

Shelton Care Limited

Richmond Mews

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 Mews provides accommodation and personal care for up to 44 adults with a learning disability. At the time of the inspection there were 41 people living at the home across 8 separate flats and 1 bungalow.

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 service was a large home, bigger than most domestic style properties. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were cared for by trained and skilled staff who knew people well. People were treated with kindness and were able to live their lives as they wished because they were given opportunities to express their wishes and feelings, likes and dislikes.

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's risks were managed in a safe way and staff knew how to protect people from the risk of harm and abuse. The environment was free from risks and hazards. People were encouraged to take positive risks to achieve personal growth and independence.

Staff worked well together to meet people's needs and provide support in a relaxed and homely environment. People had access to healthcare as they needed it and received on-going health care support as part of their assessed needs.

People were involved in leading their own care participating in reviews of their care needs. Meetings were held on a regular basis to enable people to feedback about the day-to-day running of the home.

The home was well-led by a management team who were committed to providing high-quality care.

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 last rating for this service was Good (published 24 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Richmond Mews

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

The inspection was carried out by one inspector and one 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.

Service and service type

Richmond Mews is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

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 the local authority and professionals 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 spoke with 10 people who used the service and two relatives about their experience of the care provided. We spoke with the registered manager and four members of staff including a nurse, senior support workers

and support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe living at Richmond Mews. Comments we received included, "I feel safe because the staff are nice and kind" and "I am safe here. The staff are nice people." A relative told us, "I know [name of person] is safe because they are always happy to return back to Richmond Mews with a big smile and for me, that is a big indicator."
- Staff were trained to identify, respond to and report abuse to protect people and keep them safe.
- There were safeguarding policies in place to guide staff and there was a system in place for staff to report concerns in confidence.

Assessing risk, safety monitoring and management

- The service had recently been part of a thematic review undertaken by the Care Quality Commission (CQC) that looked at the use of restraint, seclusion and segregation and received positive feedback as a result.
- People's individual risks were safely assessed and planned for.
- Risk assessments guided staff to support people in a safe and appropriate way minimising the risk of avoidable harm.

Staffing and recruitment

- There were effective recruitment processes in place. Staff were subject to pre-employment checks to enable the provider to make safer recruitment decisions.
- There were sufficient numbers of staff to meet people's needs and people confirmed the staffing arrangements met their needs. One person told us, "Yes, there is enough staff. I don't have to wait long."
- Staff told us they worked well together to support people as they needed it. One person said, "If someone needs more support or we are short staffed, we move around to accommodate this."

Using medicines safely

- The provider used best practice guidance and tools to promote safe medicine management. For example, the provider had introduced an NHS England project which aimed to stop the over use of psychotropic medicines.
- Staff used a PRN medication monitoring form which recorded the effectiveness of medicines given that were prescribed on a 'as required' basis, this included psychotropic medicines. There had been a reduction in PRN medications administered as a result of using the monitoring form.
- We observed people receiving their medicines in a safe and timely way.

Preventing and controlling infection

- Staff had received infection control training and we observed staff wearing personal protective equipment to reduce the risk of the spread of infection.

Learning lessons when things go wrong

- The provider and registered manager had processes in place to analyse accidents and incidents for patterns and trends and actions were put in place to reduce the risk of reoccurrence.
- Risk and governance meetings were held regularly to discuss issues and look for innovative ways to improve practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received a pre-assessment before moving to live at Richmond Mews. This enabled the registered manager to ensure people's needs could be met in the most effective way.
- Care plans provided staff with information they required in order to meet people's needs in line with best practice guidance and in accordance with people's preferences and wishes.
- Records contained specific guidance to enable staff to support people with health conditions such as epilepsy and diabetes.

Staff support: induction, training, skills and experience

- Staff received an induction programme which included shadowing more experienced members of staff. This meant new staff were able to build relationships with people before working with them independently.
- Staff received a comprehensive training programme that enabled them to support people with often complex needs.
- The registered manager used a training development action plan to identify areas for further training and development. A senior member of staff told us, "We look at needs based training; we put a proposal forward for staff to undertake further learning and it is often agreed."

