Richmond Court Nursing Home Limited

Richmond Court Nursing Home

Inspection report

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West Bromwich
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Tel: 01215005448

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Our inspection was unannounced. It was undertaken on 06 March 2017 by one inspector.

At our previous inspection of 02 and 03 of December 2014 we found that although staff demonstrated that they had knowledge of safeguarding and mental capacity processes, records failed to show that mental capacity assessments where appropriate, were in place. At this, our most recent inspection, we found that improvements had been made.

Richmond Court Nursing Home is registered to provide nursing and personal care for a maximum of 42 people. On the day of our inspection 37 people lived at the home. People had needs that related to old age, physical disability and/or dementia.

A manager was registered with us. 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.

The provider had policies in place and had received training on procedures they should follow to ensure that any risk of harm and/or abuse was prevented. Risk assessments had been undertaken to maintain the safety of the people who used the service. The staff had been trained to manage medicines safely. Medicines were given to people as they had been prescribed. Staffing levels were to be reviewed by the provider to ensure that people's needs could be met and that they would be safe.

The staff had received the training they required to give them the knowledge they needed to support the people in their care. The providers understood that people must receive care in line with their best interests and would not unlawfully restrict any person. People were encouraged to make decisions about their care. If they were unable to, their relatives were involved in how their care was planned and delivered. In the main staff were available to support people with their nutritional and hydration needs. The general mealtime experience was to be re-considered by the provider

People and their relatives told us that staff were kind and caring. People's privacy, dignity and independence was promoted and maintained.

Activity provision did not cater for people's individual needs. Complaints systems were in place for people and their relatives to raise their concerns or complaints if they had the need to. People's needs were known by staff and were reviewed regularly.

The provider had a management structure that staff understood. Staff were guided and worked as a team to meet people's needs. Methods to audit the service in terms of quality and safety were used.

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.

The provider was to reassess staffing levels and the deployment of staff to ensure that people's needs were consistently met and that they would be safe.

Medicines were given to people as they had been prescribed.

Checks had been undertaken to ensure that that staff were suitable and safe to deliver care and support.

Systems were in place to protect people from the risk of abuse.

Is the service effective?

Good

Staff had the knowledge they needed to meets people's needs appropriately.

People were encouraged to eat and drink to prevent ill health.

People had access to a range of healthcare services.

Is the service caring?

Good

The service was caring.

People felt that they were supported by kind and caring staff.

People's dignity, privacy and independence were promoted and maintained.

The atmosphere was happy and friendly.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Activity provision had not fully considered people's individual needs and preferences.

Relatives felt that the service provided met their family member's

needs.

A complaints system was in place if people or their relatives had the need to raise a concern.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post as is required by law.

There was a leadership structure in place that relatives understood.

Staff were well-led and worked to meet people's needs through team work.

Richmond Court Nursing Home

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 6 March 2017 and was unannounced. The inspection team consisted of 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service. This included notifications sent to us by the provider. Notifications are forms that the provider is required to send to us to inform us of incidents that occur at the home. We also requested information from the local authority for this home. We used this information to inform our inspection planning.

We spoke with eight people who lived at the home, three relatives, four members of care staff, the cook, the activities coordinator, the registered manager, a senior manager and a healthcare professional. The registered manager was unavailable for most of the day so the senior manager was more involved in the inspection process. As some people were unable to tell us their views of the service, we used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care files for three people, three people's medicine records, medicine management systems, three staff files, complaints processes, meal time experiences and an activity session. We also looked at provider feedback forms that people and their relatives had completed that gave their views on

the service provided.

Good

Is the service safe?

Our findings

People told us, "There are enough staff. There are staff around all of the time", "Staff are here to look after us". A relative told us, "I think that there should be more staff. Sometimes there are not staff available to supervise people who may be unsteady". Staff we spoke with all told us that there were enough staff. A staff member said, "Generally there are enough staff. We [staff] have time to do what is needed". We observed that staff were available in the dining rooms to assist people to eat and to supervise the larger lounge area. Where people needed to be hoisted to move them we saw that two staff were available to undertake the task to ensure safety. At times however, in the small lounge although staff went in and out there were short times when there were no staff allocated in that lounge. At those times we did not see that any person was placed at any risk of harm. The senior manager told us that they would review staff deployment. A person said, "I know all of the staff". The registered manager told us about their contingency plans to cover staff leave. They told us that staff covered each other's sick leave and holiday leave. A staff member said, "It is important that people know all the staff who look after them".

