we found that the premises had not been suitability maintained. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made.

One relative told us, "In the last twelve months they have replaced the carpets and decorated." The home had been re-decorated, a vacant bedroom and the laundry room had been turned into a bedsit with kitchen and bathing facilities, the light fittings had been replaced, some floorcoverings had been replaced, the office had been moved upstairs and the laundry room had been moved outside.

Medicines were administered safely. One staff member said, "We all do training and we have observations. We always administer with two staff, one giving out and the other witnessing." Medicines were kept in people's rooms in lockable medicines cabinets. A second staff member said, "We have two staff who support people with medicines. We audit to ensure no mistakes have been made. We check the expiry dates of medicines in the weekly audits." Medicines were stored securely and in an appropriate environment. Staff

authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. There were appropriate arrangements for the ordering and disposal of medicines from pharmacist. Staff carried out medicines audits to ensure that people were receiving their medicines correctly. We checked medicines administration records during our inspection and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines. However we found that peoples PRN protocols were out of date and did not contain details of current prescribed medicines. We spoke to the manager about this and was told that these would be updated immediately. PRN medicines are medicines that are prescribed to be used when needed rather than be administered at specific times. We will check this has been done at our next inspection

We asked relatives if they thought their family members were safe. One relative said, "We never find anything wrong and the social worker doesn't find anything wrong." A second relative said, "(Name of person) is as safe as can be with the staffing levels they have, and a third relative said, "(Name of person) is safe."

Staff understood safeguarding adults procedures and what to do if they suspected any type of abuse. One staff member said, "I would report any concern to the manager and the safeguarding team. To keep people safe, if it's something urgent I would step in and then report it." A second staff member said, "I would report any abuse to the manager and to CQC." Guidelines were in place for people to access social media safely and a safeguarding policy and whistleblowing policy were available to staff. The safeguarding policy was also available to people in an easy read format. All staff had received safeguarding training.

Staff knew how to keep people safe. One staff member said, "I follow support plans and risk assessments. [Name of person} has had a Speech and Language Therapy Team (SALT) assessment and they need staff to observe them eating and drinking. They are not able to eat and drink at the same time." We observed staff follow these guidelines at lunch time. A second staff member said, "They all have risk assessments which we need to follow. When we take [name of person] out we need to ensure there are two members of staff. This is to keep them safe. If I had any concerns I would talk to the senior on shift," and another said, I keep people safe by doing my job correctly and meeting service users' needs." The manager told us one person had risk assessments that had been completed in partnership with the day service they were attending. Care records contained up to date risk assessments to keep people safe whilst encouraging independence. Person centred risk assessments had been recently completed for individuals covering medicines, keeping them safe in the kitchen, keeping them safe in the home, going out, travel in vehicles, finances, choking, swallowing objects, going out shopping and using social media.

There were appropriate plans in plane in the event of fire. There was a fire risk assessment. Each person had an up to date Personal Emergency Evacuation Plan (PEEP) which identified what support would be needed to evacuate the home in case of fire. Tests of fire equipment were up to date and regular fire drills were being completed.

People were protected from hazards in the home. Regular health and safety audits were completed, water temperatures were checked weekly, first aid audits were completed and a weekly vehicle check was done. Risk assessments were in place for a number of hazards. These included driving the vehicle , the front door, the swing in the garden and arts and crafts activities.

The provider followed safe recruitment practices. Staff files included application forms, employment histories and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from

working with people who use care and support services. Records seen confirmed that staff members were entitled to work in the UK.

Good

Is the service effective?

Our findings

People received care from staff that had the basic training needed to meet their needs. However more specific training to meet people's needs was still required. Staff told us that they received training that enabled them to support people effectively. One staff member said, "I have enough training to do the job. I have also completed mentoring training because it is specific to my role." A second staff member said, "We have adequate training. We have E-learning and classroom training. They go out of their way to make sure we have all the training we need. I requested diabetes training and received it," and a third said, "I have adequate training." Staff had received mandatory training in areas such as moving and handling, safeguarding, first aid and the MCA. However, records showed that additional training that staff would need to meet people's specific needs had not taken place. Eight staff had not received challenging behaviour and physical intervention training, and five staff had not received autism training. We were told someone uses Makaton (Makaton is a language programme using signs and symbols to help people to communicate). Only two staff had received Makaton training. One person's care plan and a review of the staffing levels in September 2016 referred to all staff requiring specific physical intervention training. No-one had received this training. This had not affected the care given to people but there is a risk that staff could harm someone if they physically intervene using an incorrect method.

We recommend that the manager ensures staff receive the training required to meet peoples specific needs.

Staff told us they had the training they needed when they started working at the home. One staff member said, "The induction was OK. It covered fire safety, the Mental Capacity Act, safeguarding, medicines, the Care Certificate and two weeks shadowing." The Care Certificate is a nationally agreed framework which sets a basic standard for the skills staff need to have in order to support people safely.

