

Richmond House Social Care Services CIC

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Inspection report

96 Main Street
North Frodingham
Driffield
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08 May 2019
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30 May 2019

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Richmond House Social Care Service is registered to provide personal care to children and adults, with special educational needs and disabilities, in their own homes or community settings. At the time of the inspection the service was supporting 11 children and adults between the ages of four and 32 years old. Seven of those were receiving support with personal care.

Not everyone who used the service received personal care. The Care Quality Commission only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Children and young people received extremely high-quality, personalised care from an exceptionally caring service. The registered manager and provider were very passionate about high-quality, person-centred care.

Children had achieved remarkable positive outcomes through outstanding support from this service. The service was exceptionally skilled in encouraging children and young people's abilities and were passionate about them embracing their interests.

We heard how some children's lives had been transformed since they began receiving support from Richmond House. A relative said, "It certainly wasn't long after Richmond House becoming involved with [Name of child], that I started to see positive changes. You are an incredible team."

Staff demonstrated exceptionally caring and considerate values. A relative told us their child's staff "Looked after them like family." The staff teams were reliable, consistent and greatly committed to caring for children and young people using the service.

Parents and staff members spoke highly of the management team and told us that they were always available and supportive. Children and young people were often asked for their views about the quality of the service.

There were enough numbers of staff to meet children and young people's needs. Recruitment checks were undertaken, to determine the suitability of new staff to protect children and young people that used the service. Care records were held securely in a locked cabinet within a locked office to help maintain confidentiality.

Children and young people were supported with a tailored package of care that was personalised to their preferences and needs.

Children and young people were safe and protected from avoidable harm because staff knew how to

identify and report any concerns relating to the risk of abuse. Risks to their health, safety and well-being were assessed, and in the main, measures developed to remove or reduce the risks.

Staff had the skills, knowledge and a good understanding of children and young people's individual needs and how they wished to be supported. Staff training was delivered around some children and young people's individual needs, which ensured they could be supported effectively by competent staff.

Children and young people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People, and parents of children using the service told us they would be confident to raise any concerns with the management team. Everyone we spoke with during this inspection was satisfied with the care and support provided for people.

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

Rating at last inspection

This was the first inspection of this service since registering with the CQC in June 2018.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

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 ●

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Detailed findings

Background to this inspection

The inspection

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

Inspection team

An Expert by Experience undertook telephone calls to parents of children using the service on day one. Day two was undertaken by one inspector at the office base. One inspector carried out a home visit to a person on day three, and on day four an assistant inspector completed telephone interviews with staff. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care service. It provides personal care to children and younger people in a community setting or within their own homes.

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

Notice of inspection

We gave the service seven days' notice of the inspection site visit. This was to ensure the management team was available to support the inspection process. Inspection activity started on 8 May and ended on 30 May 2019.

What we did before the inspection

Prior to our inspection we looked at the information we held about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also sought feedback from the local authorities and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with eight parents by telephone to ask about their children's experience of the care provided. We spent time with the registered manager and provider during the inspection site visit. Following the inspection site visit we sought the views of three support workers, by telephone, and visited one person receiving a service in their own home.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care records of three children and young people receiving personal care, three staff employment records and a range of other records including information given to children, young people and families about the service.

After the inspection

We looked at risk assessments, staff induction and other information sent to us after the inspection by the registered manager and provider.

Is the service safe?

Our findings

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

At this inspection this key question was rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff understood where children and young people required support to reduce the risk of avoidable harm. One staff member explained to us, for example, how they kept children safe at the swimming baths.
- Assessments were undertaken to identify risks to children and young people, to reduce the risk where possible. These included areas such as moving and handling and behaviour management.
- Detailed risk assessments were not always in place, or individualised, to instruct how staff should support children during some activities and personal care. Changes were made to the assessment systems in place to address this during and following the inspection.
- Environmental risk assessments were completed. These included access to and from children and young people's homes and any risks to staff, for example with pets in the home.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure children and young people were protected from harm or abuse.
- Staff demonstrated to us they knew who to refer any issues to if they witnessed or had an allegation of abuse reported to them.
- All people and parents we spoke with felt their children were safe with the support they received from staff. One parent told us, "The man who comes to pick up my child is amazing. I know my child is very safe, I wouldn't let them go with someone I didn't trust."
- Staff were proactive at dealing with unsafe practices and told us about an experience they resolved for a child at school.

