New Directions (Rugby) Limited

Richmond Lodge

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

Overall summary

We carried out this inspection on 10 June 2015. The inspection was unannounced.

Richmond Lodge provides accommodation and support for up to 17 people with learning disabilities and there were 13 people in total living at Richmond Lodge at the time of our inspection. The service is made up of two parts, a large shared home and a nearby shared flat for three people who are more independent.

There was a registered manager in post at the service. They had recently returned to work following a period away from the service. The deputy manager had managed the service in their absence. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People told us they felt safe living in the home. Staff demonstrated a good awareness of the importance of keeping people safe. They understood their responsibilities for reporting any concerns regarding potential abuse.

Staff knew how to support people safely. Risks to people's health and welfare were assessed and care plans gave staff instructions on how to minimise identified risks. There were processes in place to ensure people received their prescribed medicines in a safe manner.

There were enough staff on duty to meet people's needs. Staff's suitability to deliver personal care was checked during the recruitment process. Staff received training and support that ensured people's needs were met effectively.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had made DoLS applications when any potential restrictions on a person's liberty had been identified. Two applications were currently being assessed by the local authority. For people who were assessed as not having capacity, records showed that people's families or representatives were involved in decisions regarding their care and treatment.

People were supported to maintain a balanced diet. Staff referred people to other health professionals for advice and support when their health needs changed.

Staff supported people with kindness and compassion, they treated people in a way that respected their dignity and promoted their independence.

People and their relatives were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs, abilities and preferences and care plans were regularly reviewed.

People were encouraged to share their opinions about the quality of the service and we saw improvements were made in response to people's suggestions.

The registered manager maintained an open culture at the home. There was good communication between staff members, and staff were encouraged to share ideas to make improvements to the service.

There were effective processes in place to ensure good standards of care were maintained for people.

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.

People were kept safe because staff understood their responsibilities to protect people from the risk of abuse. Risks to people's individual health and wellbeing were identified and appropriate plans were in place to minimise the identified risks. There were enough staff to meet people's needs. The provider checked staff were suitable to deliver personal care before they started working at the home. There were processes in place to ensure people received their medicines in a safe manner.

Good

Is the service effective?
The service was effective.

Staff had the relevant training, skills and guidance to make sure people's needs were met effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and obtained people's consent before they delivered care and support. People were supported to maintain a well-balanced diet and to maintain their health.

Good

Is the service caring?
The service was caring.

Staff knew people well and understood their likes, dislikes and preferences for how they should be cared for and supported. Staff were kind and compassionate towards people. Staff respected people's privacy and dignity and encouraged them to maintain their independence.

Good

Is the service responsive?
The service was responsive.

People and their relatives were involved in planning how they were cared for and supported. Staff supported and encouraged people to maintain their interests and friendships. People told us they felt any complaints would be listened to and resolved to their satisfaction.

Good

Is the service well-led?
The service was well-led.

People were encouraged to share their opinions about the quality of the service to enable the registered manager to make improvements. Staff told us they felt supported by the registered manager. There was an open culture at the home and good communication between staff and people who used the service. There were effective processes in place to ensure good standards of care were maintained for people.

Good

Richmond Lodge

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.

We carried out this inspection on 10 June 2015. The inspection was unannounced and was undertaken by one 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.

The deputy manager completed a Provider Information Return (PIR) on behalf of the registered manager, who had recently returned to work. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We reviewed the information we held about the service. We looked at information received from local authority commissioners and statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with the registered manager, the deputy manager, the provider's office manager, the maintenance person, a team leader, a senior care assistant and a support worker. We spoke with five people who lived at the home. We observed how people were supported to maintain their independence and preferred lifestyle.

We looked at four people's care plans and checked the records of how they were cared for and supported. We checked three staff files to see how staff were recruited, trained and supported to deliver care appropriate to each person's needs. We reviewed management records of the checks staff made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us if they did not feel safe they, "Would speak to the manager." We saw people were relaxed with staff and approached them with confidence, which showed they trusted the staff. We found there were policies and procedures in place to keep people safe. The deputy manager told us any incident forms came straight to them or the registered manager to assess and take action where required.