People shared with us, "No rough treatment. The staff are kind", "They the staff are very caring. There is no shouting" and, "There is nothing that I am afraid of". A staff member told us, "No staff here would tolerate abuse of any kind". Staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. The provider had written guidance for staff to follow. We had been made aware that one Person had got out of the home without the staff 's knowledge and was found walking outside. The senior manager told us that, "It was a very windy day and it might have been that the front door had not closed properly". The senior manager had undertaken a full investigation. They told us, and provided documentary evidence to confirm, that they had made the local authority safeguarding team aware of the incident and had taken action to prevent a further incident occurring. The action included displaying a notice to remind all staff and visitors to the home to ensure that the door was properly closed. The senior manager and staff we spoke with all told us that any other incidents of concern had been reported to the local authority safeguarding team, as they are required, to help protect people from abuse. We checked two people's money held in safekeeping and found that it was correct. We found that records were kept of money coming in and any spent. Two staff signed each transaction and audits were undertaken to ensure that the money was safely managed to prevent any financial abuse.

People and their relatives told us that staff ensured people's safety. A person said, "I really feel safe here." Another person said, "I am safe. The staff helps me when I have to walk so that I don't fall". A health care professional said, "I do not know of any concerns about people's safety". Staff told us that they had received health and safety and moving and handling training. The registered manager had been open and transparent about the number of falls and had informed the local authority particularly when required. We looked at records and did not detect any real patterns or trends to determine reasons for the falls. The registered manager gave us an account of how they monitored incidents, falls and accidents and action they and the provider had taken to reduce the falls. This included the use of low beds and had referred people to occupational therapy for assessment and where required the provision of walking aids. We heard that staff encouraged people to use their walking aids and encouraged people to walk, "Shall I help you. There is no

need to rush. Go slowly and carefully". We saw that risk assessments had been undertaken regarding people's skin and potential sores. We observed that people who had been assessed as being at risk of developing sore skin had special mattresses and cushions to prevent this. The completed Provider Information Return [PIR] stated, "All equipment is serviced and maintained by the internal and external professionals to make sure they're safe to use". The registered manager told us that the equipment for example hoists, were serviced regularly by an engineer. Records that we looked at confirmed this. We found that equipment for fire detection and prevention was available and serviced by an engineer to ensure it worked properly. Staff told us and records highlighted that fire drills were carried out to promote staff knowledge on what they should do if a fire broke out. This demonstrated that the provider and staff had taken action to promote safety.

A staff member shared with us, "I could not start work until I had clearance". As with our previous inspection we found that safe recruitment systems were in place. We checked three staff recruitment records and saw that adequate pre-employment checks were carried out. These included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. This gave assurance that only suitable staff were employed to work in the home which decreased the risk of harm to the people who lived there. We also saw that checks for nursing staff were undertaken with the Nursing and Midwifery Council (NMC), which confirmed that the nurses were eligible and safe to practice.

People shared with us, "I am happy that they [the staff] give me my tablets. I would probably forget" and, "I have my tablets as I should and on time". Care plans that we looked at highlighted how people liked to take their medicines. We heard the nurse ask people if they would like to take their tablets in their hand or from a medicine tot. We saw that the nurse sat with each person and told them what their medicines were for and that people took their medicines willingly. This showed that people were supported to take their medicines in the way that they preferred and as they were prescribed.

It was the registered nurses who administered people's medicines. The senior manager told us that the nurses had received medicine training certificates and training records that we looked at confirmed this. We observed that the nurse ensured the medicine trolley was locked when they moved away from it. We checked three people's Medicine Administration Records [MAR] and found that these had been completed correctly. We saw that where people were prescribed a variable dose for example, one tablet or two the staff had indicated how many tablets they had given to people. We heard the nurse asking people if they needed pain relieving medicine [these had been prescribed on an 'as required' basis] and gave these to people who required it. This showed safe medicine practice. However, we noted that not all people had a protocol for medicines that had been prescribed on an 'as needed' basis. This meant that the nurses did not have full instruction of when this type of medicines should be given. By the end of the day the senior manager had started to address this issue.

Good

Is the service effective?