People were supported by staff who had supervisions (one to one meetings) and an annual appraisal with their line manager. Staff told us they received supervision and records demonstrated this. Topics covered in supervision included the staff member's well-being, reflections, a review of targets, learning and development and feedback on observations of staff at work. Staff appraisals were due in April 2017 and dates were planned for these.

Staff worked in accordance with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were able to explain what the MCA was and when it applied. One staff member said, "It's where people can make decisions for themselves if they have capacity. If people lacked capacity we would arrange a best interest meeting and involve family and advocates." A second staff member said, "We should always assume

someone has capacity until you have proof that they don't. If we have to restrict them we use the least restrictive measures," and a third said, "You can't assume that people don't have capacity. People have a best interest meeting if they lack capacity. Somethings may be locked away for people's best interests." We saw records that demonstrated mental capacity assessments were being completed and best interest meetings were being held. For example these were completed before a person had major surgery and for a person who was accessing social media.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where appropriate people were being restricted to keep them safe. This included doors being locked, and food cupboards and fridges being locked due to people's specific health conditions. People who did not need access to food to be restricted had fridges in their bedrooms so that the restriction did not affect them. One person who had a specific health condition had a best interest decision made about a restriction with an independent mental capacity advocate's (IMCA) involvement. IMCAs are a safeguard for people who lack capacity to make some important decisions. They support and represent the person in the decision-making process and they make sure that the MCA is being followed. DoLS applications had been completed for all people who required them.

The staff met people's dietary needs and preferences. The manager said, "Staff will sit with the service users on a Thursday and ask what they would like to have on the menu. Staff will encourage service users to try and choose a healthy balanced diet and make sure that there is an alternative should any service user not want to eat what is on the menu that day. They will also explain why a balanced diet is important so that they can make an informed choice." People chose food at menu planning meetings using an auditory and pictorial menu. One person who had an eating disorder had been seen by a dietician. They had a folder in the kitchen detailing healthy recipes and snacks for them. We observed staff following the guidelines in this folder.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. One staff member said, "We work closely with the behavioural team and have introduced intensive interaction. Intensive Interaction is a practical approach to interacting with people with learning disabilities who do not find it easy communicating. The manager said, "We like people to go out to the GP. If they go out it makes them feel part of the community. One person gets very distressed going to the surgery. The person can't wait, so the GP comes out or will do an over the phone consultation."

Good

Is the service caring?

Our findings

People were provided with support from staff who were caring. Relatives told us that staff were caring. One relative said, "Staff are very caring and her keyworker is very caring." They told us that when their relative was in hospital they could tell the manager and their keyworker really cared. A second relative said, "The staff are very caring. We get on very well with them," and a third relative said, "Staff are caring. (Name of person) doesn't complain. Their relative passing away upset them. They cried and staff cuddled them." A third relative said, "(Name of person) seems happy. They are always happy to go home when they have been visiting us."

Staff knew, understood and responded to each person's diverse needs in a caring and compassionate way. One staff member said, "I love working here. The nine people we work with are all different. So every day is different." Another staff member said, "We are really passionate about what we do." Staff spoke to us about the needs and wants of people, and activities that people liked doing. They told us about partnership working and how they ensured they had positive conversations about people and about positive relationships with families.

Staff treated people with dignity and respect. A relative said, "We notice they knock on the bedroom door before entering." A staff member said, "I make sure the bathroom doors are closed and pull doors to when needed." A second staff member said, "We are here to ensure the service users are supported and making decisions about their life and activities. For example (name of person) had an activity this morning and they didn't want to get out of bed. This was respected." We saw that bathroom doors were always closed when personal care was given.

Staff knew people well. They were knowledgeable about people's needs and backgrounds. Records contained very detailed life stories. Staff encouraged people to be independent. A relative said, "They encourage independence as far as they can. They get (name of person) to make tea and help with the shopping." We saw one person being encouraged to put their things in the kitchen when they had finished eating and another person being encouraged to make tea. People were involved in preparing the table for lunch and in making it, as well as doing household tasks. One person went out shopping for the ingredients for the supper that evening.

People were encouraged to be involved in the running of their home. One staff member said, "The more able people get involved with laundry and peeling potatoes. There are service user meetings and people choose what's on the menu. We use pictures for people who can't communicate verbally." A second staff member said, "People do their own house meetings where they decide on the menu. We discuss where they want to go on holiday. We don't just go to Butlin's; we went to the New Forest recently."

People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them. People had pictures of their families in their rooms.

Relatives were able to visit the home at any time. Relatives told us about weekend and evening visits to the

home.

Good

Is the service responsive?

Our findings

At our last inspection in April 2016 we found that there was a lack of care planning. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made.

Care plans were detailed, person centred and contained information on people's lifestyles and preferences. They contained detail on who was important to them, what people were good at doing, how people communicated and how to recognise someone was in pain. They clearly detailed what support each person required. One staff member said, "The care plans are up to date and easy to follow."

