

J S. Care Limited

Richmond House

Inspection report

Richmond House, Green Ways, Carr Lane
South Kirkby
West Yorkshire
WF9 3DB

Tel: 01977652288

Date of inspection visit:
27 November 2017
28 November 2017

Date of publication:
29 December 2017

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

Richmond House is a care home without nursing. The care provider JS Care Limited is registered to provide accommodation for up to five people living with dementia, learning disabilities or autistic spectrum disorder, mental health, older people, sensory impairment and younger adults who require personal care.

At the last inspection, the service was rated Good. However, we found people did not have a personal emergency evacuation plan in place, fire drills and full evacuation practice did not take place. Medicines were not managed safely. The registered provider did not carry out safe recruitment practices. We concluded these were breaches of Regulations 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found the service remained Good and was no longer in breach of the regulations.

The provider has systems in place to safely manage medicines within the home. Risk assessments were in place and kept up to date. People had personal emergency evacuation plans (PEEP).

There were enough staff to meet people's needs. We made a recommendation regarding how staffing levels were monitored and recorded.

There was a robust recruitment process in place and staff received appropriate training.

People's care and support was assessed and reviewed on a regular basis. We saw people had access to healthcare professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We made a recommendation regarding the provider's CCTV policy in relation to obtaining and reviewing people's consent.

People's privacy, dignity and independence was respected and promoted.

The provider had systems in place to assess and monitor the quality of the service. There were audits in place for areas such as; the environment, medicines, behaviours, supervision, training and complaints. Monthly and annual audits were completed in relation to people's weight, activities, incidents, medical appointments and PRN medication.

Further information is in the detailed findings below.

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 has improved to Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Richmond House

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 was a comprehensive inspection. This inspection took place on 27 and 28 November 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure they would be in.

The inspection team consisted of one adult social care inspector and an Expert by Experience, on the first day and an adult social care inspector on the second day. 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 expert by experience for this inspection was a family carer of a person with a learning disability. Their area of expertise was in relation to learning disability.

We reviewed information we held about the service, such as notifications, information from the local authority and from Healthwatch. Healthwatch is an independent consumer champion which gathers information about people's experiences of using health and social care in England.

The registered provider had been asked 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.

During the inspection we spoke with three people who used the service and two people's relatives. We also spoke with two members of care staff, the home managers of Richmond House and another of the provider's homes and the registered manager.

We looked at a variety of documentation including; care documentation for two people, two staff recruitment files, meeting minutes, documents relating to the management of medicines and quality monitoring records. We also observed care practices.

Is the service safe?

Our findings

At the last inspection we found medicines were not managed safely. We found people did not have a personal emergency evacuation plan in place, fire drills and full evacuation practice did not take place. We concluded this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made in this area and the provider was no longer in breach of this regulation.

There was a system in place to order, receive and dispose of medicines. People's medicines were stored appropriately. The temperature was monitored and recorded daily.

Each resident had a Medicines Administration Record (MAR). We found there were no gaps within the MARs and they were appropriately completed. The medicines stock corresponded with the completed MARs. Handwritten MARs were completed and checked by a second member of staff to confirm the information had been transcribed correctly.

Staff were provided with appropriate support to ensure the safe administration of medicines. They had undertaken training in medicines management and their competency was assessed.

Protocols were in place for 'when required' medicines and the reason for administration was recorded. These were also kept with the MAR charts. There were clear instructions for topical medicines, including the instructions for use and the associated body maps.

Medicine audits were regularly completed by the care staff and the manager. This helped ensure any issues with medicines management were identified and addressed.

Staff told us people's risks were managed. One member of staff said, "People have a right to make choices and that means not always being the best of choices, as long as it doesn't hurt the person, we respect personal choice." We saw risk assessments were kept up to date and covered areas such as falls, challenging behaviour and nutrition. We saw where people had been identified as losing weight they had been referred to the GP and dietician.

People had personal emergency evacuation plans (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The provider now carried out fire drills and evacuation practice.