Our findings

At our previous inspection we found that improvement was needed as although staff demonstrated that they had knowledge of Mental Capacity Act 2005 (MCA) processes records failed to show that mental capacity assessments where appropriate, were in place. At this, our most recent inspection, we found that improvement had been made. We saw that mental capacity assessments had been undertaken where required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that they had applied for a number of DoLS approvals and that these had been approved. They showed us documentary evidence to confirm this. Some were still awaiting assessment by the local authority and others had been approved. We found that the staff were working within the principles of the MCA. Records highlighted that staff had received MCA and DoLS training. Staff we spoke with were aware of MCA and DoLS and knew the reason for the current DoLS approvals and that people should not be restricted for reasons other than those that had been approved.

A person shared with us, "The staff ask me before they do anything". Another person told us, "They [the staff] ask my permission before they look after me". Other people also told us that staff asked their permission before they provided care and support. The Provider Information Return [PIR] stated, "Consent is sought by staff members prior to any intervention or activity with people". We heard staff asking people in a quiet, discreet, way if they would like to move from the dining table to an easy more comfortable chair or if they would like to use the toilet. We saw that staff waited for people's to give their verbal agreement or implied consent by gesture or action. For example, we saw people opening their mouth willingly to take their tablets and moving in their chair to stand up. This demonstrated that staff sought people's consent before they provided support.

A person asked us to chat with them. They shared with us, "I have got to tell you. The food is lovely. I really enjoy it". Another person said, "The meals are good and we can choose what we want. I am getting fat". One staff member said to a person, "You need to drink plenty to stop you getting infections". A person shared with us, "We [people] have loads of drinks all of the time". We saw that a range of hot and cold drinks were offered throughout the day and we heard staff encouraging people to drink. Staff we asked knew that it was important that people had adequate diet and fluids to prevent dehydration and malnutrition.

The cook was able to give us a good account of people's dietary needs, likes and dislikes. They told us how they added calories to people's food for example extra butter to potatoes to aid weight gain and how they used a sugar alternative to cakes and puddings for people who had diabetes. Records that we looked at

highlighted that people were weighed regularly to monitor their nutritional state. We found that where there were concerns about weight loss or difficulty in swallowing referrals were made to health care professionals for assessment and guidance.

We observed the main mealtime experience and found that the dinning experience was calm. However, we saw that the tables lacked table cloths or mats and condiments were not available for people to take if they wished. Although people had been offered meal choices staff told us that this process was undertaken the day before for the next day's main meal. In the interim people could forget what meals were on offer, or had changed their mind, about what meal they wanted. There was no pictorial menu available to remind people what meals were to be offered. We saw that people were not shown the two meals on offer to make an informed choice. One person told us that they sometimes did not like the meal on offer and had a sandwich instead. We spoke with the senior manager about our observations. They told us that they would review meals and meal times. We saw that staff were available to assist people to eat and drink. We saw that staff sat by people and supported them in an unhurried way, gently encouraging people to eat and drink.

A staff member told us, "I had induction training, I looked at records, and I was introduced to the people here and worked with experienced staff. It was good". Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. The senior manager told us that the new staff had commenced on the Care Certificate. They said, "We ask staff to go to our training room at our other home to start this where they are supported". A staff member confirmed this. The Care Certificate is a set of nationally recognised induction standards for staff to work through to promote compassionate and safe care.

A person shared with us, "The staff know how to look after me". Another person told us, "The staff are trained". A relative said, "The staff are always professional staff have to try and think for them they really try". Another relative told us, "They [the staff] know what they are doing". Staff told us that they received supervisions to discuss any training they needed and their personal development. A staff member told us, "I have had the training I need. I know how to do my job". Care staff training records that we looked at confirmed that staff had received mandatory and some specialist training for their role for example, dementia training.

A person shared with us, "I see a doctor when I need to". Another person said, "I have seen the dentist and optician". A relative said, "The staff will let me know if there are any changes or if the doctor is called out". During the day we saw that a doctor had been called for one person. A health care professional told us, "I have no worries about this place. They [staff] get professionals in when they are required". Other people told us that a range of health and social care services were made available to them these included, chiropody, eye tests and specialist health care staff. People told us that they had been offered the influenza injection to protect them from being ill with this infection. We saw from the rota that a nurse was on duty twenty four hours to meet people's nursing needs. This showed that action had been taken to meet people's healthcare needs.

Good

Is the service caring?

