

Partnerships in Care Limited

Richmond House

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Summary of findings

Our judgements about each of the main services

Service

Wards for people with learning disabilities or autism

Rating

Good



Summary of each main service

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. The service was able to show how they met the principles of Right support, right care, right culture. The ethos, values, attitudes and behaviours of leaders and staff ensured that people using the service lead confident, inclusive and empowered lives. The needs and safety of people formed the basis of the culture at the service. Staff understood their role in making sure that people were always put first. They provided care that was genuinely person centred. The leadership of the service had worked hard to create a learning culture. Staff felt valued and empowered to suggest improvements and question poor practice. There was a transparent and open and honest culture between people, those important to them, staff and leaders. They felt confident to raise concerns and complaints. Our rating of this service stayed the same. We rated it as good overall because:

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People were protected from abuse and poor care. The service had sufficient, appropriately skilled staff to meet people's needs and keep them safe.
- People were supported to be independent and had control over their own lives. Their human rights were upheld.
- People received kind and compassionate care from staff who protected and respected their privacy and

Summary of findings

dignity and understood each person's individual needs. People had their communication needs met and information was shared in a way that could be understood.

- People's risks were assessed regularly and managed safely. People were involved in managing their own risks whenever possible.
- If restrictive practices were used, there was a reporting system in place and there were comprehensive reviews to try and reduce the use of these practices.
- People made choices and took part in activities which were part of their planned care and support. Staff supported them to achieve their goals.
- People's care, treatment and support plans reflected their sensory, cognitive and functioning needs.
- People received care, support and treatment that met their needs and aspirations. Care focused on people's quality of life and followed best practice.
- The service provided care, support and treatment from trained staff and specialists able to meet people's needs. Managers ensured that staff had relevant training, regular supervision and appraisal.
- People and those important to them, including advocates, were actively involved in planning their care. A multidisciplinary team worked well together to provide the planned care.
- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005.
- People were in hospital to receive active, goal oriented treatment. People had clear plans in place to support them to return home or move to a community setting. Staff worked well with services that provide aftercare to ensure people received the right care and support.
- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. Leadership was good, and governance processes helped the service to keep people safe, protect their human rights and provide good care, support and treatment.

Summary of findings

- Medications were given as a last resort in response to challenging behaviour after other methods had been tried.

However

- Medicine records showed that people were not always receiving their medications as prescribed and where medications were omitted there wasn't always a reason for omission.
 - Staff used audits to monitor the use of medications within the service. However, medications omissions were not being identified as part of these audits and therefore not reported.
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Summary of this inspection

Background to Richmond House

Richmond House is a community hospital for up to eight people with a primary diagnosis of a learning disability and associated mental health problems. It provides assessment, treatment and rehabilitation for female people; with a mild to moderate learning disability.

The service is owned by Priory Healthcare Limited and is one of a number of services they provide throughout the country. Richmond House has been registered with CQC since 2010 to carry out the following legally regulated activities:

- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the 1983 Act.

The manager has been registered with CQC since October 2016.

The service was most recently inspected in July 2018 and was rated as good overall. CQC did not identify any areas for improvement.

What people who use the service say

We spoke with six people who use services and four carers.

Peoples' comments about the hospital were overall positive, they said they felt safe. People told us they were supported to eat healthily and lead healthier lives. They took turns choosing meals and prepared them.

People told us they could access a wide range of activities that included for example, cooking, going for walks, arts, shopping and sewing. People told us they liked to spend time with the pet rabbit.

People told us they got on well with the staff. They said they were, kind, helpful, and they listened. Staff helped support people to make their own decisions and spent time talking with them.

Carers told us they felt their relatives were safe and were pleased with the care their relatives received. Staff had spoken to them and given them information about the care and treatment of their relatives and were given the opportunity to be involved. They were aware of discharge plans and felt that relatives were given opportunities to participate in the wider community.

How we carried out this inspection

We carried out an unannounced visit to Richmond House on 10 November 2021 and carried out further remote interviews with staff, and carers on 11 and 15 November 2021.

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We focused on all five key lines of enquiry within the safe, effective, caring, responsive and well-led domains.

Summary of this inspection

During the inspection we:

- spoke with the hospital director
- spoke with six people who use the service
- spoke with five carers
- spoke with five staff (nurses, health care assistants, occupational therapist and psychologist)
- spoke with an independent advocate
- spoke with a clinical commissioner
- reviewed four care plans
- reviewed four physical health plans
- reviewed the clinic room and treatment room
- attended a psychology therapy group
- reviewed four risk assessments
- reviewed eight medications cards
- reviewed a range of policies and procedures, data and documentation relating to the delivery of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take to improve:

We told the service that it must take action to bring services into line with legal requirements.

