

The Regard Partnership Limited

Rhyme House

Inspection report

9-11 Chaucer Road
Sittingbourne
Kent
ME10 1EZ
Tel: 01795 439744
Website: www.regard.co.uk

Date of inspection visit: 30 July and 3 August 2015
Date of publication: 18/09/2015

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 

Overall summary

We carried out this inspection on the 30 July and 3 August 2015, and it was unannounced. We inspected this service due to concerns we had received. It was alleged that medicine procedures were not being followed and record keeping was not robust.

Rhyme House is a transitional service providing care and accommodation for up to ten people with learning disabilities. A transitional service provides support to people to improve their independence, with the objective to enable people to move on and live independently in the community whenever possible. There were seven

people at the service at the time of the inspection. People had a variety of complex needs including mental and physical health needs and behaviours that may challenge. It is one of a group of services owned by The Regard Partnership Ltd. The service is situated near the amenities of Sittingbourne.

We last inspected the service Rhyme House on 30 September and 1 October 2014. We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These correspond with the Health and Social Care Act 2008 (Regulated Activities) Regulations

Summary of findings

2014 which came into force on 1 April 2015. The service was found to be in breach of the regulations. These breaches were in relation to, staff not being up to date with training and specialised training; there was no evidence of regular formal and recorded two way supervision; audits and on going monitoring needed to ensure people who lived in the home received a safe and good quality service were not robust; the complaints procedure was not being followed and was not effective in protecting people and improving the service offered to people who lived in the home; records were not comprehensive, had not been kept up to date and signed appropriately and people's personal information had not been kept confidential by staff. Following the inspection the provider sent us an action plan to show how they intended to improve the service and meet the requirements of the regulations.

At this inspection we found that improvements had been made and the provider was meeting the regulations.

Due to people's varied needs, some of the people living in the service had a limited ability to verbally communicate with us or engage directly in the inspection process. People demonstrated that they were happy in their home by showing warmth to the manager and staff who were supporting them. Staff were attentive and interacted with people in a warm and friendly manner. Staff were available throughout the day, and responded quickly to people's requests for help.

The service had a new manager, who had been at the service for two months. They had sent in an application to the Commission to be the registered manager of the service. 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.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Where people lacked the capacity to make decisions the home was guided by the principles of the Mental Capacity

Act (MCA) 2005 to ensure any decisions were made in the person's best interests. Staff were trained in the Mental Capacity Act 2005 (MCA) and showed they understood and promoted people's rights through asking for people's consent before they carried out care tasks.

Staff had been trained in how to protect people from abuse, and discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse. Staff understood the whistle blowing policy and how to use it. They were confident they could raise any concerns with the manager, the locality manager or outside agencies if this was needed.

Staff were knowledgeable about people's needs and requirements. Staff involved people in planning their own care in formats that they were able to understand, for example pictorial formats. Staff supported them in making arrangements to meet their health needs.

Staff were recruited using procedures designed to protect people from the employment of unsuitable staff. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal to carry out their roles.

Medicines were managed, stored, disposed off and administered safely. People received their medicines when they needed them and as prescribed.

People were provided with food and fluids that met their needs and preferences. Menus offered variety and choice.

There were risk assessments in place for the environment, and for each person. Assessments identified people's specific needs, and showed how risks could be minimised. People were involved in making decisions about their care and treatment.

There were systems in place to review accidents and incidents and make any relevant improvements as a result.

The manager investigated and responded to people's complaints and people said they felt able to raise any concerns with staff.

Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served and at other times during the day.

People were given individual support to take part in their preferred hobbies and interests.

Summary of findings

There were systems in place to obtain people's views about the quality of the service and the care they received. People were listened to and their views were taken into account in the way the service was run.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe and staff received appropriate training and support to protect people from potential abuse.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed.

Risks to people's safety and welfare were assessed. The premises were well maintained and equipment was checked and serviced regularly.

Good



Is the service effective?

The service was effective.

People and their relatives spoke positively about the care they received. The food menus offered variety and choice and provided people with a balanced diet.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

Staff understood people's individual needs. They had received appropriate training and gained further skills and experience through extended training in behaviours that challenged.

