

The Richardson Mews Limited

The Richardson Mews

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good



Summary of findings

Overall summary

About the service

The Richardson Mews provides accommodation and personal care for up to 36 people who have an acquired brain injury. The service comprises of 2 buildings; The Mews provides long term rehabilitation in an adapted building. The Coach House provides assessment and rehabilitation in purpose-built accommodation. At the time of our inspection there were 28 people using the service.

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

People's needs were assessed by a multi-disciplinary team led by a clinical psychologist. People's plans were tailored to their specific needs and mitigated their known risks. People were involved in their regular reviews to help them to improve their well-being and rehabilitation. The team worked closely with people's consultants and healthcare teams to provide a holistic approach to their care.

People received care from staff that followed the provider's philosophy of positive support. People learnt skills and increased their independence in accordance with their physical and cognitive abilities. People had close supervision and psychological reviews to help them to modify their behaviours to understand the risks and make safer life choices.

People were protected from the risk of abuse. Staff were kind caring and respectful of people's privacy and dignity.

There were enough skilled staff to meet people's needs. Staff were recruited using safe recruitment practices. Staff received training and supervision to carry out their roles. People received their medicines safely.

The provider used the learning from incidents, safeguarding and complaints to help improve the quality of the service.

We were assured that the provider had sufficient infection, prevention and control measures in place.

The provider assessed the service for quality; they had a comprehensive oversight of the service and were continually updating and introducing systems, practices and policies in line with current best practice.

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; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 16 May 2022 and this is the first inspection.
The last rating for the service under the previous provider was Good, published on 5 March 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained rated good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led.

Details are in our well-led findings below.

Good 

The Richardson Mews

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

The Richardson Mews is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Richardson Mews is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service to ask about their experience of the care provided. We also observed the support people received within the communal areas of the home, including the support people received to take their medicine.

We spoke with 10 members of staff including the registered manager, the manager of The Coach House, the clinical lead, the head of care, care staff, kitchen staff and domestic staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including accident and incident records, care and medicine records, audits and 6 staff recruitment files.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Staffing and recruitment

- The provider's human resources team had completed staff recruitment. Not all staff files contained suitable references from previous employers, however, these employees were known to the service as they had worked as agency staff at the home. The agencies had a policy of not providing references. We brought the risk of not having enough suitable references on file to the provider's attention. The provider implemented a system of risk assessments and demonstrated they had already provided staff with supervision.
- The provider carried out Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff employed to ensure people's needs were met. A dependency tool was used to assess the levels of staff required each month.
- People received care from a team of professionals to manage their assessment, monitoring and rehabilitation; including a consultant neuropsychiatrist, physiotherapist, speech and language therapist and occupational therapist to support their well-being and mental health.

Using medicines safely

- During the inspection we identified some medicine administration records (MAR) supplied by the pharmacy did not have the current prescription information. This had not been identified by the staff booking in the medicines at The Coach House. This was immediately rectified by the provider and the medicines audit updated to be able to identify this issue in the future. People had received their medicines as prescribed.
- Protocols were in place for people who were prescribed medicines 'as and when required'. However, 1 of the protocols did not match the prescription which could have led to confusion. Another person was receiving their 'as required' medicines regularly, in contrary to their protocol. The 'as required' medicines protocols were immediately rectified in liaison with their GP and the medicines audit updated to be able to identify this issue in the future.
- Staff in The Coach House had not always signed to confirm they had administered people's medicines, in line with the provider's policy. Although the medicines audit would have identified this, the audit was not due to be carried out at the time of inspection. Previous audits had identified staff had not always signed when they gave medicines, these staff had received supervision. The head of care told us they would work with staff to improve their competencies. The stock counts showed people had received their medicines and this was a recording error. One person told us, "Staff give me my [medicines] and tell me what they are for."
- People who required their medicines at specific times of the day were administered these as directed.

- Staff received training in the safe management of medicines and their competencies had been checked.

Assessing risk, safety monitoring and management

- People's risks were assessed regularly or as their needs changed. The provider employed a multi-disciplinary team of health professionals who met regularly to assess people's risks and worked with people to manage positive risk taking. Staff followed the care plans that were in place to mitigate people's known risks.
- Staff received information about people's current needs during handover of shifts; this ensured people continued to receive care that met their needs.
- The provider had assessed environmental risks; regular health and safety checks had been carried out which included the monitoring of water safety, water temperatures, hoists, electric, gas and fire safety.
- Personal emergency evacuation plans (PEEP's) were in place to ensure people could be safely evacuated in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to safeguard people and were familiar with provider's safeguarding policies and procedures. One person told us, "Staff keep me safe."
- People were protected from harm and abuse as staff understood how to recognise and report any concerns to the registered manager, provider and relevant professionals.
- Safeguarding incidents had been reported, recorded and investigated. The registered manager had taken appropriate actions to investigate and share information with relevant professionals to help prevent any future harm.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider followed government COVID-19 guidance on care home visiting.