The provider carried out appropriate checks on the premises and equipment to ensure its safety.

At the last inspection we found the provider did not follow safe recruitment practices. We concluded this was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made in this area and the provider was no longer in breach of

this regulation.

Safer recruitment practices were in use and we saw staff were deployed in sufficient numbers on the day of our inspection. However, although we found there were sufficient staff the registered manager did not use a dependency tool or other mechanism to document and review that staffing levels remained appropriate. We recommend the provider considers how to record and monitor staffing levels to demonstrate they remain appropriate.

People told us they felt safe and happy living at Richmond House. One relative said, "I know they are very happy here, 100% happy. When [they] come home [they] always ask if [they] are going back and leave with a smile on [their] face." Another relative said, "The staff are wonderful, [my relative] is happy. That comes from the quality of the staff."

Staff clearly and confidently explained the signs of abuse and what they would do to make sure people were safeguarded. We saw evidence to show that staff tackled discrimination and this was dealt with appropriately. The provider had a system in place for monitoring and reviewing any accidents and incidents.

People were involved in the cleaning of the home. Staff also had cleaning schedules in place to compliment this. We found the home was generally clean, however we noted an area of the home had an odour of urine. We raised this with the registered manager who informed us this was an on-going problem due to the needs service users. They were looking at ways to minimise this.

The provider shared learning with staff from all of their locations to ensure that improvements were made throughout the organisation.

Is the service effective?

Our findings

People and their relatives were happy with the care and support provided at Richmond House. One relative said, "The staff are brilliant with [my relative], [they are] so happy." Another relative told us, "They take a lot off my mind. Knowing [my relative] is so well cared for makes me feel better about their future."

People's care and support was assessed and reviewed on a regular basis. We saw people had access to healthcare professionals such as, dietitians, dentists and GPs to ensure their needs were met. One relative commented, "[My relative's] health needs are looked after by them. They do all that really well."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the provider was meeting the requirements of the MCA and DoLS. Staff told us people were supported to make decisions. Relatives said they were involved with their family member's care. One relative commented, "They involve us at every stage of [my relative's] care. We are involved with making decisions." It was clear through our observations and conversations with staff that knew people well. We saw people being consulted about whether staff could go into their rooms and what people would like to eat and drink.

We asked the provider about the use of CCTV in the home and the policy around this. The provider said the CCTV was only installed in communal areas and this was with the agreement of all of the people who used the service and in consultation with staff. We recommend the provider ensures their policy covers reviewing people's consent and obtaining the consent of anyone new who moved into the home.

People were encouraged to go food shopping and were given support to make choices about what they wanted on the menu. The menu was varied and people could choose something else if they wished. One person told us, "The food is alright, I get to do some cooking in the kitchen and I put plates out and wash up." One relative said, "[My relative] seems happy with the food. They give them a balanced diet and have healthy food available."

People's rooms were personalised and clearly showed their interests and people who were important to them. People had access to the communal areas and garden if they wished.

Staff told us although they had completed managing challenging behaviour training they had not used the restraint element. This was because they knew people well and pre-empted situations by observing for triggers.

One member of staff told us, "We work with people who have challenging behaviour and find prevention using strategies that are individual to each person, more valuable than crisis management. If behaviour has

escalated, then we keep calm and speak directly to the person using calming methods and distractions. Physical handling is a last resort."

One relative commented, "[My relative] has been quite challenging but they manage [my relative] so well. Their behaviour is so much better now [my relative] is here. They know how to manage [my relative]."

We saw records included a challenging behaviour chart which documented people's possible triggers and distraction techniques. This was reviewed on a monthly and annual basis which enabled any patterns to be picked up on.

Staff received an induction, which included shadowing experienced staff, regular supervision and appraisal.

Staff training was kept up to date and covered areas such as, medicines, infection control, fire safety and autism.

Is the service caring?

Our findings

People were happy with the staff. Relatives told us staff were kind and caring. One relative said, "Staff are kind and caring. They are very good at what they do and [my relative] gets on well with them and so do I." Another relative said, "Every one of the staff are lovely, really nice. Staff are approachable and caring."

