

Leeds City Council

Richmond House

Inspection report

Richmond House
Richmond Road, Farsley
Pudsey
West Yorkshire
LS28 5ST

Date of inspection visit:
11 July 2019
16 July 2019

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02 August 2019

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Richmond House is a transitional and short stay service. This is usually for respite care or while awaiting other care provision to be arranged. The provider is registered to provide accommodation for up to 20 persons aged 65 and over who require personal care at this service. At the time of the inspection there were 12 people using the service.

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

Overall, medicines were managed safely. Action was taken at the time of the inspection to improve medicines records. Staff were trained in medicines management, but their competency was not formally checked. We have made a recommendation about medicine competency checks. The premises were clean, and staff showed a good awareness of fire safety. However, fire training updates were overdue. Plans were made at the time of the inspection to rectify this. People were happy and felt safe at the service. They were supported by staff who were trained to recognise and report any signs of abuse. Overall, staffing numbers were enough to keep people safe. Most individual risks were managed appropriately. Some risk management records had not been updated when changes occurred.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received appropriate training and support to enable them to carry out their roles effectively. Staff supported people to access healthcare and maintain good nutrition. People enjoyed their meals and said there was plenty of choice.

People told us staff were caring and treated them well. Staff understood the importance of treating people with dignity and respect. Independence was promoted, and people's privacy was respected. Staff knew people well and used effective techniques to reassure people. Some people said they would like more activities and were sometimes bored.

Auditing and quality assurance processes were in place to enable the service to identify where improvement was needed and in the main, these were effective. The registered manager was open and transparent and created a culture which was friendly and welcoming.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good. (report published 17 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Richmond House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed all the information we held about the service. We contacted relevant agencies such as the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with six people who used the service and one relative. We also spoke with four staff, two senior support workers and the registered manager.

We reviewed three people's care records, policies and procedures, records relating to the management of the service, including training records and quality audits.

After the inspection

We obtained feedback from a social care professional who regularly visits the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety in some areas. There was an increased risk that people could be harmed.

Using medicines safely

- People received their medicines at times that they needed them and in a safe way.
- Medicines were stored securely, and stock balance checks were completed to ensure medicine quantities were accurate.
- Staff knew how to ensure people received their 'as required' medicines when they needed them. However, the instructions recorded for some of these medicines needed to be clearer and follow current guidance. Arrangements were made at the time of the inspection to review the instructions with people's GPs. The registered manager said more robust protocols would be put in place once the reviews had taken place.
- Staff had been trained to administer medicines safely. However, no formal competency checks were carried out to ensure staff's practice remained safe.

We recommend the provider introduces a formal competency assessment for staff who currently administer medicines.

Assessing risk, safety monitoring and management

- Emergency plans were in place and ensured people were supported in the event of a fire. Staff participated in regular fire drills and understood the fire procedures.
- Fire safety training was overdue for all staff. Arrangements were made at the time of the inspection to book this training and ensure it took place over the coming month.
- Not all individual risks to people were assessed, recorded and updated when people's needs changed. For example, one person's mobility risk assessment had incorrect information within it.
- Other people had clear guidance in their risk assessments on how to respond in the most effective way to manage risks. Staff understood where people required support.
- The premises and equipment were safely maintained.

Preventing and controlling infection

- The environment was clean, and staff had access to personal protective equipment when required.
- People said they felt the service was clean. One person told us, "It is very clean everywhere and all of the time."
- Overall, appropriate arrangements were in place to control infection. However, lavatory paper in communal areas was not in a dispenser to prevent the risk of contamination. The registered manager made arrangements to rectify this during the inspection.

Staffing and recruitment

- Staffing levels were consistent with the service dependency protocol. This included assessment at point of admission to the service, entry and move on criteria and daily review of people's needs.
- We received mixed views from staff on sufficiency of staffing. Staff said there were enough staff to meet people's needs safely. However, some staff did not feel there were enough staff to be able to carry out activities and take people out of the service for social events.
- The registered manager had recently gained approval to increase staffing levels and was in the process of recruiting additional staff for these posts.
- The provider had safe recruitment procedures in place.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse.
- People told us they felt safe and their belongings were safe. One person said, "I'm very safe here. My things are kept safe and I trust them."
- All staff had received safeguarding training and knew how to identify and report allegations of abuse. Staff were confident anything they reported would be acted upon.
- The registered manager was clear about their safeguarding responsibilities and made sure any incidents were properly reported.