- The service must ensure that medications are administered as prescribed and where there are omissions, the reasons are recorded.

Action the service **SHOULD** take to improve:

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

- The service should ensure that medications audits are robust.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for people with learning disabilities or autism	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Wards for people with learning disabilities or autism

Safe	Requires Improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Wards for people with learning disabilities or autism safe?

Requires Improvement 

Safe and clean care environments

People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment. On the day of inspection, the toilets were clean and four of six people we spoke with told us the toilets were always clean.

The unit had a comprehensive ligature risk assessment in place with risk mitigation clearly identified. For example, the layout of the unit had numerous blind spots but convex mirrors were in place to promote safe observation.

The hospital fully complied with the Department of Health guidance on the elimination of mixed gender accommodation.

Safe staffing

People were kept safe from avoidable harm. The service had enough staff, who knew the people and had received relevant training to keep them safe.

Managers calculated and reviewed the number and grade of nurses and health care support workers for each shift. They used a staffing 'ladder' to calculate how many staff were needed for the number of people on the ward. The service therefore knew how many staff were required on each shift to keep people safe.

We saw one shift on the rota where staffing numbers were lower than planned due to staff sickness. Managers mitigated any potential risk to people by working the shift themselves.

On-call medical staff were accessible day and night.

Assessing and managing risk to patients and staff

Wards for people with learning disabilities or autism

People were safe from abuse. Staff understood how to protect people from abuse and the service worked well with other agencies to do so. Staff were up to date with safeguarding training. 100% of staff had undertaken both adults and children safeguarding training.

People were involved in managing their own risks whenever possible. Staff anticipated and managed risk. They had a high degree of understanding of people's needs. People's care and support was provided in line with care plans and positive support behaviour plans.

The service monitored and reported the use of restrictive practices. They reviewed all incidences of restraint and used the examples as learning within their restrictive intervention's reduction programme. There had been no episodes of restraint in the previous month. We looked at records and incidents and saw restrictive practices were only used as a last resort, for the shortest time and in situations where people were a risk to themselves or others. The service were part of a reducing restrictive intervention network and this work was helping to protect people's rights.

Staff were not all kept up to date with Reducing Restrictive Intervention training. On the day of inspection overall compliance was 56%. However, we saw plans were in place for staff to complete training and overall compliance was at 91% by the end of November 2021.

The hospital did not have a seclusion room and there were no incidents of seclusion within the previous four weeks. There hospital did not use long-term segregation.

Staff completed risk assessments for each person on admission and reviewed this regularly, including after any incident. Staff used a recognised risk assessment tool. Staff used the short-term assessment of risk and treatability risk assessment tool and historical clinical risk management 20 (widely known as HCR-20) tool. The historical clinical risk management 20 tool is a comprehensive set of professional guidelines for the assessment and management of risk relating to offending history.

Medicines management

A visiting external clinical pharmacy service was used once a month to ensure the safe, effective use of medications.

Staff used the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) to only administer medicine that benefitted people's recovery or as part of ongoing treatment. For example, we saw one person had their medicine reduced following admission as the Responsible Clinician felt they had been overmedicated.

Restrictive practices involving the administration of medications were used as a last resort in situations where people were a risk to themselves or others.

The service had enough staff, who knew the people and had received relevant medicine training to keep them safe.

People's medications were regularly reviewed to monitor the effects of medications on their health and wellbeing including physical health checks. Although one treatment plan and one positive behaviour plan didn't reflect current medicine needs.

Staff followed systems and processes to safely prescribe and store medications, including emergency medications.

Information about people's medications was available in an accessible format.

Wards for people with learning disabilities or autism

Staff had an understanding of people's medicine needs.

Staff did not always follow processes to safely administer and record medications. Staff did not correctly identify where medications should not be omitted and when medications were omitted there wasn't always a reason for omission, including antipsychotic and antidiabetic medications.

Staff knew how to report medicine incidents. However, the inspection team saw that 12 medicine gaps had not been identified as omissions and therefore not reported.

Track record on safety

The service kept people and staff safe. The service had a good track record on safety and managed safety incidents well. Staff recognised incidents and reported them. Managers maintained people's safety and investigated incidents and shared lessons learned with staff. Managers understood the duty of candour.

There had been six incidents in the previous month. We saw that lessons had been learnt and shared with staff and changes to practice had been made. For example, furniture had been moved to maintain safe personal distance between people. There had been no serious incidents requiring investigation.

Are Wards for people with learning disabilities or autism effective?

Assessment of needs and planning of care

People's human rights were upheld by staff who supported them to be independent and have control over their own lives.