Learning lessons when things go wrong

- Staff had not always recorded all of the information required to analyse and learn from incidents where low level restraint had been used to manage people's safety. The provider had updated the procedures and protocols for the use of the least restrictive intervention by improving staff verbal and nonverbal de-escalation techniques, these were being implemented into practice.
- The provider had implemented new systems to record and analyse accidents, incidents, safeguarding and complaints. The outcomes of these would provide the information to learn from these by monitoring themes and trends, however, these systems had been recently introduced and were in their infancy. Where the provider had data, they had used the information to make immediate changes to people's support

needs to minimise the risk of recurrence.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Newly recruited staff received an induction to the service and worked alongside experienced staff until they were competent to work alone.
- Staff training records showed some staff had not completed their training. Staff told us, and the rotas confirmed that trained staff supervised untrained staff. The provider had already identified this issue and had implemented a plan of action to encourage all staff complete their training in a timely way.
- All permanent staff had attended specific training to raise their awareness and understanding in supporting the varied needs, strengths and impairments of people with a learning disability and autistic people.
- Staff received regular supervision from senior members of their team. The provider had recently assessed the levels of supervision and had implemented a new system which helped staff to record their experiences, and training and support needs.

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

- The provider's pre-assessment of needs was comprehensive and gathered information from relatives and relevant professionals. People's protected characteristics under the Equality Act 2010 were considered. This included age, disability, gender reassignment and religion. People's choices, preferences and routines were reflected including individual goals and aspirations.
- The provider ensured the well-being and mental health was considered at all points of people's care. People received a programme of psychological care from a multidisciplinary team of specialists, the therapies provided were evidence-based and followed The National Institute for Health and Care Excellence (NICE) guidelines.
- People needs were assessed with evidence-based assessment tools to safely assess people's current needs. This included the Malnutrition Universal Screening Tool (MUST) to assess people's nutritional needs and the Waterlow score to assess risks to people's skin integrity.
- Staff told us they knew people's needs and preferences because care plans were detailed, up to date and reviewed regularly. We observed staff providing people's care that reflected their preferences, such as how they liked to be addressed.

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

- People received food and drink that met their needs and preferences. One person told us they made choices about their meals.
- People received the support they required to eat and drink from staff that were trained to do so. We observed staff supporting people with their meals or prompting them to eat where this was required.

- Where people had been assessed to be at risk of choking, their meals were prepared in a specific way. For example, food was cut into smaller pieces or soft. Kitchen staff had the necessary information to ensure they prepared meals to meet people's dietary requirements.
- We observed people being offered drinks and snacks between mealtimes. Where people were cared for in their bedrooms staff supported people with their meals and drinks.

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

- The provider's multidisciplinary team worked closely with people's health professionals such as the epilepsy team to ensure people were regularly monitored and received care that met their needs.
- People received regular psychological reviews to assess the effectiveness of the therapies and interventions they received. Assistant psychologists developed close working relationships to monitor people's mental health, in order that problems could be addressed in a timely way to prevent the need for crisis care.
- People were supported to access healthcare appointments when they needed them. People attended their dental appointments and follow up treatment. One person told us, "Staff help me to go to the dentist."
- Staff recognised changes in people's demeanour and behaviour that could indicate deteriorating health, staff referred people to their GP or other health professionals for assessment.

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

- The Mews had been adapted to meet people's physical needs and was well maintained. The communal areas were spacious and had many areas for people to have activities or relax.
- The Coach House was purpose built to meet people's physical needs. The Coach House had been built with many environmentally friendly features which included using rainwater for flushing toilets and solar panels to provide energy.
- People who were preparing to live independently had facilities within the home that helped them to gain skills to look after themselves such as cooking and laundry.
- People's rooms reflected their lives and personalities; people who showed us their rooms said they were proud of them.
- People had the equipment they required to assist with their mobility, such as hoists and wheelchairs which were regularly checked for safety.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments were carried out where applicable. Where people lacked capacity to make

specific decisions, this was documented clearly, and best interest meetings were held to record decisions about people's care with the least restrictive options.

