

# Shelton Care Limited

# Richmond Mews

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 12 April 2017 and was unannounced.

Richmond Mews provides accommodation and personal care for up to 44 adults with a learning disability or other complex needs. The accommodation is in eight separate flats and one bungalow. At the time of this inspection 43 people lived at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run

During our previous inspection undertaken on 19 October 2015, we identified concerns in relation to staffing levels, medication and quality audits. During this inspection we found that the required action had been taken to correct these concerns.

People were kept safe living in the home because the registered manager and staff understood their responsibilities to identify and report potential harm and abuse. The registered manager consistently reviewed accidents and incidents to reduce the possibility of people being harmed.

Risks to people's health and wellbeing were known by staff and well managed. The registered manager and staff maintained close links with external health care professionals to promote people's health.

There were systems in place so that the requirements of the Mental Capacity Act 2005 (MCA) were implemented when required. People's consent was sought where appropriate. Where people lacked the capacity to consent to decisions, legal requirements were met.

There were sufficient numbers of staff available to meet people's needs. The registered manager monitored staffing levels alongside people's individual needs to reduce risks to people's wellbeing. The registered manager made all the appropriate checks on new staff's suitability to work at the home. People's medicines were managed, stored and administered by staff who had received the training to promote safe practices.

People were supported to eat and drink enough by staff who understood the importance of assisting people to maintain a balanced diet. People were offered meals which were suitable for their individual nutritional needs and met their preferences to keep people healthy and well.

People were supported by staff who knew them well and who they described as kind and caring. Staff knew about people's individual preferences for care. Staff respected people's dignity and privacy and responded to people's likes and dislikes to support people in following their own interests.

People and their relatives knew how to raise any concerns and who they should report any concerns to. Staff were able to support people if they wished to complain. The registered manager actively sought feedback and responded to people's complaints. They took action to improve the service as a result of complaints and feedback from people, relatives, staff and healthcare professionals.

The registered manager was aware of their responsibilities and had developed systems to monitor the quality of the service people received. There was evidence of learning from incidents and changes were put in place to improve the service people received. The registered manager was continually looking at how they could provide better care for people. In doing so they valued people's views about the services provided and used these to drive through improvements and further develop services people received.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were kept safe by a staff team who understood how to protect them from the risk of harm or abuse.

People were supported by sufficient staff to meet their needs, and to safely take their medicines.

### Is the service effective?

Good ●

The service was effective.

People were supported by well-trained staff who enabled them to make choices in their daily lives.

People were supported to eat and drink well, and to access healthcare services whenever they needed to.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints.

### Is the service well-led?

Good ●

The service was well-led.

People who used the service and their relatives were enabled to

routinely share their experiences of the service and their comments were acted on.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of a high quality.

The registered manager was approachable and provided strong leadership and direction for staff. Quality monitoring audits were completed regularly.

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# Richmond Mews

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 April 2017 and was unannounced.

The inspection team consisted of two inspectors.

We reviewed all of the information we held about the home before our inspection. We looked at statutory notifications we had received. A statutory notification is information about important events which the home is required to send us by law. We reviewed previous inspection reports. We looked at the Provider Information Return (PIR) prior to this inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also requested information about the service from the local authority and Healthwatch. The local authority have responsibility for funding people who used the service and monitoring its quality. Healthwatch are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with three people who lived at the home and spent time interacting with 6 more people. We also spoke with a relative by telephone during our inspection. We also spoke with nine care staff, three unit coordinators, two nurses and the registered manager. We also looked at feedback forms from relatives and healthcare professionals.

We looked at a range of documents and written records including three people's care records in relation to their mental health support needs, two staff recruitment files, training records and staff duty rotas. We also looked at the information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

# Is the service safe?

## Our findings

At the last inspection improvements were required to staffing levels, analysis of safety incidents relating to people's behaviours that challenged, and recording of medicines dispensed. At this inspection we saw that action had been taken to improve these areas.

People were protected from the risk of abuse and discrimination. Staff explained how they would recognise and report abuse. They also told us that they understood how to protect people from discriminatory practices. One staff member said, "We treat people as we would wish to be treated ourselves." Procedures were in place that ensured concerns about people's safety were reported to the registered manager and the local safeguarding team.

Risks to the safety and well-being of people were assessed. Plans were in place with measures to reduce the possibility of harm to people. For example, one person was assessed as being at very high risk of skin damage due to immobility. We saw the risk assessment included how often skin should be checked, the frequency of position changes and any required pressure relief equipment. In addition, advice had been sought from healthcare professionals to ensure the staff were working to best practice to prevent pressure damage. We saw the registered manager had improved the assessments and recording of incidents of people expressing behaviour which challenged others. The unit managers prepared daily reports of any incidents. These reports contained detailed information about any person expressing behavioural difficulties. The information included what happened, a full account of actions taken by staff and details of how the person was afterwards. This meant that the staff could identify trigger points for each person and work to reduce the risks to the person's well-being.

