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Richardson Partnership for Care - 144 Boughton Green Road

Inspection report

144 Boughton Green Road,
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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 9 March 2015 and was unannounced. The service is registered to provide nursing and personal care to 15 people with learning disability and acquired brain injury. At the time of our inspection there were 10 people living there. The premises is a converted residential property that has been adapted to provide facilities for people with disability.

Summary of findings

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.

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 a thorough induction training to ensure they had the skills to fulfil their roles and responsibilities. There was a stable staff team and there were enough staff available to meet peoples' needs.

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 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).

Peoples' care was planned to ensure they received the individual support that they required to maintain their health, safety, independence, mobility and nutrition. People were supported to access appropriate health care services and had access to appropriate equipment to meet their needs. 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 were able to participate in meaningful activities and there were individual and group activities that were taking place in the home. People were involved in making decisions about their care and had opportunities participate in the running of the home.

People had confidence in the management of the home and there were systems in place to assess the quality of service provided. Records were maintained in good order and demonstrated that people received the care that they needed.

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?
Good

The service was safe.

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

Risk was well managed and promoted peoples' rights and freedom.

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

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

Is the service effective?
Good

The service was effective.

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

Staff sought consent from people before providing any care; and management were aware of the guidance and legislation required when people lacked capacity to make specific decisions.

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

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

Is the service caring?
Good

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.

Peoples' privacy and dignity was maintained.

Is the service responsive?
Good

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.

Is the service well-led?
Good

The service was well-led.

The management promoted a positive culture that was open, inclusive and empowering.

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

Summary of findings

Quality assurance processes and data management systems were in place.

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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 inspection took place on 9 March 2015 and was unannounced. The inspection team comprised two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

We contacted the 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.

During our inspection we spoke with seven people who used the service; two relatives, three care staff, the manager and the provider. We also looked at records and charts relating to two people, we viewed two staff recruitment records and we observed the way that care was provided.

Some of the people who lived at the home were limited in their ability to recall and express their views about the service. In these circumstances we used observation to inform the inspection process.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home and people looked relaxed and happy in the presence of the staff which indicated they felt safe. Relatives told us that they visited the home regularly and were in no doubt that people living there were safe. One relative said "I have every confidence in the staff and have never seen anything in the way that people are treated that would concern me."

Staff were aware of their roles and responsibilities in protecting people from harm and were able to raise concerns directly with the provider; they were also aware of the provider's 'whistleblowing' procedures. Staff received training in safeguarding and were able to talk confidently about the various forms of abuse and the action they would take if they had any concerns. Records showed that when concerns had been identified appropriate action had been taken by the management.

The provider had robust 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 the required information.

Staffing levels were regularly assessed and maintained at safe levels. Staff had sufficient time to provide one to one support and spend time engaging with people on an individual basis. The manager told us that staffing levels were calculated according to the needs of the people who used the service. Staff told us that there was a stable staff team and confirmed there were sufficient staff on duty at all times. One member of the care staff said "I think we have enough staff; we have six staff on duty in the morning. At night time we have one waking member of staff and one sleep in." another member of staff said, "I think staffing levels are quite good."

Peoples' 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.

Staff promoted people's independence and maintained their safety by intervening when needed. For example people were reminded about the appropriate use of their mobility aids when they moved about.

Staff told us that they had sufficient and appropriate movement and handling equipment to safely assist people who were not able to mobilise independently. The staff also told us that equipment was maintained in good working order and accident records showed that there were no accidents or injuries relating to the environment or use of the equipment. Individual plans of care also contained individual personal emergency evacuation plans for use in an emergency situation.

Medicine systems were safe and people had sufficient supplies of their prescribed medicines. Staff told us that only staff trained in the administration of medicines carried out this task. Staff training records showed that staff had access to training in the safe administration of medicines.

Medicines were supplied either in a pre-packaged monitored dose systems prepared by the pharmacist to reduce the risks of error or in individual containers. Checks on a sample of the medication administration records demonstrated that people's medicines had been given as prescribed. We found there were robust systems in place for ordering, storage, administration, recording and the disposal of all medication, including controlled drugs.

Good

Is the service effective?

Our findings

People were provided with effective care and support. One person said: “They're nice people [staff]; they're nice talking and nice listening.” And “The staff are good, they try to help”. A relative said “The staff get on well with the clients, and they support them well through their rehabilitation.”

New staff received formal induction training that aimed to provide them with the required skills and knowledge to meet people’s needs. Staff told us that the induction training was followed by a period of supervision where new staff worked alongside more experienced staff.

