

The Regard Partnership Limited

Two Wells

Inspection report

Two Wells
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 6 and 10 November 2014. We announced the inspection the day before. This was because Two Wells is a small care home and we wanted to make sure that people would be available to talk with us.

Two Wells provides accommodation and personal care for up to four people with a learning disability. It is a detached house which is situated in a semi-rural village.

People who live in the home have their own bedroom and there are shared areas including a lounge, dining room, kitchen, bathroom and gardens. At the time of our inspection, four people were living in the home.

Two Wells was last inspected in December 2013. No concerns were identified at that inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

There were procedures in place to keep people safe. Staff knew how to report any concerns about people's welfare. We found that, where a concern had arisen, staff had taken appropriate action to report this in line with local safeguarding procedures. However, the registered manager had not notified the Care Quality Commission about the incident as they are required to do by law.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Improvements were needed in relation to the implementation of DoLS to ensure decisions to deprive people of their liberty in the care home were made in people's best interests.

People received the care they needed. Staff responded to changes in people's needs and involved health care professionals when necessary. Risks to people's welfare were assessed to help them be safe in their home and community. This helped ensure people could lead full and active lives.

People had caring and supportive relationships with staff. They told us that staff knew them well and listened to

them. People were able to make choices about how they spent their time and make decisions about the running of their home. We observed that staff did things with people, rather than for people, to promote their independence. This helped ensure that people's rights were respected.

There were arrangements in place to store and administer people's medicines. Where people wanted to take their medicines by themselves, we found they were able to do this. Checks were carried out on medicines to make sure they were being given safely.

Staffing was arranged to meet people's needs. Staff worked flexibly and received training and supervision to help ensure they understood people's needs and their responsibilities. People told us there were enough staff to give them the support they needed.

People, and their relatives, told us they felt able to raise any concerns and felt confident the registered manager would listen to them. There was a clear management structure which meant that staff knew where to seek advice and support. The provider carried out checks on the quality and safety of the home to ensure that standards were maintained.

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. Staff had received training in safeguarding adults and knew how to report concerns about people's welfare.

Risks to people's welfare were managed to ensure people were safe while leading a full and active life.

There were enough staff to meet people's needs and promote their safety in the home.

People received the medicines they required in a safe way.

Good



Is the service effective?

The service was mostly effective. People were supported to make choices about what they had to eat and drink. Staff were aware of changes in people's weight although records were not always robust enough to ensure appropriate action was taken in response to weight loss.

People were involved in making decisions about their lives in line with the Mental Capacity Act 2005. The registered manager had not taken action to ensure they met the requirements of Deprivation of Liberty Safeguards at the time of our inspection.

People told us that staff understood their needs. Staff received training to help them meet people's needs and received support to carry out their work through regular meetings and supervision.

People received the support they needed to maintain their health. Staff liaised with various health care professionals to ensure people's needs were met.

Requires Improvement



Is the service caring?

The service was caring. Staff listened to people and provided them with emotional support.

The service promoted people's dignity and independence and enabled people to maintain friendships and relationships outside of the home.

Good



Is the service responsive?

The service was responsive. People received their care in a way that suited them and were able to do activities of their choice. Staff supported people in achieving their personal goals and in leading a fulfilling life.

People were encouraged to make suggestions about their home and express their views about their care. Staff took action in response to what people told them.

Good



Summary of findings

Is the service well-led?

The registered manager had not notified us of an incident that had occurred in the home as required by law.

The provider carried out checks on the service to ensure it was providing care of a suitable standard.

There were clear lines of accountability within the organisation. This meant that people knew who they needed to go to for advice and support. People who lived in the home and their relatives felt able to discuss concerns openly with the registered manager. They were confident that the manager would listen to them and make improvements where required.

Requires Improvement



Two Wells

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.

The inspection took place on 6 and 10 November 2014 and was announced. We gave the registered manager 24 hours' notice because the service was a small care home for younger adults and we wanted to make sure someone would be in. The inspection was carried out by one inspector.

Before the inspection, we looked at all the information we held about the service. This included any notifications we had received from the registered manager. A notification provides information about important events which the service is required to tell us about by law.

