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Richardson Partnership for Care - 23 Duston Road

Inspection report

23 Duston Road,
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Date of inspection visit: 29 January 2016
Date of publication: 24/02/2016

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

Overall summary

This inspection took place on the 29 January 2016 and was unannounced. The service is registered to provide accommodation for up to 10 people who require personal. The service caters for people with learning difficulties and acquired brain injury. At the time of our inspection there were 10 people living there.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

Systems were in place to ensure people were protected from abuse; staff had received training and were aware of their responsibilities in raising any concerns about people's welfare. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

The provider had robust recruitment systems in place; which included appropriate checks on the suitability of new staff to work in the home. Staff received thorough induction training to ensure they had the skills to fulfil their roles and responsibilities. There were enough suitably skilled staff available to meet people's needs.

People's care was planned to ensure they received the individual support that they required to maintain their health, safety, independence, mobility and nutrition. People received support that maintained their privacy and dignity and systems were in place to ensure people received their medicines as and when they required them. People had opportunities to participate in the organised activities that were taking place in the home and were able to be involved in making decisions about their care.

There was a stable management team and effective systems in place to assess the quality of service provided.

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 safe.

Systems were in place to promote people's safety and they were protected from avoidable harm.

Risk was well managed and did not impact on people's rights or freedom.

There were sufficient staffing levels to ensure that people were safe and that their needs were met.

There were systems in place to administer people's medicines safely.

Good

Is the service effective?
The service was effective.People received care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities efficiently.

Staff sought consent from people before providing any care and were aware of the guidance and legislation required when people lacked capacity to provide consent.

People were supported to eat and drink enough and to maintain a varied and balanced diet.

People were supported to maintain their health, received ongoing healthcare support and had access to NHS health care services.

Good

Is the service caring?
The service was caring.

Staff demonstrated good interpersonal skills when interacting with people.

People were involved in decisions about their care and there were sufficient staff to accommodate their wishes.

People's privacy and dignity was maintained.

Good

Is the service responsive?
The service was responsive.

People were supported to maintain their links with family and friends and to follow their interests.

People were supported to maintain their equality and diversity.

Staff were aware of their roles and responsibilities in responding to concerns and complaints.

Good

Is the service well-led?
The service was well-led.

The manager promoted a positive culture that was open and inclusive.

There was good visible leadership in the home; the registered manager understood their responsibilities, and was well supported by the provider.

Effective quality assurance processes were in place.

Good

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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 29 January 2016 and was unannounced. The inspection team comprised one inspector. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

Prior to this inspection we contacted local health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service. We also contacted Healthwatch Northampton which works to help local people get the best out of their local health and social care services and Voice Ability Northamptonshire, an advocacy service which supports people who use adult mental health services. All of the feedback we received about this service was positive.

During our inspection we spoke with three people who used the service and four members of the care staff. We looked at records and charts relating to two people, we viewed two staff recruitment records and we observed the way that care and support was provided.

Some of the people who lived at the home were limited in their ability to recall their experiences and express their views; in these circumstances observation was used to inform the inspection process.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and they looked relaxed and happy in the presence of the staff. One person said "The staff are nice, it's brilliant here." Another person said "I am happy and feel safe living here."

Staff were aware of their roles and responsibilities in protecting people from harm and had access to appropriate policies and procedures. Staff had received training in safeguarding and were aware of the various forms of abuse and the action they would take if they had any concerns. One member of staff said "Our training is regularly updated; if someone was at risk of harm, I would report it to the management straight away, so that they could report it to the safeguarding team or the police."

Safeguarding allegations were reported to the appropriate authority and those that had been referred back to the management to investigate, had appropriate investigations conducted. Where necessary action had been taken to address the concerns raised; for example disciplinary action had been taken against staff and the subsequent required referrals had been made to the relevant authorities.

