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Richardson Partnership for Care - 2/8 Kingsthorpe Grove

Inspection report

2 & 8 Kingsthorpe Grove
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Date of inspection visit: 24 March 2015

Date of publication: 23/04/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 24 March 2015 and was unannounced. The service is registered to provide nursing and personal care to 18 people with a learning disability. At the time of our inspection there were 18 people living there. The premises comprise two converted residential properties that have been adapted to provide facilities for people with disability.

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

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

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

Peoples' care was planned to ensure they received the individual support that they required to maintain their health, safety, independence, mobility and nutrition. People were supported to access appropriate health care services and had access to appropriate equipment to meet their needs.

People received support that maintained their privacy and dignity and systems were in place to ensure people received their medicines as and when they required them. People were able to participate in meaningful activities and there were individual and group activities that were taking place in the home. People were involved in making decisions about their care and had opportunities participate in the running of the home.

People had confidence in the management of the home and there were systems in place to assess the quality of service provided. Records were maintained in good order and demonstrated that people received the care that they needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

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

Risk was well managed and promoted peoples' rights and freedom.

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

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

Good



Is the service effective?

The service was effective.

People received care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities effectively.

Staff sought consent from people before providing any care; and management were aware of the guidance and legislation required when people lacked capacity to make specific decisions.

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

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

Good



Is the service caring?

The service was caring.

Staff demonstrated good interpersonal skills when interacting with people.

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

Peoples' privacy and dignity was maintained.

Good



Is the service responsive?

The service was responsive.

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

People were supported to maintain their equality and diversity.

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

Good



Is the service well-led?

The service was well-led.

The management promoted a positive culture that was open, inclusive and empowering.

Good



Summary of findings

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

Quality assurance processes and data management systems were in place.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 March 2015 and was unannounced. The inspection team comprised an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we also looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

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 and Total Voice Northamptonshire, an advocacy service which supports people who use adult mental health services.

During our inspection we spoke with five people who used the service; six staff and two managers. We spoke with a visiting health professional and observed the way that care staff provided support. We looked at accident records, individual plans of care and charts relating to one person and viewed recruitment records for two staff.

Some of the people who lived at the home were limited in their ability to recall and express their views about the service. In these circumstances we used observation to inform the inspection process.

Is the service safe?

Our findings

People told us they felt safe living at the home and people looked relaxed and happy in the presence of the staff which indicated they felt safe. One person said “It's safe living here, thank you.” Another person said “Safe, yes. Stay here”. They seemed worried that they might move from this placement but was reassured by staff that he was staying there.

Staff were aware of their roles and responsibilities in protecting people from harm and were able to raise concerns directly with the provider; they were also aware of the provider's ‘whistleblowing’ procedures. Staff received training in safeguarding and were able to talk confidently about the various forms of abuse and the action they would take if they had any concerns. One member of staff said “‘You'd see things on a day to day basis, and I'd report it [potential abuse] to a senior. If they didn't do anything, I'd take it higher. I would act.’ They also told us how they would recognise someone who was abused “‘It's how you pick up on things, it's important that you are reassuring. It's about body language, being withdrawn, their behaviour can change, or the person may want to isolate themselves.”

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

Staffing levels were regularly assessed and maintained at safe levels. Staff had sufficient time to provide one to one support and spend time engaging with people on an individual basis. The manager told us that staffing levels were calculated according to the needs of the people who used the service. There was a stable staff team with sufficient staff on duty at all times. One member of the care staff said “Staffing levels are good; we have seven staff on duty in the morning and six in the afternoon with two staff on duty at night. We have an extra member of staff on duty

for individual activities such as swimming”. Another member of staff said “I love working here, we have enough time to spend with people and we really get to know people as individuals.”

Peoples’ individual plans of care contained risk assessments to reduce and manage the risks to people's safety; for example people had risk assessments in place relating to activities of daily living and access to the local community, which provided staff with instructions about how people were to be supported.