Staff received training in the areas needed to support the people they cared for. One member of staff said “We have training in how to de-escalate and distract people if they become distressed. Another member of staff said “The training is very good.” They told us they had recently done training in Makaton to help them to communicate with people who use Makaton signs. Makaton is a language programme that uses signs and symbols to help people to communicate.

One person said “Yes, [staff] they communicate alright. There are always around when I need them.” A relative told us that staff were skilled in supporting people when they became distressed or unsettled.

We saw that staff used different techniques to enable them to communicate effectively. Staff were attentive to people’s needs and supported them effectively when they became unsettled or distressed.

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 infection control and movement and handling. Staff told us that they received regular staff supervision from their line managers to ensure they were supported in their roles and in their development.

Peoples’ views were sought and their consent was obtained before any interventions were made; records showed people had provided their consent for staff to support them to take their medicines, flu vaccination, sharing of information and the use of photographs for identification purposes. One of the staff told us they gained verbal consent from people for day to day activities when offering their assistance.

The manager was knowledgeable about the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). They confirmed they had submitted applications to the local authority for authorised DoLS relating to the restrictions on people who were not free to leave the premises without support and for those who required supervision and control.

In general people were complimentary about the food provided. One person said “Yes, I have coffee. I don't ask for juice because I don't want it. Yes, generally speaking, the food is good.” Another person said “I get milk and milk-shakes or orange juice and drinking chocolate to drink. Whatever they do [prepare] I will have. The food is nice, it's pretty nicely done. I've never had anything that's no good. It's healthy food; it's never not cooked properly. "Staff were aware of peoples’ food preferences and nutritional needs; they told us that there were regular house meetings where people decided what food they would like to be put on the menu. Records of meetings confirmed that people were involved in planning the menus and that people had opportunities to eat food that reflected their country of origin. Menus offered people a varied selection of food; staff told us that there were alternatives available if people did not want the food that was on the menu.

We observed the lunch time service; one person helped to lay the tables and people were able to choose where to eat their meal. The meals were served at an appropriate temperature and were of an adequate portion size. People were offered a choice of accompaniments for example, if they would prefer cabbage or peas. Staff provided support for people to eat their meals and people had access to appropriate aids and adaptations such as plate guards.

Staff were aware of people’s individual needs and preferences and those who required support from the staff were assisted with patience. Records showed that when people were identified as being at risk of not eating and drinking enough their food and fluid intake was monitored to encourage an adequate intake and reduce the risks of complications such as infection. People were weighed regularly according to their individual needs and their risk was regularly reviewed. People who had been identified as being at risk of not eating or drinking enough were referred to the dietician and were in receipt of food supplements.

People were supported to access health care services when needed. One person said “If I say I want to see someone for

Good

Is the service effective?

any reason, like the doctor, if there was something wrong, they would call them." Records showed that people were assessed before they moved to the home to ensure that the service was able to meet their individual needs. Peoples' past medical history was well documented and people had access to the relevant NHS services such as psychologists; occupational therapists, speech and language therapists and general practitioners.

Peoples' individual plans of care set out the care that individuals required; these were regularly reviewed or reviewed when their needs changed. Staff took appropriate action when people were identified as being at risk; for example people at risk of damage to the skin due to pressure had access to appropriate pressure relieving equipment to reduce the risk.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and caring. People we spoke with told us that staff were kind and considerate in their day to day care. For example one person said “They're [staff] are like family.” Another person said” “Most staff here are nice.” And they also made specific comments about one member of staff saying “She is a nice lady to talk to; she is a really nice lady.”

People had confidence to initiate contact with staff and other people who used the service. People were listened to and their views were acted upon. Staff gave us examples about how they sought people’s views in relation to their personal care; for example staff said they gave people the opportunity to promote their independence. Individual plans of care contained information about peoples’ personal preferences. Throughout the day staff interacted well with people and engaged them in conversation and activities of daily living.

People looked well cared for and were supported to make decisions about their personal appearance, such as their choice of clothing. The individual plans of care were tailored to meet people’s individual needs and contained life histories so that the care provided could support their previous lifestyles. For example peoples’ cultural needs were supported because people had access to others who spoke the language of their country of origin and specific foods had been obtained. People also had access to aids and adaptations to support their mobility and independence. Individual plans of care contained details of advocacy services and how they could be accessed. Staff were knowledgeable about peoples’ individual needs and they spoke in a kind and caring way, with insight into peoples’ needs and the challenges they faced.

People were encouraged to be involved in the running of the home. One person said, “Sometimes I help with making lunch and I go shopping with the staff every day.” Individual plans of care showed that people were encouraged to participate in household activities such as cooking and laundry; there were meetings to plan weekly menus and monthly house meetings. People were involved in the recruitment of new staff as they met prospective applicants and provided managers with their views.