People were protected from the risk of abuse because staff knew what to do if concerns were raised. A member of staff told us, "If there was a concern I would raise it with my manager and write an incident form." They told us they would record any incidents and explained how they may refer matters to the Local Authority in some circumstances, to protect people's safety. Records showed incidents were recorded and actions were taken to protect people and keep them safe.

Specific risks to people's health and welfare had been identified and assessed. Records showed risks to each person were assessed. For each identified risk there was a care plan giving staff instructions on how to support the person safely. The registered manager told us, "If something comes up it is dealt with straight away by whoever's on shift." They said, "Staff are very proactive." Staff knew about each person's risks and need for support. Staff told us about one person whose needs had recently changed and how they were monitoring the person to keep them safe. One member of staff told us, "We are currently monitoring [name] because their needs are changing. They are being checked and monitored for their risk of falling. We support [name] now to go out because they like to get out and socialise." Records showed people's care plans were updated where risks had been identified.

Staff told us the levels of staffing were good. One member of staff told us, "We have enough staff, we are a good crew." Staffing levels were monitored to ensure there were sufficient staff to meet people's needs safely. The deputy manager told us they had calculated a 'safe' level of staff for the service and the number of care staff changed depending on people's dependency levels in the service. They told us the shared flat had a separate staff rota which, "Varied according to people's needs." We saw there were enough staff to support everyone with their needs.

Records showed staff were recruited safely, which minimised risks to people's safety and welfare. The provider checked that staff were suitable to support people and ensured they could work independently before they began working alone with people at the home. We saw, and staff told us, checks were made with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

The provider had completed risk assessments of the premises and equipment and had identified actions required to minimise risks, such as arranging regular legionella water testing. Records showed the provider undertook checks of the water, gas and electricity and identified when action was needed to minimise risk to people who lived at the service.

There was an effective system in place to ensure people received the medicines they needed safely. One person told us they had recently had an increase in medicines due to a health issue and they trusted staff to administer their medicines. Staff who administered medicines told us they had received training to allow them to do this safely. The registered manager told us, "All staff are trained to administer medicines and they have all had refresher training." We saw all medicines were kept safely in locked cabinets. Staff kept a record of how much medicine was stored. We saw when medicine was administered people were given a drink, staff ensured medicines had been taken and people were not rushed. Some people were prescribed medicines to be given on an 'as required' basis, such as medicine for pain relief. We saw protocols were in place to explain how and when these medicines should be administered, so they were administered safely and consistently by staff. The medicine administration records we looked at were signed and up to date.

Good

Is the service effective?

Our findings

People we spoke with told us they were happy with the care provided by staff. One person told us, "Everyone here is brilliant. People are so helpful, I have so many friends." We saw staff knew people well and provided effective support according to people's needs. For example, we saw how staff supported people to prepare their meals according to their own preferences. Staff knew people's favourite foods and the level of support they needed to prepare meals.

Staff told us they had an induction which included training, observing experienced staff and completion of a workbook. One member of staff told us it was a, "Very good induction" and they felt confident they could meet people's needs. Staff records showed competencies were checked at one-to-one supervision meetings during their inductions. The registered manager told us the deputy manager observed staff's practice during their induction.

Staff told us they were supported by senior staff in regular staff supervision meetings, to obtain training that enabled them to meet people's needs effectively. One staff member told us, "I am asked in supervision if there's any training I'd like." Staff said they were supported to do training linked to people's needs, such as managing epilepsy. Staff told us they felt well supported by the provider to study for care qualifications. One member of staff told us, "I can ask for specific training. I asked to do a qualification in team leading and got it." The provider planned training events in advance to support care staff's development.

Staff told us and we observed that the handover of information between shifts was clear and effective. We found staff shared information about people's needs to ensure they received good care. All staff said they had access to people's care plans and updated them at each shift. They told us they would highlight any issues to senior staff and people's care plans and risk assessments would be updated if required.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out requirements that ensure decisions are made in people's best interests when they were unable to do this for themselves. The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. The registered manager demonstrated they understood their responsibility to comply with the requirements of the Act. They told us they had received recent training in MCA. In the care plans we looked at, assessments had been made to check people were not being deprived of their liberty and any restrictions were the least restrictive option to keep them safe. The registered manager had made DoLS applications where any potential restrictions on a person's liberty had been identified. These applications were currently being assessed by the local authority. People who had been assessed as not having capacity, had decisions made in their best interests. We saw some people's families or representatives were involved in decisions regarding their care and treatment. More serious decisions involved other people where relevant, such as health professionals and the reasons were clearly recorded in people's care plans.

