

Richardson Care

# Richardson Partnership for Care - 2/8 Kingsthorpe Grove

## Inspection report

8 Kingsthorpe Grove  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Richardson Partnership for Care 2/8 Kingsthorpe Grove is a residential home registered to provide personal care and support for younger adults with learning disabilities or autistic spectrum disorder. The home can support up to 18 people, and at the time of inspection 18 people were using the service. The accommodation consists of two adapted houses with shared access to one another; one house has ten bedrooms and the other eight bedrooms. Each house has its own living space, kitchen area and garden.

The service's building had not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. 18 people were living at the service, and this is larger than current best practice guidance. However, the care and support people received ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People told us they felt safe living at the service. However, we found concerns in relation to safe medicine administration and infection control. Systems in place to monitor the quality and safety of care were not robust enough to identify the issues we found, and people were placed at possible harm from poor practice as staff did not always follow the guidelines and policies in place.

The providers systems in place for oversight of the service were not consistently carried out or effective to provide quality assurance. Since the inspection, the registered manager has told us the current audits in place will be discussed amongst their team and reviewed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the systems in the service did not always support this practice. The provider had not evidenced Best Interest meetings had taken place where people did not have capacity to make decisions about their care or treatment. This had been identified prior to our inspection and the registered manager told us meetings were being planned.

People had detailed, personalised risk assessments and care plans in place. Staff had good knowledge and understanding of the needs for people they cared for. However, systems in place were not effective in ensuring the information in care records was up to date and in line with the current care being provided.

People received care in a kind and caring way, promoting their dignity, privacy and independence. We saw examples of this during our inspection. The provider had systems in place that encouraged and responded effectively to any complaints or compliments from people, staff and those involved with the service.

People were supported to follow healthy nutritional plans and were provided with choice at meal times, respectful of cultural and dietary needs for everyone.

Staff received training to ensure they had the skills to effectively care for and support people using the service. Staff felt supported by the management team and received regular supervision and appraisals.

The service had good links with the local community within which people lived. This promoted social inclusion, equality and diversity for people using the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

We found the service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 20 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Richardson Partnership for Care - 2/8 Kingsthorpe Grove

## **Detailed findings**

## Background to this inspection

### The inspection

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

### Inspection team

The inspection team consisted of two inspectors.

### Service and service type

Richardson Partnership for Care 2/8 Kingsthorpe Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about

important events which the provider is required to send to us by law. We sought feedback from the local authority, the fire service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service about their experience of the care provided. We also spoke with five members of staff, including the registered manager and care workers. We reviewed six people's care records, including assessments, care plans, medicine records and daily recordings. We also reviewed a variety of records relating to the management of the service; including policies and procedures, staff recruitment, accident and incidents, training, complaints, safeguarding and quality assurance audits.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely;

- Medicines were not always administered safely and spot checks to observe staff had not been carried out to monitor safe practice. We observed one staff sign medicine administration records (MARS) before people had been offered their medicine. Staff were interrupted frequently when preparing medicines, which caused them to become distracted. This meant there was a risk medicine administration errors could occur. We also observed medicines were not always labelled to indicate an opening date and staff did not know how long they had been open for. We discussed this with the registered manager who said they would review their internal monitoring processes.
- Staff had not recorded the use of homely remedies medicines in line with the providers policy. A homely remedy is a product that can be purchased from a pharmacy or supermarket without the need for a prescription. We identified staff had given homely remedies medicine to people, however had not always recorded this on their MARS charts. This had not been identified by the systems in place prior to our inspection.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate the safety of people in relation to the management of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We identified one person was unable to make decisions about taking their medicines and were given medicines covertly. For example, disguised in foods. Where this practice took place, there was evidence of professional involvement and this was undertaken in the person's best interest.
- Where people had prescribed medicines on an 'as required' basis, clear written guidance was in place for staff to follow. This made sure people received 'as required' medicines when they needed them and in a safe way.

