Mr B & Mrs J Richardson & Miss L Richardson & Mr G P Cheater

The Richardson Mews

Inspection report

The Richardson Mews
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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

Overall summary

This inspection took place on the 11 January 2016 and was unannounced. The service is registered to provide accommodation for up to 25 people who require personal. The service caters for people with degenerative conditions and acquired brain injury. At the time of our inspection there were 16 people living there.

There was a registered manager in post at the time of our inspection. 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.

Systems were in place to ensure people were protected from abuse; staff had received training and were aware of their responsibilities in raising any concerns about

Summary of findings

people's welfare. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

The provider had robust recruitment systems in place; which included appropriate checks on the suitability of new staff to work in the home. Staff received thorough induction training to ensure they had the skills to fulfil their roles and responsibilities. There were enough suitably skilled staff available to meet people's needs.

People's care was planned to ensure they received the individual support that they required to maintain their health, safety, independence, mobility and nutrition. People received support that maintained their privacy and dignity and systems were in place to ensure people received their medicines as and when they required them. People had opportunities to participate in the organised activities that were taking place in the home and were able to be involved in making decisions about their care.

There was a stable management team and effective systems in place to assess the quality of service provided.

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.

Systems were in place to promote people's safety and they were protected from avoidable harm.

Risk was well managed and did not impact on people's rights or freedom.

There were sufficient staffing levels to ensure that people were safe and that their needs were met.

There were systems in place to administer people's medicines safely.

Good

Is the service effective?
The service was effective.

People received care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities efficiently.

Staff sought consent from people before providing any care and were aware of the guidance and legislation required when people lacked capacity to provide consent.

People were supported to eat and drink enough and to maintain a varied and balanced diet.

People were supported to maintain their health, received ongoing healthcare support and had access to NHS health care services.

Good

Is the service caring?
The service was caring.

Staff demonstrated good interpersonal skills when interacting with people.

People were involved in decisions about their care and there were sufficient staff to accommodate their wishes.

People's privacy and dignity was maintained.

Good

Is the service responsive?
The service was responsive.

People were supported to maintain their links with family and friends and to follow their interests.

People were supported to maintain their equality and diversity.

Staff were aware of their roles and responsibilities in responding to concerns and complaints.

Good

Is the service well-led?
The service was well-led.

The manager promoted a positive culture that was open and inclusive.

There was good visible leadership in the home; the registered manager understood their responsibilities, and was well supported by the provider.

Good

Summary of findings

Effective quality assurance processes were in place.

The Richardson Mews

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 11 January 2016 and was unannounced. The inspection team comprised one inspector. 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 also looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

Prior to this inspection we contacted local health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service. We also Healthwatch Northampton which works to help local people get the best out of their local health and social care services and Total Voice Northamptonshire, an advocacy service which supports people who use adult mental health services. All of the feedback we received about this service was positive.

During our inspection we spoke with three people who used the service and three members of staff, including care staff. We also spoke with a health professional who was visiting the home. We looked at records and charts relating to three people, we viewed two staff recruitment records and we observed the way that care was provided.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and they looked relaxed and happy in the presence of the staff which indicated they felt safe. One person said "The staff are all really nice, I feel safe living here."

Staff were aware of their roles and responsibilities in protecting people from harm and had access to appropriate policies and procedures. Staff had received training in safeguarding and were aware of the various forms of abuse and the action they would take if they had any concerns. One member of staff said "If someone was at risk of harm I would report it to the manager immediately so that they could take the right action."

Safeguarding allegations were reported to the appropriate authority and those that had been referred back to the management to investigate, had appropriate investigations conducted. Where necessary action had been taken to address the concerns raised; for example disciplinary action had been taken against staff and the subsequent required referrals had been made to the relevant authorities.

