John Glazer

Richmondwood Residential Care Home

Inspection report

19 Richmond Park Avenue
Queens Park
Bournemouth
Dorset
BH8 9DL

Tel: 01202511179
Website: www.richmondwood.co.uk

Date of inspection visit:
09 October 2017
10 October 2017

Date of publication:
09 January 2018

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

Richmondwood Residential Care Home provides accommodation and personal care for up to 22 older people. The home does not provided nursing care.

This inspection was unannounced and took place on 9 and 10 October 2017.

There was a registered manager in post. 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.

At the last inspection in August 2015 the service was rated as Good. At this inspection the rating remained Good.

Staff had been trained in safeguarding adults and were knowledgeable about how to refer any concerns of abuse.

Risks to people's health, delivery of their care and the physical environment, had been assessed to make sure that the service was as safely as possible .

Accidents and incidents were monitored and audited to see if there were any trends where action could make systems and care delivery safer.

The home employed sufficient staff to meet people's needs.

Robust recruitment procedures were followed to make sure competent and suitable staff were employed to work at the home. The home had a full complement of staff at the time of inspection.

Medicines were managed safely.

The staff or team were well-trained and there were systems in place to make sure staff received update training when required.

The home was meeting the requirements of the Mental Capacity Act 2005, with appropriate referrals to the local authority for people deprived of their liberty.

People's consent was gained for how they were cared for and supported.

Staff were supported through one to one supervision and annual appraisals.

People were provided with a good standard of food and their nutritional needs met.

People were positive about the staff team and the standards of care provided in the home. People felt their privacy and dignity were respected.

Care planning was effective and up to date, making sure people's needs were met.

The home provided a full programme of activities to keep people meaningfully occupied.

The home had a well-publicised complaints policy.

There were systems in place to monitor the quality of service provided to people.

There was good leadership of the home and a positive ethos and culture.

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

By the end of the inspection the service was safe, as the registered manager addressed the issues we identified as needing improvement.
Medicines were managed safely.

Risks were assessed and action was taken to reduce or manage any identified hazards.

Systems were in place to protect people from harm and abuse. Staff knew how to recognise and report any concerns.

Staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

Is the service effective?

Good

The service was effective

Staff received induction and on-going training to ensure that they were competent and could meet people's needs effectively.

Supervision processes were in place to monitor performance and provide support.

The service was meeting the requirements of the Mental Capacity Act 2005.

People's dietary and nutritional needs were being met.

Is the service caring?

Good

The service was caring.

People had good relationships with staff and there was a happy, relaxed atmosphere.

Staff respected people's choices and supported them to maintain their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received personalised care and up to date care plans were in place to inform the staff of people's needs.

A full programme of activities was provided in the home to keep people meaningfully occupied.

There was a well-publicised complaints procedure and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

There was a positive, open culture with management seeking to improve the service where this was possible.

There were systems in place to monitor the safety of the service provided to people.

Richmondwood Residential Care 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 was 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 was an unannounced inspection that took place on 9 and 10 October 2017 and was carried out by one inspector over both days. We met most of the 17 people who were living at the home at the time of our inspection. We spoke with nine people about their experience of living in the home and about the care and support they received. We spoke with four members of staff. The registered manager assisted us throughout the inspection and we also met with the Nominated Individual.

Before the inspection, the provider completed 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 notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

We also looked at records relating to the management of the service including; staffing rotas, incident and accident records, training records, premises maintenance records and medication administration records. We also looked at the electronic care plans and assessments relating to three people and other documents relating to the care of people at Richmondwood Residential Care Home.

Good

Is the service safe?

Our findings

No one we spoke with had any concerns relating to their safety with everyone speaking highly of the home and the service they received. People made comments such as, "Apart from home, this is the best place to be; I am very well-looked after." "I can't speak highly enough of them." "Here, it is as good as it can be."

During the inspection we identified some areas where safety of the premises could be improved. The registered manager took immediate action to make improvements so that by the end of the inspection all necessary actions had been addressed. For example, there were some on-going tests and actions that were needed in respect of keeping people safe from the risks associated with Legionella, a water-borne bacterium. The registered manager had contacted a plumber on the first day of the inspection to address these issues and action was taken. At the time of the inspection, the home had just received a letter from the Fire and Rescue Service about improvements needed for better fire safety. The registered manager had contacted their fire safety company and arranged for the installation of a cross-corridor fire door between the office and the stairs to the second floor as required by the Fire Rescue Service, and a survey of all fire doors. It was also identified that there were no written Personal Emergency Evacuation Plans in place for people. A day following the inspection, the registered manager confirmed that these had been developed and were to be put into the emergency grab file located in the front entrance.