Staffing and recruitment

- Staff were recruited safely. There were enough numbers of staff to meet the needs of the children and young people supported by the service.
- Appropriate vetting and checks were completed prior to staff commencing employment.
- The registered manager and provider ensured children and young people had a consistent staff team, which was confirmed to us by parents. One told us, "Richmond House has higher standards [than previous company]. [Registered manager and provider] each slept over one weekend to cover the Saturday and Sunday, so I could get some sleep. We have a regular team of carers now."
- Parents confirmed their children received support for the full number of agreed hours. Comments included, "Sessions are always the full length but often run over, and carers never rush my child."

Using medicines safely

- Children and young people's medicines were managed safely.
- Staff were supporting two people with medication administration within their home. One person told us, "Medicines are given under my instruction. They [staff] know when they need ordering. We then look at what I need together."
- Staff had clear information about children and young people's medicines. They were trained in managing medicines and had their competence checked. Audits reduced the likelihood of medicine errors.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had access to gloves and aprons and were trained in infection control. One told us, "I've done infection control training. I wear gloves and an apron for personal care."

Learning lessons when things go wrong

- A health and safety policy was in place which included the management of accidents and incidents.
- The provider told us if any accidents or incidents occurred children's parents would be informed, and emergency healthcare would be sought if required. There had been no recorded accidents or incidents.

Is the service effective?

Our findings

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

At this inspection this key question was rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The management team effectively assessed children and young people's needs, which meant they planned for and provided them with the right support.
- People, parents and professionals such as social workers and education staff were involved in the assessment process.
- Management and staff demonstrated an understanding and respect for children and young people's diverse needs. One member of staff told us how they had increased their knowledge about certain foods in relation to one child's faith.
- Parents told us they were satisfied with the care and support children received, which was delivered in line with best practice. One told us, "I always tell carers to listen to my child, take their lead. We've never had support like Richmond House."

Staff support: induction, training, skills and experience

- Staff received training and support to enable them to carry out their roles effectively.
- A parent told us, "I'd give them five stars for their skills, as safety of the child is all important."
- A staff member said, "I have done moving and handling and medication training. I have 17 units to do and I am on the 12th. The managers keep checking my progress. They are keen."
- The management team and staff told us, and records confirmed that there was a programme of staff supervision. Staff received support through one to one, email communication and observational checks.

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

- On the whole parents told us they retained responsibility to support their children to maintain their nutritional health needs.
- Some children were assisted by staff with their meals which were sometimes prepared by staff, or their parent. One said, "I prepare my own meals and I enjoy baking. They help me with this."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager, provider and staff worked effectively in partnership with health and social care professionals.
- Parents told us they and their children received care in an unhurried and timely manner, and felt the service was reliable. Comments included, "They listen to me, explain things. Outside of school I did not have a lot of help. Linking up with Richmond House was like seeing a light at the end of a tunnel."

Supporting people to live healthier lives, access healthcare services and support

- Children and young people's health care needs were met and documented clearly within their care records.
- Parents who used the service had primary care of their children's health needs. In certain circumstances we found staff monitored children's and young people's health and well-being. Should a child or young person require urgent medical care the service had in place emergency contacts.
- Staff and management worked with health and social care professionals so that children and young people could be assessed for any equipment and support they may require. The registered manager explained, and records confirmed how the service had worked with a specialist nurse to ensure staff were trained in the use of equipment for one person.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people are deprived of their liberty in their own homes, applications must be made directly to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met

- The provider protected people's rights. Staff had undertaken MCA training, to increase their awareness in this area.
- At the time of the inspection visit there was one adult, and two young people aged 16 years old and over, and the MCA applied to them. The majority of children were under the age of 16 and therefore the MCA did not apply. The service worked within the frameworks of The Children Act 1989 and subsequent legislation to work with parents who had parental responsibility. A person who had parental responsibility can make decisions about a child's care and upbringing. The service also ensured that the wishes and feelings of children and young people were taken into consideration.
- Parents confirmed that, where possible, their children were encouraged by staff to be involved in decisions about their care. Comments included, "My child has choice, can decide what they want to do."

