

Blue Sky Care Limited

Richmond Lodge

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

About the service

Richmond Lodge is registered to provide personal care for up to five people with a learning disability. At the time of the inspection four people were living at the service. Accommodation is provided over two floors, accessed by stairs. A communal lounge and dining area are based on the ground floor.

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

People told us they liked living at Richmond Lodge and they liked all the staff. People told us they felt safe.

People's support plans contained guidance for staff about how to provide support to people safely and to minimise risks to people. Staff were trained in their responsibilities for safeguarding adults and knew what action to take if they witnessed or suspected any abuse.

Systems were in place to make sure people received their medicines as prescribed. Staff supported people to maintain their health by making appropriate referrals to community health professionals and acting on any advice they were given.

There were enough staff provided to meet people's needs. We observed staff were with the people they supported throughout the day.

The provider had recruitment procedures in place to make sure staff had the required skills and were of suitable character and background.

Staff were provided with regular training, supervisions and appraisals, which supported them to conduct their roles effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were happy with the food provided. They told us they had choice and helped shop for food. Staff were aware of people's dietary requirements and preferences.

The provider had a complaints procedure in place. Information about how to complain was provided to people. People living at the service said they could talk to the registered manager and staff if they had a complaint or any worries.

The registered manager understood the regulatory requirements and monitored the quality and safety of the service on a regular basis. Staff told us they were proud to work at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was good (published 12 May 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Richmond Lodge

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

This inspection was undertaken by one inspector.

Service and service type

Richmond Lodge 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.

We gave the service 48 hours' notice of the inspection. This was because people are often out, and we needed to be sure that some people would be available to speak with us. We also needed to be sure the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We obtained the views of professionals who may have visited the service, such as service commissioners and Healthwatch (Nottingham). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. 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.

During the inspection

We spoke with three people who used the service, and one of their relative's, about their experience of the support provided. We spoke with the five staff present during our inspection. This included the registered manager, a team leader and three support workers. We also spoke with the organisations head of care, who visited the service during our inspection.

We reviewed a range of records. This included two people's support plans, eight medication administration records, staff training, supervision and recruitment records. We also looked at other records relating to the management of the service, such as quality assurance audits, policies and procedures.

We spent time observing the daily life in the service and we looked around the building to check it was safe and clean.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse.
- People were supported to raise any concerns with staff. People told us they felt safe. Comments included, "Yes I am safe." And "I like it here. They [staff] are nice." A relative of a person living at the service told us their family member was safe. They commented, "[Name] is always happy to go back [to Richmond Lodge] after they have been home. That says it all. It shows they feel safe."
- Staff had been trained in their responsibilities for safeguarding adults. They knew what action to take if they witnessed or suspected abuse and they were confident the registered manager would address any concerns they raised.

Assessing risk, safety monitoring and management

- Systems were in place to identify and reduce risks to people.
- People's support records included assessments of specific risks posed to them, for example, accessing the community. Support records contained clear and specific guidance for staff about how to support people to reduce the risk of avoidable harm.
- Risk assessments were regularly reviewed to make sure they were relevant and up to date.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained.

Staffing and recruitment

- The provider completed pre-employment checks for new staff, to check they were suitable to work at the service. This included obtaining references from previous employers and completing a check with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions.
- The service was adequately staffed. Enough numbers of staff were provided to meet people's identified needs, including agreed hours to be spent individually with one or two staff members.
- During this inspection, we saw staff were always available for service users and available to provide support as people required in a timely manner.

Using medicines safely

- Medicines were obtained, stored, administered and disposed of safely by staff.
- Staff were trained in medicines management.
- People were receiving their medicines as prescribed by their GP, and staff kept accurate records about what medicines they had administered to people and when.

- The provider had a policy in place regarding the safe management of medicines. This provided guidance to staff to help ensure people received their medicines safely.

Preventing and controlling infection

- Infection control measures were in place to stop the spread of infection. Staff were aware of and were following the infection control policy and procedure.

Learning lessons when things go wrong

- There was regular management monitoring and analysis of any health or safety incidents involving people. This was used to check for any trends or patterns that may help to inform or improve people's support when needed.
- Staff said they felt comfortable speaking up when things may have gone wrong, and how they could learn from it this would be discussed.

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.

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

- Prior to people moving into the service, a needs assessment was carried out. This was done in consultation with people, their advocates and family members. This assessment was used to determine if the service could meet the person's needs and to inform their support plan.
- Assessments identified people's support needs and provided staff with guidance on how to meet these needs in line with best practice guidance and people's preferences. Good communication between management and care staff meant people's needs were well known and understood within the team.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training in areas which the provider had identified as relevant to their role. For example, safeguarding adults, autism awareness and person-centred support. The provider had commissioned bespoke training from the NHS [National Health Service] on oral health care to promote oral health. Staff told us they were happy with the training they were provided with, and the training was "good."
- Staff received regular supervision and annual appraisals to review their competence and discuss areas of good practice or any improvements that were needed.

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

- People were supported to maintain a balanced and varied diet to promote their health and respect their personal preferences. People were provided with a choice of meals.
- People's support records contained clear information about their dietary needs and preferences.
- People were happy with the food provided. Comments included, "[The food] is nice and I choose it. I go to the shops with staff [for food]."

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

- People had access to a range of healthcare professionals such as GPs, opticians, dentists and hospital specialists.
- Where healthcare professionals had been involved, staff followed their advice.
- People we spoke with confirmed they had attended hospital appointments to see health specialists. Positive comments received from healthcare professionals were seen in the services compliments folder. One healthcare professional had said, "The placement has been excellent, and I have seen the service user develop whilst he has been in [Richmond lodge] care. The staff team have worked very hard."