People's individual plans of care contained risk assessments to reduce and manage the risks to people's safety; for example people had movement and handling risk assessments which provided staff with instructions about how people were to be supported. People also had risk assessments in place to reduce and manage the risks of other complications such as pressure damage to the skin and falls. When required people had appropriate equipment supplied to reduce the risks of falls and damage to the skin through the effect of pressure on the body. Individual plans of care also contained individual personal emergency evacuation plans for use in an emergency situation. All of the Individual plans of care and risk assessments were regularly reviewed and updated as people's individual needs changed.

The provider had effective recruitment systems in place to protect people from the risks associated with the appointment of new staff. Staff told us that required checks and references had been obtained before they were allowed to start working in the home. Staff files were in good order and contained all of the required information.

Staffing levels were good; people told us they thought there were enough staff to support them and they had the right skills to provide the care they needed. One person said "I am being looked after ever so well, the staff are lovely." Staff told us there were enough staff to ensure that people's needs were met. Staffing levels were monitored regularly to ensure that there were enough staff to meet people's needs. Care staff were supported by domestic and catering staff and people had access to in-house professionals such as occupational therapists; psychologists and physiotherapists.

Systems were in place for ordering, storage, administration, recording and the disposal of medicines. Medicine administration records were in good order and administration records demonstrated that people's medicines had been given as prescribed. Medicine systems were safe and people had sufficient supplies of their prescribed medicines. We observed two members of staff support people to take their medicines, according to their individual needs and saw that staff administered medicines safely. Staff told us they were trained in the administration of medicines and that they received regular checks by the management to ensure their competence.

Good

Is the service effective?

Our findings

People were provided with effective care and support. People told us the staff had the skills needed to support them. One person said "The staff have made such a big difference to my life; I am now more independent and my mobility has improved significantly because of the care and support I have received."

Staff told us they had undertaken an effective induction training which had equipped them with the skills and knowledge they needed before being allowed to work in the home. Induction training was followed by a period of supervised practice where new staff worked alongside experienced staff until they were considered competent. A member of staff said "The induction training was good; I learned how to care for the people who live here and had support from experienced staff."

Staff told us they received effective training in the skills needed to support the people they cared for. One member of staff said "I am up to date with all my training; we have training sessions every three weeks. The management encourage and support us to obtain formal qualifications; I have done my National Vocational Qualifications (NVQ) level three in care and I am planning to do a course to improve my IT skills; I then hope to do the Qualifications and Credit Framework (QCF) in Care level four."

The provider had a staff training programme in place to enable staff to maintain their skills and receive timely updates relating to current best practice in a range of care related subjects such as; fire safety, health and safety and movement and handling. Staff also had training in subjects relevant to the needs of the people who used the service for example training in care of people with degenerative conditions and brain injury including how to support for people when they became unsettled or distressed. Our observations confirmed that staff had good interpersonal skills and understood people's individual needs. Staff had a range of communication skills that enabled them to support people effectively and according to their individual needs.

Staff received regular staff supervision from their line managers to ensure they were supported in their roles and their professional development. The staff we spoke with confirmed this; one member of staff said "Supervision gives us the opportunity to discuss anything relevant to our work and development."

Staff sought people's consent before providing any support; they offered explanations about what they needed to do to ensure the person's care and welfare. Staff told us how they sought consent and involved people in decisions about their lives whilst they were providing their support; for example decisions about their personal routines and how and where they spent their time. Individual plans of care demonstrated that people's formal consent was obtained relating to a range of circumstances; for example the use of photographs for identification purposed and consent for information to be shared with other health professionals.

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 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).

We checked whether the service was working within the principles of the MCA and we saw that they were. The management and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and the management team were waiting for the formal assessments to take place by the appropriate professionals. The manager was knowledgeable about the MCA DoLS and where people lacked capacity to make informed decisions; decisions were made in people's best interests.

People told us they had enough to eat and drink and were happy with the food provided. One person said, "The food is lovely, I have no complaints." Another person told us "I decide what I want to eat, I go shopping with staff to buy my food, they support me to make healthy choices; and I use the kitchen to cook my own food." People also told us

Good

Is the service effective?

there were house meetings where they made decisions about the foods that they wanted to be included on the menu. The manager told us that all of the menus had been reviewed by a dietician to ensure their nutritional value.