A relative told us they thought the service provided a homely environment that was not institutionalised. People were supported to maintain links with family and friends; visiting times were flexible and people were able to choose whether to receive their visitors in the communal areas or in their own rooms. Staff supported people to go on outings with their relatives or to keep in touch with them by telephone. One member of staff told us how they had supported someone to buy a card and flowers to give to their mother for Mothering Sunday.

Peoples’ privacy and dignity was respected and people were able to choose where to spend their time. Staff referred to people by their preferred name and personal care was provided in the privacy of people’s own rooms. Staff told us they always asked people if they wanted them to remain in the room whilst they were washing and dressing. Staff knocked on people’s doors before entering their rooms and people were able to have a key to their bedrooms if they wished.

Good

Is the service responsive?

Our findings

People were involved in planning their care if they wanted to be and were able to make decisions about their care including decisions about their personal care routines; such as their preferred times of rising and retiring to bed.

People were assessed before they went to live at the home, to ensure that their individual needs could be met. A member of staff confirmed this and told us that people sometimes came for short visits to the home before they moved in.

Individual plans of care were developed specific to the person concerned and these contained information about their previous lifestyle so that their values and interests could be supported. The individual plans of care contained detailed instruction to staff about how people were to be supported. These 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.

People were able to choose how to spend their time, whether to engage in the planned activities that there were available. An activities programme was in place which set out the planned activities; these included art therapy, music sessions, swimming, cooking and other household tasks. One member of staff said "We try to involve people who use wheelchairs with the shopping; we use a special trolley. They'll tell you what they want, and they'll make decisions about the cost and say "That's too expensive."

People were supported to engage in meaningful activity for example; one person told us they wanted to start a computer course and staff had arranged for them to attend college on a weekly basis. Another person had identified that they wanted to join a gym and this was being arranged. People were spontaneously engaged in playing a selection of board games throughout the inspection. People also attended the local Headway day centre. Headway is the UK-wide charity that works to improve life after brain injury.

One person told us if they had a complaint they would "Go to the highest person." A relative told us that they would raise any concerns that they might have with the manager and would have confidence that their complaint would be dealt with. All of the staff we spoke with were aware of their roles and responsibilities in dealing with complaints. Information about how to make a compliant was included in the 'Service users' information pack' given to people who used the service and their representatives. The service had received no complaints since our last inspection. The manager told us that they had an open door policy so that people could raise any concerns directly and that they aimed to address peoples' concerns before it became necessary for them to complain about the service.

Good

Is the service well-led?

Our findings

The management fostered a positive, inclusive culture; people were treated as individuals and were empowered. For example the management provided people with written information in easy read formats with pictures to aid people in their decision making. People's care and support was based on their individual needs and previous lifestyles. Both of the relatives we spoke with told us that the home was well run. One relative said "It's a very good home, I have no concerns about the care and support my relative receives."

People were involved in the running of the home and meaningful activities according to their needs and individual preferences. Management held regular meetings so that people were involved in decisions about the running of the home. Regular staff meetings were also held and staff had regular supervision which provided them with opportunities to raise concerns and to question practice.

The provider's aims and objectives were defined within their 'Service user information package' as 'To work alongside individuals to enable them to achieve their potential.' The aims and values of the service were included and identified a commitment to the provision of individualised care, choice, dignity and respect.

The service had a registered manager who has provided people who used the service and the staff with stable management. People told us they thought the service was well run and that they had regular contact with the registered manager. The manager had an open door policy so that anyone could share their views or raise any concerns with senior staff.

People who used the service, relatives and staff all told us the service was well managed. One member of staff said "I love it here, all the staff are good and the manager is approachable." They also said "People get very good care, I feel supported and I am happy with how the home is run."

The management had established links with the local community including neighbours, shops and leisure facilities to provide information to them about the service and increased acceptance of people with acquired brain injury.

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. The management conducted a range of internal audits for example, health and safety audits which included fire safety checks and temperature checks on water to ensure that it was dispensed at safe temperatures. Systems to manage medicines were regularly audited to ensure the safe management of medicines. Water systems were checked annually for Legionella and Gas safety equipment was also checked on a regular basis. The provider conducted regular visits to the home to monitor the quality of the service and had identified areas for improvements to the environment, for example replacement flooring in one of the bedrooms.

The provider had also conducted a survey of peoples' views about the service in April 2014; the responses indicated a good level of satisfaction. People had suggested additional activities including a regular newspaper group, more board games and increased trips to coffee shops in the town. Throughout our inspection we saw that these suggestions had been implemented by the management and being enjoyed by the people who lived there.