On the two days of our inspection, we spoke with all four people who lived at Two Wells, two care staff, the registered manager, the regional director and the relatives of one person who lives in the home. We also observed people going about their daily lives and receiving support from staff. Following the inspection, we spoke with two people's relatives by telephone and obtained feedback from two health and social care professionals who visited the home. We looked at three people's care records which included care plans and risk assessments. We also looked at the provider's policies and procedures, three staff records, duty rotas and information about the management of the service.

Is the service safe?

Our findings

People told us they felt safe living in the home. We also spoke with three people's relatives, all of whom told us that they believed their family members were safe living at Two Wells.

The provider had policies in place about recognising and reporting abuse and poor practice. These gave staff information about what to do if they had concerns that someone was at risk of abuse. Training records showed staff received training in safeguarding adults and staff we spoke with knew how to report concerns about people's welfare. We found staff had taken appropriate action to notify the police and local authority of a safeguarding concern in line with local procedures which helped promote a person's safety.

Risks in relation to people's welfare were assessed and managed. This ensured they received the support they needed to be safe while enabling them to have independence and freedom in their home and community. For example, one person who lived in the home wanted to go out by themselves in the evening. Risk assessments were in place to help them do this in a safe way. We observed the registered manager discussing this with them during our inspection. Other people were able to be independent around the home, for example with cooking and cleaning because risks had been assessed to ensure they were able to do this safely.

People received their medicines in a safe and personalised way. People stored their medicines securely in the home. One person required specific medicine to use in an emergency. There were arrangements in place to ensure they had their medicine when they needed it, both in their home and community. These arrangements included training for staff before they came to work in the home. Records showed that their emergency medicine had been given as prescribed. Where people wanted to take their medicines independently, procedures were in place to enable this to happen safely. Regular checks were carried out on medicines to make sure that people were receiving their medicines appropriately.

There were enough staff to support people and respond to unforeseen events. People who lived in the home told us there were enough staff to support them at all times. For example, one person described how there were enough staff available to listen to them when they wanted to talk about how they were feeling. Another person said there were enough staff to help them take part in activities. The registered manager told us that staff worked in a flexible way to ensure people received the support they required at times that suited them.

Staff had been trained to manage risks such as first aid and fire safety, to enable them to take action in an emergency. There was an on-call system in place for staff to obtain support from management when needed.

Is the service effective?

Our findings

Although people received a service that was mostly effective in meeting their needs, we identified that improvements were needed in relation to the implementation of Deprivation of Liberty Safeguards (DoLS). DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or necessary to keep them from harm.

It is the provider's responsibility to review existing care and treatment plans for individuals to determine if there is a deprivation of liberty and to make applications to the local authority, where appropriate. We found that this action had not been taken. During our inspection, the registered manager took immediate action to contact the local authority and make an application on behalf of one person who lived in the home. They told us they would also carry out a review in relation to the three other people who lived in the home to determine whether they were also deprived of their liberty by living in the care home.

The Mental Capacity Act (2005) provides the legal framework for acting and making decisions on behalf of individuals who have been assessed as lacking mental capacity to make specific decisions. The registered manager was able to describe how they supported people in making decisions about their lives in line with the Act to ensure people's rights were upheld. They described how they ensured people were involved in planning their care and how they consulted with health and social care professionals and people's relatives when making decisions in people's best interests. A health and social care professional confirmed that the person they supported in the home was "given every opportunity" to take part in discussions about their care. Improvements were needed, however, to ensure that, where decisions were made in people's best interests, such as, for example, the need to administer medicines covertly to one person in the home, records always reflected how these decisions had been reached and showed evidence of regular review.

People were given the support they needed in relation to eating and drinking. For example, where one person needed adapted cutlery to help them to eat independently, this was provided. People were involved in planning their menu each week which gave them the opportunity to make choices. People's weight was monitored regularly and records showed that one person was losing weight. The

registered manager was aware of the person's weight loss and assured us that staff would seek advice from the person's GP if their weight loss continued. However, the person's care plan did not contain appropriate information about when staff should seek advice. Improvements were needed to ensure the person's care plan gave a clear account of actions to be taken to respond to their weight loss and when action was required.