People also had access to special diets they required such as soft pureed meals and sugar free meals. Staff were aware of any food allergies that people had and these were documented in their individual plans of care. People with swallowing difficulties were assessed by the speech and language therapist (SALT) and when required were supported to maintain their nutritional intake through a feeding tube inserted into their stomach. Staff told us they had been trained to provide appropriate support to people and were able to confirm that the required procedures where being followed.

Individual plans of care showed that all of the people living at the home were assessed for their nutritional risk; these included regular checks on people's weights. When people were found to be at risk they were referred to their GP and the NHS dietician; they were also assessed more frequently and had their food and fluid intake monitored. Food and fluid records were maintained and showed that vulnerable people were offered sufficient food and fluids within a 24 hour period.

People had access to NHS services; we spoke with a visiting health professional who told us they had no concerns about the service, that the staff liaised with them appropriately and updated them about any changes to people's care needs. Records showed that people had access to range health professionals; including GPs, specialist nurses, district nurses, dentists, podiatrists and opticians.

People had access to appropriate equipment to promote their wellbeing; for example people were provided with appropriate pressure relieving equipment and staff supported people to change their position regularly, to reduce the risk of damage to the skin. Staff told us that they had sufficient and appropriate movement and handling equipment to safely assist people who were unable to mobilise independently. People had access to appropriate aids and adaptations to support their mobility and independence.

Good

Is the service caring?

Our findings

People were cared for by staff that were kind and compassionate towards them. For example one person said “The staff are all very kind” and another person said “It’s very homely atmosphere here; the staff are really friendly.”

We witnessed several acts of kindness towards the people who lived at the home. For example when people became unsettled or distressed staff were swift to respond; they comforted them and took time to understand the cause of their distress. Staff were skilled in communicating with people by the use of sign language and other non-verbal techniques. They addressed people by their preferred name and engaged with people during the course of their daily routines and as they carried out their responsibilities.

This provided an environment where people were involved and were listened to. Staff treated people as individuals and respected their wishes. People looked well cared for and were also supported to express their personality through their personal appearance, such as their choice of clothing.

People’s privacy and dignity was respected, staff supported people to maintain their personal hygiene during their activities of daily living. Personal care was provided in the privacy of people’s own rooms. Staff knocked on people’s doors before entering their rooms and bedroom doors were fitted with appropriate privacy locks.

Visiting times were flexible and people were able to choose whether to receive their visitors in the communal areas or in their own rooms. During the inspection we saw a visitor to was able to come and go freely.

Good

Is the service responsive?

Our findings

People were assessed prior to moving to the home to ensure the service was able to meet their needs, and these assessments formed the basis for the development of individual plans of care. People were involved in planning their care and had access to advocacy services if required. People told us that they had been assessed before moving to the home and that they had contributed to the development and reviews of their individual plans of care.

People were able to make decisions about their care. For example people were able to choose their own personal routines including their times of rising and retiring to bed. People were also able to choose how to spend their time, whether to engage in the planned activities and where to receive their visitors.

The individual plans of care were tailored to meet people's individual needs and contained life histories so that the care provided and their personal routines could support their previous lifestyles. Individual plans of care contained detailed instruction to staff about how people's individual care and support was to be provided. Individual plans of care were reviewed on a regular basis or as people's needs changed. People's daily records and charts demonstrated that staff provided the care to people as specified within their individual plans of care. Staff were responsive to people's needs and call bells were answered promptly during our inspection.

People told us that they were supported to engage in activities of their choice. For example one person told us they enjoyed working on small engineering projects and another person told us they enjoyed a particular art form and how they had put on a presentation about their art work for other people who used the service and the staff. There was also a programme of activities that was available to people, this included a daily news & current affairs sessions, relaxation groups, and entertainment including a visiting musician and a games night which included board games and bingo.

