The Regard Partnership Limited

The Regard Partnership Limited - Arrowe Park Road

Inspection report

Arrowe Hall
Arrowe Park Road, Woodchurch
Wirral
Merseyside
CH49 5LW

Tel: 01516061030
Website: www.regard.co.uk

Date of inspection visit:
25 January 2017

Date of publication:
06 March 2017

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 comprehensive inspection took place on 11, 21 and 30 November 2016 and 25 January 2017.

Initially, the inspection was unannounced. However, there was a delay in the inspection because of unforeseen circumstances, which we explained to the registered manager on 24 January 2017. We visited to complete the inspection the following day.

Arrowe Hall is a period property set in the grounds of Arrowe Park. It is a large, grade 2 listed mansion house. The house has been converted to flats, most of which are single occupancy, but one ground floor flat accommodates four people. There are communal areas, but most people enjoy the privacy of their own homes. There were 22 people living in the house all together and seven of these people have a domiciliary care package from the service to support them with their personal care. It is the personal care part of the service that is registered with the Care Quality Commission to carry out the regulated activity of 'personal care'. This care is available 24 hours a day. The tenants of Arrowe Hall are adults with enduring mental health needs or learning difficulties, Asperger's syndrome and/or conditions on the autism spectrum who all have various support needs.

The service required a 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. The service had had a registered manager who had been registered since March 2016.

The service used safe systems for recruiting new staff. These included checking references and a criminal conviction check using the Disclosure and Barring Service (DBS) for criminal records.

People told us they were happy about all the aspects of their care and support in their own homes. We found that the service was adequately staffed, with competent and trained staff members. They had an induction programme in place that included training staff to ensure they were competent in the role they were doing at the service and received on-going training. We noted that more robust training in breakaway techniques was needed and during the course of our inspection, saw that this had been addressed. Staff told us they felt supported by the senior staff and the registered manager.

The care provided was person centred and individual to each person's needs and staff and senior managers kept accurate and up to date records of the care they delivered. Staff knew how to safeguard people from abuse and report any concerns.

Risk assessments were carried out for people and where they needed help, they were given support to administer their medication. People could choose what they wanted to eat and they often went out for meals to local cafes or pubs.

The service was monitored effectively for quality and people using the service were listened to and treated with respect and dignity. Any complaints were dealt with effectively and the outcomes were recorded.

The provider had complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and its associated codes of practice in the delivery of care. We found that the staff had followed the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of what their role was and what their obligations where in order to maintain people's rights and were aware of the differences in the implementation of the MCA in a person's own home. However, the recording of consent obtained was in some part, inconsistent and needed improvement. Over the course of our inspection, we found that suitable recording practices had been put in place to evidence that appropriate consent had been obtained for issues around people's support needs.

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.

There was appropriate recording of medication, which was stored safely.

Staff had been recruited safely. Recruitment, disciplinary and other employment policies were in place.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people.

Is the service effective?

Good

The service was effective.

All staff had received training and had been provided with an on-going training plan. Staff received good support, with supervision and annual appraisals taking place.

The service worked within the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

We saw that people's dignity and privacy was respected when staff supported them.

People we spoke with praised the staff.

Staff were aware of how to protect people's confidentiality.

Is the service responsive?

Good

The service was responsive.

Care plans were up to date and informative. The information provided sufficient guidance to identify people's support needs.

The complaints procedure for the service was up to date and available.

People were able to attend a wide variety of activities.

Is the service well-led?

Good

The service was well-led.

There were systems in place to assess the quality of the service. People who received the service, their relatives and staff were asked about the quality of the service provided.

Staff were supported by the registered manager and deputy manager.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

The Regard Partnership Limited - Arrowe Park Road

Detailed findings

Background to this inspection

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

This inspection took place on 11, 21 and 30 November 2016 and the first day was unannounced. Due to unforeseen circumstances, the inspection was not finalised until 25 January 2017. We announced the January 2017 visit on 24 January 2016, due to the time lapse, when we gave an explanation to the registered manager.

The inspection was carried out by two adult social care inspectors.