Staff understood the requirements of the MCA. One member of staff told us, "It's about understanding peoples capacity to make choices." They told us how decisions were made in people's best interests where required. We saw staff asked people how they wanted to be cared for and supported before they acted. For example, we observed a staff member asked someone if they wanted to take part in some exercise and if they would like to do it before or after their meal.

People told us they made their own decisions and staff respected the decisions they made. One person told us, "Staff encourage me to do things." Staff told us they supported people to make choices. One member of staff said, "They get a choice in everything they want. [Name] is always telling me 'I'm independent, I make my own choices'.

Staff asked people how they wanted to be cared for and supported before they acted. One member of staff explained how they obtained people's consent they told us, "We always explain what we're doing for example using the hoist. People do refuse things so we tell them why it's important."

People told us the food was good and they had a choice of meals. Two people told us, "It's very nice food" and "We get a menu. We tell them what we want." There was a weekly menu with choices for each day. One member of staff told us they spoke to people on a weekly basis about the menu

Good

Is the service effective?

and “Tried to promote healthy eating options.” Meal times were not fixed and were changed to suit the needs of people in the service. For example one person felt ill so they chose to have their meal later than other people.

We observed the lunchtime and evening meal and saw people were offered a choice of meals that suited their preferences. Staff made alternative meals for people if they did not want what was on the menu. Food looked appetising and staff knew about people’s dietary requirements. For example staff knew which people needed to be encouraged to eat and drink. We saw people were given the support they needed by staff to eat their meals. One member of staff told us, “Lunch time depends on residents.”

People’s food preferences and any allergies were recorded in their care plans and people were supported to maintain a diet that met their needs. For example one person ate a soft diet which was provided at each meal time. People were assessed for nutritional risk and this was reviewed on a monthly basis. People were weighed regularly. We saw if people’s weight changed significantly, they were monitored by increasing the frequency of weighing and, if necessary a referral was made to the GP. Where appropriate people had been prescribed supplements to improve their calorie intake. Staff told us how they had recently monitored one person because they had lost weight due to illness. Staff had monitored their food and fluid intake and encouraged them with additional snacks and drinks. One member of staff told us, “They get weighed more regularly and we encourage them to eat.” This had been successful and the person’s weight had returned to normal and no longer needed to be monitored.

People told us they were supported by staff to maintain their health. One person told us, “They look after you when you are poorly and take you to the doctors.” Staff were knowledgeable about people’s individual needs, which minimised risks to people’s health. For example, staff told us how one person’s mental health needs had changed and how they needed more support from staff. Staff told us and records showed referrals were made to health professionals to obtain guidance and additional support for the person. Staff monitored people’s health needs and referred them to other health professionals, such as speech and language therapists and physiotherapists, when needed. Any changes to people’s needs and advice given by health professionals were updated in care plans, so staff had access to up to date information.

Good

Is the service caring?

Our findings

People told us they were happy living at the home. Two people told us, "I like living here, it's lovely" and "I like living here because I get loads of help." We saw good communication between people and staff and the interaction created a warm and friendly environment. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. For example we saw staff crouching down when people were sitting, to hold a conversation with them on the same level. We saw people knew each other well and enjoyed each other's company.

Staff told us they liked working at Richmond Lodge because of the people who lived there. Staff were compassionate and supported people according to their individual needs. For example one person felt ill and staff supported them by asking how they felt. Staff listened to the person and asked if they needed any pain relief to make them more comfortable.

Two people told us, "They encourage you to do things for yourself" and "They help you to make your bed, wash hair, and help make a hair appointment." Another person told us how staff supported them to make decisions. They told us staff helped them to have a big night out with their friend and how they were supported to book show tickets and a train journey. Staff knew people well and understood how to support people to promote their independence. For example one person was making their own lunch with support from a member of staff.

