

Richardson Grove Limited

# Richardson Grove Limited

## 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Richardson Grove Limited is a residential care home providing personal care for up to 18 people with learning disabilities and autistic spectrum disorder or associate physical health needs. The home comprises of 2 adjacent houses with 18 en-suite bedrooms, communal kitchen/diner and living rooms with access to gardens. It is situated in a residential area. At the time of the inspection 18 people were living there.

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

#### Right Support

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. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

People were supported by staff to take part in activities and pursue their interests in the local area. Staff supported people to achieve their aspirations and goals.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their bedrooms.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people to play an active role in maintaining their own health and wellbeing. People had full access to health and social care to maintain their health and wellbeing. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

We have made a recommendation about managing medicine alerts.

#### Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs and promoted equality and diversity in their support for people.

People told us or communicated with us they were happy living at Richardson Grove. Relatives feedback was their family members were safe and happy at the service. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. There was enough appropriately skilled staff to meet people's needs and keep them safe.

People who had individual ways of communicating, using body language, sounds, pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People could take part in activities and pursue interests that were geared towards them.

Staff and people worked together to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

#### Right Culture

People received quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the registered manager and staff.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff placed people's wishes, needs and rights at the heart of everything they did. They knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

People and those important to them were involved in planning their care. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

The registered manager and provider had implemented effective checks and audits on the quality and safety of the service. When shortfalls were identified, action was taken to address these.

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

#### Rating at last inspection

This service was registered with us on 16 May 2022 and this is the first inspection. The last rating for the service under a previous provider was requires improvement (published on 26 November 2019).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for this service has improved to a rating of good based on the findings at this inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Richardson Grove Limited

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 3 inspectors.

#### Service and service type

Richardson Grove is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Richardson Grove is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from local authorities and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke and communicated with 7 people who used the service and 2 relatives about their experience of the care provided. Some people who used the service were unable to talk with us but used different ways of communicating including sounds, objects, pictures and their body language.

We spoke with 9 members of staff including support workers, senior support workers, the registered manager and head of care.

We spent time observing people to understand their experience of life in the home.

We reviewed a range of records. This included 6 people's care records and 7 medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 this newly registered service. This key question has been 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 kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- People told us or communicated with us they were happy living at Richardson Grove. Relatives feedback was their family members were safe and comfortable at the service. One relative said, "[Name of person] is always keen to go back home when they visit us."
- Staff had training on how to recognise and report abuse and they knew how to apply it. There had been a number of safeguarding issues which the registered manager had reported and pro-actively sought advice and support to address the issue.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. For example, a monitor had been put in place in one person's room to alert staff if they got up during the night, this enabled the person to have some privacy but ensured they were kept safe from any actions they may take which could harm them.
- People had personalised plans in relation to their safety and support needs when in the service or out in the community. Any triggers for anxiety or stress had been identified.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- Staff managed the safety of the living environment and equipment through checks and action to minimise risk.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits when they wanted. A diary was kept of people's activities and health appointments which ensured staff were always available to support people.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.
- Each person's record contained a one-page profile with essential information to ensure new or temporary staff could see quickly how best to support them.



### Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People received their medicines at the times they were prescribed or when they needed them.
- Staff were trained and assessed as competent to support people with their medicines.
- There was a process in place to receive medicine alerts. However, we were not able to verify if the alerts were being acted upon in a timely manner.

We recommend the provider review its policy and processes for actioning medicines alerts.

### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping premises clean and hygienic.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- Visitors were welcome at any time. The provider followed government COVID-19 guidance on care home visiting.

### Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

# 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 for this newly registered service. This key question has been 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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations and included physical and mental health needs. People, those important to them and staff reviewed plans together. One relative said, "I have been fully involved with reviewing the care plan, we have a review meeting next month."
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- There were pathways to future goals and aspirations, including skills teaching in people's support plans.

Staff support: induction, training, skills and experience

- People benefitted from reasonable adjustments to their care to meet their needs, and their human rights were respected. This was because staff put their learning into practice.
- Updated training and refresher courses helped staff continuously apply best practice.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of supervision, appraisal and recognition of good practice.
- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision.

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

- We observed mealtimes which looked functional with little interaction between people and staff. We spoke with the registered manager about this who assured us staff were encouraged to sit with people and eat with them. One member of staff confirmed this, "I like it here because you are able to sit with people and have a coffee or something to eat with them, like you would as a family."
- People received support to eat and drink enough to maintain a balanced diet.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.
- Staff were knowledgeable about people's dietary needs and requirements and how people wished to be supported at mealtimes. People's food preferences and consistency of food and drinks for example normal, soft or pureed foods, was recorded in their care plan. We saw evidence of meetings involving a speech and language therapist (SLT) to ensure people received the correct meals and support.
- People had access to the kitchen with support and were encouraged to take part in meal preparation and baking.

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

- Records showed action was taken when people's health or wellbeing deteriorated. Staff noticed changes to people which may indicate deteriorating health and sought advice promptly.
- People's care plans documented the ongoing support they received with accessing health appointments including GP's, dentists, and opticians.
- The provider's multidisciplinary team worked closely with people's health professionals to ensure people were regularly monitored and received care that met their needs.
- People received regular psychological reviews to assess the effectiveness of the therapies and interventions they received.
- People had hospital passports which provided health professionals with the information they required to support the person effectively when they required any medical interventions.