Prior to our visits, we also looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at whether any safeguarding referrals, complaints and any other information from members of the public had been received by us. We checked with the local authority to see if there was any information we should consider during this inspection.

We talked with seven support staff and, the deputy manager and the registered manager. We also talked with five people who used the service. These people were unable to communicate verbally with us, but we noted their reactions and body language.

We looked at seven care plans and other records relating to peoples care, five staff files, training records and other records relating to the running of the service. We spoke with six people who used the service and to seven staff including the registered manager.

Good

Is the service safe?

Our findings

One person told us, "Oh yes, it's really safe here".

Staff demonstrated that they had an understanding of the arrangements for safeguarding vulnerable adults. There were able to tell us about abuse and how to report it. We saw that the safeguarding policy followed local safeguarding protocols. Staff told us that if they had any concerns about any allegations of abuse or neglect they would report this to the senior staff member on duty immediately and most staff also knew that they were able to report it to the local authority or to CQC. The staff was aware of the whistleblowing policy and told us they would have no hesitation to use it if required.

Records showed that all staff had completed training about safeguarding adults. Some of this training had been identified as needing updating by the registered manager and we saw that there were plans in place to update staff knowledge. One staff member told us," Oh yes. They always get you updated training in safeguarding". We saw there were notices in the communal areas about what abuse was and what should be done about it.

We viewed the rotas for the service and saw there were sufficient staff on duty to meet the needs of the people receiving the service and also to meet any urgent or emergency needs of people who lived in Arrowe Hall but who did not ordinarily use the service regularly. There were approximately 80 support staff available for the service to use regularly. Staff generally were rostered to work as a regular core team, so they were knew the people they supported and each other. Everyone who lived at Arrowe Hall received at least one to one support. This meant there was always at least one staff member supporting each person who received a service at all times throughout the day.

When we looked at staff recruitment files we saw that staff had been recruited using safe recruitment methods. There had been an appropriate application and interview process and before any staff member had started in employment there had been checks made on any criminal convictions and their previous employment history. We saw that there were appropriate employment policies and procedures in place, such as grievance and disciplinary procedures.

All but one of the seven people who used the service administered their own medication; the other people were prompted by staff to administer their medication. Medication administration records (MAR) were kept in their flats and staff had recorded how much of their medication had been administered. Initially, we found that there were some discrepancies in the recording of the medication charts, with the amounts of stock which remained and pointed this out to the registered manager. The registered manager immediately addressed the problem and put in to place additional processes to ensure that staff were updated with peoples medication needs better and that surplus medication was returned frequently to the pharmacy.

Most people had their medication sent from the pharmacy in blister packs. The deputy manager told us, "Yes we keep MAR sheets, but only one person has their medication actually administered. Most people have their medication in blister packs and self-administer. We prompt them to do this".

Some medication was administered, 'PRN'. This means that medication is administered, 'as required'. We discussed with the registered manager that some PRN medication plans had not been recently reviewed. The registered manager told us during the course of our inspection, that this had been addressed and that all the PRN medication protocols and individual care plans had been updated. When we checked the care plans, we found that this was correct.

One staff member told us, "The pharmacist from the pharmacy checks them in with us". They went on to say, "When we get medication training, we have to be observed as competent before we can do them on our own. After that, we get checked every six months".

Each flat was tenanted and the responsibility of the person who lived there to keep clean. The provider offered a domestic service to those people who not able perform domestic tasks themselves. All the flats we saw which received such a service were very clean and tidy. Communal areas were maintained by the service and were all clean and well looked after.

We saw that most accidents and incidents were recorded and dealt with appropriately. Whilst we were inspecting, an email was sent to all staff to remind them to record all and any incidents or accidents, properly.

Personal emergency evacuation plans (PEEPS) had been written and were stored in a safe but accessible place centrally in the building. These PEEPS told how the person would need assistance from staff and emergency services personnel in case of an emergency. They gave details of people's mobility needs and any other conditions which may impact on a safe building evacuation.

Where people were at risk, for example of falls, going out in the community, using money and public transport, risk assessments were completed and management plans were put into place to minimise any risks to people's health safety and welfare. The provider completed a monthly check to ensure these remained safe and well maintained.

Good

Is the service effective?