People's individual plans of care contained risk assessments to reduce and manage the risks to people's safety; for example people had movement and handling risk assessments which provided staff with instructions about how people were to be supported. People also had risk assessments in place to reduce and manage the risks of other complications such as pressure damage to the skin and falls. When required people had appropriate equipment supplied to reduce the risks of falls and damage to the skin through the effect of pressure on the body. The plans of care also contained individual personal emergency evacuation plans for use in an emergency situation. All of the plans of care and risk assessments were regularly reviewed and updated as people's individual needs changed.

The provider had effective recruitment systems in place to protect people from the risks associated with the appointment of new staff. Staff told us that required checks and references had been obtained before they were allowed to start working in the home. Staff files were in good order and contained all of the required information.

Staffing levels were good; people told us there were enough staff to support them and they had the right skills to provide the care they needed. One person said "The staff are lovely, I think of them as my friends." All of the staff we spoke with told us that staffing levels were good and they had sufficient time to meet the needs of people who used the service. Staffing levels were monitored regularly to ensure that there were enough staff to meet people's needs.

Systems were in place for ordering, storage, administration, recording and the disposal of medicines. Medicine administration records were in good order and administration records demonstrated that people's medicines had been given as prescribed. Medicine systems were safe and people had sufficient supplies of their prescribed medicines. We observed two members of staff support people to take their medicines, according to their individual needs and saw that staff administered medicines safely. Staff told us they were trained in the administration of medicines and that they received regular checks by the management to ensure their competence.

Good

Is the service effective?

Our findings

People were provided with effective care and support. People told us the staff had the skills needed to support them. One person said "[staff name] has done a lot for me, they talk to me about things that are important to me, they show me respect."

Staff told us they had undertaken an effective induction training which had equipped them with the skills and knowledge they needed before being allowed to work in the home. Induction training was followed by a period of supervised practice where new staff worked alongside experienced staff until they were considered competent. A member of staff said "I had a good induction training it included the subjects that we need to know about for example we had training on how to support people with learning difficulties and mental health needs. The senior staff are very experienced and supportive, especially when we first start working here."

Staff told us they received effective training in the skills needed to support the people they cared for. One member of staff said "Our training is regularly updated; we have training sessions every three weeks. The management encourage and support us to obtain formal qualifications; I have done my National Vocational Qualifications (NVQ) level four in care."

The provider had a staff training programme in place to enable staff to maintain their skills and receive timely updates relating to current best practice in a range of care related subjects such as; fire safety, health and safety and movement and handling. Staff also had training in subjects relevant to the needs of the people who used the service for example training in care of people with learning difficulties, mental health needs and brain injury including how to support for people when they became unsettled or distressed. Training records showed that staff had access to appropriate training and that it was refreshed in a timely way. Our observations confirmed that staff had good interpersonal skills and understood people's individual needs. Staff had a range of communication skills that enabled them to support people effectively and according to their individual needs. For example people had information in easy read pictorial format to enable them to make decisions and communicate their preferences.

Staff received regular staff supervision from their line managers to ensure they were supported in their roles and their professional development. The staff we spoke with confirmed this; one member of staff said "We all have regular staff supervision; it's helpful because we can talk about how we are getting on and any training."

Staff sought people's consent before providing any support; they offered explanations about what they needed to do to ensure the person's care and welfare. Staff told us how they sought consent and involved people in decisions about their lives whilst they were providing their support; for example decisions about their personal routines and how and where they spent their time. Individual plans of care demonstrated that people's formal consent was sought for a range of circumstances; for example the use of photographs for identification purposed and consent for information to be shared with other health professionals.

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. 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 we saw that they were. The management and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and the management team were waiting for the formal assessments to take place by the appropriate professionals. The management were knowledgeable about the MCA and DoLS, where people lacked capacity to make informed decisions;, decisions were made in people's best interests.

People told us they had enough to eat and drink and were happy with the food provided. One person said, "I am perfectly happy with the food here." Another person said

Good

Is the service effective?