We saw that the instructions for what to do in the event of fire was presented in pictorial format for people. We also saw that the registered manager had designated specific staff as fire wardens. There was a fire warden on duty at all times. They would supervise staff deployment in the event of a fire alarm sounding. In addition, each flat had a nominated fire marshall on every shift. They were responsible for ensuring the fire evacuation sheets were up to date as people came and went from the flats. This was important as some people were able to come and go from the flats as they chose.

People were supported by sufficient numbers of staff. During our visit we saw that staff were readily available and supported people in a prompt yet patient manner. Staff told us we saw that the provider carried out checks to ensure they were safe to work with people before they started working at the home. These included references from previous employers and checks with the disclosure and barring services (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable staff from working with people.

Since the last inspection, the registered manager had improved the recording of medicines as they were given to people. Policies for the auditing of medicines, including tallies of medicines in stock were now accurate and safe. The staff now completed a sheet to record the actual time of time-specific medicines were given. This was an extra check to ensure tablets were given with the correct time gaps between doses.

We saw that medicines were ordered, stored and administered in a safe manner.

We saw that staff explained to people what their medicine was for and ensured they had a drink to take them with. Only staff who had training on the safe handling of medicine administered them. Staff had regular competency checks to ensure they continued to manage medicines safely. We saw that, where staff teams were accompanying people on holiday, their competence was re-checked to ensure they were safe to be responsible for medicines whilst away from the home. There were safe systems in place to store and dispose of medicines. Protocols were in place to guide staff on when to administer 'as required' medicines to people who could not always tell staff they needed them. This enabled the staff to provide people with consistent care.



## Is the service effective?

### Our findings

People were supported by staff who had received training to be able to care for them well. Staff felt the training opportunities were good and enabled them to meet the individual needs of people living at the home. The staff team told us that they received guidance to increase their confidence in supporting people well. For example, all staff attended a specific training programme to give staff the skills to recognise and de-escalate any difficulties people may have. One staff member explained that the training gave staff the ability to recognise each person's trigger points where they may become anxious or agitated. They were then able to use their knowledge to support people to reduce their ill-being. All staff completed the Care Certificate training as part of their learning. The Care Certificate is a nationally recognised care training programme. One staff member said, "The training we have gives us the tools to do the job." Another told us, "We can have any training we think we need. The manager supports us all to learn better ways to look after people." We saw that staff were supported to undertake learning to improve their management skills. One staff member told us, "I have been supported to undertake management training and I have now been promoted. It is good for me." Another staff member said, "I am now learning about End of Life Care. I asked to do it because our service users have complex health conditions. We need to be able to support them throughout their life."

Staff told us they were well supported in their roles by other staff and the management team. They had regular one to one meetings with their seniors where they were able to talk about both work and personal matters. They discussed the needs of the people living at the home as well as their training and development needs. Two staff members told us, "We have monthly supervision sessions where we also complete a 'reflection sheet.' This is where we can look back on anything we think we want to talk about, either good or bad. We can then talk it through." Another staff member said, "When you are new here, you can feel vulnerable as you get to know people. We are lucky that the whole team supports each other all the time." All staff agreed that they were a motivated team. One said, "We are like a big family, we have good relationships with the service users and each other."

The rights of people who were unable to make decisions about their health or wellbeing were protected. 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 interest and as least restrictive as possible. Staff were able to explain to us the principles of the MCA and how they used it in their work. They were able to explain to us about how they would be involved in best interest decisions as part of a multidisciplinary meeting. Staff told us that they received yearly updates on their MCA and DoLS training. One staff member said, "It is good to do this. I feel that it makes sure we do not get complacent." We saw that people's capacity to make decisions was always presumed initially. We saw and heard that staff sought people's permission before they supported them with their care needs. Where people were unable to verbally agree, the staff team were skilled in anticipating their views by people's body language.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where people were subject to a DoLS authorisation, these were detailed and helped staff to support people with least restrictive practices.

People were supported to eat and drink well. We saw that each area had a 'hydration station'. This was an area where water and squash was freely available. In addition, finger foods, fruits, cakes and biscuits were available at all times. We saw that people who were able helped themselves as they wished. Staff offered refreshments to people who could not get their own unaided. People were involved in the planning of meals. Staff supported people to make decisions about the food they ate. One staff member told us, " We know the residents likes and dislikes very well. We also make sure they are enjoying their food and drink by looking at their body language. Menus were available in picture form for people. We also saw that people were provided with special cutlery and crockery where required to promote their independence at meal times.

