

Richardson Care

# Richardson Partnership for Care - 144 Boughton Green Road

## Inspection report

144 Boughton Green Road  
Kingsthorpe  
Northampton  
Northamptonshire  
NN2 7AA

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24 October 2019

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Tel: 01604791266  
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## 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** 

# Summary of findings

## Overall summary

### About the service

Richardson Partnership for Care 144 Boughton Green Road is residential care home providing personal care and support for younger adults with acquired brain injury. The service is registered to support up to 15 people, and at the time of inspection 13 people were living at the service. The accommodation is a converted residential property, adapted with facilities to support people with disability.

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

The providers systems and processes in place for oversight of the service were not carried out consistently or robustly enough to monitor or improve quality of the service. These had not identified the issues we found during the inspection related to care plans and medicine management.

Staff had awareness how to effectively support people to make decisions about their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way and in their best interests; however, the systems in the service did not always support this practice. The provider had not evidenced Best Interest meetings had taken place where people did not have capacity to make decisions about their care or treatment. This had been identified prior to our inspection and the service manager told us actions were being undertaken to improve this.

Staff had a good knowledge and understanding of the needs for people they cared for. However, systems in place were not effective in ensuring the information in care records were consistent or updated in line with the current care being provided.

People were safe and staff knew how to keep them safe from harm. Staff were appropriately recruited and there were enough staff to provide care and support to meet people's needs.

People were supported by staff that had received an appropriate induction and training to enable them to fulfil their role. Staff told us additional training was also provided as required to meet specific needs of people using the service, and to encourage staff to develop and progress themselves within the company. Staff felt supported by the management team and received regular supervisions and appraisals.

Staff demonstrated a person-centred approach. People were cared for by staff that were kind, caring and treated them with privacy, respect and dignity.

Staff promoted social inclusion, equality and diversity for people using the service. People were supported to maintain relationships important to them and had support to access to the wider community.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (report published 28 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality within the service. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Richardson Partnership for Care - 144 Boughton Green Road

## **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

The inspection team consisted of two inspectors.

### Service and service type

Richardson Partnership for Care 144 Boughton Green Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about

important events which the provider is required to send to us by law. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We were shown around the communal areas of the home and by invitation also looked at two people's bedrooms. We spoke with four members of staff, including the service manager, registered manager and senior care workers. We reviewed three people's care records, including assessments, care plans and daily recordings. We also looked at the medication administration records (MARs) for four people. We reviewed a variety of records relating to the management of the service; including staff recruitment, accident and incidents, training, complaints, safeguarding and quality assurance audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risk assessments were in place for people's individual risks. However, further improvement was required to ensure updated information was consistent within care plans to mitigate risks safely. For example, we found one person had several care plans related to their swallowing difficulties, yet guidance for thickening fluids differed within each care plan. We discussed this with the registered manager at the time of inspection and they told us they will review the care plans and risk assessments to ensure all information is consistent and updated accordingly, in line with current professional advice.
- Peoples' safety within the home environment was protected with risk assessments in place for control measures, such as window restrictors. The property was well maintained. Servicing and equipment checks had been completed as required, including fire alarm tests, hoist servicing and gas and electrical safety checks.
- People had personal emergency evacuation plans in place to help support them to be evacuated safely in the event of fire.
- Staff had good knowledge of the people they cared for and were aware how to safely meet people's care needs, following the most up to date professional advice.

### Using medicines safely

- Further improvement was required to ensure medicines were recorded in line with best practice. We found staff had recorded and given an 'as required' prescribed medicine, to help someone with challenging behaviour, four times daily for a prolonged period. This change was made following a review for care, however it had not been reflected correctly on the MAR chart as a regular medicine. The registered manager took action to update the MAR chart immediately after the inspection.
- People's medicines were not always reflective of their treatment plan. For example, we found one person's medicines had not been changed to reflect the most recent recommendation from neuropsychiatry. We discussed this with the registered manager and immediately after the inspection they told us this had been discussed and reviewed, initial change recommendations were not required, and the treatment plan was updated in care records and communicated to the GP.
- One person's care plan for covert medicine, for example disguised in food, was not always up to date with staff practice. This was required to ensure clear and consistent guidance was available for staff and in line with peoples changing needs.
- Peoples medicines were administered safely. Systems were in place for the ordering, storage and disposal of medicines. One person told us, "Yes I have medicine. I have pills every day, staff tell me its medicine and it helps me."

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Information was available for people, staff and visitors to know how to report concerns. One person told us, "I feel safe" and "I would talk to one of the senior staff if unhappy and they will listen to me and I feel listened to."
- Staff had received training in how to safeguard people from abuse and were confident in being able to identify and report any issues. One staff told us, "As a care giver I need to ensure they [people] are protected."
- The registered manager had acted upon safeguarding issues appropriately, reviewed and notified to the relevant agencies, such as the local safeguarding team and CQC.

### Staffing and recruitment

- People were supported by enough staff to support their needs. Staff told us staff levels were good and agency staff were used at times to ensure any shortfalls were met when required. Staffing numbers were also increased on specific days to support staff training.
- There were safe recruitment processes in place and we saw evidence of recruitment checks taking place before staff were appointed. This included checking people's references and completing checks with the Disclosure and Barring Service (DBS).