Learning lessons when things go wrong

- When accidents or incidents had occurred, appropriate action had been taken where necessary. For example, medical advice was sought, and risk assessments were reviewed.
- Any lessons learnt were discussed with staff to prevent re-occurrence.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a range of training to meet their needs. Training was refreshed and updated regularly. Where any updates were overdue, plans were in place or put in place at the time of our inspection to ensure completion.
- People told us staff were trained to support them well. One person said, "They are very professional and seem to be well trained."
- Staff told us they received plenty of training and felt supported in their roles by the registered manager and management team. One member of staff told us how much they had enjoyed learning from courses recently completed. They said, "Training is brilliant; delivered well, really interesting and all very relevant to our role such as dementia and mental health."
- Staff received regular one-to-one sessions of supervision. These provided an opportunity for members of the management team to meet with staff, discuss training needs, identify any concerns, and offer support.

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

- People's needs were assessed and reviewed to ensure they could be met.
- Care was managed and delivered within lawful guidance and standards.

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

- People were offered a choice of food and drink and were positive about the meals they received. One person said, "The food is lovely. I really enjoy everything."
- The main meal of the day was served at lunch time. Records showed this had not suited some people previously. Staff told us the main meal was at this time as the catering staff had to prepare lunches for other services. The registered manager was aware of this and had an action plan in place to review this practice to ensure people were getting their main meal when they wanted it.
- People's weight was monitored for any changes. Staff said any concerns regarding people's weight or nutrition would be referred for dietician support.

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

- People had access to free Wi-Fi and the internet to enable them to use equipment such as tablet computers or voice controlled smart speakers. There was an Information Technology room with examples of telecare equipment and assistive technology which could support people with their independence when they returned home.
- Communal areas were spacious and well-maintained.
- Clear signage was in place to help people find their way around.

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

- People told us they received healthcare support when they needed it. One person said, "If I need a doctor I would get the doctor I am registered here with."
- Care records showed specific healthcare needs were being appropriately met. Records also showed medical advice was sought appropriately when required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS authorisations were submitted appropriately.
- When people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- People told us they were always asked before care was provided.
- Staff gained consent before completing any tasks and were clear on their role in supporting people to make decisions. They gave people time to make choices.

Is the service caring?

Our findings

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

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

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

- People told us they liked staying at the service and were treated with kindness and consideration. Comments included; "We are treated well; very much so" and "The staff are all lovely."
- A relative told us their family member had improved greatly in appearance and demeanour since their admission from hospital. They said, "[name of family member] looks well-kept now."
- Staff interacted positively with people and spoke about them in a respectful way. It was clear they valued people as individuals. We saw staff being caring and kind towards people. For example, a person who was upset and anxious was reassured by a staff member talking with them and explaining they did not need money to pay for their meals.
- Staff were aware of people's diverse backgrounds and beliefs. They received training in equality and diversity and person-centred approaches.
- The registered manager promoted equality and diversity and a learning space had been set up in the service to support this. For example, staff told us Gay Pride Month had been celebrated in June 2019. Information in the learning space had included awareness raising of Lesbian, Gay, Bisexual, Transsexual [LGBT] issues.

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

- People, or where appropriate family members, were involved in meetings to discuss their views and make decisions about the care provided. One person said, "Yes, they discuss everything with me and write things down." Another person said, "I like it here. They listen, and I feel respected."
- Staff had a good awareness of people's individual needs, preferences and interests. Care records included information about people's life histories and their preferences. Staff could use this information when talking with people. One member of staff said how they found it useful to have this information on people's pasts as it helped them get to know people better.
- Staff understood people's rights to make choices. People made choices about their everyday life such as when they wanted to get up and the clothes they wore. One person told us they were a late riser and their choice was respected. They said, "Staff know I like to do my own thing."
- Meetings were held with people who used the service. Where suggestions were made these were taken into consideration and actioned. For example, more choice of sandwich fillings had been requested and was now provided.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People told us, "Staff treat me as I want to be treated" and

"Staff are excellent, privacy is very good, they don't intrude."