"We have house meetings to discuss the menu, we have plenty of choice." The management told us that the menus had been reviewed by a dietitian to ensure their nutritional value.

People also had access to special diets they required such as soft pureed meals and sugar free meals. Staff were aware of any food allergies that people had and these were documented in their individual plans of care. People with swallowing difficulties were assessed by the speech and language therapist (SALT) and when required were supported to maintain their nutritional intake through a feeding tube inserted into their stomach. Staff told us they had been trained to provide appropriate support to people and were able to confirm that the required procedures where being followed.

Individual plans of care showed that all of the people living at the home were assessed for their nutritional risk; these included regular checks on people's weights. When people were found to be at risk they were referred to their GP and the NHS dietitian; they were also assessed more frequently and had their food and fluid intake monitored. Food and fluid records were maintained and showed that vulnerable people were offered sufficient food and fluids within a 24 hour period.

People had access to specialists employed by the service such as occupational therapists; psychologists and physiotherapists. People also had access to NHS services; including GPs, district nursing services, other specialist nurses, district nurses, dentists, podiatrists and opticians.

Appropriate equipment was available to promote peoples' wellbeing; for example people were provided with appropriate pressure relieving equipment and staff supported them to change their position regularly, to reduce the risk of damage to the skin. Staff told us that they had sufficient and appropriate movement and handling equipment to safely assist people who were unable to mobilise independently. People had access to appropriate aids and adaptations to support their mobility and independence.

Good

Is the service caring?

Our findings

People were cared for by staff that were kind and compassionate towards them. For example one person said “The staff are all very nice and friendly.”

We witnessed several acts of kindness towards the people who lived at the home. For example when people became unsettled or distressed staff were swift to respond; staff showed genuine concern and affection for the people they supported. People were empowered to direct their own care; for example they were able to negotiate the arrangements for individual outings and activities. One person said “[Name] is brilliant; I feel she really cares about me and has done so much to help me.”

Staff told us the management ensured a stable staff team so that caring relationships could be established. People were allocated ‘Key workers’ these are individual care staff who are allocated to provide additional person centred support to individuals, for example supporting them on outings and shopping for personal items.

Staff were skilled in communicating with people by the use of sign language and other non-verbal techniques. They addressed people by their preferred name and engaged with people during the course of their daily routines and as they carried out their responsibilities. This provided an environment where people were involved and were listened to.

Staff had a good understanding of people’s needs and preferences; they treated people as individuals and respected their wishes. People looked well cared for and were also supported to express their personality through their personal appearance, such as their choice of clothing.

People’s privacy and dignity was respected, staff supported people to maintain their personal hygiene during their activities of daily living. Personal care was provided in the privacy of people’s own rooms. Staff knocked on people’s doors before entering their rooms and bedroom doors were fitted with appropriate privacy locks.

The individual plans of care showed that people had access to advocacy services when they were required. People were supported to maintain links with family and friends, visiting times were flexible and people were able to choose whether to receive their visitors in the communal areas or in their own rooms.

Good

Is the service responsive?

Our findings

People were assessed prior to moving to the home to ensure the service was able to meet their needs, and these assessments formed the basis for the development of individual plans of care. People were involved in planning their care and had access to advocacy services if required. People told us that they had been assessed before moving to the home and that they had contributed to the development and reviews of their individual plans of care.

People were able to make decisions about their care and their personal routines were flexible. Throughout our inspection we saw that people were empowered to direct their own care through discussion with staff about the things that mattered to them. For example people were able to negotiate arrangements relating to their day to day activities and transport requirements. People also were able to make decisions about their appearance, choose their preferred routines such as their times of rising and retiring to bed; how to spend their time, whether to engage in the planned activities and how to receive their visitors.

The individual plans of care were tailored to meet people's individual needs and contained life histories so that the care provided and their personal routines could support their previous lifestyles. The plans of care contained detailed instruction to staff about how people's individual care and support was to be provided; these were reviewed on a regular basis or as people's needs changed. People's daily records and charts demonstrated that staff provided the care to people as specified within their individual plans of care.