People received the support they needed to stay healthy. People told us staff supported them to visit their GP and dentist on a regular basis. For example, one person told us, "I went to the dentist last Thursday. If I want to see the doctor, I will ask for an appointment, Staff will help." Another person said, "I go to the doctor. I've had my 'flu jab.'" A relative commented, "If there has been a problem, it has been dealt with." Records showed that people attended regular appointments about their health and, when appropriate, staff had contacted the emergency services.

The registered manager told us that, where people needed health care support because of their learning disability, advice had been sought from specialist community nurses. Health and social care professionals told us that the home was good at identifying changes in people's well-being and communicated well with them.

People received support from staff who were trained to meet their needs. This included training in subjects such as first aid and fire safety awareness and training that was specific to people who used the service including epilepsy and Down's Syndrome awareness. Where further training was required to refresh staff's knowledge and skills we found they had been booked onto training dates in the future. Staff confirmed that they were receiving training that was relevant to their work which was reflected in the home's training records.

People received care from staff who were supported to carry out their work. Staff confirmed they received enough support which included opportunities to shadow experienced staff when they were new. The registered manager told us that support was provided in various ways including team meetings, one-to-one meetings, observation of people's practice and appraisal. We looked at the records for three staff who worked in the home, all of which showed that staff received regular support and

Is the service effective?

supervision. These provided opportunities for staff to be involved in discussions about their performance and training needs and raise any concerns about their work and people's welfare.

Is the service caring?

Our findings

People received a caring service. People told us they were happy living at Two Wells and staff were kind and helpful. For example, one person told us, “They make me happy...they are lovely people”, while another person said, “I like the staff here. I like living here so much.” Relatives confirmed that Two Wells provided a homely environment for their family members and we found there was a relaxed and friendly atmosphere during our inspection. One relative commented, “It isn’t an institution in any way at all.”

People had caring and supportive relationships with staff. Two people told us they were going through a difficult time emotionally. They described how staff spent time with them and listened to them. This was confirmed by people’s relatives, one of whom commented that staff went “out of their way” to listen to their family member. We observed people approaching staff for support without hesitation and staff responding to people’s needs in a patient and positive way.

A health and social care professional described how staff had supported one person through bereavements. We saw staff had also supported the person to commemorate family members who had died by creating a garden where they had planted shrubs and put up small plaques in their memory. This had helped to support them through their grieving process. The health care professional told us the person was very proud of their garden and was keen to show it off to visitors.

People made choices about their lives. We observed that they could choose where they wanted to spend their time and what they wanted to do. On the evening of our inspection, two people chose to spend time in their bedrooms, one person stayed in the dining room while another person helped prepare the evening meal. This respected people’s rights to have privacy if they wanted or spend time with others.

People’s independence and dignity were promoted in the home. We saw staff doing things with people rather than for people and giving people opportunities to do things for themselves. For example, we observed one person making a drink for themselves and other people in the home. They described to us how they enjoyed looking after other people and were able to do this at Two Wells.

People were supported to maintain relationships with friends and family. One person, for example, told us they had invited a friend for tea later in the week. Another person’s family, who were visiting them during our inspection, were also involved in helping them furnish their bedroom. A third person told us that they regularly spoke with members of their family on the telephone and were due to visit them in the near future. We spoke with three people’s relatives, all of whom told us that they were able to be part of their family member’s life and were welcomed in the home.

Is the service responsive?

Our findings

People received a service that was responsive to their needs and wishes. People's care was planned to respond to their individual needs. Each person had a care plan which provided information about how staff should support them. For example, one person had communication needs which were explained in their care plan. We observed that staff were aware of their needs and responded to their non-verbal communication.

One person was identified as needing additional support with their morning routine because they liked to take their time getting ready to go out. Staff were aware of this and additional support had been put in place to ensure they had the time they needed. Relatives commented that they were satisfied with the care provided by the home, one person telling us that it was, "way above satisfactory" and another stating, "They look after [my relative] very, very well."

People were treated as individuals and received support to achieve their personal goals. For example, people were involved in making choices about the way their bedrooms were decorated and furnished. People were able to plan activities and holidays of their choice such as a coach trip to a safari park at the weekend and a holiday in Cornwall. One person told us that they loved animals. We saw that they were able to have a pet cat, spend time working with animals and visit local attractions such as the swan sanctuary which they told us made them happy.

