Shelton Care Limited

Richmond Mews

Inspection report

5 Richmond Terrace
Shelton
Stoke on Trent
Staffordshire
ST1 4ND
Tel: 01782 222311
Website: www.richmondcaregroup.com

Date of inspection visit: 19 October 2015
Date of publication: 25/11/2015

Ratings

Overall rating for this service	Requires improvement
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?	Requires improvement

Overall summary

We inspected this service on 19 October 2015. This was an unannounced inspection. Our last inspection took place in July 2013 and at that time we found the home was meeting the regulations that we checked them against.

Richmond Mews is registered to provide accommodation and personal care for up to 48 people. People who use the service have a learning disability. At the time of our inspection 43 people were using the service.

The service had a registered manager. 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 and associated Regulations about how the service is run.

Summary of findings

Improvements were needed to ensure there were enough staff available to consistently support people to receive their agreed care. The registered manager and provider were aware of staffing shortfalls and were taking action to address this.

Risks to people's safety and wellbeing were assessed and planned for. However, improvements were needed to ensure people's risk plans were reviewed and updated promptly following safety incidents.

Effective systems were not in place to enable the registered manager and provider to consistently assess, monitor and improve the quality of care. This had meant the registered manager was not aware of some of the areas for improvement that we had identified.

Staff knew how to recognise and report abuse and we saw that concerns about people's care and safety were reported and investigated appropriately.

People were supported to eat and drink and people's health and wellbeing was monitored to ensure people stayed as well as they could be. Advice from health care professionals was sought promptly.

Staff had completed training that enabled them to meet people's needs effectively and the development needs of the staff were monitored by the senior staff and registered manager.

Staff sought people's consent before they provided care and support. Some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed.

People were encouraged to make choices about their care and the staff respected the choices people made. Staff treated people with kindness and compassion and people's dignity and privacy was promoted.

People were involved in the assessment and review of their care and staff supported and encouraged people to access the community and participate in activities that were important to them. Staff were able to meet people's care preferences because they understood people's likes, dislikes, communication styles and behaviours.

There was a positive and homely atmosphere at the service and people were relaxed around the staff and registered manager. People knew how to complain about their care if needed and the registered manager responded appropriately to complaints.

The registered manager and provider had a regular presence at the service and staff told us they were supported by the senior staff and registered manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. There were not always enough staff to meet people's agreed care needs. Safety incidents relating to people's behaviours that challenged were not always effectively analysed to enable staff to reduce further incidents from occurring.

People's medicines were managed safely, but improvements were needed to ensure medicine records and other care records were accurate and up to date. Staff understood how to protect people from abuse.

Requires improvement

Is the service effective?

The service was effective. People were supported to eat, drink and maintain a healthy weight. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Staff supported people to make decisions about their care in accordance with current legislation.

Good

Is the service caring?

The service was caring. People were treated with kindness, compassion and respect and their dignity and independence was promoted.

People were enabled to make choices about their care and staff respected the choices people made. Arrangements were in place to ensure people received end of life care that met their individual preferences.

Good

Is the service responsive?

The service was responsive. People and their relatives or advocates were involved in the assessment and review of their care to ensure their care met their preferences and needs.

People felt comfortable to tell staff if they were worried or sad. Staff responded appropriately to people's comments and complaints about their care to improve people's care experiences.

Good

Is the service well-led?

The service was not consistently well-led. Some systems were in place to regularly assess and monitor and improve the quality of care. However, improvements were needed to ensure these were effective.

The home had a positive and open culture and people and staff were involved in projects to improve the quality of care.

Requires improvement

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 was 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 19 October 2015 and was unannounced. Our inspection team consisted of four inspectors.

Before the inspection we checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public and commissioners. Commissioners are professionals who commission and fund people's care. We used this information to formulate our inspection plan.

We spoke with 10 people who used the service, 12 members of care staff, one nurse and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at nine people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

Requires improvement

Is the service safe?