Our findings

A staff member told us, "I'm all up to date with my training".

We looked at staff records. We saw that new staff received the provider's comprehensive induction programme, which detailed training needs and which gave key training such as safeguarding, infection control, moving and handling and health and safety. We saw that staff had attended a range of additional and ongoing training including food hygiene, first aid, care planning and control and restraint. Staff had also achieved Health and Social Care Diplomas Levels 2 and 3. We were told that the provider encouraged staff to progress and provided appropriate training to help them achieve this. A staff member said, "I know all about the procedures and have had recent training in medication administration and mental capacity".

Staff told us they felt they needed more training in 'breakaway techniques'. Breakaway techniques are manoeuvres used by health and social care workers to break away from a violent patient without harming him or her. They do not include control or restraint methods. We discussed these staff observations with the registered manager during our inspection. They advised us that such training had been arranged for December 2016 and that from January 2017, induction training for for new staff would also include training in breakaway techniques.

We observed that there was good communication between support staff and people living in Arrowe Hall. Staff also told us that there was good communication between the staff and the managers of the service. A staff member told us about the registered manager "[The registered manager] is always approachable. She's got an open door policy and always wants to know; she records everything".

We saw evidence in the staff files that staff were regularly supervised by their line manager. One staff member told us, "I have regular supervisions. It's a good experience. We plan and work on things".

We were told by all of the staff we spoke with that they had received an annual appraisal. They told us that they felt supported and that they could talk to the manager or senior staff about any concerns they had. We were also told that staff meetings were held at times when information was required to be shared from the management. We saw evidence to confirm this.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (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. People can only be deprived of their liberty to receive care and treatment when this was 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). In a domestic setting, such as in Arrowe Hall where people occupied their own apartments, this process is by application to the 'Court of Protection'.

The registered manager and the staff we spoke with were knowledgeable about the MCA and its principles and application. The service and the provider trained all the staff and produced guidelines on the MCA to ensure that staff knew how to respect a person's legal right to consent to their care and treatment. We checked whether the service was working within the principles of the MCA and whether any one was the subject of a Court of Protection. One person was the subject of a Court of Protection order and we saw that this had been documented and followed appropriately.

Some people we talked with went out for lunch or dinner and some people were supported to prepare their meal and to cook themselves, according to what they wanted to do. People were encouraged to adopt a healthy eating lifestyle.

All the accommodation was in a converted, older and 'listed' building. The flats were large and wheelchair accessible. The kitchen and other rooms in each person's flat had been designed to give as much storage space as possible. People's bathrooms were accessible. Most of the building had been adapted to be suitable for people of all ages and abilities, within the scope of the listing principles of it.

Good

Is the service caring?

Our findings

One person told us, about the staff, "They're lovely, they really are".

We noted that all staff on duty knew people who lived in Arrowe Hall well and were able to communicate with them and meet their needs in a way each person wanted. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred.

We observed that staff were very patient and supportive to the people who were receiving the service. We saw that the entries that they had made in the person's daily records, which were kept in their flat, demonstrated a clear understanding of the needs of that person and that they reflected that the staff member cared about their welfare.

One person said, ""The staff are smashing".

We observed staff interacting with people throughout the days of the inspection. From their interactions it was clear staff had a good knowledge of each person and how to meet their needs.

Staff were very supportive and we heard them throughout the inspection, supporting people to make decisions and we observed that the staff were patient and gave people information. This confirmed comments made by the people who used the service. We saw that people were constantly encouraged by staff to be as independent as possible. People we spoke with told us that staff met people's individual care needs and preferences at all times.

We saw when members of staff were talking with people who required care and support; they were respectful to the individuals and supported them appropriately with dignity and in a respectful manner.

We noted that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in the privacy of their own flat. Each flat was respected by staff as the person's own home. We noted that staff knocked and waited for an invitation to come in, before they entered a person's flat.

Each of the flats we saw had been furnished and decorated to the persons own choice. One person had a small pet which at times was allowed to play and exercise outside its cage. We saw that although some staff disliked and feared small animals, they were restrained in their feelings and did not object and they enabled the person to enjoy their pet as they chose, in their own home. This meant that the staff members' approach demonstrated understanding and promoted the person's individuality, preferences and well-being.

