Metropolitan Housing Trust Limited

Richmond Community Support

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 Community Service is a supported living service providing personal care to people with learning disabilities or autistic spectrum disorders and physical disabilities at the time of the inspection. The service can support 12 people in two purpose-built houses.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. Staff consistently applied effective proactive strategies to prevent behaviour that challenges.

People's experience of using this service and what we found
People received care and support from staff that understood their roles and responsibilities in safeguarding people from abuse. Identified risks to people were clearly documented and staff had clear guidance on how to mitigate those risks. There were suitable numbers of staff deployed to keep people safe. People's medicines were managed in line with good practice. People were protected against the risk of cross contamination as the provider had robust infection control measures in place.

Newly employed staff underwent a comprehensive induction and reflected on their working practices regularly. People were supported to prepare and access sufficient food and drink to meet their dietary needs and preferences. People's health and wellbeing was regularly monitored, and people had access to a wide range of healthcare professionals when required.

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.

People were treated with respect and had their diverse needs encouraged. People's dependency levels were assessed prior to living at the service. People were encouraged to maintain their independence wherever possible.

Care plans were person-centred and regularly reviewed to reflect people's changing needs. People were encouraged and supported to participate in both in-house and community-based activities, in line with their preferences. The provider had an accessible information standard policy. People were encouraged to raise concerns and people's relatives confirmed they would raise concerns if required. People's end of life wishes were documented.

The registered manager had clear oversight of the services and spent her time equally at each service. People's relative's spoke positively about the registered manager. Staff confirmed they could speak with the registered manager at any time and that she was available to them. The registered manager carried out regular audits and worked in partnership with stakeholders to drive improvements.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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.

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

Rating at last inspection
The service was registered with us on 30 May 2018 and this is the first inspection.

Why we inspected
This inspection was planned in line with our inspection programme.

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 Community Support

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 carried out by one inspector.

Service and service type
This service provides care and support to people living in two supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 July 2019 and ended on 5 August 2019. We visited the office location and one supported living service on 31 July 2019 to review records and speak with people.

What we did before the inspection

We reviewed information we had about the service. We sought feedback from two relatives and a healthcare professional who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed three care plans, three medicine administration records, policies and procedures, risk management plans, communication passports and other records related to the management of the service. We spoke with five staff members, including two care workers, the care coordinator, registered manager and the operations manager.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff files and rotas.

Good

Is the service safe?

Our findings

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

This is the first inspection of the service and this key question is rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse, as staff received safeguarding training which enabled them to identify, respond to and escalate suspected abuse.
- One staff member told us, "[If I suspected abuse] I would speak with my line manager, write in the incident book and inform the necessary people both inside the service and external healthcare professionals."
- Staff were familiar with the provider's safeguarding policy. At the time of the inspection there were no on-going safeguarding concerns being investigated by the local authority safeguarding team.

Assessing risk, safety monitoring and management

- The registered manager wrote robust and comprehensive risk management plans to mitigate identified risks.
- Risk management plans were personalised and reviewed regularly to reflect people's changing needs.
- Risk management plans covered, for example, communication, medicines, eating and drinking, accessing the community and health and wellbeing. Risk management plans documented the identified risk, likelihood of it occurring and control measures in place to mitigate the risks.
- The registered manager wrote personal Emergency Evacuation Plans (PEEPs) which were regularly reviewed. PEEPS are personalised evacuation plans that give staff clear guidance on how to support someone safely in the event of an emergency.

Staffing and recruitment

- People received care and support from sufficient numbers of suitable staff to keep people safe. During the inspection we identified there were adequate numbers of staff available to meet people's needs.
- We received mixed comments regarding the staffing levels. For example, one relative told us, "That is an issue and I know the staff feel the same. Sometimes they aren't able to have the allocated staff for the hours they're paid for." However, another relative said, "I know my relative has one-to-one support and there is always enough staff around, familiar staff."
- A staff member told us, "At the moment we are okay with the staffing levels. We have a new person coming so we will need more staff. We have a few people on holiday at the moment and the bank staff are covering the shifts. We don't use agency staff."
- The provider ensured suitable staff were employed to keep people safe. Staff files documented satisfactory references, photographic identification, proof of address and a Disclosure and Barring Services (DBS) checks. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

Using medicines safely

● People received their medicines as intended by the prescribing Pharmacist and in line with good practice.
● One relative told us, "Yes, my relative has help with medicines." A healthcare professional said, "There are no concerns regarding medicines. We deliver monthly medicines and we check with [the service] if there's anything else they need, and we go through the medicines but there haven't been any issues. From what I can tell they do their medicines in line with good practice, everything is fine."
● We identified stocks and balances were correct and Medicine Administration Records (MARs) were completed correctly with not gaps or omissions.
● Senior staff members carried out regular medicines audits, to ensure issues identified were acted on swiftly.

Preventing and controlling infection
● People were protected against cross contamination as the provider had robust systems in place to manage infection control.
● Staff confirmed there were sufficient Personal Protective Equipment (PPE) to minimise the spread of infection. For example, gloves and aprons.
● Staff members were familiar with the provider's infection control policy, which gave staff clear guidance on hand washing, training and the safe disposal of waste.