The registered manager had taken other steps to make the home as safe for people as possible and to comply with legislation and guidance. For example, the premises had been risk assessed to identify hazards and to minimise the risks to people. Freestanding wardrobes had been attached to the wall to prevent risk of being pulled over, window restrictors fitted to windows above the first floor and radiators covered to prevent scalds and burns. Portable electrical wiring had been tested and the fire safety system inspected and tested to the required intervals. Emergency plans had been developed for the event of situations such as loss of power or heating. Certificates seen showed that the home's boilers, wheelchairs and hoists, the lift, electrical wiring were tested and maintained for safety.

The registered manager had taken steps to ensure that people's care and support was delivered as safely as possible. Risk assessments underpinned care plans that had been developed for each person. These included assessments for the risk of people having falls, malnutrition and the development of pressure sores. Where there were particular personal risks for people, such as where bedrails were in use or for people at risk of choking because of swallowing difficulties, specific risk assessments had been developed.

The registered manager monitored and reviewed accidents and incidents that occurred in the home to look for any trend or hazard where action could be taken to reduce further such occurrences.

People were protected from abuse and avoidable harm because staff had been trained in safeguarding adults. Records confirmed that staff had received this training and that they received update training when required. Records also showed that staff had been required to read the home's whistle-blowing policy and procedure.

People were satisfied with the level of staffing provided. They told us that if they pressed their call bell, staff responded within a reasonable period of time. There was a full complement of staff who had worked in the home for a long period so that people received care from a consistent staff team who understood people's needs. Although dependency profiles were not used, staff told us that the registered manager would deploy higher levels of staffing if there was an increased need for more staffing. At the time of inspection between 8.00am and 2.00pm, there were five care workers on duty and between 2.00pm and 8.00pm four care workers. During the night time period there were two awake members of staff on duty. The registered manager worked office hours, supported by a Facilities Manager. The home also employed ancillary staff of cooks, cleaners and gardeners.

Records showed that safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Criminal records checks were made with the Disclosure and Barring Service and references were obtained, including from past employers. Confirmation was obtained that staff members were entitled to work in the UK.

Peoples' medicines were managed and administered safely. Medicines were stored securely and records kept and checks made to ensure stocks of medicines were sufficient and all accounted for.

Medicines administration records, (MAR), contained information about people's allergies and had a recent photograph of the person. MARs were complete and contained the required information where doses were not given.

Good

Is the service effective?

Our findings

People had confidence in the staff, feeling they were competent and had the necessary skills. The following were some of the comments people made about the staff. "I am extremely well-looked after; they will do anything for me," and, "The staff are very good and helpful."

Training records showed that staff had received training in essential areas such as; health and safety, infection control, manual handling, safeguarding, first aid, food hygiene safe administration of medicines, dementia and fire safety. Staff confirmed that they received training necessary to carry out their roles.

Records showed that new members of staff received induction as well as working 'shadow' shifts to enable them to observe and understand their role. The registered manager confirmed that induction training was in accordance with the Care Certificate, the industry standard for inducting new staff.

Staff felt supported through supervision and annual appraisal. This enabled them to discuss their work, resolve any concerns and plan for any future training they needed or were interested in undertaking.

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 told us that they were able to exercise choice in their daily lives and there were no restrictions placed upon them. For example, people told us that they went to bed and got up when they chose, could attend activities or go out when the wished. The majority of the first day of the inspection was spent in communal areas where we were able to observe interactions between staff and people. Staff demonstrated they understood that people's decisions should be respected by consulting them before giving assistance.

The majority of people had capacity to make decisions in all areas of their lives; however; at the time of this inspection, there was one person who did not have capacity to make some specific decisions. The MCA had been followed; however, we discussed how improvements in some record keeping could better demonstrate that the principles of The Act were evidenced.

People can only be deprived of their liberty so that they can 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). Since the last inspection, the registered manager had made appropriate applications to the Local Authority; however, none had been granted.

People were positive about the standards of food provided. When asked about the food, one person told us, "Suits me just fine." Another person's said, "It's good; they know what I like and what I don't like".

Records showed that a nutritional assessment had been completed with each person and people's weight was monitored each month. The registered manager gave us examples of where meals and drinks were fortified if people were losing weight or a referral made to their GP. One person had difficulty in swallowing with a risk of choking and had been referred to the speech and language therapist. There was a system to make sure this person was only served drinks of the required consistency.

We observed the lunchtime period, which was well-organised so that it was a calm and positive experience for people.