Our findings

We found that people did not always get their agreed care because there were not always enough staff available to facilitate this. Some people who used the service received funding for additional staff support to ensure their individual care needs were met. People's care records showed and staff confirmed that this additional care was not always provided as agreed. For example, records showed and staff confirmed that one person who required additional support from staff did not receive their agreed level of support during the four weeks leading up to our inspection. One staff member said, "We don't always have the staff to take [the person who used the service] out for as long as we should. Sometimes we can, but sometimes we can't".

The registered manager and provider identified the number of staff that were required to meet people's care and support needs. However, staffing records showed that there was a shortfall in the number of staff available to deliver this care and support. Despite this, people told us that there were enough staff available to keep them safe. One person said, "The staff come if I need them". Another person said, "I like living here, the staff are nice and are here when I need them". We found no evidence to show people's health or wellbeing was affected by the staffing shortfall. People were supported with their personal care needs and people were enabled to access the community on a regular basis. The registered manager and provider were aware of the staffing shortfall and they were in the process of recruiting more staff to address this.

We saw that risks to people's safety and wellbeing had been assessed and planned for, and staff demonstrated they understood how to manage people's risks. For example, people who had been identified as at risk of falling had plans in place to reduce their risk of serious injury from falling. These plans promoted people to retain their independence and we saw that staff understood and followed these plans. However, improvements were needed to ensure people's care records were consistently reviewed and updated to reflect changes in the way their risks were managed. This would ensure the risk of people receiving inconsistent or unsafe care was reduced.

We found that safety incidents relating to people's behaviours that challenged were not consistently analysed to identify themes and triggers. We saw that the frequency of incidents was recorded and monitored, but the possible causes or triggers were not. This meant staff could not identify if there were patterns and themes emerging from incidents. Therefore staff could not always identify how to prevent these incidents from occurring again.

People told us and we saw that medicines were administered when required. For example, we saw staff immediately respond to one person's request for pain medicine. 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. We saw that medicines were ordered, stored and administered in a safe manner. However, some improvements were needed to ensure people's medicines records contained an accurate account of the medicines they had received. This was because the numbers of medicines in stock did not always match the numbers of medicines recorded on people's medicines records.

People told us that they felt safe. One person said, "I don't feel frightened, I like the people here". Another person told us they felt safe because the staff treated them well. They said, "The staff are very good to me, I like them all". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

People were protected from the risk of abuse. Staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and the local safeguarding team. We saw that these procedures were followed when required.

Good

Is the service effective?

Our findings

People told us and we saw they could eat foods that met their individual preferences and choices. One person said, "I choose what I want to eat". Another person said, "I make my own drinks and I have help to make my dinner. I pick the food that I like". One person's records showed they enjoyed Caribbean food. Staff told us and the person's care records confirmed they were supported to regularly visit a local club where they could eat authentic Caribbean foods. We saw that people who required support to eat and drink received the support they needed. This included the use of specialist equipment to increase people's independence where this was appropriate.

People told us they were supported to stay healthy. For example, one person told us they had been supported to attend doctor's appointments at their GP surgery and hospital. Care records showed that staff monitored people's health as recommended by health care professionals. For example, people who lived with epilepsy had important information about their seizures recorded and monitored by the staff.

Staff sought advice from health and social care professionals as required. Care records confirmed that professional advice had been sought and acted upon in relation to people's risk of falling and people's behaviours that challenged. We saw that staff followed the advice from professionals to ensure people's health and wellbeing needs were met. For example, we saw that staff used equipment that had been prescribed by health professionals to help people move safely.

Staff showed they respected people's abilities to make decisions about their day to day care and support. We saw that staff asked for people's consent before they provided care and support. For example, we saw staff asking people if they wanted assistance to access the toilet. Assistance was only provided once the person agreed to it.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. The staff demonstrated they understood the principles of the Act and they gave examples of how they worked with other people to make decisions in their best interests as required. Care records confirmed that mental capacity assessments were completed and best interest decisions had been made in accordance with the legal requirements. At the time of our inspection, some people were being restricted under the DoLS. The correct guidance had been followed to ensure these restrictions were lawful and in the people's best interests. We saw that staff followed the agreed conditions of people's DoLS authorisations.