Our findings

People shared with us, "The staff are lovely", "They are very kind", and, "The staff have a laugh and a joke with me. I like that it makes me happy". A relative told us, "The staff are caring and will interact with relatives". A health care professional told us, "The staff here are all lovely. They have a nice way with the people". We saw that staff spoke with people in a caring way. We heard staff asking people how they were, about their family and showing an interest in them people answered and were smiling. The completed Provider Information Return [PIR] stated "The staff treat people with kindness". We found that there was a positive atmosphere within the home with people chatting to each other in a friendly way. The provider feedback forms that we viewed highlighted that people and their relatives felt that the staff were, "Caring and supportive".

A person shared with us, "I am able to tell the staff how I want to be looked after and they do what I ask. I like to get up very early. I have done so from when I was a child. The staff help me to get up early. I have signed my records". A second person said, "I am asked and can make choices. I am happy with the way things are". Another person told us, "The staff are marvellous I choose what I want". A relative said, "The staff are very good. I don't know how they know what she [person's name] likes but they do".

People told us, "I get my own clothes out to wear every day", "Sometimes I get my clothes ready the night before for the next day. It depends how I feel. I always wear the clothes I want to though" and "I have my hair done here. The hairdresser comes every week". A relative said, "They [person's name] have clean clothes on everyday". We saw that people wore clothing that was suitable for the weather. We saw that some people wore jewellery and accessories to reflect their individuality. We heard staff telling people that they looked nice to promote people's self-esteem. People looked pleased and smiled.

The PIR highlighted, "The home ensures all people are treated with dignity, respect". A person said, "I think that the staff are polite. They [staff] always tap my door before coming in". We saw staff knocking on bedroom and toilet doors before entering. People told us that their dignity was promoted when they received personal care. Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. A staff member told us, "We [the staff] cover people up when supporting them with their personal care. We stand outside the door when people use the toilet to give them privacy". A person shared with us, "I like being called [their preferred name] and that is what the staff call me". We heard staff referring to the person as they had wished. Records highlighted that staff asked people their preferred names and this had been recorded on their care files.

A person shared with us, "I try to do what I can. Look I push myself in the wheelchair". Another person confirmed, "I do some things myself. I like to do that". Staff told us that they encouraged people to promote and retain their independence skills. We observed staff encouraging people to walk rather than using wheelchairs to retain their mobility independence. We heard staff encouraging people to eat and drink independently.

The completed PIR return stated "The home encourages friends and family of our residents to visit them

regularly". A person said, "I like to see my family and they come to see me every week". Another person told us, "My daughter comes to see me. I like that. We have a chat in my bedroom". A relative said, "I visit often. The staff always make me feel welcome". We saw staff engage in friendly banter with visitors. Staff confirmed that people could receive their visitors in the lounge or in their bedrooms for privacy.

The senior manager told us that people would be supported to access advocacy services if they required and had been secured several times in the past. We saw information displayed about advocacy services to allow people and their relatives to make contact if they wished. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes to ensure that they live their life in their preferred way.

Requires Improvement

Is the service responsive?

Our findings

We were given mixed views about activity provision from people. Some people said, "I don't really want to do anything. I like doing my own thing", and "I enjoy the singing". Other people told us that they would like some fresh air and to be taken out and that they did not like the activities offered. The provider employed a part time activities coordinator. The activity coordinator told us, "There is no set programme. I ask people daily what they would like to do". During the day we saw a staff member take a person into the garden for a cigarette. The staff member stayed with the person and we saw them chatting. We saw four people having a game of dominoes. They were chatting to each other and smiling that showed that they enjoyed the experience. One care staff started a music session. People had different small musical instruments to use that included bells and tambourines. The staff member got a number of people engaged and said, "Come on even if you cannot stand you can clap and tap your feet". Again we saw the people who engaged in the session laughing and smiling. A person said, "This is so much fun". However, the people who engaged in the two activity sessions were only a small number out of the total who lived there. Other people were not offered alternative activities and remained sitting in their chairs. We did not see that activities such as rummage boxes or tactile sessions were carried out to engage people who experienced dementia. Our observations showed that although activities were available they had not been tailored to people's individual needs. The senior manager told us that they would explore this further.

A person told us, "I am not interested in church". Another person we spoke with told us that they liked the church services. The senior manager told us that people had the input from a local church on a regular basis. They told us and showed us documents to confirm that they had recently secured the input for a person who requires specific religious input.