- People were cared for in line with their preferences such as preferred gender of staff to support them.
 - People were encouraged to do as much as they could for themselves. This included accessing the community and hanging their own washing out.
 - Staff respected people's choices to be independent in their care and only gave assistance when needed.
- One staff member spoke of the importance of maintaining people's independence, especially if they were returning to their own home.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's needs were met in a personalised way. One person told us, "I get all the help I need from staff I get on with. I am in good hands."
- People told us staff were available when they needed them and responded promptly when they used call bells or requested assistance.
- Staff were not rushed and were able to spend time with people when they needed reassurance or were anxious.
- Care plans had been developed for each person. They provided information as to how care should be provided to meet the person's needs. This helped to ensure staff had all the information they needed to provide person centred care.
- The registered manager had an action plan in place to further develop care records to ensure there was less repetition.
- At the time of inspection, no person was receiving end of life care although palliative care had been provided to a person previously. Staff were trained in end of life care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information about people's individual communication needs and how these should be met, including the need for any aids and to speak clearly and slowly.
- Staff did not rush people when speaking with them and allowed them time to respond. This supported their communication needs.
- The registered manager was able to communicate through sign; using British Sign Language. They were aware of how to access translation services and spoke of how recently they had done this for a Punjabi speaking person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Overall, people were happy with the activities provided or said they enjoyed their own company, and this

was respected. Some people said they would like more to do and said they frequently watched television. One person said, "It sometimes gets a bit boring with just the TV."

- People had access to some activities such as games, arts and crafts, gardening, discussion groups and pet therapy. Records did not indicate these activity sessions were very frequent.
- Staff said they tried to organise activities such as quizzes but didn't always have time to do so. The registered manager said the planned increase in staffing would enable more time to be spent on meaningful activity with people.
- People had access to a small secured patio area and told us they enjoyed fresh air and being around the flowers in the good weather.

Improving care quality in response to complaints or concerns

- A complaints policy was available. Systems were in place to address any concerns raised.
- People told us they knew how to make a complaint. One person said, "Any concerns, I would go to the office and speak up." One person told us they had recently raised some minor concerns, and these had been addressed to their satisfaction.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated an open and transparent approach and encouraged staff to do the same. They understood their responsibilities in this respect.
- Staff spoke positively about all the management team and the support they received from them. One member of staff said, "A really great team; best manager we have ever had."
- Staff told us the registered manager was very approachable and led by example to demonstrate their expectations about how people should be cared for. A member of staff said, "[Name of registered manager] is brilliant. They will always come and help and work alongside us if needed."
- The registered manager and staff team gave examples of learning when something had gone wrong. They told us how they had tried to learn from it to reduce the risk of recurrence.
- People and relatives felt able to approach the registered manager and staff team. One person said, [name of registered manager] is a wonderful manager."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team positively encouraged feedback and acted on it to continuously improve the service, for example by asking people to complete surveys at the end of their stay.
- Effective quality assurance systems were in place to monitor the service and ensure risks were managed. Checks and audits were completed regularly in all aspects of service delivery.
- Plans for the further development of the service were in place and monitored by the registered manager and senior managers to ensure progress.
- Staff were supported to understand their roles through regular supervision and meetings.
- The provider's senior managers maintained oversight of the service through visits and contact with the registered manager. Some staff did not feel communication from the provider was satisfactory. They said there had been a change in focus of the service and this had not been communicated well and made them feel unsettled.
- There were systems in place to identify and manage risks to the quality of the care provided. For example, processes were in place to monitor any incidents or accidents that occurred and identify patterns or trends.
- The registered manager notified the CQC of incidents that they were legally obliged to.

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

characteristics

- The service involved people in day to day discussions about their care in a meaningful way.
- The provider had established forums in place to communicate with people. This included meetings and formal surveys.
- Regular staff meetings occurred; staff said they felt listened to and able to contribute.
- The registered manager had developed links to ensure the service was part of the community. Children from a local nursery had been to the service to mix with people and undertake activities such as singing.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care.
- A social care professional told us they were confident to place people at the service. They said, 'I can't say enough positive things about Richmond House. They are really accommodating; raise issues of concern with you, every one of the carers shows a caring and kind attitude towards the service-users. I'm a massive fan of Richmond House.'