The registered manager told us and records showed that people contributed to their care plans. People who lived at the home were supported to express their views about the care they received and were invited to meetings. People had given their opinions on the care they received in a customer survey completed in March 2014. Records showed that changes were made following suggestions made by people. For example during a meeting one person had requested more summer foods and cold meats. Changes had been made to the menu and cold meats were served at a meal during our inspection.

Staff understood the importance of treating people with dignity and respect. For example we heard staff speak with people quietly and discreetly when they asked for support with personal care. One member of staff told us, "We always talk to people and explain what we're doing."

Good

Is the service responsive?

Our findings

People told us they were happy with their care and support and that staff encouraged them to be independent. They said they spent their time in the way they preferred. One person told us, "If I run out of milk or bread, I go out and get it." They told us having their independence made them, "Feel nice". People told us about things they enjoyed doing, such as playing bingo, going to work, swimming and attending church groups. People's interests had been recorded in their care plans. Staff supported people to work towards goals in connection with their interests. For example, one person was being supported to enjoy the outdoor area and improvements were being made to the garden to encourage the person in their interests.

People told us they were supported to maintain important relationships with family and friends. The deputy manager told us there was an open door policy and "Relatives could turn up at any time." They told us they involved relatives with the service. Records showed compliments made by relatives about the service.

People's likes, dislikes and preferences for care were clearly defined in their care plans. People and their relatives had shared information about their personal history in a document called, 'About Me'. Staff told us how important it was to read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred. One member of staff told us," I read people's care plans because people like things done in different ways."

Records showed people were asked about their beliefs and cultural backgrounds as part of their care planning. People were encouraged to maintain their religious beliefs and were supported to attend church groups and religious services.

There was good communication between staff which allowed them to share information about people's needs, to ensure they received good care. Staff told us that the handover of information between shifts was clear and effective. One member of staff told us, "Handover is for sharing concerns. The system works. We always share important things with each other." The team leader emailed other senior staff members to share a summary of information after each shift. The team leader told us, "It works; everyone knows what's going on." Staff told us they would highlight any issues to senior staff and updated people's care plans and risk assessments where required.

We saw people received personalised care that was responsive to their needs. Everyone who used the service had a named key worker. A member of staff told us, "It is the key workers responsibility to check people's appointments are made and kept. They write care plans and do monthly checks." The registered manager told us people's care plans were reviewed each year. The review involved the person and other relevant people where appropriate, such as relatives and the local authority. They told us keyworkers explained to people about their care plans, so they could understand how their care was provided. Records showed people and their relatives had been involved in the planning of their care. The registered manager told us, "Families are part of the reviewing process." They told us people without family could invite someone else to the review where appropriate, such as a friend or a representative.

Care plans were updated to minimise identified risks to people, such as their mobility, nutrition or night time care, and plans were updated when their needs changed. For example, staff told us about one person who's health needs had recently changed and they required increased support and special equipment to move about following a period in hospital. The person's care plan had been updated to reflect the change in their needs. The risks to the person had been reassessed and there were detailed instructions for staff to follow about how to minimise any future risks relating to their health needs. The support staff gave the person reflected the new instructions in their care plan. Staff told us they had supported the person while in hospital and when they returned to the home there had been a detailed handover for all staff to show them how to use the new equipment.

People told us they would raise any complaints or concerns with their key workers or with the managers. The provider's complaints policy was easy to read, because it had pictures to help people's understanding and it was accessible to people in a communal area. This showed people were encouraged to share their opinions and experiences. Staff told us how they would support people to make a complaint if they wished. One member of staff told us, ""I would talk to the person in a quiet area and write

Good

Is the service responsive?

everything down and copy it to my manager, depending on what the issue was and who was involved." Records showed that complaints had been responded to in accordance with the provider's policy and to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

All the people we spoke with were satisfied with the quality of the service. Two people told us, “Everybody here is brilliant” and it was a, “Happy home.” People told us the relationship between them and the staff was good and they felt listened to. We saw records of compliments made by visiting health professionals and relatives, about their good experiences of the service.