Assessment of people's needs started at admission. People, those important to them, and staff developed individualised care and support plans. Care plans were personalised, holistic, included aspirations and risk assessments were updated regularly. People chose the activities they took part in. These were part of their care plan and supported people to achieve their goals and aid their recovery. People were supported to develop independent living skills for example, cooking, laundry and gardening.

Staff completed functional assessments for people who needed them. They took the time to understand people's behaviours.

People had good access to physical healthcare and were supported to live healthier lives. People had their physical health assessed soon after admission and regularly reviewed during their time on the ward. People had health action plans which were updated. People and carers told us they could easily access GPs and dentists.

Best practice in treatment and care

Wards for people with learning disabilities or autism

Staff provided a range of treatment and care for people based on national guidance and best practice. People had access to a range of psychological therapies. Support with self-care and everyday living skills was available to people who needed it. We observed an adapted behaviour therapy (DBT) group take place.

People's outcomes were monitored using recognised rating scales including Health of the nation outcome scales (HONOS Secure), short term assessment of risk and treatability (START) and historic clinical risk assessment (HCR20). Staff did clinical audit, benchmarking and quality improvement work to understand and improve the quality and effectiveness of care.

Care and treatment focused on people's quality of life outcomes and met best practice. Care and support were provided in line with people's positive behaviour support plan.

Skilled staff to deliver care

People received care, support and treatment from staff and specialists who received relevant training. The mandatory training programme was comprehensive and met the needs of people and staff had received the necessary training for their role. For example, staff were trained in autism spectrum disorder (ASD) and communication, positive behaviour support plans, the green light toolkit for learning disability and autism, and crisis management. Overall mandatory training compliance for staff was 88%.

Staff had regular supervision and appraisal. For October 2021, overall compliance rates for clinical supervision was 85%, managerial supervision was 87% and appraisals was 94%. Managers provided an induction programme for any new or temporary staff. All staff including bank and agency, had competency assessments. Staff took part in reflective practice groups.

Multi-disciplinary and interagency teamwork

People were supported by a team of staff from a range of disciplines including medical, nursing, psychology, speech and language therapy who worked well together to ensure care was delivered and outcomes achieved in line with care and discharge plans. They participated in monthly multi-disciplinary team meetings.

Care programme approach meetings were held every six months.

The unit had a good working relationship with the local safeguarding team and held meetings to review safeguarding issues.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005. 100% of staff were up to date with Mental Health Act training.

The organisation had a central Mental Health Act administrator. Staff spoken with were aware of who they were, how to contact them.

People had access to an independent mental health advocate who visited the service weekly and were aware of the advocate and how to contact them. People had access to an allocated independent Mental Health Advocate (IMHA).

Wards for people with learning disabilities or autism

People had their rights under the Act explained to them at admission and regularly afterwards in an individualised way according to each person's level of understanding.

The service had clear records of leave granted.

Good practice in applying the Mental Capacity Act

People were supported to make decisions about their care. Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Standards. For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. For example, a financial capacity assessment and a best interests decision around food choice had taken place.

100% of staff were up to date with Mental Capacity Act training.

Are Wards for people with learning disabilities or autism caring?

Kindness, privacy, dignity, respect, compassion and support

We observed respectful, caring and compassionate interactions between staff and patients. People told us staff were caring, kind and approachable and offered time when needed to listen and give support.

Staff protected people's privacy and dignity and understood people's needs. People told us staff would knock on the door if they wished to speak with them.

Staff supported people to understand and manage their care, treatment or condition. People spoke highly of staff and the care they received.

People told us and we saw they had copies of their care plans in their bedrooms.

Involvement in care

People were enabled to make choices for themselves and staff ensured they had the information they needed. They ensured people understood and controlled their treatment and support.

People were involved in managing their own risks and were encouraged to self-administer medications where appropriate.

People, and those important to them, took part in making decisions and planning of their care. People were empowered to feedback on their care and support. The service held weekly community meetings where people could raise any suggestions or concerns.

People had easy access to independent, good quality advocacy. Staff supported people to maintain links with those that are important to them.

Wards for people with learning disabilities or autism

Staff maintained contact and shared information with those involved in supporting people, as appropriate. Carers told us they received information about their relatives' care. Families and carers were able to access information and keep contact via a closed Facebook Group.

Are Wards for people with learning disabilities or autism responsive?

Good 

Access and discharge

People were referred to Richmond House through Clinical Commissioning Groups (CCGs) as part of the step-down care pathway within secure hospital services.

The provider reported that the average length of stay was 1,190 days. The main reason for any increased length of stay related to securing funding and availability of suitable alternative placements or support packages.

Discharge planning commenced at the point of admission on to the unit. People had discharge plans with clear timeframes in place to support them to return home or move to a community setting. Staff liaised well with services that provide aftercare, so people received the right care and support when they went home. There were no delayed discharges.