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

- People received support as necessary to ensure their nutritional needs were met. Where people had specific needs, professional advice was sought and actioned.
- Staff were delegated to be nutrition and hydration champions. This ensured people received and maintained a balanced diet.
- People were encouraged to be as independent as possible. One staff member said, "We devise pictorial menu boards together with people and people like to go shopping to pick their own foods."

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

- Staff used a variety of methods of communication to ensure people received care that was consistent. For example, staff used a communication book to share information between themselves and held a 'news at 10' meeting to relay key information about people that was pertinent to their care needs and support. A staff member said, "We place a big emphasis on team work to provide good care for people."
- People had access to a range of internal and external healthcare professionals. Nursing staff were based on-site to support people with clinical needs. Records evidenced people had been in contact with other professionals such as G.Ps, psychologists and speech and language therapists.

- People had health files in which all their health and medical information was recorded. People had health and hospital passports which were used when people attended external health appointments to ensure they received care that was in line with their needs and preferences.

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

- The building was designed and adapted to meet people's needs. For example, people were able to use adapted equipment to enable them to transfer and mobilise around the home.
- We observed people using a specialised sensory room that had been built to provide relaxation and enjoyment for people.
- People's rooms were decorated with their personal belongings and the communal areas were decorated with pictures of people creating a family feel and a feeling of belonging for people.

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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were encouraged to make decisions about their support and care needs where possible. We observed people being offered choice and staff demonstrated they understood the principles of consent.
- People who lacked the capacity to make decisions were supported in their best interests. Applications to lawfully restrict people of their liberty had been made to the local authority in line with legislation and guidance.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well cared for at Richmond Mews by a staff group who were kind and compassionate. One person said, "Staff are so caring and lovely, they always listen to me." Another person said, "Staff are lovely and friendly, we care for each other like a big family; I am very happy."
- People's relatives shared the same opinion and we received comments that included, "The staff just make it feel so much like a home; I cannot fault them [staff] at all" and "I am so happy with the care [name of person] receives; the staff definitely know them and know what they are doing."
- We observed warm and friendly interactions between people and staff and people spoke to us with fondness about the staff who they referred to as 'friends'. One person said, "They [staff] are my best pals" and another person told us, "The staff are my mates."
- The registered manager had nominated Equality, Diversity and Human Rights champions and was in the process of negotiating meeting dates so that the champions could discuss how they would develop their role for the benefit of people and staff at Richmond Mews. People's protected characteristics such as race and religion were considered as part of their holistic assessment of need.

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

- People were supported to make their wishes, views and feelings known. People were encouraged to participate and contribute to resident meetings that had an agenda devised by themselves about issues important to them.
- Staff were aware of people's preferred communication methods to ensure people were able to express themselves clearly. We saw one member of staff communicating with someone with hand signals and gestures.
- Staff had good relationships with people's representatives and advocates which enabled them to communicate effectively to consider people's care and support needs.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was upheld. One person said, "The nurse always knocks on my door and my curtains are kept closed when I get dressed."
- Staff spoke positively about the importance of respecting people's dignity and privacy. A nurse we spoke with said, "I treat people in a way in which I would expect to be treated." I knock on doors and always ask for people's consent before supporting them. I always speak respectfully to people." Another staff member told us about the introduction of dignity towels which were personalised for each individual and we observed lights outside people's rooms that were illuminated when people were in receipt of personal care to avoid

intrusion.

- People were supported to be as independent as possible. We observed people independently completing tasks for themselves with the supervision of staff where necessary.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised and detailed care plans which documented life histories, likes and dislikes. This enabled staff to support people in a person-centred way.
- People had regular reviews of their care needs to ensure staff were able to provide appropriate and effective care. A staff member said, "We discuss people's needs informally between us on a daily basis so if people's needs change, we are all aware and files are updated to reflect the change in need." A relative we spoke with said, "I am kept up to date with any changes and I am always invited along to reviews as they happen."

