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Richardson Partnership for Care - 144 Boughton Green Road

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

This inspection took place on the 17 March 2017 and was unannounced. The service is registered to provide accommodation with personal care and support for up to 15 people with learning disability and acquired brain injury. The premises is a converted residential property that has been adapted to provide facilities for people with disability.

At the time of inspection there were 14 people in residence being supported. At the last inspection in March 2015, the service was rated 'Good' and at this inspection we found the service remained a 'Good' service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People continued to receive safe care. People were consistently protected from the risks of harm; staff knew how to manage risks, whilst promoting people's rights to take risks. Staff were appropriately recruited and there were enough staff to provide care and support so that people felt safe in the home. Staffing levels were kept under review to ensure that people's needs were met in timely way. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns. The medicines administration systems ensured people consistently received their medicines safely from staff that had received the appropriate training.

The care that people received continued to be effective. People had enough to eat and drink and enjoyed a varied and nutritious diet. The staff support, training and professional development systems ensured staff had the right skills, knowledge and experience to effectively meet people's needs on a daily and long term basis.

People had detailed personalised plans of care in place to inform and enable staff to provide consistent care and support. There were positive relationships between people using the service and the staff. The staff were caring and treated people with respect, kindness and compassion. They had a good understanding of each person's complex support needs. People were enabled to make choices about the way in which their care and support was provided. They were supported to access the wider community, and maintain contact with family and friends.

People knew how to raise a concern or make a complaint and the provider responded appropriately to any concerns or complaints. There were systems in place to monitor the quality and standard of the service. Timely action was taken to address any shortfalls and make improvements. The registered manager was readily approachable by staff and service users alike for guidance and support.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

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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 unannounced comprehensive inspection was carried out by one inspector and took place on the 17 March 2017.

Before our inspection we reviewed the information we held about the service. This included previous inspection reports, information received and statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We contacted the 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.

We took into account people's experience of receiving care by listening to what they said, talking with staff and by observing interactions in communal areas between staff and people in residence throughout the day.

We spoke individually with three members of the support staff team as well as with registered manager and the organisation's service manager. We also met and spoke with two visiting relatives. We were shown around the communal areas of the home by a service user and by invitation also looked at their bedroom. We looked at the care records for four people. We also looked at three records relating to staff recruitment

and training as well as records relating to quality monitoring and the day-to-day management of the home.

Is the service safe?

Our findings

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment policies and procedures in place. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home. People's needs were safely met by sufficient numbers of competent staff on duty. Staff had the time they needed to focus their attention on providing people with safe care.

People's risk assessments were reviewed regularly and updated as and when people's needs changed over time. Their care and support needs were regularly reviewed by staff so that risks were identified and acted upon as their needs and dependencies changed. Risk assessments were included in people's care plans and were regularly updated to reflect pertinent changes and the actions that needed to be taken by staff to ensure people's continued safety. Risk was well managed and promoted people's rights and freedom. Risk assessments acknowledged the potential risks involved in promoting people's independence such as, for example, how they were to be safely supported to positively interact with each other, with staff, and with people living in the community.

People were protected from harm. Staff were vigilant and acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's Safeguarding Adults' team. The provider worked co-operatively with the Local Authority to ensure people's on-going safety.

People were supported to maintain their health, received on-going healthcare support and had access to NHS health care services as well as support from the provider's professional healthcare consultants. People's medicines were safely managed in line with the provider's policies and procedures. They received their medicines and treatment as prescribed by their doctor or other healthcare professional. Medicines were locked away safely when unattended and appropriately stored for future use.

The premises were in good repair throughout and there were appropriate contingency plans in place to deal with emergencies. Staff had the guidance and training they needed to keep people safe.

Is the service effective?

Our findings

People received care from the staff team that had the knowledge and acquired skills they needed to carry out their roles and responsibilities effectively. They continued to receive care and support from a staff team that knew their duties. They went about their duties purposefully in an organised manner so that people consistently received timely support when they needed it. There was a staff training programme in place to enable staff to maintain their skills and receive timely updates relating to current best practice in caring for people with an acquired brain injury. People's needs were met by staff that continued to be effectively and regularly supervised and had their job performance regularly appraised.