Everyone was registered with a GP and care records showed that a GP visit was arranged when people were unwell. There were arrangements were in place for people to receive chiropody, dentistry and other health care services. The registered manager told us that the home had good links with district nurses. Should someone need to go into hospital, a 'hospital passport' had been developed, providing information about a person's medical conditions and other important information including their current medication.

Good

Is the service caring?

Our findings

Everyone spoke highly of the way they were cared for with people making comments such as; "I am extremely well looked after and I can't speak highly enough of the staff." "The staff have been very good and helpful." "The staff are excellent".

It was evident that people had formed good relationships with staff as they laughed and joked together. Whenever people needed assistance staff were there to assist them.

People told us that their preferred routines were respected, for example, when they wished to go to bed, to spend time in communal areas or within their own room or whether they wished to be involved in any activities. One person told us that they liked to go out to the local church every day.

People's privacy and dignity was respected as staff knocked on doors before entering and people told us that personal care was carried out in the privacy of their own room. One person had a catheter and was asked if they wished to have this checked within their bedroom or in one of the bathrooms. Staff were discrete when asking people if they needed assistance with going to the bathroom before lunchtime.

Staff were knowledgeable about people's needs, their life histories, likes and dislikes.

People were supported to maintain relationships that mattered to them. People could receive visitors at any time. One person told us how pleased and grateful they had been for the support in maintaining an on going positive relationship with their son who had a disability.

People's end of life wishes were considered and a care plan sensitively developed with the person about what was important to them. For example, and what they did not want to happen, where they wanted to be cared for. The home was about to start a project, working with Bournemouth University to look into better ways to support with end of life needs. Some of the staff had chosen to attend specialist training in end of life care.

Good

Is the service responsive?

Our findings

People received the care that they needed as the service was well-organised and responsive to people's changing needs.

A preadmission assessment of a person's needs had been carried out and recorded before people were admitted to the home, to make sure their needs could be met.

To welcome new people to the home they were provided with a welcome pack of information and free 'goodies'. Staff also undertook a range of more in-depth assessments with the person and recorded this on the home's computerised record keeping system. These assessments were then used to develop an individual care plan with the person or their representative. Care plans were divided into a range of topics such as; personal care, continence communication, skin care, health, social care needs, nutrition and hydration and end of life needs.

The registered manager told us that the electronic system had improved care planning as it was easier for staff to access and keep up to date. For example, where people required monitoring for fluid intake, the system automatically added quantities when staff entered information on the system and made alerts if people were not having enough to drink. The system also allowed easy monitoring by managers to make sure that staff were repositioning people when this was an assessed need.

The care plans we viewed were up to date, personalised to each person and easy to follow.

We checked that care plans reflected people's conditions and circumstances and found there were systems to managed people's care needs. For example, where people had an air mattress in use to relieve pressure to their skin, there was a system to check that the mattress setting corresponded to the person's weight. There was also a system to ensure to ensure that people with a 'safe swallow' plan had drinks and meals provided in line with their particular needs. Senior member of staff had been on dysphagia training to enhance their understanding.

Communal activities were arranged and information displayed on the residents' notice board. The following activities were arranged for the week ahead; hairdressing and manicures, Tai Chi, chair exercises, music for health and Reminiscence. We also saw there was a list of daily newspapers that people liked to have ordered. The registered manager had recently introduced a 'Tuck Shop' where people could purchase snacks, sweets and other small items.

There was a well-publicised complaints procedure, this being detailed on the notice board in the reception area. No one we spoke with had any complaints about the service they received and they had confidence their concerns or complaints would be taken seriously. No complaints had been raised since the last inspection.

Good

Is the service well-led?

Our findings

Staff felt the registered manager and management team were helpful and supportive. They told us their ideas, suggestions or concerns were listened to and there was a positive, open, person-centred culture.

One member of staff told us, "There is good leadership; I can't fault the home." Another member of staff told us, "The levels of care are good and people's well-being is paramount. We have good team leaders and there is always someone to go to for advice."

There were regular staff meetings, the next being held in November. Since the last inspection the registered manager has provided a staff room for the benefit of the staff.

The registered manager and facilities manager told us they were always seeking ways to develop and improve the service. For example, a further project was being undertaken with Bournemouth University looking at how virtual reality and augmented reality could be used to enhance people's lives.

Quality assurance systems were in place with a survey last carried out in the summer of 2016. This had involved people living at the home, their relatives and visitors. All the responses had been positive and there no areas where people felt improvements were needed.

The registered manager carried out audits in order to monitor the quality of service. These included audits of medicines, care plans, call bells and accidents and incidents.

The registered manager had notified CQC about significant events such as deaths and serious injuries. We use this information to monitor the service and ensure they respond appropriately to keep people safe.