Staff were guided by the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to ensure any decisions were made in the person's best interests.

Good



Is the service caring?

The service was caring.

Staff treated people with dignity and respect. Staff were supportive, patient and caring. The atmosphere in the service was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good



Is the service responsive?

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people which ensured their needs were met.

Care plans were comprehensive and records showed staff supported people effectively.

A broad range of group activities was provided and staff supported people to maintain their own interests and hobbies.

Good



Summary of findings

People were given information on how to make a complaint in a format that met their communication needs. The provider listened and acted on people's comments.

Is the service well-led?

The service was well-led.

The staff were fully aware and used in practice the home's ethos for caring for people as individuals, and the vision for on-going improvements.

A system was in place to regularly assess and monitor the quality of service people received, through a series of audits. The provider sought feedback from people and acted on comments made.

Visitors were welcomed and the manager communicated with people in an open way.

Incidents and accidents were investigated thoroughly and responded to appropriately.

Good



Rhyme House

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 inspection took place on the 30 July and 3 August and was unannounced. The inspection team consisted of two inspectors.

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 examined previous inspection reports and

notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

People were not always able to verbally express their experiences of living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas.

We spoke with the manager, deputy manager, locality manager and three members of support staff. We spoke with two people, two relatives and two health and social care professionals. We looked at personal care records for two people, medicine records; activity records and four staff recruitment records. We observed staff interactions with people whilst carrying out their duties.

Is the service safe?

Our findings

People told us that they felt safe living in the service. One person said, "I love it here". One relative told us, "I feel he is safe there". Another relative told us, "She is settled and thinks of it as her home".

There were enough staff to care for people's safely and meet their needs. The manager showed us the staff duty rotas and explained how staff were allocated to each shift. The rotas showed there were sufficient staff on shift at all times. The manager said if a member of staff telephones in sick, the person in charge would ring around the other staff to find cover. We saw that there were sufficient staff on duty to enable people to go to planned activities, for example going to the arcades at a nearby beach resort. The manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly.

The provider operated safe recruitment procedures. There was a recruitment policy which set out the appropriate procedure for employing staff. Staff recruitment records were clearly set out and complete. This enabled the manager to easily see whether any further checks or documents were needed for each employee, for example references to be followed up. Staff told us they did not start work until the required checks had been carried out. These included proof of identity check, and a criminal background check. The records showed that these checks were carried out for each new member of staff before they started work for the company. These processes help employers make safer recruitment decisions and helped prevent unsuitable people from working with people who use care and support services. Successful applicants were required to complete an e-learning induction programme during their probation period, so that they understood their role and knew how to care for people safely.

There was a safeguarding policy, and staff were aware of how to protect people and the action to take if they suspected abuse. Part of a recent safeguarding investigation had recommended a pager system be put into place so that staff would know when people were moving around at night in certain parts of the service. This was now in place. Staff were able to describe the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. Staff had received training in protecting people, so their

knowledge of how to keep people safe from abuse was up to date. The manager was familiar with the processes to follow if any abuse was suspected in the service. The manager said if any concerns were raised, they would telephone and discuss them with the local authority safeguarding adult's team. All staff had access to the local authority safeguarding protocols and this included how to contact the safeguarding team. People could be confident that staff had the knowledge and skills to recognise and report any abuse appropriately.

Care plans included risk assessments which were relevant to the person and specified actions required to reduce the risk. These included the risks identified when people went out into the community, risks in the kitchen, and risk of absconding. Staff told us about the risk management strategy for one person. If the person became anxious when they were out in the community, they supported the person with breathing exercises and this worked well to reduce the person's anxiety.

Accidents and incidents were clearly recorded and monitored by the manager and locality manager to see if improvements could be made to prevent future incidents. The manager said that person's risk assessment had been updated with them following an incident. Changes were made in how the person was supported to prevent a reoccurrence and make sure they, and others were protected from harm.