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

- A system was in operation to maintain the environment.
- Communal areas provided a pleasant living space for people to enjoy. People had been supported to personalise their own rooms with items that were familiar to them.
- All areas of the building were accessible to people, who were able to use stairs.

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).

- The registered manager and staff understood the implications of the MCA and were aware of the need for best interest meetings when significant decisions needed to be made for a person lacking capacity.
- The service was working within the principles of the MCA. Any restrictions on people's liberty had been authorised and conditions on such authorisations were being met.
- People's support records contained information on mental capacity.

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 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; equality and diversity:

- People told us staff always treated them respectfully. Comments included, "They [staff] are nice, really good." And "He [pointing at a staff member] is a good friend. I like all of them [staff]."
- Staff treated people as individuals and their choices and preferences were respected. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- Where people had contact with family, the service welcomed them to support people to maintain important relationships. A relative spoken with confirmed this.
- People living at the service and staff told us they would recommend the service to family and friends. Staff felt the service provided a good quality of care and people were well treated by a staff team who cared for them.
- Through talking with staff and reviewing people's support records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People living at the service had regular meetings with their key worker. In addition, 'Resident Consultation Meetings' were held each month and people were also invited to take part in reviews of their support. This gave them the opportunity to have input into the development of their support plans and to explain their needs, wishes and choices so they could be recorded and acted upon.
- When people asked for changes to their care and support, we saw this was actioned. For example, one person accessed the local community independently following a period of intensive support from staff.
- The registered manager was aware of the need to consider arranging the support of an advocate if people did not have any family or friends to support them. An advocate is a person who would support and speak up for a person who does not have any family members or friends who can act on their behalf.

Respecting and promoting people's privacy, dignity and independence:

- Staff were respectful of people's privacy and treated people with dignity and respect. For example, staff knocked on doors before they entered bedrooms. The provider had an effective policy in place regarding privacy and dignity, which supported the staffs' practice in this area.
- People's support records were secure so only people who needed to read them could access them.
- People were encouraged to maintain their independence. Support records gave clear guidance to staff to promote a person's independence. Our observations during the inspection showed people led independent

lifestyles, with support from staff, and made decisions for themselves.

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 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 received personalised support, which met their needs and took into consideration their preferences and choices. People told us they were happy with the support provided to them.
- Support plan documents included personalised information about individual needs, choices and preferences so that important information was available. Support plans were regularly reviewed to make sure they were up to date and reflected current needs.
- Staff were attentive to people. For example, we saw staff respond to people's questions and requests, and observed staff joining in conversations with people.

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 understood the importance of maintaining communication with people. Some people were quiet and did not use verbal communication as much as other people. We saw staff spent time with them and included them in conversations.
- Some written information, such as the services complaints procedure, was available in alternative formats which included pictures and symbols, to support people's understanding.

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 enjoyed social activities according to their preferences. For example, some people attended local social clubs, ice skating, swimming and visiting the city centre.
- A variety of leisure opportunities were available at the service.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which had been made available to people. People told us they would be able to make a complaint to the registered manager, who would listen to them. People said they had no complaints or concerns about the support they received.
- A relative spoken with said they had no concerns about the service and they were confident the registered manager would take any complaints or concerns seriously. We found the service had received compliments from some people using the service, their relatives and health or social care professionals. This reflected

good service delivery.

- The registered manager told us there were no current complaints.

End of life care and support

- Support plans included information on people's wishes regarding end of life care so that these could be respected.
- The registered manager and staff were aware of the need to work with relevant health care specialists at the end of life, should this need arise.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We observed an inclusive culture within the service. The registered manager showed an open and transparent approach and promoted a person centred and empowering culture. Everyone knew the registered manager by name and spoke very positively about them.
- Everyone we spoke with said they would recommend the service. Staff told us they felt everyone was well looked after. All staff said they would be happy for a family member to live at the service.

How the provider understands and acts on duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had met the regulatory obligations for their registration and in relation to their duty of candour responsibility. The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong. The provider was aware of their responsibility to send us written notifications about any important events when they happened at the service to help us check the safety of people's care when needed.

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

- We received positive feedback from staff about the way the service was run. They told us the registered manager was approachable, supportive and proactive at dealing with any issues that arose. Comments included, "He [registered manager] is fantastic at what he does. His door is very much open."
- Staff morale was positive, and staff told us they enjoyed their jobs and were proud to work at the service. Staff at all levels were clear about their roles and responsibilities.
- Staff worked effectively as a team. Staff told us they could rely on each other.
- The registered manager monitored the quality of the service and acted when issues were identified. Checks and audits were regularly undertaken. This ensured the home was safe and well managed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People living at the service and staff were given the opportunity to give feedback on the service. We saw the minutes from meetings with staff. The registered manager met regularly with the staff team.
- Monthly meetings were held individually with people to provide them with opportunities to share their views about the running of the service. We saw minutes from these which showed a variety of topics were

covered so that people had a voice.

- The provider had arrangements in place to send out annual quality assurance questionnaires to people living at the service, and staff. The results of the surveys were analysed to identify any actions needed in response to people's views. We found the results of the most recent survey were positive.
- The provider was undertaking a staff wellness project. A wellness action plan was in place for each registered manager within the company. This helped identify support manager's may need and provided a mental health pathway document signing to relevant helplines.

Continuous learning and improving care

- The quality monitoring systems in place identified areas to develop and improve.
- The management and staff team worked positively with key organisations such as the local authority and GP practices to benefit people using the service and improve service development.

Working in partnership with others

- People were supported by a range of professionals.
- The registered manager had links with the local community and key organisations to benefit people living at the service.