People were involved in decisions about the way their care was provided and were encouraged to do things for themselves, with staff always appropriately mindful of each person's capabilities to manage daily living tasks with or without support.

People received their support and care from a staff team that were working within the principles of the Mental Capacity Act 2005 (MCA). The 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. Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions about their care and support. Appropriate assessments had been carried out to determine people's ability to make decisions. Staff sought consent from people when providing care and support.

Staff acted upon the advice of other professionals that had a role in ensuring that each person's healthcare needs were met. Any changes in people's health were recognised quickly by staff and timely action was taken to ensure they received the treatment they needed. People were supported to eat and drink enough and to maintain a varied and healthy balanced diet. One person said, "I get plenty to eat. The food's good."

Is the service caring?

Our findings

People's dignity and right to privacy was protected by staff. We heard staff speaking with people in a respectful way when they were providing support. Staff spoke with people using their preferred name. They had insight into people's behaviours that were a consequence of their acquired brain injury and they showed sensitivity and thoughtfulness when interacting with people. Throughout the day staff interacted well with people and engaged them in conversation and activities of daily living. Individual support plans showed that people were encouraged and enabled to participate in household activities.

People appeared relaxed in the company of staff and judging by the positive way in which they interacted with staff they were comfortable in their presence.

People had received the support they needed to maintain their day-to-day personal appearance. Support with personal care needs was provided in the privacy of people's own room. The staff we spoke with were knowledgeable about peoples' individual needs and how best to support and enable them to be as independent as possible.

People continued to be supported to maintain links with family and friends. Visitors to the home were made welcome. A relative said, "We have nothing but praise for the way they (staff) have supported (relative). We are always made to feel really welcome when we visit."

Individual support plans contained details of advocacy services and how they could be accessed and ensure people had a voice.

Is the service responsive?

Our findings

People's existing and potential abilities to care for themselves had been initially assessed prior to their admission to the home. People received individually personalised care and support following on from the initial assessment and subsequent reviews of their care and support needs. Detailed support plans had been developed in conjunction with people living in the home and where appropriate their relatives.

People continued to receive the timely care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as their dependency needs changed over time. People benefited from receiving care from staff that were knowledgeable about their needs. The staff were able to tell us about each person's individual choices and preferences about how they preferred to be supported.

People were able to choose how to spend their time. There was a range of therapeutic activities available to people such as music, art therapy, and activities like swimming to keep people physically active.

People's representatives, were provided with the verbal and written information they needed about what do, and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. Staff were aware of their roles and responsibilities in responding to concerns and complaints.

Staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC), or if they needed to make a referral to the Local Authority's adult safeguarding team.

Is the service well-led?

Our findings

People's care records were kept up-to-date and were accurate. Care records accurately reflected the daily care people received. Records relating to staff recruitment and training were also appropriately kept. They were up-to-date and reflected the training and supervision staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide staff were in place and were updated when required.

People received a service that was monitored for quality throughout the year using the systems put in place by the provider. These included a number of internal checks and audits carried out on a regular basis by the registered manager and service manager. Systems to manage medicines were regularly audited to ensure the safe management of medicines. Water systems were checked annually for Legionella and other equipment, such as the fire alarm system and domestic appliances were also checked on a regular basis. The service manager and provider also conducted 'spot check' visits to the home at different times of the day to monitor the quality of the service provided. These check visits helped to highlight areas where the service was performing well and the areas which required development. This helped the registered manager and provider ensure that a good quality of service was sustained.

People were assured of receiving care in a home that was appropriately managed on a daily as well as long term basis. The staff we spoke with all confirmed that the provider, registered manager and other senior staff were readily approachable and sought to promote a culture of openness within the staff team. Staff were also satisfied with the level of managerial support and supervision they had received on a daily basis to enable them to carry out their duties.