People were supported to receive their medicines safely. The manager had made changes and the appropriate medicine cabinets were in place. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Staff were suitably trained and followed best practice guidance when administering medicines. They knew how people liked to take their medicines and medication administration records (MAR) confirmed that people received the medicines as prescribed. Staff worked with people as part of their individual transition plan to work towards self-administration of medicines as appropriate. There was information for staff to read about possible side effects people may experience in relation to certain medicines. This was to make sure that company policy was followed and people received their medicines appropriately and in a safe way.

Is the service safe?

The premises had been maintained and suited people's individual needs. The manager had had most areas of the home refreshed, and people's bedrooms had been repainted with a colour of their choice. On the first day of the visit, we found an outside area that was overgrown, and the wooden rails around the ramp out into this area were unsafe. On the second day of the visit the area had been cleared and new wooden rails had been put in place that had made the area safe for people to access. Equipment checks and servicing, for example fire checks, were regularly carried out to ensure the equipment was safe and fit for purpose. The manager carried out risk assessments for the building and for each separate room to check for any hazards.

Emergency procedures in the event of a fire were in place and understood by staff. Records showed fire safety equipment was regularly checked and serviced. Staff knew how to protect people in the event of fire as they had undertaken fire safety training and took part in practice fire drills. Evacuation information was available in each person's care plan and by the front entrance. These included details of the support they would need if they had to be evacuated. These were kept in an accessible place and readily available in the event of an emergency.

Is the service effective?

Our findings

At our last inspection on 30 September 2014, we identified breaches of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff did not have all the essential training, supervision and support they need to provide effective care and treatment. The provider sent us an action plan stating they would meet the requirements of the regulations. At this inspection we found that improvements had been made in staff training, support and supervision.

People told us that staff looked after them well. One person commented “I like it here”. Relatives told us “I have seen improvements since the new manager started”, and “The deputy manager is good with my relative, and is able to calm them down”.

New staff undertook an e-learning induction training, which provided them with essential information about their duties and job roles. The induction also included shadowing an experienced worker until the member of staff was assessed as competent to work unsupervised. Staff had completed or were currently undertaking vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidates must prove that they have the competence to work to the required standard.

Staff received refresher training in a variety of topics such as moving and handling and food hygiene. The registered manager provided a copy of an updated staff training schedule following the inspection, together with information about training that staff were booked on. This document showed all the training that staff had received and training that had been booked for staff over the next few months. Staff were trained to meet people’s specialist needs such as, autism and epilepsy. They also completed practical training in behaviours that challenge and behaviour intervention. Staff said the training they undertook, enabled them to give people the support they needed.

Staff were supported through individual one to one meetings and appraisals. These provided opportunities for staff to discuss their performance, development and

training needs, which the provider monitored effectively. The manager had introduced a format with different categories and we saw that supervision had been well documented. In this small service staff saw and talked to each other every day. These handover discussions gave staff an opportunity to discuss any issues and made sure they were up to date with any changes to people’s needs.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand how to use these in practice. People’s consent to all aspects of their care and treatment was discussed with them or with their legal representative as appropriate. We observed that staff asked people’s consent before assisting with any personal care. Mental capacity assessments had been completed as appropriate. These documented the ability of the person to make less complex decisions. There was also information about how and when more complex decisions should be made in consultation with others to ensure they were in the person’s best interest. The management team understood how to assess a person’s ability to make less complex decisions. The manager told us, and records showed that DoLS applications had been made for people, in consultation with other professionals. This was to make sure that people’s freedom was not restricted without authorisation from the appropriate authority.

People were supported to have a balanced diet. There were menus in place. The menu showed a variety of food people could choose from. The staff knew people well and asked each week if people had any requests. Staff offered people hot and cold drinks throughout the day or supported people to make their own drinks. People were offered choices of what they wanted to eat, some people were able to make their own meals and others made their own meals with support from staff. Some people were weighed regularly to make sure they maintained a healthy weight, whereas others chose not to be weighed regularly.

The manager had procedures in place to monitor people’s health. Health action plans had been discussed with people and completed. Referrals were made to health professionals including doctors and dentists as needed. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded.