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 registered manager was aware of their obligations to meet the AIS. They told us, "We support people as much as possible to enable people to have the information they need. We provide information in different formats such as pictorial."
- One unit had a smart TV with information on a running loop for people to read. The registered manager informed us all units would be provided with the same technology to ensure everyone could access information in this same way.

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's activities were tailored to meet their preferences to make people's experiences more meaningful. For example, one person told us they enjoyed horse racing and they were supported to attend local race meets and place responsible bets. Other people we spoke with shared memorable experiences with us and told us how staff had supported them to achieve their aspirations and goals.
- Information we obtained from people's relatives supported what people had told us. One relative said, "They [staff] always cater so well for [name of person's] activities. They have been away on overnight trips and regularly take [person] out to do activities of their choice."
- People were encouraged to maintain and develop relationships with people that were important to them. Some people we spoke with stayed with relatives at weekends and we saw relatives visiting the home without restriction.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. People and relatives were aware of the processes in place for them to make a complaint and felt able to approach staff within the service to do so.
- The registered manager spoke with us about the complaints policy and where formal complaints had been received, this were dealt with in line with timescales set out within the policy.

End of life care and support

- The service was working towards the Gold Standards Framework (GSF) accreditation. The GSF is a quality improvement programme that optimises good care for people who are reaching and/or are at the end of their lives.
- People had their end of life wishes and needs considered and records we viewed documented people's wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager led by example and created a person-centred culture throughout the home which reflected the provider values. They told us, "We are continually feeding the values out to staff and we have mechanisms in place such as competency frameworks and staff incentives to achieve good quality care to make things better for people."
- People and their relatives told us the registered manager was visible and approachable. One person said, "[Name of registered manager] is the boss, they come to see me and say hello; they are friendly." A relative said, "I know the registered manager and I have always had a good relationship with the manager and the staff and I have always had consistency."

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 was aware of their obligations in meeting the duty of candour. They said, "It is about saying sorry and putting things in place to ensure it does not happen again."

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

- There was a clear staff structure in place and staff we spoke with understood the lines of delegation amongst senior staff. Management teams met on a regular basis and important information was disseminated to staff through forums such as meetings and reports. Each flat compiled a monthly report of key information that was feedback up to managers at provider level. This ensured consistency and quality was sustained at all levels.
- There were systems in place to monitor the effectiveness and safety of the service. Regular audits were completed, and mock inspections took place. We saw evidence of where actions had been implemented as a result of audits and monitoring findings.
- The registered manager understood their registration and regulatory requirements. The previous rating of the service was on display and notifications of key events were sent to us as required by regulation.

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

- People were encouraged to attend 'flat meetings' which were held on a quarterly basis and minutes evidenced where actions had been taken following suggestions and ideas.

- Relatives were asked for their feedback about the service through an annual questionnaire. Relatives we spoke with said, "We are asked but I visit regularly anyway and can always speak to any member of staff. They are all very receptive to making improvements."
- Staff told us they participated in monthly meetings in which they were able to discuss, ideas, changes and practice and development.

Continuous learning and improving care

- The registered manager used best practice initiatives to continually improve their own practice and keep up-to-date with changes in the health and social care sector for the benefit of developing staff and to improve outcomes for people. A staff member said, "I have recently obtained a care qualification, but I could not have done this without the input and support from [name of registered manager]."
- A nurse told us, "We are always looking to improve. As a nursing team, we reflect on our practice and adopt change. We do lots of things really well and we are always looking at ways to develop to ultimately improve care for people."

Working in partnership with others

- External relationships had been established and developed which enabled people at Richmond Mews to be an inclusive part of the community.
- The promotion of partnership and multidisciplinary working meant people at Richmond Mews were able to live full and enriched lives.