Staff told us they had received training to provide them with the skills they needed to meet people's needs. This included; an induction to the service, safeguarding adults, food hygiene, moving and handling people and managing behaviours that challenged. We saw that training had been effective and staff had the skills they needed to provide care and support. For example, we saw staff supported people to move in a safe and effective manner using specialist equipment. Staff confirmed they also had regular meetings with senior staff to discuss their development needs.

Good

Is the service caring?

Our findings

People told us they were happy living at Richmond Mews because the staff were kind and caring. One person said, "The staff are nice to me". We observed friendly and compassionate interactions between staff and people who used the service. For example, one person asked staff, "Can I have a cuddle?" Staff responded to the person's request by giving them a hug. We heard staff greet one person by saying, "Hello beautiful lady". Both of these actions made the people who received the care and support smile.

Staff knew people's likes, dislikes and life histories which enabled them to have meaningful interactions with people. We saw that this had positive effects on people. For example, when one person showed they were becoming withdrawn, staff engaged them in conversation about cats and cars. The person responded positively to this and began to engage with the staff member. The person's care records confirmed they enjoyed talking about cats and cars.

People told us they could make choices and decisions about their care. For example, one person told us, "I like being in the garden". We saw that this person ate their breakfast outside at their request. With the person's involvement, the staff ensured they were suitably dressed for the weather and appropriately sheltered so they were comfortable dining outside. Another person told us they like to watch DVD's in their bedroom. We saw that the staff respected the person's choice to do this and they supported them to watch DVD's of their choice.

Staff told us and we saw that they enabled people to make choices about their care, by helping people to understand relevant information. One staff member said, "I offer people choices. I try not to give too many options as people can get confused". We saw that pictorial communication aids were used when appropriate to help people understand information. We also saw that people accessed professional advocates to support them in making choices about their care.

We saw that people's right to independence was promoted and staff supported people to maintain their independent living skills. One person said, "I do the housework, but staff help me". Staff told us it was important to encourage independence so people's skills and self-esteem were maintained and their dignity was promoted. One new staff member said, "The staff handed over what help people needed and what people could do for themselves. It's important to encourage people to do as much for themselves, so they remain independent".

People told us they were supported to keep in contact and maintain relationships with their family and friends. One person said, "People can come and visit me anytime". Another person said, "I sometimes visit my friend, or they come to visit me from their flat". We saw that when it was appropriate, staff supported people to visit their families on a regular basis.

There were systems in place to enable people to receive dignified and pain free end of life care that met their individual preferences. Where required, people had end of life care plans in place that outlined their preferences, such as their preferred place of death. Anticipatory medicines were requested when a person was identified as nearing the end of their life. Anticipatory medicines are used to manage people's symptoms during end of life care. The provision of anticipatory medicines ensured that appropriate pain relief and other medicines were available to people at the right time to enable them to receive their end of life care in their preferred place.

Good

Is the service responsive?

Our findings

People told us and we saw they were supported to pursue their interests and participate in activities that were important to them. One person said, "I knit and do crafts, I like living here because I can do nice things". Another person said, "I like feeding the ducks. The staff take me to the lake so I can feed them". Staff supported people to devise their own activity timetables that recorded how they wanted to spend their time. People told us and care records showed that these timetables were flexible. We saw that people could change their activity preferences when they wished to do so.

People also told us they were enabled to access the community on a regular basis. One person said, "I'm going to the pub today". Another person said, "I'm going shopping and then I'm going to the cinema". We saw people coming and going from the service with staff throughout the inspection. Staff also enabled people to be productive members of the local community. For example, one person told us how staff helped them to use their knitting skills to benefit the community. They said, "I'm knitting blankets for the dogs' home today".