Is the service effective?

Future appointments had been scheduled and there was evidence of regular health checks. People's health and well-being had been regularly and professionally assessed and action taken to maintain or improve people's welfare.

Is the service caring?

Our findings

People told us the staff are all good. One relative commented, "I am pleased with the way they are promoting the family member's independence, the staff are very caring". Another relative said, "The family member is more settled and happier now". Due to some people's varied and complex needs they had a limited ability to understand and verbally communicate with us. However, the staff recognised and understood people's non verbal gestures and body language. This enabled staff to be able to understand people's wishes and offer choices.

There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Staff demonstrated an understanding of people's diverse needs and were able to tell us about non-verbal actions and signs that people used to communicate their needs. One member of staff told us that they were booked to undertake Makaton sign language training in the near future. All members of staff, regularly interacted with each person who lived at the service, throughout our inspection. This demonstrated that staff involved people and this in turn helped to promote their well-being.

Relatives felt welcomed when they visited and had been involved in planning how they wanted their family member's care to be delivered. Since the manager started work at the service, relatives told us they felt involved and had been consulted about their family member's likes and dislikes, and personal history. People indicated through facial expressions and gestures that staff knew them well and that they exercised a degree of choice throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. We observed that people could ask any staff for help if they needed it. People were given the support they needed, but encouraged to be as independent as possible too.

The staff recorded the care and support given to each person. The manager had involved people and implemented individual development plans for each person. People were involved in regular reviews of their care plan, which included updating assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing.

Relatives told us and we saw that people's privacy and dignity was respected. Staff gave people time to answer questions and respected their decisions. Any support with personal care was carried out in the privacy of people's own rooms or bathrooms. Staff supported people in a patient manner and treated people with respect. Interactions were observed to be respectful and patient. Requests for help or attention were responded to promptly by staff.

Staff spoke to people clearly and politely, and made sure that people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. We saw people had personalised their bedrooms according to their individual choice. People were invited to attend monthly keyworker meetings, where any concerns could be raised, and suggestions were welcomed about how to improve the service. Relatives told us that they could talk freely to the manager or the deputy manager. The manager followed these up and took appropriate action to bring about improvements in the service. For example, a two seater sofa was provided for the use of one person in their own room.

Is the service responsive?

Our findings

At our last inspection on 30 September 2014, we identified breaches of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The complaints procedure in the service was not being followed and therefore was not effective in protecting people and improving the service offered to people who lived in the home. The provider sent us an action plan stating they would meet the requirements of the regulations. At this inspection we found that improvements had been made in the handling of complaints.

Relatives told us that the manager kept in contact and provided updates in relation to any changes. They said they were informed when reviews were taking place, so that they could attend the meetings. One relative said, "Our relative is working towards more independence and has social opportunities in the community".

People and their relatives or representatives had been involved when assessments were carried out. People's needs were assessed and care and treatment was planned and recorded in people's individual care plan. The two health and social care professionals we spoke with, told us about positive actions taken by the manager to address and resolve concerns that had been raised. There were comprehensive needs assessments in place, detailing the support people needed with their everyday living. These care plans contained clear instructions for the staff to follow so that they understood how to meet individual care needs. For example, "I need to be reminded to have a shower and dress. Staff will need to support me with this", and "I can eat anything that does not have gluten in it". Individual pictorial guides were used as part of the care planning system to remind people in pictures about their routines. The staff knew each person well and was able to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed. The level of support people needed was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they

were put in place. People had their individual needs regularly assessed, recorded and reviewed. They and their relatives as appropriate, were involved in any social services care management reviews about their care. Staff confirmed that people received care or treatment when they needed it.

Clear guidance was in place for staff to support people who presented behaviours that could harm them or other people. The specific behaviours that the person may exhibit were clearly listed, together with the appropriate response that staff should take and information about what could trigger the behaviour so this could be avoided. People's changing needs were observed and recorded on a daily basis. This information was monitored and reviewed by staff. Findings were fed back into individual care plans, risk assessments and behaviour guidelines to make sure that they were up to date. This meant that people's needs were monitored and reviewed on a regular basis to ensure that their needs were met.

