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Richardson Partnership for Care - 2/8 Kingsthorpe Grove

Inspection report

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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 ●

Summary of findings

Overall summary

This inspection took place on the 10 March 2017 and was unannounced. The service is registered to provide personal care and support for up to 18 people with learning disabilities. At the time of our inspection 16 people were using the service. At the last inspection in August 2015, the service was rated 'Good' and at this inspection we found the service remained a 'Good' service.

People continued to receive safe care. People were consistently protected from the risks of harm; staff knew how to manage risks, whilst promoting people's rights to take risks. Staff were appropriately recruited and there were enough staff to provide care and support to continuously meet people's needs.

The care that people received continued to be effective. The staff support, training and professional development systems ensured staff had the right skills, knowledge and experience to effectively meet people's needs on a daily and long term basis. People were supported to maintain good health and nutrition. The medicines administration systems ensured people consistently received their medicines safely.

People were supported and cared for by staff that showed them kindness and treated them respectfully. People were involved in making decisions about their care, were enabled to access the wider community, and maintain contact with family and friends.

People had individualised support plans in place to enable staff to provide people with the care they needed that was in line with their personal preferences and capabilities. People knew how to raise a concern or make a complaint and the provider responded appropriately to any concerns or complaints.

The service had a positive ethos and an open culture. The registered manager had good oversight and leadership of the service.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

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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 unannounced comprehensive inspection was carried out by one inspector and took place on the 10 March 2017.

Before our inspection we reviewed the information we held about the service. This included previous inspection reports, information received and statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners that 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 contacted Healthwatch Northampton which works to help local people get the best out of their local health and social care services.

We took into account people's experience of receiving care by listening to what they said and by observing interactions in communal areas between staff and people in residence. We looked at the care records for four people. We spoke individually with three members of the support staff team as well as with registered manager and the organisation's service manager. We looked at four records relating to staff recruitment and training as well as records relating to quality monitoring and the day-to-day running of the home, such as daily care records, maintenance, and audits. We also looked at the communal areas within the home.

Is the service safe?

Our findings

People were kept safe by sufficient numbers of competent staff on duty. Staff had the time they needed to focus their attention on providing people with safe care and support. People continued to be safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment policies and procedures in place. Newly recruited staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

People's care needs were regularly reviewed by staff so that risks were identified and acted upon as their needs and dependencies changed. Risk assessments were included in people's care plans and were updated to reflect pertinent changes and the actions that needed to be taken by staff to ensure people's continued safety. Risk assessments acknowledged the potential risks involved with promoting people's independence such as, for example, how they were to be supported to access the wider community. People's risk assessments were reviewed regularly and updated as and when people's needs changed over time.

Staff were vigilant and acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's Safeguarding Adults' team. The provider worked co-operatively with the Local Authority to ensure people's on-going safety.

People's medicines were safely managed and they received their medicines and treatment as prescribed by their doctor or other healthcare professional. Medicines were locked away safely when unattended and appropriately stored for future use.

Staff knew what action to take if there was a fire in the home and there were evacuation plans in place for people in case of an emergency. The living environment was well maintained throughout to ensure there were no hazards that put people at risk of harm.

Is the service effective?

Our findings

People were involved in decisions about the way their care was provided and were encouraged to do things for themselves, with staff always appropriately mindful of each person's capabilities to manage daily living tasks with or without support.

People received their care from a staff team that knew what was expected of them. They went about their duties purposefully in an organised manner so that people consistently received timely support when they needed it.

People received appropriate care and support from the staff. Staff also acted upon the advice of other professionals that had a role in ensuring that each person's healthcare needs were met. Any changes in people's health were recognised quickly by staff and timely action was taken to ensure they received the treatment they needed.

People received their support and care from a staff team that were working within the principles of the Mental Capacity Act 2005 (MCA). The 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. Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions about their care and support. Appropriate assessments had been carried out to determine people's ability to make decisions.

Healthy eating was encouraged and people received the support that they required to eat well and enjoy their meals.

People received care and support from staff that had acquired the experiential skills as well the training they needed to care for people. There was 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. People's needs were met by staff that continued to be effectively and regularly supervised and had their job performance regularly appraised.

Is the service caring?

Our findings

People's dignity and right to privacy was protected by staff. The staff provided person centred care and respected each person's individuality. People's care and support was discreetly managed by staff so that people were treated in a dignified way. Each person was actively involved in decisions about their day-to-day care and support. People looked well cared for. The staff we spoke with were knowledgeable about people's individual needs and how best to support and enable them to be as independent as possible.

People were relaxed in the company of staff and the staff demonstrated good interpersonal skills when interacting with people. When talking with people staff presented as friendly, and used words of encouragement that people responded to positively.

People continued to be supported to maintain links with family and friends. Visitors to the home were made welcome. Staff supported people to go on holidays, outings with their relatives or to keep in touch with family and friends by telephone.

Is the service responsive?

Our findings

People received individually personalised care and support. Comprehensive assessments had been carried out to identify people's needs and plan how they were to be met at the service. Detailed support plans had been developed in conjunction with people living in the home and where appropriate their relatives. People's ability to care for themselves had been initially assessed prior to their admission to the home.

People continued to receive the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as their dependency needs changed over time. People benefited from receiving care from staff that were knowledgeable about their needs. The staff were able to tell us about each person's individual choices and preferences about how they preferred to be supported.

People's representatives, were provided with the verbal and written information they needed about what do, and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible.

Staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC), or if they needed to make a referral to the Local Authority's adult safeguarding team.

Is the service well-led?

Our findings

People's care records were kept up-to-date and were accurate. Care records accurately reflected the daily care people received. Records relating to staff recruitment and training were also appropriately kept. They were up-to-date and reflected the training and supervision staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide staff were in place and were updated when required.

People's experience of the service, including that of people's relatives, was seen as being important to help drive the service forward and sustain a good quality of care and support. People received a service that was monitored for quality throughout the year using the systems put in place by the provider. These included a number of internal checks and audits carried out on a regular basis by the registered manager and service manager. These helped to highlight areas where the service was performing well and the areas which required development. This helped the registered manager and provider ensure the service was as effective for people as possible.

People were assured of receiving care in a home that was appropriately managed on a daily as well as long term basis. The staff we spoke with all confirmed that the provider, registered manager and other senior staff were readily approachable and sought to promote a culture of openness within the staff team. Staff were also satisfied with the level of managerial support and supervision they had received on a daily basis to enable them to carry out their duties.