A staff member said, "We make sure people's needs are met. We have likes and dislikes forms, which get updated when needed." One person who had a specific health condition had been provided with a box of healthy things they could eat throughout the day. This box was carried with them wherever they went. Another person was receiving Positive Behaviour Support and was responding to this. The manager said, "The number of incidents has reduced. Staff are working proactively and communicating well. We have changed our approach. People are in control." Positive Behaviour Support is a way of supporting people who display, or are at risk of displaying, behaviour which challenges services. People have their care reviewed on a monthly basis by keyworkers. There was evidence of people's involvement in these reviews. One person had written their feedback on the review documents. Assessments covered people's needs and captured important person centred information. They covered people's health needs as well as their social background.

People had a sufficient range of activities they could be involved in. A relative said, "There seems to be enough activity. (Name of person's) calendar is always full. A second relative said, "(name of person) works on a farm five days a week. They love that." A staff member said, "They all do different activities. Some go to Day Space (activity work-shops), swimming, go to the café, the cinema or for a drive." The manager told us that they planned to create a sensory area in the garden and to install raised beds for planting so that people could grow and eat their own food.

Complaints and concerns were taken seriously and used as an opportunity to improve the service Relatives knew how to complain. One relative said, I have had to complain. They do respond." The service had received two complaints in the last year. These were about staff parking in a neighbours parking area and a relative complaining about there not being enough staff to take their relative home. Both had been dealt with by the manager.

Staff members knew how to respond to complaints. One staff member said, "If they did complain to me and there was something I could do to rectify it I would do it there and then. If not, I would escalate it." A second staff member said, "If I received a complaint I would listen. Tell them I would take it higher to my manager. I take everything on board as it might be something that could improve the service."

Good

Is the service well-led?

Our findings

At our last inspection in April 2016 we found a lack of robust record keeping. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made.

Care plans were now completed and comprehensive and easy for staff to follow and risk assessments were easy to find.

The provider had effective systems in place to monitor the quality of the service and make improvements. There was a system of audits in place. These included weekly health and safety audits which were completed by staff and people. The last audit had identified broken furniture in four people's rooms. The furniture had been damaged by one person. The manager told us that a new fob system which operated from wristbands was being introduced to stop this from happening. The fob system would allow people to enter their own rooms freely but not other peoples. A recent fire audit had identified that fire doors needed changing and to reduce the risk to people a sprinkler system should be installed. The provider had responded to this and replaced most fire doors and installed a sprinkler system. A weekly medication audit was being completed by senior care staff and a monthly one by the manager. The manager completed a monthly report for her manager which monitored staffing, staff supervision, staff training, risk assessments, staff meetings and an analysis of untoward events. The provider's quality assurance staff had done an unannounced visit to the home in March 2017. An audit feedback form had been given to the manager which identified that some risk assessments needed to be completed. These included COSHH and drivers assessments. The drivers assessments have been booked to take place in May 2017 and the COSHH assessment was already in place.

Relatives thought the home was well managed. One relative said, "The home seems to be well managed." A second relative said, "(Name of manager) is like a breath of fresh air."

The manager promoted a positive culture and staff were aware of the vision and values of the home. The manager said, "At the end of the day this is their (people's) home and we are only visitors." A second staff member said, "It's about the service user being independent as possible," and a third staff member said, "It's about trying to promote independence and giving lots of choice. We are all there to better people's lives. I like to think we achieve this."

The manager responded well when incidents occurred. One staff member had made a medicines error. The manager had followed the doctor's advice, stopped the staff member from administering medicines with immediate effect, had arranged further training for the staff member and had following re-training completed three observations of the staff member before they could independently administer medicines again. One person had been self-harming. The manager had informed the person's family and arranged the appropriate treatment for the person. They had also reviewed the person's risk assessment.

Five relatives had recently completed a survey. This covered the home environment, people being safe,

involvement in the care provided, staff respect and support. The majority of responses were positive. People had completed a survey with the assistance of care staff. All responses were positive. A staff survey had been completed in December 2016. As a result of the staff survey a suggestion box had been introduced and the manager was encouraging staff to discuss their ideas and progression in supervision.

Staff were involved in the running of the home. Regular meetings took place where staff received important messages and shared good practice. At a recent meeting, the whistleblowing policy and safeguarding were discussed as well as increasing activities, staff being champions in areas such as the MCA, activities, dignity and health and safety. The manager told us that the format of the meetings had changed to encourage staff to share ideas and to discuss moving forward as a team.

Staff said they were supported by the manager. One staff member said, "I feel supported because my manager is very approachable. She has an open door. She is on the floor a lot. She listens to suggestions and ideas. She has also been there and worn the t-shirt." (Meaning they had provided care for people so they understood the challenges staff faced.) A second said, "If I want to speak to the manager I can. We are a supportive team," and a third said, "I feel supported because we have a supportive manager. I have supervisions but I know the door is always open."

The manager had notified CQC about some significant events. Significant events should be reported so we can monitor the service and to ensure they responded appropriately to keep people safe.