Assessing risk, safety monitoring and management

- People had detailed risk assessments which provided information around their individual risks, such as behaviours that challenge, choking, community access, falls, internet use, pressure sores, moving and handling and mobility equipment. We found staff had not always updated these when things had changed, however, staff we spoke to were aware of the changes from communication within handovers. We also found one person's care plan to mitigate a risk, which stated, '[Person] has physiotherapy exercises that needs to be carried out three times per day', was not being effectively monitored and recorded. The registered manager and staff told us this was taking place and identified where it should have been

recorded; however, we could not be fully assured this was being supported.

- The provider had ensured that environmental risk assessments were in place and there were effective systems to monitor the health and safety, which included regular fire tests and maintenance checks. We reviewed maintenance logs which demonstrated any issues were dealt with in a timely manner.

#### Preventing and controlling infection

- Staff received training in infection control and were aware how to control the spread of infection. Protective equipment, such as disposable aprons and gloves, were available for staff to use. However, staff did not always follow infection control processes. We observed one staff failed to change their gloves or wash their hands between supporting several people with their medicine.
- Staff carrying out the cleaning audit was the same person responsible for the cleaning duties. We could not be assured the oversight for cleanliness of the home was effective. However, the home was clean, tidy and well maintained.

#### Staffing and recruitment

- Staff provided mixed feedback in relation to staffing levels. The registered manager was open and honest about recent staffing shortages and the use of bank and agency staff to meet shortfalls whilst they were recruiting permanent members of staff. Agency staff profiles were in place to ensure this was managed safely. We found people were supported to meet their needs by staffing numbers, as per the providers procedure, most of the time.
- The provider carried out robust employment checks to ensure staff were suitable for their role. These included checking their references and completing checks with the Disclosure and Barring Service (DBS).

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. Information was available to people, staff, relatives and visitors on how to report any concerns.
- All staff received mandatory training in safeguarding people from the risk of abuse. Staff knew how to identify and respond to signs of abuse to keep people safe.
- The registered manager had systems in place to record, investigate and monitor safeguarding alerts. This demonstrated actions had been taken and processes had been followed to appropriately notify the local authority and Care Quality Commission (CQC).

#### Learning lessons when things go wrong

- The registered manager outlined lessons learned through their complaints process and shared learning across other locations owned by the provider. For example, the registered manager had recognised a need for improvement when communicating with families of people that used the service. We saw actions had been taken to address this.
- Staff understood the accident and incident procedure and the provider had effective systems in place for recording and reviewing accidents and incidents to mitigate future risks.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had awareness and understanding of the MCA and consent to care and treatment. The provider had carried out appropriate mental capacity assessments to determine people's ability to make decisions. Detailed care plans showed people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- A Best Interest meeting had not been carried out or evidenced where people were not able to make decisions relating to their care. We discussed this with the registered manager who confirmed this had already been identified at an operational level and meetings were to take place.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans were personalised and supportive of people's likes, dislikes, preferences and promoted people's involvement in the care they received. People were supported by staff who knew them well and provided care in a way they wanted.
- People's needs and choices were assessed prior to them moving into the home. This included consideration for their protected characteristics such as gender, age, culture, ethnicity, religion and disability. Following admission to the home, people's needs had continued to be holistically assessed in line with recognised best practice.
- People with behaviours that challenge had detailed assessments and Positive Behaviour Support (PBS) plans in place to provide staff with skills to support people in the least restrictive way. Staff received training in de-escalation techniques and the use of restraint; this promoted any intervention used was safe and

proportionate. The registered manager had effective systems in place to monitor any incidents and/or changes in behaviour and, where appropriate, discussed outcomes with relevant professionals to review people's care needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received an appropriate induction to the service. This included face to face training, shadowing and learning from experienced members of the team. There was a 'rolling' mandatory training schedule in place to support staff to fulfil their role.
- Staff were encouraged in their supervisions to review their skills and experience and to explore additional training to support their personal development. Staff felt supported by the management team, one staff member said, "I am very happy with the support. They do everything to support me." Another staff member said, "I have regular supervision every three months and feel very supported."