Some people had specific requirements with regard to their food and drink. Some people had difficulties with safe swallowing. We saw that these people had been reviewed by the dietician and Speech and Language Team (SaLT). Staff were knowledgeable about people's specific dietary requirements, and were able to support the people in safe food and drink choices. For example, one person required a restricted diet for health reasons. The staff explained to them in a clear and kindly way why they were unable to have the breakfast of their choice. The person then remembered and was happy to choose something else. They told us, "I can't have that because of my diet, I forgot."

People were able to see healthcare professionals when they needed to. We saw that one person had been supported by the tissue viability team due to problems with their skin. The staff member told us, "We work closely with them to make sure we are doing the right thing to prevent skin damage." People also were able to access all areas of the community support teams and hospital services as their conditions required. These included the learning disability team occupational and physiotherapy, consultant psychiatrist and local GPs. The GPs took responsibility for six monthly health checks and medicines reviews. We also saw that people were supported to access the NHS health screening services.

## Is the service caring?

### Our findings

People lived in a home where positive and caring relationships with staff and each other were developed. There was a relaxed atmosphere where people were spending time where they wanted to be. We observed staff in all flats to be friendly and smiling. They interacted with people with kindness, laughter and fun. One person told us that they like living at the home. They said, "It is because of the staff, they are brilliant." Another person said they were very happy with the staff. They told us, "I like [staff member's name] best, but I like all of them." We spent time with this person observing their interactions with the staff. We saw kind and mutually respectful interactions. The person and staff discussed everything, including what they wanted to do that day. Another person told us that the staff supported them to do things. They said, "They (staff) help me with my wheelchair footplates so I can put my feet up." They also confirmed that the staff team came to them as soon as they rang their call bell. They said, "They (staff) don't keep me waiting."

We spoke with one relative who told us, "We are continually grateful to [family member's] team who give their time, attention and care to their life." Another relative wrote on the recent feedback form, "I cannot fault the service [family member] receives. The staff are amazing, I cannot praise them enough. I feel [family member] is supported in ensuring the choices they make are positive ones. They (staff) make [family member's] quality of life fantastic."

A staff member told us, "I love it here, it's so rewarding." Another staff member said, "I enjoy being here. It's like home from home. The people are like my extended family." We discussed how the staff perceived their role in the home. One staff member said, and others agreed, "Our key reason for being here is to improve the lives of people. We encourage them to be able to achieve new things for themselves."

The staff team told us how they supported people in a respectful and dignified way. Some staff members talked about the 'six 'C's' training they had received. This was a training method which encompassed care, compassion, courage, communication, commitment and competence for staff teams. One staff member said, "For me, the most important one is compassion. We work hard to provide compassionate support for people." Another staff member said, "Most people are non-verbal, but we constantly communicate with them. We never assume they don't understand because they do. We treat them as we would want our own loved ones to be treated." Another staff member said, "It is so important that the service users feel important and respected. That is their human right and we work hard to make sure that is what happens." Staff were also able to explain how they ensured people's dignity and privacy during care interventions. For example, staff agreed that they ensured people's bodies were not exposed when receiving personal care. They also closed doors and respected how the person wanted to be supported.

We saw recent feedback from a healthcare professional. They had commented, "I am very impressed with the caring ethos, excellent understanding of [person's name's] needs, and good relationships between staff and service users."

People had access to an independent advocate if required. The information was provided in an easy-read format for them.

## Is the service responsive?

### Our findings

We saw that staff understood and met people's individual care preferences and needs. Staff were able to interpret people's communication styles and behaviours to identify people's requests and needs. Care records showed that people were able to be involved in their planning where possible. We saw that staff used innovative ways to be able to record people's wishes. For example, one person communicated with Makaton sign language. Their key support worker had learned basic Makaton to a level they could use to gain the person's views. In addition, they used picture cards and body language to identify what the person wanted to have in their plan. People had a health action plan to record their health needs. These needs were reviewed on a regular basis. We saw that when people's needs changed, the staff acted promptly to ensure the care and support adjusted to respond to these changes.

One person's key support worker told us how they had met with the person five times before they came to live at the service. A key support worker is a named member of staff who has a central role in the care of a person. They take the lead in monitoring and reviewing the care and support with the person and become a point of contact for relatives and other professionals. They told us, "[Person] has complex support needs and we needed to be sure we could support them before they came to live here. They have settled well but do not respond well to strangers or to different routines. For this reason their support plan needs to be very clear about the support they need." We saw that this person's support plan was extremely specific. It gave very person-centred assessments of their needs. The behaviour management plan provided in depth information about the triggers for their behaviour which challenged, any prevention measures and de-escalation techniques required. The staff member confirmed that, as a result of the consistency in support, the person was much happier and enjoying their life.