The staff also told us that equipment was maintained in good working order and accident records showed that there were no accidents or injuries relating to the environment or use of the equipment. Individual plans of care also contained individual personal emergency evacuation plans for use in an emergency situation and hospital passports, designed to enhance communication between the service and the hospital.

Medicine systems were safe and people had sufficient supplies of their prescribed medicines. Staff told us that only staff trained in the administration of medicines carried out this task. One member of staff said “If we think someone needs any additional medicine we seek advice from the manager and the doctor.”

Staff training records showed that staff had access to training in the safe administration of medicines. One member of staff said “I have had training in giving medicines. It's stored in a locked cupboard in the office. Senior staff sort out the medicines and then then we give them to residents.

Medicines were supplied either in a pre-packaged monitored dose systems prepared by the pharmacist to reduce the risks of error or in individual containers. Checks on a sample of the medication administration records demonstrated that people's medicines had been given as prescribed. There were robust systems in place for ordering, storage, administration, recording and the disposal of all medication, including controlled drugs.

Is the service effective?

Our findings

People were provided with effective care and support. One person said: “Yes, the staff are very nice, they are always nice.” Another person said “The [staff are] nice to me and are kind.”

New staff received formal induction training that aimed to provide them with the required skills and knowledge to meet people’s needs. Staff told us that the induction training was followed by a period of supervision where new staff worked alongside more experienced staff. One member of staff said”. ‘We get a DBS done with new staff, they get an induction when they first start, and are ‘shadowing’ for a while. People who aren’t new look out for them and to see if they’re doing their job properly, and it’s always a senior person they shadow.’”

Staff received training in the areas needed to support the people they cared for. One member of staff said

“We have training courses every Friday; we do health and safety too. It’s like a regular refresher, and if some important legislation comes out we learn about it straightaway.’

The provider had a staff training programme in place to enable staff to maintain their skills and receive timely updates relating to current best practice in a range of care related subjects. Training records showed that staff were up to date with training in fire safety, food safety, health and safety, infection control and movement and handling. Staff told us that they received regular staff supervision from their line managers to ensure they were supported in their roles and in their development.

Staff were knowledgeable about people’s individual needs and preferences and training records showed that staff had received specific training in these areas such as the management of diabetes, choking and the Mental Capacity Act and Deprivation of Liberty safeguards.

Staff were skilled in communicating with people for whom they cared. We saw that staff used different techniques to enable them to communicate effectively and they were swift to support people when they became distressed or unsettled. Staff had received training in Makaton, a language program using signs and symbols to help people to communicate. One person had picture cards to assist in making their views known. One person said “Sad - better”

when asked if staff supported them if they felt distressed; They also used facial expressions and gestures that conferred that when they were sad, staff helped them to feel better.

Peoples’ views were sought and their consent was obtained before any interventions were made; records showed people had provided their consent for staff to support them to take their medicines, flu vaccination, sharing of information and the use of photographs for identification purposes. We saw that gained verbal consent from people when offering their support for day to day activities.

The manager was knowledgeable about the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). They confirmed they had submitted applications to the local authority for authorised DoLS relating to the restrictions on people who were not free to leave the premises without support and for those who required supervision and control.

People were complimentary about the food provided. One person said “The food is nice. I like reading the menus. It’s chicken pie on today’s menu. On Monday, we have sandwiches or toast with beans or Welsh Rarebit. The food is hot, it’s the right temperature.” Another person said” ‘Yes, its good food, it tastes good.’”

Staff were aware of peoples’ food preferences and nutritional needs; A member of staff said “The menus are planned at the regular house meetings so that they reflect peoples’ preferences. The menus have been reviewed by a nutritionalist to make sure that people get a balanced and healthy diet. Today it’s cottage pie, and if they don’t want it, there are some ready meals that one person prefers to have, or we could make a sandwich. Two of the guys today are going to the pub instead. Two different service users go out to eat every day.”