- Where required, appropriate legal authorisations to deprive a person of their liberty had been applied for and outcomes, including conditions, recorded and met.
- People were asked for their consent for staff to provide their care. One person told us, "Staff always knock on my door before they come in."

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were happy living at the service. One person told us, "This is my home, I do what I want." Another person told us they were proud of their role within the service as they had been given responsibilities.
- People received care from staff that followed the provider's philosophy of positive support. Permanent staff knew people well and used their skills and their knowledge about people's plans to help people feel more positive about themselves. We observed staff speaking to people in a positive and encouraging way which people responded to. One person described staff as gentle and kind.
- People were involved in their care planning. They attended regular reviews with the provider's multi-disciplinary care team. People's views were listened to and incorporated into their plans.
- Staff had a good understanding of people's diverse needs and their preferences on how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff spoke with people discreetly to ensure other people were not aware of their need for support, for example, with personal care.
- People were supported to be as independent as possible. Where safe to do so people were encouraged to undertake tasks and activities which supported them to retain their independence.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 treated each person as an individual. People had planned and regular reviews of their physical and psychological needs to help them to plan their care and set goals and aspirations for their future.
- People were provided with daily physical and psychological support from care staff and assistant psychologists. People had the opportunity to talk openly with the assistant psychologists who could monitor their well-being closely. This helped to identify early changes in people's mental health.
- People learnt skills and increased their independence in accordance with their physical and cognitive abilities. Some people developed skills to increase their independence and social skills, such as shopping. People were given roles within the service to assist office staff with administration tasks or with meeting and greeting visitors to the home.
- People who had behaviours that could lead them to harm themselves had close supervision and psychological reviews to help them to modify their behaviours to understand the risks and make safer life choices.
- The psychology team held weekly activity and exercise sessions in small groups to help people improve their concentration, memory and social interaction. Staff supported people daily to take part in games and activities to help improve their well-being and social interactions.
- People were encouraged to make and maintain relationships important to them. People were supported to see their families and friends.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The occupational therapists assessed people for their ability to comprehend and communicate. Where required they had implemented systems such as picture cards to assist people with their communication to enable people to communicate their needs and wishes.
- Staff had identified people's communication needs and recorded these in their care plans. Where people required hearing aids and glasses, we saw they were being worn.

Improving care quality in response to complaints or concerns

- People were given the opportunity to talk openly at their regular reviews. They had been able to raise their concerns and had these reviewed and resolved by discussion and changes to their care plans. People also knew how to make a formal complaint.
- The provider's complaints policy had been followed and complaints had been resolved. The provider used the information from complaints to review and improve the service.

End of life care and support

- People expressed their preferences where they wanted to receive their care. Relatives were kept informed of people's conditions.
- Staff did not specifically receive training in end of life care. Staff knew who they could refer to receive advice and assistance with providing end of life care.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had implemented systems of assessment and therapy which were person centred. Each person had a unique plan of care tailored to their specific needs. The multidisciplinary team led by the psychologist continually reviewed people's needs, working with each person to help them to improve their well-being and rehabilitation.
- The provider was committed to reviewing and improving the service. They had employed a Head of Care to assess the service and take action where areas of improvement had been identified. They had a comprehensive oversight of the service and an action plan which was being implemented. This included updating and introducing systems, practices and policies in line with current best practice.
- The provider had oversight of the service through a schedule of audits which checked all aspects of the quality and safety of the service. The audits were continually being developed to incorporate learning from incidents, safeguarding and complaints to help prevent issues being repeated.
- The provider implemented immediate changes during the inspection where we identified issues with recruitment, medicines and training. The Head of Care had also identified the issues before the inspection and had plans to make the required improvements.
- The registered manager was responsible for The Coach House and The Mews, however, the day to day management of The Coach House was overseen by a different manager.

Working in partnership with others

- The provider had strong working relationships with other professionals such as GP's and specialist health services. People's care had been planned and implemented using information from all healthcare sources and co-ordinated by the provider's multi-disciplinary team.
- People's records reflected the good communication with partner agencies and their recommendations were followed to enable people to receive joined up and holistic care.

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

- People and relatives were involved in the service. They had regular opportunities to provide feedback through meetings and care reviews. Feedback we received about the whole service was positive and complimentary.
- Staff were also supported to give their views through regular team meetings and through regular

supervision.

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 understood their responsibility under the duty of candour and had submitted notifications to CQC when required. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information. The management team had good relationships with family members and kept them updated on a regular basis including information on accidents or incidents.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.