Mr B & Mrs J Richardson & Miss L Richardson & Mr G P Cheater

The Richardson 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

The Richardson Mews is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The Richardson Mews is registered to accommodate 25 people with degenerative conditions and brain acquired injuries; at the time of our inspection, there were 19 people living in the home.

At the last inspection, this service was rated good. At this inspection, we found the service remained good. The inspection took place on the 17 and 19 January 2018 and was unannounced.

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.

People's individuality was respected and people continued to be treated with empathy and kindness. The staff were friendly, caring and compassionate. Positive therapeutic relationships had been developed between the people and staff.

Detailed personalised care plans were in place, which enabled staff to provide consistent care and support in line with people's personal preferences, choices and needs. End of life wishes were discussed and plans put in place.

People continued to receive safe care. Staff were appropriately recruited and there were sufficient staff to meet people's needs. People were protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective and positive outcomes for people were being achieved. Staff had access to the support, supervision and training that they required to work effectively in their roles. Development of staff knowledge and skills was encouraged. People were supported to maintain good health and nutrition and reach their full potential.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. There was a variety of activities available for people to participate in, individually or as a group. Family and friends were welcomed and supported.

The service had a positive ethos and an open culture. The provider was committed to develop the service and actively looked at ways to continuously improve the service. There were effective quality assurance

systems and audits in place; action was taken to address any shortfalls.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

The Richardson 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 checked 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 unannounced inspection took place on 17 and 19 January 2018 and was undertaken by two inspectors.

Before the inspection we reviewed information that we held about the service such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make.

We spoke with the local authority and clinical commissioning group, who have commissioning and monitoring roles with the service. We also contacted Healthwatch for their information about the service. Healthwatch is a consumer organisation that has statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

During our inspection, we spoke with six people who used the service, ten members of staff, which included three support workers, a senior support worker, two assistant psychologists, a cook, a housekeeper, the registered manager and operations manager. We also spoke with one person's relative who was visiting at the time of the inspection and two health professionals. We spent time observing people to help us understand the experience of people who could not talk with us.

We looked at the care records of three people to see whether they reflected the care given and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for support staff, and minutes of meetings with

staff and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People could be assured that they were being cared for safely. There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. For example, assessments had been undertaken to identify any risk of people falling; appropriate controls had been put in place to reduce and manage these risks. People told us that they felt safe within the home. One person said, "I have always felt totally safe here, I have never been threatened by the staff and I always feel listened to."

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and when safeguarding notifications had been made these had been appropriately investigated. Any lessons learnt were shared with staff and training in safeguarding was regularly refreshed. One member of staff said, "I have never witnessed any concerns here in relation to safeguarding but if I did I would report it."

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to meet the needs of the people. Throughout the inspection, people were responded to in a timely way. One person said, "If I use my call bell they [staff] respond quickly." People were not left unattended in communal areas; staff were available and spent time with people.

Medicines were safely managed. There were regular audits in place and any shortfalls found were quickly addressed. We saw that people received their medicines at the appropriate time as prescribed and within the correct timeframes. Staff explained to people the medicine they were to take and ensured that there was sufficient liquid to take it with. We observed in one case that the staff member ensured the person was sat up sufficiently to take their medicine as they were at risk of choking.

People were protected by the prevention and control of infection. We saw that all areas of the home were clean and tidy, and that regular cleaning took place. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection.

The provider had ensured that environmental risk assessments were in place and there were effective systems in place to monitor the health and safety of people, which included regular fire tests and maintenance checks. Accidents and Incidents were monitored and action taken to address any identified concerns. Any lessons learned from incidents were discussed and action plans put in place to ensure similar incidents did not happen again.

Good

Is the service effective?

Our findings

People's needs were assessed prior to them moving into The Richardson Mews to ensure that the provider was able to meet their care and support needs. Thorough pre-admission assessments of needs were completed and individual plans of care developed to guide staff in providing personalised care and support to people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

People were encouraged and empowered to make decisions about their care and support, and their day-to-day routines and preferences. One person said, "I am now able to make meals for myself and go out shopping for the food; the staff are good and have helped me." People were able to choose where they spent their time, such as in their own room or in communal areas and could move freely around the home. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been requested.

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and the training programmes were based around current legislation and The National Institute for Health and Care Excellence (NICE) best practice guidance. Specialist training had been undertaken, for example, staff had received training in the Management of Actual or Potential Aggression (MAPA) and Huntington's disease. People were confident that the staff had all been trained. One person said, "Staff are always doing training, I think they are well trained here."

All new staff undertook a thorough induction programme and shadowed staff that were more experienced before they worked alone on shift. One member of staff said, "The induction was good, you got to know people and their routines before you started." Staff training records were kept and we could see that training such as manual handling, safeguarding, First aid, epilepsy and dysphagia (swallowing difficulties) was regularly refreshed. Staff had supervision and annual appraisals, which gave them the opportunity to discuss their performance and personal development.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. A dietitian and speech and language therapist had input into people's individual needs.