We observed the lunch time service; people were able to choose where to eat their meal. This was a social activity as staff ate with people who used the service in a relaxed friendly atmosphere. The meals were served at an appropriate temperature and were of an adequate portion size. People had access to appropriate aids and adaptations such as plate guards. Staff were aware of people’s individual needs and preferences and those who required support from the staff were assisted with patience. Records showed that when people were identified as being

Is the service effective?

at risk of not eating and drinking enough their food and fluid intake was monitored to encourage an adequate intake and reduce the risks of complications such as infection. People were weighed regularly according to their individual needs and their risk was regularly reviewed. People who had been identified as being at risk of not eating or drinking enough were referred to the dietician and were in receipt of food supplements.

People were supported to access health care services when needed. Records showed that people were assessed before they moved to the home to ensure that the service was able to meet their individual needs. Peoples' past medical history was well documented and people had access to the

relevant NHS services such as community nursing services, podiatrists, speech and language therapists and general practitioners. One visiting health professional said "This is the most effective placement that my patient has ever had; they are so much better because of the care and support that has been provided here".

Peoples' individual plans of care set out the care that individuals required; these were regularly reviewed or reviewed when their needs changed. Staff took appropriate action when people were identified as being at risk; for example people at risk of damage to the skin due to pressure had access to appropriate pressure relieving equipment to reduce the risk.

Is the service caring?

Our findings

People were cared for by staff who were kind and caring. People we spoke with told us that staff were kind and considerate in their day to day care. For example when asked if the staff were caring one person said “Yes, hugs, smile”. People had confidence to engage in conversation and activities with other people who used the service, People also demonstrated affection towards members of staff; indicating that they felt comfortable in their company and enjoyed positive relationships with them. Staff used effective interpersonal skills, providing good eye to eye contact and the use of touch to engage and empathise with people. We saw several acts of kindness during our inspection; for example because it was a nice day staff suggested a visit to a local ice cream parlour. People were invited to go; a member of staff said “It's a spur of the moment thing as it's a sunny day.”

People were listened to and their views were acted upon. Staff gave us examples about how they sought people's views in relation to their personal care; for example staff had regular meetings with people to review and update their individual plans of care. Individual plans of care contained information about people's personal preferences and how these were to be supported. Throughout the day staff interacted well with people and engaged them in conversation and activities of daily living. People's independence was promoted and they were supported by staff to manage this safely through a comprehensive range of risk assessments.

People looked well cared for and were supported to make decisions about their personal appearance, such as their choice of clothing. The individual plans of care were

tailored to meet people's individual needs and contained life histories so that the care provided could support their previous lifestyles. Staff were knowledgeable about people's individual needs and they spoke in a kind and caring way, with insight into people's needs and challenges they faced.

People were encouraged to be involved in the running of the home. There were also regular meetings to plan weekly menus and monthly house meetings. People were involved in the recruitment of new staff as they met prospective applicants and provided managers with their views. Individual plans of care showed that people were able to be involved in household activities such as cooking and laundry; We saw that people participated domestic activities; such as putting the plates away in the kitchen.

People were supported to maintain links with family and friends; visiting times were flexible and people were able to choose whether to receive their visitors in the communal areas or in their own rooms. Staff also supported people to go on holidays, outings with their relatives or to keep in touch with them by telephone. A member of staff said “Most people have family visiting or go home to visit family, and others have siblings or extended family connections.”

People's privacy and dignity was respected; staff told us “A hairdresser comes here, and a couple of people go together for a hair trim.” Staff also told us personal care was provided in the privacy of people's own rooms. Staff told us they always knocked on people's doors before entering their rooms asked if they wanted them to remain in the room whilst they were washing and dressing. Staff referred to people by their preferred name and people were able to have a key to their bedroom if they wished.

Is the service responsive?

Our findings

People were involved in planning their care if they wanted to be and were able to make decisions about their lives including decisions about their personal care routines; such as their daily routines and pastimes. One person said “I like holidays. I went to Henley in Dorset near Weymouth and stayed in a log cabin. We went to the seaside.”