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

- People's care and support was provided in a safe, clean, well equipped, furnished and well-maintained environment which met people's sensory and physical needs.
- Richardson Grove is located in a residential area close to shops and local amenities which people accessed each day.
- People personalised their rooms. One person had spent time with a furniture designer deciding on how they would like their room to be furnished.
- People had access to well-kept and easily accessed gardens.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to consent had been assessed for decisions relating to their care. This included decisions around support with medicines and finances. Where mental capacity assessments had identified people lacked capacity, best interest decisions had been completed in consultation with people's representatives.
- The provider worked within the principles of the MCA and had a system in place to monitor people's DoLS applications, authorisations and conditions.
- Staff empowered people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means, and this was documented.

# 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 for this newly registered service. This key question has been 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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were calm, focused and attentive to people's emotions and support needs such as sensory sensitivities. We saw staff encourage one person to spend time in a room with lights and different materials and textures to touch which helped the person to stay relaxed, another person was encouraged to put their earphones on when they were indicating they were feeling stressed with the noise from other people.
- Staff members showed warmth and respect when interacting with people. One person said, "I like living here. Staff are good." Another person said, "The carers here are kind."

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

- People were enabled to make choices for themselves and staff ensured they had the information they needed. For example, one person preferred to stay in their bedroom. Staff stayed vigilant and ensured the person was safely supported when in their room.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. We observed staff communicating with one person who used a form of sign language to communicate their needs.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. One relative said, "We are always involved with any reviews and the staff contact us and keep us informed about everything."
- Staff supported people to maintain links with those that are important to them. One relative said, "The staff bend over backwards to ensure we keep in touch with [loved-one]"

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Staff knew when people needed their space and privacy and respected this. We observed people spending time in their own rooms and staff seeking their consent before they entered the room.
- Each person had an Aspirations and Aims plan which identified target goals and aspirations and supported them to achieve greater confidence and independence. One relative told us they could see a positive change in their loved one's abilities and happiness since they moved to Richardson Grove.

# 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 for this newly registered service. This key question has been 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. During the inspection we saw people going out for walks around the local park, one person going to a gym and others visiting a local pub.
- Staff provided person-centred support with self-care and everyday living skills to people.
- Staff offered choices tailored to individual people using a communication method appropriate to that person. For example, sign language and objects of reference.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs and people were in control of how they lived their life. One person said, "A good day is for me to have a shower, I then go out for lunch."
- We observed people getting up when they liked and going to bed when they wished. One person told us, "I slept at a hotel yesterday, it was good. I enjoyed it. There is a disco tomorrow that I enjoy."

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand.
- There were visual structures, including objects and photographs, which helped people know what was likely to happen during the day and who would be supporting them.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. Staff explained how they knew when people were happy or needed something.

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

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One person said, "If I do not like anything I go to the manager and she is good."
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team.

- One relative told us, "When I had a concern, [registered manager] sorted things out."

#### End of life care and support

- At the time of the inspection no one was receiving end of life care.
- Basic plans were in place created from information gathered from people and their families about what staff needed to be aware of at the end of a person's life. These could be developed further.

# 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 for this newly registered service. This key question has been 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

- The provider and registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management and staff put people's needs and wishes at the heart of everything they did.
- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement driven culture. One staff member said "[Registered manager] is a strong manager, the staff team is where it needs to be."
- The registered manager listened and reflected on observations we made during the inspection. For example, when we highlighted terminology used when people went to visit family.
- Management promoted equality and diversity in all aspects of the running of the service.
- Staff felt able to raise concerns with the registered manager without fear of what might happen as a result. One staff member said, "[Registered manager] is easy to speak to."

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

- Systems were in place to monitor the quality and standards of the service. The provider completed regular visits to the home which were effective in identifying areas of improvement. Action plans had been put in place where improvements were required, and the registered manager took action to address these.
- Systems were in place to monitor medicines administration, safeguarding, care plans, MCA and DoLs and accidents and incidents. The registered manager was proactive and enthusiastic about improving the care and support people received.
- The registered manager was aware of their role and responsibilities to meet the CQC registration requirements. Records showed statutory notifications of notifiable events were submitted to CQC where required.

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 service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

- The registered manager had notified CQC as required as part of their responsibility under the duty of candour.

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

- People and their relatives were involved with their care, were involved in decision making, and had the opportunity to provide feedback.
- People were invited to attend and participate in annual review meetings with a review co-ordinator which provided them with a further opportunity to give their feedback and suggest how things could be improved for them.
- Surveys were sent out to people and staff. The surveys for people were adapted to meet people's individual communication needs. There had been no specific actions for the provider to consider following the last surveys.
- Regular housing meetings and staff meetings were held which gave everyone an opportunity to raise concerns, suggest ideas and share outcomes to certain issues.

Continuous learning and improving care; Working in partnership with others

- The registered manager attended regular meetings with other managers to review policies and procedures, share any concerns, and discuss any lessons learnt following incidents.
- The registered manager supported staff through reflective practice following any accidents or incidents. This provided staff with the opportunity to share their experience and develop their skills and knowledge.
- The registered manager and care staff worked closely with other professionals to achieve good outcomes for people. This included working with health professionals and social workers.