People were supported to take part in activities they enjoyed. People told us they had the opportunity to access the local community such as walks, pub meals and visiting relatives. Records showed that people were able to celebrate events that were important to them, such as birthdays. We saw that people were supported to go out to their planned activities. One person told us they enjoyed bowling, swimming and going to the gym. Activities had been tailored to meet people's individual needs. Staff described how they continually reviewed and developed activities by seeking feedback from people. People's family and friends were able to visit at any time. We saw that people were helped to develop independent living skills such as cleaning, making drinks and doing their laundry on the day of our visit. This meant that people took part in home life and activities in the local community.

The service was adapted to meet people's individual needs. For example, bedrooms were decorated with posters and ornaments chosen by the person, demonstrating an understanding of person centred care. To meet one person's physical needs, a bath seat and grab rails had been put in place in the person's bathroom to maintain their safety.

Complaints received about the service were dealt with in a timely manner and in line with the provider's complaints policy. People were given information on how to make a complaint in a format that met their communication needs.

Is the service responsive?

For example, in large print and pictorial format. Staff told us that people showed their concerns in different ways either verbally, or by facial expressions and different behaviours. Most concerns were dealt with at the time they were raised by people. Relatives told us that if they had any concerns they would speak with the manager or the deputy manager. They said they had no concerns. The manager

said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. We saw records to support this. Relatives told us they knew how to raise any concerns and were confident that the manager dealt with them appropriately and resolved these.

Is the service well-led?

Our findings

At our last inspection on 30 September 2014, we identified breaches of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems for assessing and monitoring the service were not effective. The provider sent us an action plan stating they would meet the requirements of the regulations. At this inspection we found that improvements had been made in quality assurance and record keeping.

Relatives and staff told us that they thought the service was well-led. Relatives said that they had no concerns and that the manager was approachable and very helpful. One relative told us, "It has completely changed since the new manager started, things are now getting done". Staff commented, "We can see that improvements have been made", "We are working well as a team", and "We can always talk to the manager if there is a problem, she is very approachable".

People, relatives and health and social care professionals spoke well of the manager and staff. We heard positive comments about how the service was run. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people and visitors and listening to their views. The manager said there was regular contact with parents and families.

The provider had a clear vision and set of values for the service. This was described as 'Our Commitments', which included listening to people, delivering individualised and person centred services, investing in our workforce and working in partnership. The management team demonstrated their commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. From our observations and what people told us, it was clear that these values had been successfully cascaded to the staff. Staff were committed to caring for people and responded to their individual needs. For example, person centred care plans, individual activity plans and bedrooms that had been decorated to the individual's taste.

The management team at Rhyme House included the manager, deputy manager and support staff. The locality manager provided support to the manager and the manager provided support for the deputy manager and support staff. We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to. Staff said that the management team were approachable and supportive, and they felt able to discuss any issues with them.

There were systems in place to review the quality of all aspects of the service. Audits were carried out to monitor areas such as care planning and accident and incidents and external auditing was carried out in relation to health and safety. Appropriate and timely action had been taken to protect people from harm and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings where people were asked about their views and suggestions; events to which family and friends were invited; and regular contact with the manager, deputy manager and staff. The manager was in the process of setting up an online survey for people to complete.

Communication within the service was facilitated through regular team meetings. Minutes of staff meetings showed that staff were able to voice opinions. We asked two of the staff on duty if they felt comfortable in doing so and they replied that they could contribute to meetings and 'be heard', acknowledged and supported. Staff told us there was good communication between staff and the management team. The manager had consistently taken account of people's and staff's input in order to take actions to improve the care people were receiving.

The manager was aware of when notifications had to be sent to the Commission. These were notifications about any important events that had happened in the home. Notifications had been sent in to tell us about incidents

Is the service well-led?

that required a notification. We used this information to monitor the service, plan our inspection and check how any events had been managed. This demonstrated the manager understood their legal obligations.