Staff were able to transfer people to a more appropriate setting should there be a deterioration in their health.

Facilities that promote comfort, dignity and privacy

People's privacy and dignity was respected by staff. Each person had their own bedroom with handbasin. People had individual keys to their room which they could personalise and where they could keep their personal belongings safe.

The service's design, layout and furnishings supported people's good care and support. For example, people had access to quiet areas for privacy, a therapy room, pamper room and well-equipped kitchen and large lounge where groups could be held.

The service provided people with a choice of good quality food and people were supported to choose and cook their own food. People could access hot drinks at any time.

Patients' engagement with the wider community

Staff ensured activities linked to rehabilitation goals and development of life skills, along with increasing community integration. People were supported and encouraged to engage in the community as part of planned care, therapeutic activity and support. For example, shopping trips, meals out and dog walking. People were supported to find work placement opportunities such as charity shops and coffee shops.

Meeting the needs of all people who use the service

Wards for people with learning disabilities or autism

The service met the needs of all people using the service, including those with needs related to equality characteristics. Staff helped people with advocacy, cultural and spiritual support. People's communication needs were always met. People had access to information about their rights in appropriate formats.

The unit had one ground floor bedroom which could be accessed by a person with limited mobility.

Staff delivered specialist treatment programmes, working to models recognised for use in rehabilitation services. Individual programmes were tailored to meet each person's needs. The specialist treatment programme focused on supporting people to work towards independent living. People were encouraged to develop everyday living skills such as cooking, laundry and cleaning and were supported for self-care.

Medications could be accessed readily including in an emergency.

Listening to and learning from concerns and complaints

People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The service treated concerns and complaints seriously, investigated them and learned lessons from the results. They shared the learning with the whole team and the wider service.

There had been one complaint during 2021, which had been fully investigated and upheld. Action had been taken and lessons learnt.

Are Wards for people with learning disabilities or autism well-led?

Leadership

Leaders had the skills, knowledge and experience to perform their roles and understood the services they managed. They had a vision for the service and for each person who used the service. They were visible in the service and approachable for people and staff.

Vision and strategy

Staff knew and understood the provider's vision and values and how to apply them in the work of their team.

Culture

Staff felt respected, supported and valued by senior staff, which supported a positive and improvement-driven culture. Staff felt involved in decision making and recognised the importance of strong team working. The provider promoted equality and diversity in its work. 95% of staff had completed diversity and inclusion training. There were opportunities for career progression.

Staff felt able to raise concerns without fear of retribution. Staff were able to raise issues through regular visibility of site leaders and through regular supervision. Managers promoted an open-door policy.

Wards for people with learning disabilities or autism

There were no reported incidents of bullying or harassment at the time of the inspection.

Governance

The provider's electronic dashboard allowed the manager to see an overview of complaints, care plans, incidents, restraints, staff training, supervision and appraisal compliance. This allowed the unit manager to monitor compliance with the provider's key performance indicators related to the quality and safety of the service and act upon timely information.

The service shared learning from incidents, complaints and feedback at monthly clinical governance meetings.

Our findings from the other key questions showed that governance processes helped to keep people safe, protect their human rights and provide good quality care and support.

Management of risk, issues and performance

The manager had oversight of performance and risk and compiled monthly reports on key performance indicators that were shared with senior managers.

The manager identified, collected and reviewed issues via a risk register.

Quality Walk rounds of the environment took place monthly.

Commissioners quality visits took place.

The manager had oversight of a quality audit programme which included for example; safeguarding, infection prevention and control, restrictive practices, care management and supervision.

Staff and the external pharmacy service used audits to monitor the use of medications within the service however medications omissions were not being picked up as part of these audits. A manager's investigation was immediately commenced.

Information management

Staff had the information they needed to provide safe and effective care. People's care records were accessible to staff, and it was easy for them to maintain high quality records. Staff used information to make informed decisions on treatment options. Where required, information was also reported externally.

Engagement

People, and those important to them, worked with managers and staff to develop and improve the service. The provider sought feedback from people and those important to them and used the feedback to develop the service. For example, people were able to give feedback at weekly community meetings and at governance meetings.

We saw people were involved in staff recruitment and welcoming visitors to the hospital and we were given an induction and tour.

Wards for people with learning disabilities or autism

Learning, continuous improvement and innovation

The provider sought feedback from people and those important to them and used the feedback to develop and improve the service. Staff engaged in quality improvement and research initiatives. For example, staff were engaged in a university research project to develop a visual resource to support the uptake of COVID-19 vaccine in people with intellectual disabilities.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The service did not ensure that medications were administered as prescribed and where there were omissions, the reasons were recorded.</p>