People were positive about the leadership within the home. One person told us the managers were always around and would make themselves available if needed. We saw the registered manager and the deputy manager were visible and accessible to people in the home and people knew them by name. The registered manager told us, “I like to go and talk to people.” Staff told us the registered manager and the deputy manager were approachable and they could take any issues to them. Two members of staff told us, “There is an open culture with team work” and “I always feel confident in the management team.” The registered manager told us the staff were, “A good team.”

Staff understood their roles and responsibilities and felt supported by the registered manager and the deputy manager. Staff told us they enjoyed working at the home. We saw there were regular staff meetings, daily written handovers and staff were provided with regular supervision meetings. One member of staff who supervised other staff told us supervision was, “A good opportunity to give positive feedback to people.” Staff told us they felt they could speak openly and raise any issues. One member of staff said, “I can say if I have concerns or ideas. They’ll always be looked into. I feel listened to.”

Staff told us they had regular staff meetings and these were useful. Staff confirmed there was good communication between staff members and they were motivated to improve the service. The deputy manager told us, “We talk as a team in staff meetings about what we’ve learnt from things and what we’ve done well. We are constantly talking about improvements.” They gave an example of staff putting forward different views on managing one person’s change in needs. Records showed that staff discussed a variety of issues at meetings where they received training and support. For example staff had recently discussed the requirements of the MCA and how to make referrals to health professionals. Staff were given positive feedback and thanked by managers for work they had done. The deputy manager told us staff were valued by the service and how they encouraged staff to be involved in making improvements to the service. They told us, “We have star of the month and a staff newsletter. There are cards and chocolates for staff to say thank you.”

Records showed people were encouraged to provide feedback about the service through questionnaires and regular meetings. We saw the most recent questionnaires had been sent to people in 2014, asking for their opinions of the service. The deputy manager explained that responses were analysed by the provider. They told us if any issues were identified, they would take steps to make required improvements to the service. No issues had been reported in the latest survey. The provider published a summary of the survey responses in their magazine, ‘On the record’. The magazine was available to everyone and demonstrated that the provider took people’s views seriously.

The manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority. The registered manager was aware of the achievements and the challenges which faced the service. They explained how they worked closely with the local authority and health professionals to provide effective care in response to changes in people’s needs. They told us they were, “Proud of staff, they have a lot of knowledge and are committed.”

Staff told us they had been supported to develop within the service. For example when the registered manager was away from the service, the deputy manager had been supported by the provider to fulfil the responsibilities of the registered manager in their absence. Staff within the service had been supported to do additional tasks to support the deputy manager. Staff told us they valued the opportunity to learn new skills and develop their roles.

There was a system in place to monitor the quality of service. This included monthly checks made by the deputy manager of the quality of people’s care plans and financial records. The registered manager told us, “The deputy manager spot checks care plans each month and writes an audit sheet. These are emailed to the staff member to make changes and to their supervisor to include in discussion in their supervision through the year. We try to

Good

Is the service well-led?

be positive, we recognise when people are doing a good job." We saw the audit process was effective and actions had been taken to make improvements and people's care plans had been updated by people's keyworkers.

Additional monthly checks were carried out by a manager of another of the provider's services. They looked at areas such as quality of care plans, medication and household issues. The provider organised further checks to be made by an external auditing company who looked at the service records and made recommendations for improvement. We saw action plans were shared with the provider, who checked actions were completed in a timely way. This meant the quality assurance system, which helped to improve care for people, was strengthened by independent checks.

The deputy manager told us there were many opportunities for senior staff in the provider's group to meet, share ideas and reflect on their practice. We saw evidence of meetings which involved different levels of staff. Some meetings included team leaders and some included the provider's board members. The deputy manager told us, "We discuss changes we feel maybe needed." Records showed senior staff communicated in an open way and acted to make improvements to the service. For example an agenda item of the managers meeting had been changed to ensure all current risks to the delivery of the service were reviewed. The provider had attained a silver award from the international investors in people accreditation scheme, for their staff management achievements. This showed the provider encouraged innovation amongst staff, which helped to improve standards of care for people.

We saw people's confidential records were kept securely in the care office. Staff could access records when required and share them with people who stayed at the home. Staff updated people's records every day to make sure that all staff knew when people's needs had changed. The provider's policies were easily accessible to staff.