Is the service caring?

Our findings

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

At this inspection this key question was rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff were motivated and encouraged by a passionate registered manager and provider to deliver an exceptionally caring and compassionate service to children, young people and their families.
- Relatives gave consistently excellent feedback about the staff and managers who supported them. Comments included, "They have been doing an amazing job with my child. They have worked closely with the school, and family, to achieve their goals and well-being. [Name] is always excited whenever staff are around. I would highly recommend them."
- The service went the extra mile by supporting children and young people's family members. A relative commented, "Support is provided not only to my child but to the whole family. Without their involvement I would struggle to do my things. They give me a chance to do things with my other child. My life is much better now." This showed staff supported families which alleviated pressures and ensured routines involving other family members continued.
- It was apparent from our discussions with staff, the managers and children and young people's relatives that they had developed strong bonds. Staff and managers were particularly good at asserting clear strategies and boundaries whilst maintaining a positive relationship with children. This had resulted in positive outcomes for some children.
- Staff and managers had regard for children and young people's cultural and social needs and acted in a sensitive and thoughtful manner to ensure their wishes were met. One young person was supported to follow their chosen religion and was cared for by staff of a specific gender.

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

- Staff proactively advocated on children's behalf. We saw they took practical action to put measures in place to ensure children's voices were heard and their rights upheld. The service worked alongside one child's school to share their approach in communication. This involved the use of an egg timer and picture exchange communication system (PECS). This had resulted in less confusion for the child and provided them with the ability to express their feelings and wishes more freely. PECS allows people with little or no communication abilities to communicate using pictures.
- Children and young people were supported to work toward their future goals, which were clearly set out in their care plans. We saw numerous examples of children achieving their goals and excelling at this. One child had created a personal YouTube channel with staff support. Another had attended a local college with a view to securing a place on an apprenticeship programme.
- A child had expressed a wish to be a sports person when they became an adult. They were encouraged to attend a boxing club and increase their physical activity. This had resulted in them losing weight and becoming more healthy and active. Their parent said, "They planned with [Name] every step, and involved

us to have a better understanding of [Names] needs. They work toward the future and follow good work practice. They have become role models for my child."

- Staff and managers understood children and young people needed to be given opportunities to use and expand their skills and supported them to overcome any barriers they may experience due to their disability or sensory impairment.
- All decision-making centred around the child or young person. One person told us, "I'm basically in charge of everything." Staff engaged with children and their parents in the decision-making process. A staff member said, "We always let the kids decide what they want to do, it's their decision. They choose." A relative told us, "Our relative likes the cinema, going shopping, going out for lunch. Everything has been set up around their choices."

Respecting and promoting people's privacy, dignity and independence

- Promoting independence and learning new skills was thoroughly embedded into this service. We saw evidence of numerous examples of this. One child had progressed to independently administering their own medicine and recording this in a book with the support from staff. Another child was now able to comfortably access public places and manage their anxiety better. We saw they had been awarded a certificate for their notable achievements. The provider told us, "Our aim is how to improve the child and adults' lives, so they can do what they want to do in their life and be self-independent."
- Staff and managers were very good at recognising situations which may cause distress to a child and we were given examples of where they had intervened at an early stage to help improve the situation. One child was experiencing difficulty working in groups and concentrating on one task in school. The service provided specific learning to the child's school key worker which developed the person's knowledge of the child's needs. At a recent review of the child's support it was noted their interaction with peers in a small group had improved.
- Staff understood the importance of ensuring children and young people's privacy and dignity was maintained and were able to give us many examples of this. One person said, "If I'm playing on my Kindle they will give me time alone. If I have visitors staff go and sit in the conservatory. They do this without me asking."
- Care files and information regarding children and young people who used the service had been stored securely and were only accessible by authorised staff when needed.

Is the service responsive?

Our findings

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

At this inspection this key question was 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 preference.