### Preventing and controlling infection

- Staff received training in infection control and food hygiene. Staff understood how to prevent the spread of infection and used personal protective equipment provided to them within the home.
- The home was clean, tidy and well maintained. People and staff had access to appropriate laundry facilities within the grounds, suitable to their needs.

### Learning lessons when things go wrong

- Lessons were learnt from concerns or issues raised. The registered manager had monitored and reviewed accident and incident forms. They told us when themes were identified, appropriate actions had been implemented to prevent future risk. For example, staff were always in the lounge area to minimise the risk of altercations between people living in the home; it was found incidents had occurred previously when staff were not present.
- The provider encouraged shared learning throughout their locations, to help share good practice and identify areas of improvement. We saw this reflected in management meeting minutes.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had awareness and understanding of the MCA and consent to care and treatment. One staff told us, "It is assumed everyone has capacity until proven otherwise." The provider had carried out mental capacity assessments, as appropriate, to determine people's ability to make decisions; however, we found Best Interest meetings had not always been carried out. We discussed this with the service manager and they confirmed this had been recently identified at an operational level and meetings were to take place.
- The provider had completed DoLS applications for people within the service, where appropriate, to ensure people were not being deprived of their liberties unfairly. Initial authorisations for DoLS had been notified to CQC, however notifications for the renewal of DoLS had not been sent. We discussed this with the registered manager who informed us this was their administrative error and actioned this immediately after the inspection.
- People were supported to have maximum choice and control of their lives.

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

- People's needs and choices were assessed prior to them moving in the home to ensure the provider could support people how they wanted. Detailed care plans reflected what was important to the person to support them effectively and showed consideration for their protected characteristics such as gender, age, culture, ethnicity, religion and disability.
- People with behaviours that challenge had thorough assessments and Positive Behaviour Support (PBS) plans in place to provide staff with skills to support people in the least restrictive way. Staff told us they felt

able to monitor and communicate when people's choices, needs, or behaviours changed. This was then reviewed and updated in the care plans where appropriate. This demonstrated an ongoing assessment of care delivery.

Staff support: induction, training, skills and experience

- Staff had an induction at the start of their employment, which included face to face training relevant to their role and shadowing to work alongside experienced staff. Staff told us the training provided helped them to fulfil their role and provide effective care for people using the service. One person told us, "[Staff] give me all the help I need."
- Staff received regular supervision and felt supported by the management to progress and develop their personal skills, including additional training for people's specific needs if required. One staff told us, "This company gives 100% on their training."
- Staff received on-going refresher training and the provider had an effective system in place to record training and identify when refresher training was needed.

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

- People were supported to eat and drink enough and to maintain a varied and healthy balanced diet. The provider liaised with specialist professionals, such as a dietician, where appropriate and staff were aware of specific dietary requirements to support people accordingly.
- We saw the meal time experience promoted positive interactions between staff and people using the service. People were provided with choice and cultural needs were respected, such as the way in which food was prepared.
- Staff also encouraged people to maintain their independence. One person told us, "At weekends sometimes I help in the kitchen to prepare the Sunday lunch".

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

- The registered manager and staff worked well with other agencies to ensure people received effective care. People were supported to access a range of services including speech and language therapy, neuropsychiatry, GP services, district nurses, diabetic specialists and sexual health clinics. During the inspection we also saw people visited by optician services.
- Staff acted appropriately when people were unwell. People had information available about their health needs and how they preferred to be supported. This was shared with health professionals when people were admitted to hospital and enabled hospital staff to know how to best support the person. For example, one passport highlighted, '[Person] does not like injections and needs staff to support [them].'
- People had oral health assessments in place and were supported to access dental care services. The service manager told us that oral health training is planned to be added to staff induction training to raise awareness of this care need.

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

- The home had been adapted to provide appropriate facilities to meet the needs of the people using the service. Decoration of the home and furnishings were appropriate to the needs of the people. People had access to both communal and quiet areas. There was a games room which had a pool table; this had been put in place following a request by a person at a residents meeting.
- People were supported to personalise their bedrooms to ensure people felt comfortable in their own space. One person showed us their room and they had posters and pictures on the wall that reflected their experiences throughout their life and their time in the home. We saw this had been supported by staff and was recognised as important to the person and their wellbeing.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People we spoke with told us they were happy and treated well. One person said, "Staff are kind and caring, they help you and your needs". Another person told us, "They [staff] are nice to me."
- Staff told us, "What we do is person centred". Staff respected people's diverse needs and supported people to meet their cultural and religious needs. Staff received training in equality and diversity to ensure this was promoted within the home.