People told us that they were supported to engage in activities of their choice such as participation in a local choir, attendance at the local gym and swimming pool as well as accessing local leisure facilities such as pubs and coffee shops. People told us that they had opportunities for entertainment such as attending a local disco and watching an entertainer who visited the home regularly. One person told us they enjoyed going to Headway; a national organisation for people with brain acquired injuries that runs groups throughout the UK and offers a wide range of services, including rehabilitation programs, carer support, social re-integration, community outreach and respite care. People were encouraged to participate in general household tasks, such as caring for their own bedroom and personal laundry. Others were supported to obtain paid work within the home and the local community.

People told us they were able to raise concerns about the service and had confidence that they would be listened to and that action would be taken to address their concerns. One person said "I would speak to the manager if I was unhappy about anything." Staff were aware of their roles and responsibilities in listening to people's views and reporting any concerns raised. Copies of the complaints procedure were available in the home and were included in the service user's guide, a booklet that is given to people who use the service and their representatives when they moved to the home. We reviewed the complaints file and found there had been no complaints about the service since the last inspection.

Good

Is the service well-led?

Our findings

All of the people we spoke with thought the home was well run. One person said "The management are always around; we can talk to them about anything." All of the staff we spoke with were positive about the management of the home, one member of staff told us "We are well supported by the management, the home is well run." The management had a visible presence within the home and were accessible to the people who lived there and the staff. The management had a good understanding of the needs of the people being cared for and the culture within the home.

The provider's vision and values were defined within their information for people who use the service and stated 'Our philosophy and standards of care are based upon individual care, which considers the whole person, including their abilities, aspirations and needs. We continually strive to work within a framework based on the "Five Accomplishments"; these include community presence, choice, dignity and respect, community participation and competence. These principles were owned by staff and it was evident that people were supported to achieve their potential through these objectives. For example people were supported to engage in a wide range of activities, obtain paid employments and also to obtain qualifications through the Award Scheme Development and Accreditation Network (ASDAN). All of the people we spoke with told us they were treated as individuals, that their views were respected and that staff treated them with dignity and respect. A member of staff said "We try hard to support people to achieve their individual potential."

People were involved in the running of the home; one person said "We have meetings about everything, including our care plans, reviews, holidays, activities and the menus." Records showed that the manager held meetings with people who used the service about things that were happening in the home and provided opportunities for people to express their views about the service. Regular staff meetings were also held to inform staff about service developments and other relevant topics.

Staff told us they had regular supervision and staff meetings which provided them with opportunities to raise concerns and to question practice. Systems were also in place to monitor the performance of staff and assure their competence; and when staff failed to fulfil their responsibilities appropriate disciplinary action had been taken.

The management had established links with the local community including the 'Headway' **a** UK-wide charity that works to improve people's lives after brain injury. They also had links with local employers and other community facilities, for example local churches so that people could maintain their faith.

The registered manager ensured that the Care Quality Commission (CQC) registration requirements were implemented and we were notified about events that happened in the service; such as DoLS authorisations, accidents and incidents and other events that affected the running of the service.

There were robust quality assurance systems in place. Senior management had a regular presence in the home to support the manager and had good insight into the needs of people who lived there.

The management conducted a range of internal audits for example, the analysis of accidents records to identify risk factors and trends; systems to ensure the safe management of medicines, health and safety and staff training. Action plans were put in place to address any opportunities improvement. For example the management had conducted a recent environmental audit and found that some of the radiator covers were no longer in place; individual risk assessments had been put in place and arrangements had been made for radiator guards to be refitted.

The provider conducted annual satisfaction surveys, the last having been conducted in May 2015. Responses from people who used the service indicated a good level of satisfaction with the service provided. A relative commented "All the staff are great and some are exceptional."