Supporting people to eat and drink enough to maintain a balanced diet

- People were happy with the food provided and cultural needs were respected. We saw 'healthy eating' care plans were in place and the provider liaised with a nutritionist to support healthy meal options based upon government recommendations. People were provided with choice at meal times. One person told us, "I chose my breakfast, today I had porridge and jam."
- Staff were provided with clear guidelines for people with specific dietary needs, including those with swallowing difficulties. Information about allergens in foods on the menu was also available in the kitchen areas for staff to ensure people were provided suitable meals.

Staff working with other agencies to provide consistent, effective, timely care; Staff Supporting people to live healthier lives, access healthcare services and support

- People were supported to access support from other professionals, including GP, district nurses, opticians, nutritionist, dentists and advocacy services. Staff recorded any contact and appointments with other agencies in people's care notes, this ensured advice or information was communicated to provide consistent and effective care.
- Staff had clear understanding regarding interventions to be taken when people were unwell, and staff were confident to seek medical support, arrange appointments or refer people for assessment with other professionals when needed. The service used a 'health action plan' tool completed by the registered manager. This showed communication with the GP to discuss the need of health checks that may be appropriate for people using the service to promote their health and wellbeing.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were suitable to their needs and personalised. This ensured people felt comfortable and promoted a homely living environment. People also had space within the home to carry out their personalised hobbies or interests and we saw this being used effectively. Decoration of the home and furnishings were appropriate to the needs of the people using the service.
- People had access to the gardens, which provided a summer house and garden games. This area also promoted gardening hobbies, including a vegetable patch for people to maintain. One person said, "The garden is nice, I can go out and on the swing. I can go into the garden as much as I like."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well. People described the staff that supported them as, "Nice", "Good" and "Fun".
- We observed positive interactions between people and staff that were meaningful and caring. The registered manager told us, "People are part of our family," and we observed friendly acts from people towards the registered manager, which showed warmth, trust and a mutual respect.
- Staff had received training in ensuring that all people were cared for equally and with respect. People were supported to meet their cultural and religious needs and the registered manager told us they ensured people felt supported to discuss their wishes and preferences with staff.

Supporting people to express their views and be involved in making decisions about their care

- Care plans promoted the importance of people's involvement in their day-to-day care and support. For example, one care plan said, 'It is an integral part of [person's] care that they are involved in the devising of their care plans on a regular basis. For [person] to be invited to reviews and care plan meetings.'
- Care plans clearly detailed guidance for staff on how to communicate with people effectively to enable them to express their views. People we spoke to were aware of their keyworker staff and were actively involved in their care plans. One person said, "[Staff name] is my keyworker, all good". People were able to access advocacy services for support with decision making.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. This included supporting people with cleaning their bedrooms, preparing their meals, choosing their clothes and going out shopping. For example, we spoke with one person who was planning what they were going to buy on their next trip into the community.
- People were treated with dignity and their privacy was supported by staff. One staff member told us, "I always knock on the door and ask to enter."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included a communication section with personalised detailed information as to how to communicate with them effectively. This was also reflected in other documents such as a Learning Disability profile, emergency grab sheet and interventions guidance. The service clearly demonstrated how best to communicate with people and identified the use of resources, such as pictorial aides and simple read information, to achieve this.
- Two people at the service communicated using Makaton (signs and symbols to help people communicate). Staff received training and support in using Makaton, provided by the registered manager, as part of their mandatory training. We also observed information, such as how to make a complaint, written using Makaton and available in communal areas for people to access.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care documents were very personalised to their individual needs, promoting personal choice and preferences. These had been developed with people using the service and, where appropriate, families or others involved in their care.
- Care plans showed involvement of several professionals, including speech and language therapy and psychology. Information was detailed to provide guidance for staff to enable them to support people in the most effective way.

### Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff enabled people to engage in activities relevant to them, both within and outside the home. A timetable of activities was offered to people throughout the week along with additional ad-hoc opportunities, this included community trips, art groups, music groups, bowling and discos. Weekend activities were also encouraged, such as going to car boot sales. One person told us, "I go swimming and walking."
- People were supported to access services from ASDAN which is a 'curriculum development and awarding organisation'. This took place within the home to promote peoples' development of skills for learning, work and life. The registered manager told us the home was a 'centre' for this service and it worked towards promoting independence for people.