The catering staff were aware of people's individual dietary and cultural needs and ensured there was a choice of meals to meet individual needs. Those people who were able were encouraged and supported to prepare their own meals as part of their rehabilitation programme. People told us how good the food was. One person said, "The meals are awesome."

Any change in people's health was recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. There was a multi-disciplinary team of professionals involved in people's care, which included a psychologist and psychology assistant, a neuro psychiatrist, physiotherapist, speech and language therapist and an occupational therapist. People had access to local GPs, a chiropodist visited every 6-8 weeks and an optician visited as required. People were supported to attend local dentists.

The Richardson Mews was spacious enabling people using specialised equipment to move around freely. It was well maintained and free from hazards. There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. People were encouraged to bring in personal items from home to help them settle and progress in their rehabilitation.

Good

Is the service caring?

Our findings

People looked happy and relaxed; we observed positive relationships between people and staff. Staff were friendly and supportive, encouraging people to do as much for themselves as possible. One person said, "The staff are more like friends, they listen and help you."

People's individuality was respected and staff responded to people by their chosen name. Staff knew people well and supported people to express their individuality and make choices for themselves. For example, people were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

Staff spoke politely to people and protected people's dignity; they knocked on bedroom doors before entering and checked with people whether they were happy for them to enter. One person said, "The staff treat you as a human and respect you."

If people were unable to make decisions for themselves and had no relatives to support them, the provider had ensured that an advocate would be sought to support them. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Visitors were welcomed throughout the day. We observed visitors speaking to staff; there were areas around the home, other than people's own bedrooms, to meet and speak in private.

Good

Is the service responsive?

Our findings

People had individualised care plans that detailed the care and support they needed; this ensured that staff had the information they needed to provide consistent support for people. People were involved in the development of their care and rehabilitation plans. Regular meetings were held with the multi-disciplinary team to discuss people's progress, revise, and set goals for people. One person told us about how much they had progressed since coming to The Richardson Mews, they were now able to walk and were preparing to leave to live in their own accommodation.

There was information about people's past lives, spiritual needs, hobbies and interests that ensured staff had an understanding of people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way. For example, we saw staff stop and dance with one person who had a love of music and dance.

Individual activities were planned around people's rehabilitation and support programmes and people were encouraged to take part in Award Scheme Development & Accreditation Network (ASDAN) programs. ASDAN provides educational courses and accreditations for people of all abilities.

There were opportunities for people to take part in activities within the local community; on the day of the inspection a couple of people went to the cinema, a person had attended a local brain injury group, and another person had been out shopping for food, which they later cooked for them self. We observed people playing cards and board games. One person said, "I go out each day, which is good."

People and their families were appropriate, had been supported to make plans for their end of life. This ensured that there was information available to the staff about the individual's preferences and wishes.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. People told us that they had a good relationship with the staff and could discuss issues with them. One person said, "I have no concerns but if I did I would be the first to speak up; I know [Name of registered manager] and would speak to her if I needed to."

We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place. Any learning from complaints had been shared with staff; for example, following a complaint about property potentially going missing, the provider had written to all families reminding them if they brought in gifts etc. that they informed the staff so that the staff could include it in the inventory of people's personal belongings.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given . For example, we saw that one person had an easy read care plan, which was in large print.

Good

Is the service well-led?

Our findings

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People and staff spoke positively about the registered manager. One member of staff said, "[Name or registered manager] is good and approachable; she spends time each day around the home and takes part in the morning handovers. I can speak to her whenever I need to."

There was a culture of openness and transparency demonstrated by the provider's proactive approach in encouraging people and their families to feedback about the service and listening to staff. We saw that in a recent survey completed by relatives that a 100% of those who responded said they strongly agreed or agreed with the statements 'I am happy with the care provided' and 'The home has a warm, non-institutional feeling.' A member of staff said, "We are all able to voice our opinions and ideas, we feel listened to."

People could be assured that the service was well managed. There were procedures in place, which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equalities, diversity and human rights. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

The provider ensured that individual staff needs were met in relation to their culture and diversity, for example ensuring staff working times accommodated their spiritual needs.

Staff attended regular staff meetings; minutes of the meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints.

There were effective systems in place to monitor the quality of the service. The provider spent time at the home each month and undertook audits, which ensured that the systems in place to monitor the standards and quality of the service were being managed effectively.

People's experience of the service was captured and acted upon. There were monthly house meetings, which enabled people to make suggestions or raise any concerns they had and look at activities people may wish to undertake.

The provider strived to look at ways to continuously improve the service. They liaised closely with health professionals and ensured staff attended various local and national events to enhance their knowledge. The registered manager was undertaking further training in relation to Acquired brain Injury.

The Richardson Mews had recently been re-assessed by a brain injury charity to enable them to retain their Approved Provider status. The assessment process required the home to demonstrate the provision of appropriate specialist care for people with complex, physical and /or cognitive impairment due to acquired brain injury.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.