People were assessed before they went to live at the home, to ensure that their individual needs could be met. These assessments formed the basis for the development of individualised plans of care. Individual plans of care were developed specific to the person concerned and these contained information about their previous lifestyle, so that their values and interests could be supported. The individual plans of care contained detailed instruction to staff about how people were to be supported. These were reviewed on a regular basis at the three weekly care plan review meetings or as people’s needs changed. People’s daily records and charts demonstrated that staff provided the care to people as specified within their individual plans of care. Staff told us people were supported to maintain their personal care by care staff of the same gender.

People were supported to engage in meaningful activity and were able to choose how to spend their time including whether to engage in the planned activities that there were available. People were able to maintain their faith by attending a local church; were also able opt out of organised activities if they chose and there were designated quiet areas where they could be alone if they wished.

One person told us 'I like drawing and stencilling, I go out on Saturdays and every Monday afternoon, I'm at club

where I do art, and we go out for food and drink, we had chicken tikka and rice in the 'Cock' [a local pub]. An activities programme was in place which set out the planned activities; these included arts and crafts, music sessions, and attendance at a gym, roller skating, swimming, cooking and other household tasks. One member of staff said “Today, everyone's going to a multi-sports session; two people play badminton and another person loves basketball. They also go to the pictures and on train trips.” Another member of staff said “Today I took one person shopping as he likes to help. We did the grocery shopping for the house; he likes to look for the food and enjoys finding it. Then we had a drink, which we drank in the car as there isn't a cafe in this shop. Yesterday I took another person for a drive to see the horses at Stoke Bruerne; he was really happy as he saw the horses in the fields. Then we went to Morrison’s to get Easter eggs.”

All of the staff we spoke with were aware of their roles and responsibilities in dealing with complaints. Information about how to make a complaint was included in the ‘Service users’ information pack’ given to people who used the service and their representatives. Complaint forms were also included in the visitors’ book which people signed on arrival. The manager had an open door policy so that people could raise any concerns directly and that they aimed to address people’s concerns before it became necessary for them to complain about the service. A senior manager was also regularly present at the service so that people could raise any concerns directly with management. The complaints folder showed that complaints were fully investigated and that the provider used this feedback as an opportunity to improve the service.

Is the service well-led?

Our findings

The management fostered a positive, inclusive culture; people were treated as individuals and were empowered. For example the management provided people with written information in easy read formats with pictures to aid people in their decision making. People's care and support was based on their individual needs and previous lifestyles.

People were involved in the running of the home; People were involved in meaningful activities according to their needs and individual preferences. Management held regular meetings so that people were involved in decisions about the running of the home. Regular staff meetings were also held and staff had regular supervision which provided them with opportunities to raise concerns and to question practice.

The provider's aims and objectives were defined within their 'Service user information package' as 'To work alongside individuals to enable them to achieve their potential.' The aims and values of the service were included and identified a commitment to the provision of individualised care, choice, dignity and respect.

The service had a registered manager who has provided people who used the service and the staff with stable management. People told us they thought the service was well run and that they had regular contact with the registered manager. The manager had an open door policy so that anyone could share their views or raise any concerns with senior staff.

People who used the service and staff all told us the service was well managed. One member of staff said "I love it here, it feels more like a family; people are safe and well cared for and the staff and management are approachable."

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

There were robust quality assurance systems in place. The management conducted a range of internal audits for example, health and safety audits which included fire safety checks and temperature checks on water to ensure that it was dispensed at safe temperatures. Systems to manage medicines were regularly audited to ensure the safe management of medicines. The provider conducted regular visits to the home to monitor the quality of the service and to identify potential improvements.

The provider had also conducted a survey of peoples' views about the service in May 2014; the responses indicated a good level of satisfaction. People had suggested additional garden seating under the trees and a Wii Fit, both of which were being considered; the results of the survey and the implementation of suggestions were discussed at a recent house meeting.