Care records showed that people and their relatives or advocates were involved in the assessment and review of their care. Some care records contained pictorial prompts to enable people to be involved in this process. Care records contained information about people's care preferences and life histories which meant staff had access to the information they needed to meet people's care preferences and care needs. We saw two new members of staff reading people's care records to gather information about people's preferences. One staff member said, "It's so interesting reading about people. I've learnt so much and it's helped me to get to know the people who can't talk to me".

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. For example, staff told us that one person banged the side of their chair to show they wanted a drink. We saw that staff understood this behaviour as they responded to it, by asking the person if they wanted a drink.

Care records showed that people's 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. For example, one person who used the service had become unwell and needed to spend more time resting in bed. Staff recognised that the person's bedroom environment could be improved to ensure their sensory and wellbeing needs were met. We saw that staff had redecorated and equipped the room to do this. Some staff members did this in their own time outside of work to ensure this was completed promptly so the person's wellbeing needs were immediately met.

People told us they would tell the staff if they were unhappy about their care. One person said, "If I was worried I would talk to staff". There was an accessible easy to read complaints procedure in place and staff demonstrated that they understood the provider's complaints procedure. We saw that complaints had been investigated and managed in accordance with the provider's policy and improvements were made to people's care experiences as a result of their complaints.

Requires improvement

Is the service well-led?

Our findings

Frequent quality checks were completed by senior staff. These included checks of medicines management, care plans and the suitability and safety of the environment. Improvements were needed to ensure these checks were effective in assessing and monitoring the quality of care. For example, checks of care plans had not identified that people's risk management plans were not always reviewed or updated following a safety incident. This could lead to people receiving inconsistent or unsafe care.

Improvements were also needed to ensure that people were receiving their agreed care. For example, the registered manager was not aware that one person had not received their agreed care as commissioned by the local authority in the four weeks leading up to our inspection. This was because there was no effective system in place that enabled the registered manager to monitor this. The registered manager told us that the use of people's additional care hours was recorded in people's care records and monitored by senior staff. However, these records were not being consistently analysed by the senior staff or registered manager to check that people were receiving their agreed care.

We saw that where the registered manager had identified concerns in quality, action was taken to improve quality. For example, an audit of the safety and suitability of the environment had identified that new flooring was required in one person's flat. We saw that new flooring had been fitted. The registered manager told us they had identified that there were some staffing shortages. They showed us how they were working with the provider to address this. This included a plan to undertake a staff satisfaction survey to identify where improvements could be made in the recruitment and retention of staff.

People and staff told us, and we saw that there was a positive and homely atmosphere at the service. One person said, "I like it here because everyone is very nice". Staff told us they enjoyed working at the home because of the people they cared for and the staff. One staff member said, "I really like working here, I like the staff and people".

We saw that people were relaxed around the registered manager and staff confirmed that the registered manager had a regular presence in all the units at the service. One staff member said, "The manager comes onto the unit and knows the service users well as she always chats to them. The service users know who she is and they seem comfortable around her". Another staff member also confirmed that the provider also visited the service regularly. They said, "It's a good company to work for. The managers and directors know all the staff and know each service users name".

We saw that people were involved in making decisions about changes to the home. People were supported to complete satisfaction surveys about the quality of care and improvements were made in response to people's feedback. For example, one person had requested their bedroom to be redecorated. We saw that staff were working with this person to identify what colour to paint their room. We also saw that people were involved in quality improvement projects. For example, one person confirmed they had been involved in the selecting the photos that were used for the service's pictorial menus.

We saw that staff were supported by the registered manager and they were able to share concerns about care when required. Staff told us they felt supported by senior staff and the registered manager. One staff member said, "I get supervision meetings with my senior every month, but I can have more meetings if I needed it". Staff also told us they felt able to share concerns about care when this was required. One staff member said, "I report any abuse to the manager. If abuse comes up we follow the reporting and whistleblowing procedures".