People were supported in an individual, person-centred way. A social worker who continued to be involved in one person's care commented, "[Person] has clear person-centred care. We have seen that, over the last six months of care [person] has had significant improvement in their quality of life." People were encouraged to take part in pastimes they enjoyed. In addition, people were often supported to learn new things. One person was being supported to go to a concert of their favourite singer. They told us they were really excited to be going. Another person told us, "I go out a lot in my wheelchair with my friends and with the staff." They told us that they had just returned from the church service where they sang. They said, "The staff stay with me and listen to me."

People were supported to maintain family relationships where required. One person told us they were going home at the weekend. They told us how much they were looking forward to it. They said, "I will see [name of auntie] and my parents. I can't wait." We spoke with this person's family. They told us that they were supported to be sure their family member got home safely and back again after the weekend. They said, "The staff can't do enough to help us. We can manage on our own at the moment but I know that they (staff) will always help if we need it." The relative of another person had stated in their feedback, "Thank you for bringing [person's name] to see me. I can relax when [person] is here. Thank you all so much for all the care and love you give to [person]."

The registered manager regularly sent out feedback forms to families to complete. The senior staff team would then meet with family members on a regular basis to discuss any comments which needed exploring. For example, one relative told us that they had recently met with the staff team to discuss the difficulties they had when they went out with their family member. The problem was the accessing of public toilets. As a result of the meeting, the registered manager purchased RADAR keys to enable them to access the disabled facilities in the community. RADAR Keys offer disabled people independent access to locked public toilets around the country. This response had assisted the family to enjoy their trips out without worry.

People and their relatives were confident that they could raise concerns to the staff team and it would be taken seriously. We saw a pictorial complaints procedure which was easily accessible for people living at the home. The procedure gave clear information for people to know how to complain and who to.

## Is the service well-led?

### Our findings

At the last inspection improvements were required to ensure that systems were in place to regularly assess and monitor and improve the quality of care were effective. At this inspection we saw that the required improvements had been made.

Since the last inspection, the registered manager had introduced reflection meetings with staff. Staff members told us that they had been involved in the improvements that had been made. One staff member said, "The registered manager met with us all and we went through the report. They asked us what we thought, wanted to do and how we were going to work together to improve. We felt involved and listened to." Staff also agreed that the reflection meetings gave them the opportunity to reflect on their practice. They were able to look at how they could improve life in the home for people. One staff member said this was very positive. They said, "We support each other and are not afraid to speak out at these meetings."

The staff team were supported well by the registered manager and the owners of the service. Staff told us there was a positive working culture at the home and they felt valued. There was a good sense of teamwork and they enjoyed working there. They found both the registered manager and the provider open to discussion and their views were listened to. One staff member told us, "The managers are very approachable. They encourage us to have ideas and discuss them. I feel that I am part of the whole thing – not just a staff member." Another staff member said, "We are very supported by the manager. They compliment us when we do well. It is a great confidence boost." We spoke with three staff who had been promoted within the service. They were all very positive about this opportunity. One staff member said, "Our manager believed in me and gave me an opportunity that I grabbed with both hands. I love my new role." The registered manager told us that they were very keen to encourage the staff team to grow in their roles. They said, "We have some very motivated and intelligent staff here. It is important that we recognise and nurture their abilities."

The registered manager had introduced processes to support staff to comment about concerns they had. These included the provision of a concerns box which staff had 24 hour access to. The box enabled staff to report any issues of concern to the registered manager. In addition, staff were provided with a safeguarding checklist and staff discussion forms to complete. The registered manager explained that this formed the initial information gathering and helped to decide the way forward for any concern raised. The staff team told us they were comfortable with this method of reporting. One staff member commented, "Although we still are confident in talking with the manager, this helps newer staff to be comfortable in raising concerns about anything." Other staff members confirmed that they had every confidence in the registered manager responding and dealing with any concerns raised.

As well as robust in-house quality auditing, the service benefitted from audits by the provider. The senior management team undertook Health and Safety and Quality audits on behalf of the provider. The audits were shared with the staff team and everybody was involved in correcting any identified issues.

The registered manager undertook a monthly staff review. This was where they looked at all areas of

staffing. This included deployment of staff, one to one support needs, staff training requirements and sickness levels. As a result of this monitoring, the registered manager was able to identify any shortfalls and correct them quickly.

The registered manager had systems in place to record and respond to incidents, accidents, and concerns of abuse. They were aware of their duties under the duty of candour regulations and were open and honest in their approach. They were also aware of their responsibility to notify us of any significant events and had submitted statutory notifications where necessary.

The registered manager told us they were keen to involve people and staff in the development of the service. They had recently sent out a quality assurance questionnaire to capture peoples, relatives and healthcare professionals views. We saw some of the responses received which were wholly positive.

The registered manager had developed systems in the home to record and monitor all areas of the running of the service for people. The unit managers took day to day responsibility for the recording and collating of accidents, incidents, complaints and compliments. They then shared this information with the registered manager.