A person shared with us, "I am asked questions about what I like and my health". Records that we saw highlighted that an assessment of need was carried out with the person and/or their relative before a decision was made about the person moving into the home. This would determine people's needs, personal preferences and any risks could be met by the provider.

A person said, "The staff know what I like". A relative told us, "The staff seem to know [person's name] very well". Staff gave us an account of people's individual support needs. They knew of people's routine and other preferences. A person said, "I do planning with staff Another relative told us, "I am always kept up to date about everything". Other people and relatives also told us that they were consulted about their care.

We saw provider feedback forms that had been completed by people who lived at the home, relatives and some healthcare professionals. The feedback from these was positive and confirmed good care and satisfaction. We saw that the overall feedback forms had been analysed and put on display for people and their relatives to see.

A person shared with us, "I would tell the staff if I was not satisfied with something". Another person said, "I tell the staff if I am not happy about anything and they sort things for me". Provider feedback forms that we looked at that had been completed by people and their relatives confirmed that they knew how to complain

if they had a need to. We saw that a complaints procedure was available for people to access. Records we looked at showed that when complaints had been made they had been dealt with appropriately and outcome/ action taken had been feedback to the complainant.

Good

Is the service well-led?

Our findings

People we spoke with generally felt that the service was good and well-led. A person shared with us, "This place works well". Another person said, "I think the home is run well". A relative told us, "They [the registered manager and staff] keep me up to date". Provider feedback forms completed by people and their relatives showed that they felt that the service provided was good . Staff we spoke with also told us that in their view the service was good.

We asked the Provider to complete a 'Provider Information Return' [PIR]. The PIR is a form that requests a range of data and gives the provider the opportunity to tell us how they meet regulations, what they do well and improvements that they intend to make. The PIR was completed and returned to us within the timescale we gave. The PIR generally reflected our inspection observations.

The PIR stated, "The Home aims to be open, honest and transparent by notifying all relevant parties of any incidents or occurrences such as the Care Quality Commission via statutory notifications". Providers are required legally to inform us of incidents that affect a person's care and welfare. The provider had notified us of the events they were required to. It is also a legal requirement that our current inspection report and rating is made available. We saw that there was a link on the provider's web site to our last report and rating and the report was on display within the premises. This showed that the provider was meeting those legal requirements.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. For example, when one person went out of the home they had reported this to the person's family, had a meeting with the family and said sorry. The provider was open and honest in their approach to our inspection and co-operated with us throughout the day.

A staff member shared with us, "Audits and checks are carried out". The senior manager told us that they had undertaken frequent medicine; care plan and complaints audits. Records were available to confirm this. As a result of audits the provider had determined that some redecoration was required and was in the process of completing that.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by a senior manager and a team of nurses. A person told us, "The manager is a nice lady". A relative said, "The manager fills me in on everything". We saw the registered manager in the lounges and dining rooms. We saw that people smiled and engaged with the registered manager which showed that they were familiar with her.

People told us that the staff team were well-led and did their work as they should. A person said, "They are good staff". A relative told us, "They treat her [person's name] well. Lovely people [the staff] I have never had any trouble". Another relative said, "I feel reassured leaving mom here she always looks well". We observed

that the staff worked well as a team. We heard staff asking their colleagues "For a hand" when it was required and their colleagues responded happily. We heard staff speaking with each other to determine what supported needed to be given. They agreed a plan and gave the support required. We heard staff engage with each other in a friendly polite way.

A staff member told us, "We [the] staff are supported by the managers and nurses. If there is something we need to know there is someone here at all times to guide us". Another staff member told us, "I have worked here for a long time. I am happy working here". We looked at a selection of staff meeting minutes and found that the meetings were held regularly. Staff also told us that they were clear about what was expected from them.

A person shared with us, "We [the people] have meetings. The staff asks us things and we [the people] can say what we think". We saw records to confirm that meetings were held for the people for them to discuss issues and make requests. The way meetings were managed was that staff asked people their views on for example, meals, menus, activities and if they wanted anything changing. The minutes that we looked at did not highlight that people had requested that anything was changed.

A staff member said, "We [the staff] are taught about whistleblowing and have procedures to follow. I would report straight away if I had any concerns". We saw that a whistle blowing procedure was in place for staff to follow. Whistleblowing is a process whereby staff are protected against repercussions to raise concerns about a wrongdoing in a workplace such as a care home.