The registered manager told us that if any of the people could not express their wishes and did not have any family/friends to support them to make decisions about their care they would contact an advocate on their behalf. The information about advocates was displayed on the notice board.

Good

Is the service responsive?

Our findings

One person said, "It's a great place".

Staff received training in person centred care and we saw that the care files we looked at, were written in a person centred way. We observed that the staff's support, care and approach to the people being supported by the service was individualised and knowledgeable. It was clear from people's care records that staff knew them well.

We looked at people's care plans. These contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs.

People's needs had been assessed and care plans developed to inform staff what care to provide. The records told staff about the person's emotional wellbeing and what activities they enjoyed.

The plans were effective; staff were knowledgeable about all of the people they delivered the service to and what they liked to do. People told us there were positive outcomes from the support they received from the service, such as being able to continue to be independent with the knowledge that there was always a safety net because staff were responsive.

People were supported to attend healthcare appointments in the local community. Staff monitored people's health and wellbeing. Staff were also vigilant in noticing changes in people's behaviour and acting on that change.

The records we looked at informed the staff how to ensure that people had the relevant services supporting them. The registered manager told us that doctors and other health and social care professionals, visited people as required. One person told us, "No worries in that respect. They are all great".

People's needs were reviewed frequently, as required. There were usually, monthly updates on the care plan records to update staff to any changes in people's care. All the people receiving the service, said they were happy with the care.

Many of the people living in Arrowe Hall had their own transport but all needed staff to drive them to various locations and events. People told us that they frequently went out to attend coffee mornings, to lunch, to the pub or café.

People also went to the cinema, to the bowling alley or for a walk. Some people were able to be independent with their own work, recreational preferences or needs. We also saw that staff assisted people with their own small pets.

The feeling in Arrowe Hall was very much about people's independence and individuality. We found that people were able to live their life as they chose and to determine their own future as much as they were able

to.

The building operated a no smoking policy and offered a smoking shelter for people living there.

We saw that people visited each other and had made friends and acquaintances with the people who were tenants in Arrowe Hall. The building and the availability of help or support, had made a difference to people living in Arrowe Hall, we were told by people.

The service maintained a record of concerns and complaints or issues and investigations and outcomes. There were some complaints, but all had been investigated and a solution had been found. There was also a record of compliments.

Good

Is the service well-led?

Our findings

A person who used the service said, "The manager is ok"

A staff member told us, "The registered manager is really good". Another said, "She's got an open door policy; always wants to know if there are any problems".

We found that the registered manager and the staff had a clear understanding of the culture of the service and were able to show us how they worked in partnership with other professionals and family to make sure people received the support they needed. We talked to the registered manager and they told us how committed they were to providing a quality service.

There were effective systems in place to assess the quality of the support provided by the service. These included medication audits, staff training audits, health and safety audits, incident and accident audits and falls audits. We looked at recent audits. We saw records which evidenced what senior staff had done to evaluate and improve the service. The provider also completed audits to ensure that the quality of the service was maintained and of a good standard and had its own quality assurance manager who completed unannounced visits to the service. We also noted that staff, people who used the service and their relatives had been invited to respond to surveys sent to them about the quality of the support.

We looked at the ways people were able to express their views about the service and the support they received.

We saw that people were encouraged and enabled to make good community links. People told us they often went out and integrated with the wider community. One person told us, " I always go to the cafes and pubs; it's what everyone does".

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the service had informed the CQC of some events in a timely way. This meant we could check that appropriate action had been taken. However, on cross checking the records we saw that some events had not been reported to us as required. We discussed and clarified the legal requirements of sending statutory notifications through to CQC and the registered manager told us the situation would improve.
Otherwise, the service met the registration requirements. They had also made appropriate referrals to either the local social services or local healthcare providers, as necessary.

Staff told us the registered manager and the senior carers were easy to talk and open and transparent. They told us they had a good relationship with them.

We saw that the service had various policies and procedures related to its running, staff and its practices. The service had systems and process's to make sure it operated safely, to ensure compliance with the legal requirements.