One person told us how they were able to meet up with friends in the local community during the evening. Others were supported to access local amenities including sporting facilities, local pubs and shops. People also told us they had been supported to obtain 'in-house' paid employment and employment within the local community.

People told us they were able to raise concerns about the service and had confidence that they would be listened to and that action would be taken to address their concerns. One person said "I know who to talk to if I have any concerns, I would speak to the manager." Staff were aware of their roles and responsibilities in listening to people's views and reporting any concerns raised.

Copies of the complaints procedure were available in the home and were included in the service user's guide, a booklet that is given to people who use the service and their representatives when they moved to the home. We reviewed the complaints file and the investigation process surrounding a recent complaint; we found that a full investigation had been conducted by the manager and that opportunities for learning and service improvement had been sought.

Good

Is the service well-led?

Our findings

All of the people who lived at the home and the relatives we spoke with told us they thought the home was well run. One person said "The home is well organised but it still has a homely atmosphere." and another person said "The manager is brilliant; we can go for a chat if we need anything." All of the staff we spoke with were positive about the management of the home, one member of staff told us "I am confident in the manager's decisions and she approachable." The manager had a visible presence within the home and was accessible to the people who lived there, their visitors and staff. The manager had a good understanding of the needs of the people being cared for and the culture within the home.

The provider's vision and values were defined within their information for people who use the service and stated 'Our philosophy and standards of care are based upon individual care, which considers the whole person, including their abilities, aspirations and needs. We continually strive to work within a framework based on the "Five Accomplishments"; these include community presence, choice, dignity and respect, community participation and competence. These principles were evident throughout the inspection.

All of the people we spoke with told us they were treated as individuals, that their views were respected and that staff treated them with dignity and respect. A member of staff said "We aim to meet people's needs and ensure people have choices and their wishes are respected." All of the people who used the service and the staff were supported to achieve their potential through access to training and developmental resources.

People were involved in the running of the home; records showed that the manager held meetings with people who used the service about things that were happening in the home. Meetings provided people with an opportunity to be involved in making decisions such as menu planning and planning the activities as well as providing opportunities for people to express their views about the service. Regular staff meetings were held to inform staff about service developments and other relevant topics. Staff also had regular supervision which provided them with opportunities to raise concerns and to question practice.

One member of staff said "We are able to make suggestions about the running of the home, the provision of care and our own personal development at any time but also in staff meetings and during supervision." Systems were also in place to monitor the performance of staff and assure their competence; and when staff failed to fulfil their responsibilities appropriate disciplinary action had been taken.

The management had established links with the local community including the 'Headway' **a** UK-wide charity that works to improve people's lives after brain injury. They also had links with local employers and other community facilities, for example local churches so that people could maintain their faith.

The registered manager ensured that the Care Quality Commission (CQC) registration requirements were implemented and we were notified about events that happened in the service; such as DoLS authorisations, accidents and incidents and other events that affected the running of the service.

There were robust quality assurance systems in place. Senior management had a frequent and regular presence in the home to support the manager and ensured the effective running of the home and had good insight into the needs of people who lived there.

The management conducted a range of internal audits for example, the analysis of accidents records to identify risk factors and trends; systems to ensure the safe management of medicines, health and safety and staff training. Action plans were put in place to address any opportunities improvement. For example the manager had conducted an audit of record keeping systems in the home and had identified opportunities for improvement. As a result staff had been trained in record keeping and expectations had been discussed in staff meetings and during staff supervision. Information had been obtained from staff about how the records could be improved to ensure they were more effectively used and to reduce duplication and errors.

The provider conducted annual satisfaction surveys, the last having been conducted in May 2015. Responses from people who used the service indicated a good level of satisfaction with the service provided. One person commented "The staff here are lovely, they treat me with respect and they always tell me what they are doing and

Good

Is the service well-led?

why." A relative commented "I have got to know the staff as friends; they are thoughtful, caring, honest and very nice to know. I couldn't be happier with the service." Another relative commented "The care here is outstanding, they treat people as human beings, they provide impeccable care and love to my relative, the staff really do care, it's a great home."