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

- People were encouraged to be involved in their care plans. These were reviewed with people, relatives and others involved, where appropriate, to ensure they were suitable to meet people's needs, wishes and preferences. People were also able to access advocacy services for support with their decision making. We saw one person visited by an advocate and staff respected their privacy during this time.
- Communication care plans were in place to provide detailed guidance for staff to know how to enable people to express their views effectively. One person told us staff supported them when they received any external letters, they said, "If any letters come through, staff will read with me."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity. One staff told us, "If assisting someone in their room, I will knock on the door, listen for a response and explain why I am coming into the bedroom."
- People were encouraged to maintain their independence. One staff told us, "I promote independence by involving people and encouraging them to participate." Staff told us they had access and time to read care plans and knew how to promote people's abilities to be as independent as possible.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs, wishes and preferences were detailed throughout their care plans. Staff knew people's individual likes, dislikes and acknowledged things that were important to them.
- Staff promoted people to have choice and control. One staff told us, "Giving choices is really important." Staff provided examples of this, such as people were asked what they would like to wear each day when being supported with personal care.
- People's care plans involved input from relevant professionals to meet their individual needs. People also had a health action plan in place, which ensured people's health needs were considered and reflective of their individual risk factors.

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.

- Staff were aware of people's communication needs. Staff had made communication aids, such as laminated pictures with simple read information, to help people understand day to day occurrences. This included information about appointments, the importance to clean teeth and going out into the community. Staff had also received mandatory training in using MAKATON (signs and symbols to help people communicate) to support people within the service.
- Staff told us when discussing care plans with people, they made sure they provided information in a way in which people could understand.

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

- People were supported to engage in activities they were interested in and that were socially and culturally important to them. One person told us, "I go to the pantomime every year and shows at the theatre regularly, which I really enjoy." Staff also helped people to maintain relationships important to them. For example, one person was supported to travel abroad to visit their family.
- The notice board displayed local social events that people were supported to access. One person said, "I am going to the ROCK club party for Halloween." (ROCK club brings together people using different brain injury services in Northamptonshire to take part in a wide range of different activities).
- Staff-led group sessions within the home to promote inclusion and positive interactions. We saw staff used their knowledge of people's likes to engage them into a quiz when certain topics were discussed.

#### Improving care quality in response to complaints or concerns

- People had access to information as to how to make a complaint. People told us they could talk to staff if they were unhappy and this would be listened to.
- A complaints policy and procedure were in place. The registered manager was open and honest with staff, people and their families and was accepting of feedback about the service.

#### End of life care and support

- There was no one receiving end of life care at the time of inspection.
- Staff told us they had received awareness training in end of life care and felt confident people would be supported appropriately to meet their needs. End of life care plans were in place with people's preferences and wishes clearly documented.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have effective systems or processes in place to identify issues we noted on inspection. We could not be assured that there was enough oversight of the service in relation to risk assessments, care plans and medicine management.
- Staff had carried out care plan reviews monthly, however we found inconsistencies and out-dated information relating to dysphagia guidelines and covert medicine (medicine disguised in foods). Staff were following safe practices, however the registered manager told us this person's care plans had not been audited within the past 12 months.
- The provider had not carried out audits for medicine charts regularly or robustly enough to ensure medicines were prescribed in line with best practice and people's current treatment plans.
- The provider had failed to carry out and evidence Best Interest meetings for care decisions where people lacked capacity. This is needed to ensure decisions were being made in people's best interests and as the least restrictive option. The service manager told us this had been identified through shared learning of the company with actions in place to improve this, however at the time of inspection this was not yet embedded in the service.

We found no evidence that people had been harmed however, systems and processes were not effective to assess, monitor and improve the quality of the service. This placed people at potential risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 and registered manager were aware of their regulatory requirements as to when and how to notify CQC. However, systems in place had failed to provide oversight and ensure these requirements were always being met.
- The provider understood their legal responsibilities under duty of candour, if errors were made. Their current CQC rating was displayed both on their website and within the home to show transparency of the service.

Continuous learning and improving care

- Staff felt supported by the management to progress their skills and personal development within the company. Management and care staff received on-going training to ensure their learning, skills and knowledge was current to be able to support people appropriately.
- The provider encouraged a culture of shared learning to improve the care experience for people within their services.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff had an open, person centred and inclusive culture. Staff told us they "work as a team and we support each other, together." Staff were positive about the leadership of the service and had confidence in the support of the registered manager and provider to ensure good standards of care were completed.
- People told us they were happy with their care and they felt able to work with staff to achieve good outcomes. For example, one person told us, "I had my 60th birthday party. I talked to staff about wanting to do it and worked it all out with staff". One person also told us how staff support them to dress up as Father Christmas each year for people in the home; they said, "It's a bit of fun for everyone, I hand out presents and have photos taken."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and professionals were involved in completing feedback surveys about their experience of the service. We saw quality assurance questionnaires for professionals and analysis of outcomes from relatives' surveys. People using the service were also invited to complete an 'interim' survey, adapted to their communication needs, throughout the year to provide their views on topics, such as the food quality.
- Staff worked closely in partnership with others, including families and professionals, to provide appropriate care for people. Any contact or appointments were recorded in people's care notes; this ensured advice or information was communicated to provide consistent and effective care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems and processes in place to assess, monitor and improve the quality of the service. The provider did not evidence or have accurate records that decisions made in relation to care and treatment provided have been taken in line with the requirements of the Mental Capacity Act 2005. 17 (1)