Learning lessons when things go wrong
● The registered manager actively sought to improve the service and learn from incidents when things went wrong.
● The registered manager told us, "We are learning from people all the time. There have been constant changes i.e. people moving in. We have learnt that support is constantly changing and that people's behaviours change.
● Incidents that took place were reviewed by the registered manager and senior management and where appropriate action plans were devised to minimise repeat incidents.

Good

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.

This is the first inspection of the service and this key question is rated Good. 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 moving into the supported living services, the registered manager carried out comprehensive pre-admission assessments to ensure they could meet the person's needs. Pre-admission assessments covered, for example, behavioural needs, community participations, communication needs, relationships, spiritual and cultural needs, education and daily living skills.
- The pre-admission assessment was used to develop the care plan. At the time of the inspection one person was in the transitional phase of moving into one of the supported living services. The transitional plan was person centred and developed at the pace the person could manage. For example, one person was visiting the service and spending longer periods there to become familiar with their peers, the environment and staff before moving in permanently.

Staff support: induction, training, skills and experience

- People received care and support from staff that underwent comprehensive training to enhance their skills and experience.
- One relative told us, "Yes, they [staff members] are well trained." Another relative said, "Generally speaking they [staff members] are knowledgeable and experienced with learning disabilities." A staff member told us, "The last training I had was first aid, I did that in June, it was very helpful and was a refresher course. I think the training is very good, you have mandatory training and then you also have classroom and e-learning training. I feel I could ask for more training if I need to."
- We reviewed the training matrix and found training covered, for example, health and safety, fire safety awareness, equality and diversity, safeguarding, Mental Capacity Act 2005 and Deprivation of Liberty Safeguard.
- Newly employed staff were provided with a comprehensive induction programme to familiarise themselves with their role, responsibilities and the provider's expectation. Staff confirmed the induction was beneficial and afforded them the confidence to deliver effective care and support.
- Staff were provided with regular supervisions to reflect on their working practices on a one-to-one basis with the registered manager.
- One staff member told us, "My supervisions are regular. I talk about everything, how the job is going, if there are any issues. We talk about my key client and how she is doing."

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

- People were supported to access sufficient amounts of food and drink to meet their dietary needs and preferences.
- A relative told us, "I know my relative is very happy with the food. She particularly likes spicy foods and

they make that for her." Another relative said, "It's been a little bit of a problem. When my relative first moved in there the food didn't reflect their dietary needs. It's taken time and I believe my relative has seen a dietician now."

● Where possible and safe to do so, people were encouraged and supported with meal preparation.

● During the inspection we observed people being supported in the garden to have a snack and drink. Staff supported people who required help with eating and drinking respectfully and at a pace the person was comfortable with.

Staff working with other agencies to provide consistent, effective, timely care

● External healthcare professional services worked with the service to drive improvements and ensure people using Richmond Community Service received effective care and treatment.

Supporting people to live healthier lives, access healthcare services and support

● People were supported to access a wide range of healthcare services to monitor and maintain their health and well-being. For example, care plans documented people's involvement with the G.P, psychiatrist, psychologist and behavioural teams.

● A relative told us, "We are waiting for a behavioural specialist, the service have arranged it and they are taking an interest [in relative's well-being]."

● Where concerns were identified, the registered manger sought referrals in a timely manner.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA .

● People were not deprived of their liberty unlawfully. Not everyone living at Richmond Community Service had capacity to make informed decisions about their care and support needs. Where this was the case, we saw that the provider had made appropriate DoLS applications to the local authority

● A relative told us, "We are very much involved in the best interest decisions." A staff member told us, "Everybody has the right to make their own choices. You need to have an assessment to see if they have capacity, and then a meeting to help them make decisions."

Good

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.

This is the first inspection of the service and this key question is rated Good. 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
- Staff received equality and diversity training and were aware of the importance of treating people equally, whilst encouraging their diverse needs.
- Throughout the inspection we observed staff members speaking to people respectfully and with compassion. People appeared at ease with staff members and people could be seen actively seeking positive physical interaction from those that supported them.
- Where people wished, they were supported to observe their spiritual and cultural needs. For example, one person was supported to attend their place of worship every week.

Supporting people to express their views and be involved in making decisions about their care
- People were encouraged to make decisions about the care and support they received. Although not everyone was able to verbalise their decisions, care plans clearly detailed how people could indicate their views. For example, some people used assistive technology, others may use hand gestures, noises and facial expressions.
- Through knowing the people they supported well, staff members were able to support people to share their views where possible. This was evident during the inspection, whereby staff effectively communicated with people to ascertain their wishes and views.

Respecting and promoting people's privacy, dignity and independence
- Staff were aware of the importance of encouraging people to maintain their independence where possible and when safe to do so. People's dependency levels were clearly documented in their care plans, indicating what they required direct support with.
- A relative told us, "I think they [the staff members] do as much as possible [to support relative] to remain independent."
- A staff member said, "We encourage people to do as much as they can. For example, eating, maybe they aren't able to put the food on the spoon, so we will do it and they will then eat the food. Some people need prompting to do their laundry or cook their meals as well."