#### Improving care quality in response to complaints or concerns

- People knew who to speak with if they wanted to raise any issues or concerns and felt this would be listened to. One person said, "I would talk to [registered manager] if unhappy, [registered manager] would make it better."
- The registered manager was open and transparent with staff, people and their families. Complaints were recorded and had been responded to appropriately. Feedback in surveys that highlighted any concerns had also been acted upon by the registered manager to improve care quality within the home.

#### End of life care and support

- There was no one receiving end of life care at the time of our inspection.
- People had End of Life care plans in place which reflected people's wishes and preferences. This had been discussed with people and, where appropriate, their families. The registered manager told us staff were supported and had awareness to meet the needs of people at the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider did not have sufficiently robust checks and audit systems in place to identify issues we noted on inspection. We could not be assured there was enough management oversight with the current systems in place related to medicines, cleaning, recording charts, care plans and staff practice.
- Care plans, although very detailed, were not always reviewed effectively or as people's needs changed. For example, we found one person's behaviour care plan had not been updated to reflect an intervention was no longer in place. Care plan audits were not carried out regularly or robustly enough to ensure staff were following care plans appropriate to meet people's needs. We also identified the management oversight to ensure staff had carried out people's care plan reviews correctly was not effective.
- The provider had failed to carry out and evidence Best Interest meetings for care decisions where people lacked capacity. This is needed to ensure decisions are being made in people's best interests and are the least restrictive option. The registered manager told us this had been identified through shared learning of the company and was being acted upon, however at the time of inspection this was not yet been embedded in the service.

We found no evidence that people had been harmed however, systems and processes were not effective to assess, monitor and improve the safety and quality of the service. This placed people at potential risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had an open and inclusive culture. Staff told us there was good communication and the team "are excellent together." The registered manager told us their approach was, "to help people that use the service to meet their full potential."
- Staff spoke positively about the service. Staff felt well supported and able to approach the registered manager with any feedback about the care or quality of the service and felt this would be listened to.
- The registered manager had very good knowledge of all the people within the service. We observed people approach the registered manager with ease to ask questions about their trips out or upcoming planned holidays, to which all were responded to in a respectful and understanding way.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems in place to investigate any incidents, accidents and complaints effectively. Complaints were discussed in team meetings to ensure shared learning and transparency of the service.
- The provider was aware of their regulatory requirements as to when and how to notify CQC and understood their legal responsibilities under duty of candour, if errors were made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had close links with the local community. For example, at Christmas time, the local pub supported people and staff to have Christmas dinner with them. This included allowing staff to modify foods in their kitchen to meet the needs of people with swallowing difficulties, so everyone could feel included.
- People, relatives and professionals were invited to complete feedback surveys about their experience of the service. Surveys were adapted where needed to meet people's needs, for example with larger print or simple read format. This feedback was collated and acted upon and outcomes were communicated with people and staff.

Continuous learning and improving care

- Staff were encouraged to promote their personal development. The registered manager kept up to date with legislation and attended conferences and external training to improve their practice. Learning outcomes were shared in management meetings and any changes were discussed to see how they could be implemented into the provider's policies and practices.
- The registered manager told us that they had looked into and discussed the technology available to try and improve record keeping. The service was considering introducing this initially into daily note recording, however this had not yet been implemented.

Working in partnership with others

- The service had worked to develop positive relationships with people and families to improve the experience of care.
- Care records demonstrated the service worked closely and effectively with other professionals to provide care and support for people. This included a range of services including GP practices, pharmacy services, district nurses and continence services.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure staff carried out proper and safe management or administration of medicines.</p> <p>The provider had failed to ensure risk assessments and planning of care was effectively reviewed to reflect the changing needs of people. 12 (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems and processes in place to assess, monitor and improve the safety and quality of the service.</p> <p>The provider did not evidence Best Interest meetings for decisions made on behalf of a person who lacks capacity in line with the requirements of the Mental Capacity Act 2005.17 (1)</p>