People who lived in the home told us they were involved in making decisions about their lives. People's relatives also

told us that the home respected people's rights and choices. One relative, for example, described how staff had encouraged their family member to make their own choices and take appropriate risks. We observed staff giving people choices during our inspection and ensuring these were upheld.

People's independence was promoted and they had a sense of belonging in their home and community. We observed people being independent around the home, for example, taking responsibility for preparing the evening meal and washing up with support. People were encouraged to be part of their local community, visiting the village pub and attending a local drama group. Two people told us they had part-time jobs they enjoyed.

People were able to influence their care. There were procedures in place for people to make suggestions or raise concerns. There were regular house meetings where people were encouraged to express their views about things that were important to them. Questionnaires had also been used for this purpose. Records showed that, where people had made suggestions, these had been acted upon. For example, one person had wanted to make changes to their activities and this had been respected.

People told us they had ample opportunities to raise concerns and felt confident that staff would listen to them if they wanted to complain. The registered manager told us they had not received any formal complaints about the service since our last inspection. However, they kept a 'niggles book' which listed issues that had been raised by people who lived in the home and how these had been resolved.

Is the service well-led?

Our findings

Before our inspection took place, the registered manager had not notified us of one incident that had occurred in the home as required by law. Providers must notify us about changes, events and incidents affecting their service or the people who use it. This helps us make judgements about the service and take action if we have concerns about people's welfare. The registered manager told us they were aware of the requirement to notify us of incidents and acknowledged that this had been an oversight.

People had a positive and well-established relationship with the registered manager. The registered manager divided their time between Two Wells and another home run by The Regard Partnership. People told us they were able to speak with the registered manager on a regular basis and knew them well. We observed people coming in and out of the office during our inspection and talking confidently with the registered manager who demonstrated a sound knowledge of each person. Relatives also confirmed that the registered manager communicated with them when there were concerns and they felt able to approach them to discuss their family member's care. They told us that they felt the home was well-run. For example, one relative commented that the manager "ran a tight ship" and ensured that, above all else, Two Wells was people's home. Another relative told us they felt the manager did "an excellent job."

There were clear lines of accountability within the organisation. The registered manager at Two Wells was supported by a senior management team and there were systems in place to ensure there was regular contact between different levels of management. For example, the registered manager confirmed that they attended locality meetings every three months. They also met with their line manager on a one to one basis which gave them opportunities to discuss developments in the home. The regional director told us that regional meetings took place to ensure that information was shared throughout the organisation.

There were systems in place to promote communication between the manager and the staff team at Two Wells. Regular staff meetings were held which provided an

opportunity for staff to be kept up to date about changes in the service and people's needs. For example, records from the last team meeting showed that there had been a discussion about staff's roles and responsibilities, safeguarding, staffing and various procedures within the home. A member of staff told us that they were given the information they needed to carry out their work and they felt able to seek advice from the manager when needed.

Regular checks took place within the home to ensure it was running effectively. Records showed that an independent quality team employed by The Regard Partnership carried out checks every three months on the quality and safety of the service. These checks covered various areas of service provision including the safety of the premises, staffing and risk management. The last quality check and health and safety check carried out in the home resulted in risks being assessed as green which meant that people were found to be receiving appropriate care.

The registered manager told us that the process of regular checks ensured that any shortfalls were addressed promptly. They gave us an example of how flooring in the home had been replaced following a check last year. The regional director told us that the system would automatically alert them to any areas of concern which meant that they could ensure improvements were made promptly.

The Regard Partnership had a values, vision and mission statement that was written after consultation with people who used the service and staff. The values set were hard work, compassionate care and excellence. The registered manager told us that Two Wells had formed their own set of principles which were about supporting people to lead a fulfilling life, dignity and respect, being involved in the community and being valued by others. Feedback from people who used the service indicated that the home was achieving these principles. They told us they were given opportunities to care for themselves and others, work and pursue leisure interests in their local community and were treated with respect. A member of staff told us that since working at Two Wells they had noticed how people were encouraged to express themselves and say what they wanted from their lives. This helped ensure the organisational values were upheld.