People's privacy, dignity and independence was respected and promoted. We observed staff being caring and they spoke about people with compassion and kindness. One staff member said, "Our job is enabling and promoting independence. We are here to support them for sure but it's about them doing things for themselves too." One staff member said, "We're like a family."

Staff gave good examples of how they encouraged people to be independent. For example, prompting people to make a drink and encouraging them to be involved in cleaning. One member of staff told us, "We actively encourage everyone to do things for themselves and ask them to be part of clearing and laying the table at meal time and helping with their laundry."

It was clear staff and the management team knew people well. People were involved, as far as possible, in making decisions about their care and support. People had access to advocates when needed. People's preferences were documented within their care plans. The manager told us they were looking to improve people's 'life histories' as they recognised these were limited.

Is the service responsive?

Our findings

People's care plans were regularly reviewed and kept up to date. Care plans were in place for areas such as, behaviour, mobility, communication, medicines and nutrition. Relatives told us they were part of the care planning process and they were informed about any issues or appointments, in a timely manner.

Staff were clear how they identified people's needs changing. For example, if they were losing weight or their mobility changed. Everyone had a key worker which helped to ensure care plans were regularly reviewed and reflected people's current needs. The key worker helped to make sure people contributed to their care planning, as far as possible.

We saw people had an easy read care file, which included: complaint procedure, decisions making information, health action planner and fire alarm process. This also complimented lots of visual aids that were used in people's care planners. Although we noted the service user guide was not easy read. We raised this issue and the manager told us they were looking to improve this.

People told us they had things to do. One person said, "I go to the pub and have a [drink]." Another person said, "I have my nails painted and go for my hair colouring at the hairdressers." One person told us about a concert they went to for their birthday. Relatives said their family members had lots of activities and were able to be out and about as much as they wanted. One relative told us, "[My relative] loves traveling and they take them everywhere, which [my relative] loves."

Staff told us there were plenty of things for people to do. Staff told us they helped people make choices by using pictorial information such as flyers or the internet. Staff told us they sought feedback as to whether people enjoyed the activities. One member of staff said, "We permanently check back with residents as to whether they like things. You can tell with most of them if they are happy or not and usually they tell us."

We saw activity planners were person centred and really informative. For example, pictorial activity charts were used which were individual to each person. They included a refusal chart, which gave staff the opportunity to see any patterns with people who preferred not to do things. The information staff and relatives shared with us about what people enjoyed doing clearly matched the activity planners.

The easy read complaints policy was displayed within the home. Staff explained how they would help people to make a complaint if they wished. Staff said there had not been any recent complaints and records we saw confirmed this.

Is the service well-led?

Our findings

There was a registered manager in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered 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 registered manager explained the circumstances they were required to submit notifications to the CQC. The registered manager confirmed that there had been no safeguarding incidents since the last inspection but were aware of their responsibility in relation to this.

The provider had systems in place to assess and monitor the quality of the service. There were audits in place for areas such as; the environment, medicines, behaviours, supervision, training and complaints. Monthly and annual audits were completed in relation to people's weight, activities, incidents, medical appointments and PRN medication.

Staff told us they felt supported and where they provided feedback on the service this was listened to and actioned quickly. "This is a great company to work for. Very supportive. I feel very well supported by management. It's a complete team approach." Another member of staff told us, "I feel it's really well run. The management are involved as a family. They are very approachable and make themselves known and available to you."

The management team actively sought feedback from staff. Staff surveys were regularly completed. The registered manager was looking at reducing the length of the survey and completing on either a six monthly or annual basis. This was in response to staff feedback on the survey. Staff meetings were held and involved in developing the service and proposing new ways of working.

People completed satisfaction surveys with the support of staff regarding meals, activities, their rooms and goals. If people did not wish to complete this, their wishes were respected. The provider was going to introduce a pictorial survey to make this survey more meaningful to people.