- Care plans were developed from assessments of need and staff had clear guidance on how to meet those needs. Care plans were informative, person-centred, child-friendly and regularly reviewed. This helped to ensure that if needs changed this was appropriately reflected in care records as well as in the care children and young people received.
- Staff demonstrated good knowledge and understanding of people's care, support needs and routines.
- Parents confirmed they were involved in the reviews of care. Comments included, "We have a care plan and had full involvement in setting it up. Richmond House have gone above and beyond what was expected of them and arranged fantastic advice and training for school assistants and family. Service has been brilliant."

Meeting people's communication needs

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

- The registered manager and provider understood their responsibility to comply with the AIS. Children and young people's communication needs were detailed in care plans. Information about the service was accessible in pictorial format, large font and easy read if required.
- Some children who used the service had a range of different needs and some required support with their communication, for example, if they didn't use words. Staff communicated effectively with people, as well as supporting parents in ways that met children and young people's needs. This included the use of facial expressions, communication boards and the use of picture cards.
- The provider had visited a child's school to share the picture cards the service used to communicate with them. This helped to ensure the care and support the child received was seamless and consistent across services.

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

- Children and young people were encouraged and supported to take part in activities that were both fun and educational within the local community. This included apprenticeships, placements of interest, and attending community groups. This gave them opportunities to meet new people and be involved in the community.
- Children and young people were supported and encouraged by the service to set themselves goals and

targets to achieve. This had resulted in positive outcomes for some children.

- We saw one comment from a parent whose child had become isolated at home and gained weight. They said, "Since the service started with us I've noticed [Name] has become an active person, likes to go out and do healthy and physical activity. They now manage their anxiety well and communicate better in a polite way, which I found astonishing progress. I can see that they might have a better and healthy future."

Improving care quality in response to complaints or concerns

- There was a complaint policy and procedure in place which was available in other languages and formats if required. At the time of our inspection the service had not received any complaints.
- People knew how to raise concerns and were confident these would be addressed appropriately. Comments received from parents included, "I have no issues with Richmond House, it's the best company" and "I know the manager, can talk to him, but never needed to complain, it's such a good service."

End of life care and support

- The service was not providing end of life care at the time of our inspection visit.

Is the service well-led?

Our findings

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

At this inspection this key question was 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

- There was a caring and supportive culture amongst staff at the service and this was encouraged by the registered provider and manager's leadership style.
- Everyone who used the service spoke highly of the management team. They told us that they thought the service was well led. Comments included, "The manager is very approachable and thank you for calling and giving me the opportunity to say how happy I am with Richmond House."
- Staff felt able to raise concerns with the registered manager and were confident they would be listened to and supported.
- The importance of continuity of care was recognised, which ensured people were supported by small teams of staff who knew them well.

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

- There was a registered manager in post. We saw honest, open, and skilled leadership. The staff we spoke with said the management were very approachable and they felt listened to.
- Registered providers are required to inform the Care Quality Commission of certain incidents and events that happen whilst providing its service. The registered provider was aware of this responsibility and was prepared to do so when required.
- The service had a range of policies and procedures to help guide staff.
- Staff were given a thank you letter in recognition of their good practice, hard work and dedication.

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

- The provider protected people from discrimination. They had a website, which included its vision, information about the service, and a range of material about what the service offered to everyone regardless of their differences. It particularly provided advice and support on the topic of Special Educational Needs and Disabilities for people up to the age of 25.
- Children and young people, staff, parents and other professionals, were asked their views on an ongoing basis through informal discussions, email, telephone calls and visits; there were questionnaires to complete. Auditing of these reflected people's experiences and views. This meant people's voices could be heard and any feedback considered and responded to.
- Meetings were held within the service. Feedback from these meetings was communicated throughout the service to ensure best practice was shared within support teams and quality care was delivered.

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 was open and transparent during the inspection process; they understood their responsibility to apologise and give feedback to people if things went wrong.

Continuous learning and improving care

- Quality assurance checks were in place and used effectively to monitor the service. Audits were completed on a regular basis by the management team. Regular spot checks were in place to ensure good standards of care were continually met and maintained.
- The provider advised they were hoping to develop the company to provide a wider service for children and young people but were determined to do this in a well-managed and controlled way, ensuring that the quality of care provision would not be compromised.

Working in partnership with others

- Positive relationships had been developed with external health and social care professionals. The provider worked with commissioners of the service, social workers, educators and health care professionals to ensure the best possible outcomes for children and young people.