Good

Is the service responsive?

Our findings

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

This is the first inspection of the service and this key question is rated Good. 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 care and support that was person-centred and tailored to people's individual needs. Care plans were comprehensive and reviewed regularly to reflect people's changing needs.

● One relative told us, "We have seen the care plans and went through them and a lot of the information was inaccurate and out of date [when first moving to the service]."

● Care plans covered, for example, people's mental, social, behavioural and medical needs. Care plans gave staff clear guidance on how people wished to be supported.

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.

● The provider had a communication policy, that detailed that information provided to people could be provided in a variety of ways. For example, translators/interpreters could be arranged, people with sensory impairments could be assisted through British Sign Language or brail; and those with learning difficulties would be given information sensitively.

● People who had complex communication needs, were supported to access information (where possible) in a way they understood. For example, one person used an iPad, that had a personalised symbol app, to aid their communication. By using this application, the person was able to communicate their needs and preferences to staff.

● The service also supported people to use Picture Exchange Communication (PECs) cards. PECs are a series of pictures, that enable people to either point at them or hand them to staff indicating their needs, preference and wishes.

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 encouraged to participate in activities that met their social needs and preferences. Activities included, for example, hydrotherapy, intensive interaction, companion cycling, cookery, shopping, meals out and music therapy. Intensive interaction is a way of supporting and teaching people with autism or learning disabilities, to communicate.

● Despite our findings, we received mixed feedback regarding the activities provided. For example, a relative told us, "I don't think they go out enough. The service doesn't have their own transport. I think due to a lack of staffing they don't go out very much." However, another relative said, "It took a while to arrange the

activities, but [my relative] does three different activities a week and enjoys them."
● Records confirmed people were supported to access the local community with direct support. At the time of the inspection, one person was in the community with their support staff. Another person was having a sensory session in the designated sensory room at the supported living service.

Improving care quality in response to complaints or concerns
● The provider had a complaints policy that gave people clear guidance on how to raise a concern or complaint. The policy was in picture format, enabling people to understand the process.
● A relative told us, "I'm not aware of the formal complaints procedure, but I would just jump up and down and raise the complaint. I have got an email on who to contact if I need to. I get on well with the registered manager and I think that we could resolve things and not need to make a formal complaint."
● At the time of the inspection, the service had not received any complaints in the last 12 months.

End of life care and support
● At the time of the inspection, no one at Richmond Community Services was receiving palliative care.
● The registered manager documented people's wishes in relation to end of life care in a document called 'before I go.' This document included, for example, favourite colour, music, outfit, what type of service they would like, where the service should be held, who they would like invited, how they would like to be remembered and what they want to happen after the service.

Good

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.

This is the first inspection of the service and this key question is rated Good. 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 received mixed feedback regarding management of the service. For example, one relative said, "It's well run, the [registered manager] is absolutely available to me. She will always call you back or email me." Another relative told us, "The [registered manager] is at the service a couple times a week, sometimes it's a bit of a ship without a captain. She's spread too thinly."
- We shared people's concerns with the registered manager, who confirmed she spent a minimum of two days at each service and had senior staff to manage in her absence.
- The service had a warm and welcoming atmosphere, where people's relatives and visitors were welcome.
- Staff were aware of the provider's values, which were readily shared during the service induction.

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 registered manager had a clear understanding of the Duty of Candour. The registered manager told us, "It's my duty to be upfront and honest about anything that happens. For example, if you made an error, you would be upfront and explain the error and apologise."

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

- The registered manager was aware of and submitted all notifications to the Commission as required to by law.
- The registered manager carried out audits of the service to drive improvements. Audits included, for example, medicines management, care plans, risk management plans, maintenance and training. Issues identified in the audits were acted on in a timely manner to minimise the impact on people living at Richmond Community Service.
- Senior management also carried out regular audits of the service. We identified all action points had been addressed by the registered manager.

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

- People's views were sought by the registered manager to improve the service, where possible. Keyworker meetings were regularly undertaken as another method of gathering people's views. A keyworker is the designated staff member who coordinates the person's care and support.

● As people living at the service required assistance with communication, the registered manager was looking at additional ways in which to gather their feedback in a way people were able to understand. We will review this at their next inspection.
● The registered manager sought relative's views through quality assurance questionnaires. Issues identified in the responses provided were actioned in a timely manner. For example, one comment included sourcing some sensory experiences, this had now been actioned.

Continuous learning and improving care
● There was clear oversight of the supported living services by the registered manager. The registered manager actively sought to improve the service.
● During the inspection we identified, and records confirmed that action plans were devised to drive improvements, where issues were identified.

Working in partnership with others
● The registered manager actively sought partnership working to drive improvements. The registered manager told us, "I couldn't do anything without partnership working. I have formed really good professional relationships with people in the borough. I could confidently contact the psychiatrist for guidance and support. I also work in partnership with, psychology departments, community nursing staff, speech and language therapists, behavioural management teams and the G.P." Records confirmed this.