Rosecare Shirebrook Limited

Richmond Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 22 and 28 February 2017 and the first day was unannounced.

The service is registered to provide accommodation with personal care for up to 40 older people. There were 29 people living in the service on the day of our inspection. The service provides care and support for older people, with a range of medical and age related conditions, including mobility issues and dementia.

At the time of our inspection 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.

People felt safe at the service; their care needs and any risks to their safety was assessed and reviewed. Enough staff were available to meet people's needs in a timely manner. Staff and the registered manager were able to explain to us how they maintained people's safety and protected their rights. Staff had been provided with training such as the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS) and safeguarding.

Staff were recruited in a safe way which followed the providers recruitment procedure. The provider employed new staff once appropriate checks had been completed. New staff participated in a thorough induction program which included a period of shadowing an experienced staff member and completing the Care Certificate.

Staff followed the correct procedures relating to medicines management; systems were in place to ensure medicines were safely stored, administered and disposed of. Staff competency was checked in relation to medicine administration procedures.

People received care from staff who had participated in training and who had acquired skills they needed to meet people's individual needs. People's healthcare and nutritional needs were met and monitored; healthcare professionals were appropriately involved when necessary.

People's dignity was assured when they received support with personal care. Staff demonstrated they knew the people well and were aware of the importance of treating them with dignity and respect. Staff were kind, caring and compassionate; people were supported and encouraged to remain as independent as possible. People were individually involved and supported to make choices about their day-to-day care. People's right to a family and private life was encouraged and respected.

People's care plans reflected their individual needs and how these were to be met by the care staff. People

and their relatives felt involved with their care. There was a complaints procedure in place and people and relatives felt assured concerns would be listened to and action taken. Activities were varied and offered to suit people's individual needs and preferences.

The service was led by a registered manager who was open, supportive and approachable. Systems and processes were in place to check on the quality and safety of the service; audits of the service were taking place to monitor and review the service. People benefited from receiving support from care staff who were motivated and enthusiastic.

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.

People felt safe at the service; their care needs and any risks to their safety was assessed and reviewed. Enough staff were available to meet people's needs in a timely manner. Staff were recruited in a safe way which followed the provider's recruitment procedure. Staff ensured people's medicines were safely managed and stored.

Is the service effective?

Good

The service was effective.

Staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). People received care from staff that had the training and who had acquired skills necessary to meet people's individual needs. People's healthcare and nutritional needs were met and monitored; healthcare professionals were appropriately involved when necessary.

Is the service caring?

Good

The service was caring.

People and relatives thought the staff were kind, caring and compassionate. People's dignity was assured when they received support with personal care. People were individually involved and supported to make choices about their day-to-day care. Staff encouraged and supported people to retain as much independence as possible. People's right to a family and private life was encouraged and respected.

Is the service responsive?

Good

The service was responsive.

People's care plans reflected their individual needs and how these were to be met by the care staff. People and their relatives felt involved with their care. There was a complaints procedure in place and people and relatives felt assured concerns would be

listened to and action taken. Activities were varied and offered to suit people's individual needs and preferences.

Is the service well-led?

Good

The service was well-led.

The service was led by a registered manager who was open, supportive and approachable. Systems and processes were in place to check on the quality and safety of the service; audits of the service were taking place to monitor and review the service. People benefited from receiving support from care staff who were motivated and enthusiastic.

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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 was unannounced on 22 and 28 February 2017. The first day was carried out by one inspector, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before this 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 looked at all of the key information we held about the service. This included written notifications about changes, events or incidents that providers must tell us about. We spoke with the local authority and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services.

We spoke to ten people, four relatives and one visitor; two care staff, a cook, a senior carer, the deputy manager, the registered manager and the provider. We also spoke with a visiting health care professional and a visiting independent professional. We looked at three people's care plans and other records relating to how the service was managed. For example, medicines records, staff training and recruitment records, meeting minutes and the provider's checks of quality and safety.

As people were living with dementia at the service, we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

Good

Is the service safe?

Our findings

Without exception, everyone we spoke with felt safe at the service; this applied to both people in receipt of care as well as visitors and relatives. People told us staff were helpful, supportive and responded to requests for assistance in a prompt and timely manner. One person said, "Oh yes, very safe." A visitor said, "I have never heard the staff get on to any of them [people]; staff are always kind and considerate." A relative said, "It is very safe; there is always someone about in the lounge and the manager can see out of the office through the glass."

People and their relatives were complimentary and full of appreciation for the staff and the service in general. Everyone we spoke with told us they were happy with all aspects of the care and support being provided. People and relative's thought staff understood people's needs and how to support them safely.

We saw people's care plans contained risk assessments to assist staff to support people's health, safety and well-being. We saw risk assessments were completed to identify potential risks to the person and staff who supported them. Personal emergency evacuation plans (PEEP's) were in place for each person in the case of an emergency, such as a fire. This showed the service was aware of risk, risk assessment and emergency procedures.

We saw the local authority's safeguarding contact details were clearly displayed on noticeboards. Staff we spoke with were aware of local procedures for reporting any concerns or allegations of abuse. They told us they were confident in raising any concerns they had. One staff member said, "It is not right to abuse people or treat them badly; it is not acceptable." They went on to say, "I know I can report to social services or CQC. I have never had any worries or concerns, but I know [registered manager] would always listen and act on the concern." Staff we spoke with told us they had taken part in training about how to protect people from the risk of abuse and training records we looked at confirmed this.

People and relatives thought there were enough staff available to meet people's needs. A staff member said, "enough staff? Yes, I think there is." Another staff member said, "Yes, we have enough staff; We work together to make sure we cover." They went on to say, "We don't use an agency – which is good." The registered manager and provider told us the staff covered when any sickness occurred and this ensured a consistent approach to people's care.

The provider followed a safe recruitment process to ensure the staff had the right skills and attitude to meet the needs of the people living at the service. The provider undertook criminal records checks called Disclosure and Barring Service (DBS), prior to prospective staff commencing employment at the service. This was carried out to ensure prospective staff were suitable to work with people at the service. The provider also ensured suitable references were sought. We saw from records staff did not commence employment until all the necessary checks and documentation were in place.

People's medicines were safely managed. All of the people we spoke with said they were taking regular medicines. Although few people were able to tell us precisely what medicines they were taking, they felt

content they were getting the correct dosage and at the correct times. One person said, "I have had chest trouble for years; the staff do my tablets alright. They know what they are doing."

Staff responsible for medicines administration had completed training in the safe handling and administration. Staff also told us they had been observed giving people their medicines by a member of the management team to ensure they followed best practice guidance. We observed staff giving people their medicines safely and in a way that met with recognised practice.

Medicines were correctly stored and current legislation and guidance was followed. Records showed medicines subject to special controls were managed in accordance with good practice recommendations. This included two staff signatures whenever it was necessary. Checks on a sample of medicines held in stock were found to correspond with the records held for them. Other records showed the temperature for the safe storage of refrigerated medicines was met. This showed medicines management was taken seriously and staff ensured people received their medicines safely and as prescribed.

Good

Is the service effective?

Our findings

People told us they thought the staff had the right skills to meet their needs and effectively support them. One person said, "We are well looked after, well cared for and you would go a long way to find a better home than this."

Staff told us and records confirmed they participated in training deemed necessary by the provider. One staff member said, "They [the provider] are pretty good with training." Another staff member told us, they were supported and encouraged to participate in training. They said, "I have my NVQ 3 in care and I am doing a course in end of life care and a level 3 in management."

New staff completed a period of induction and shadowing more experienced colleagues. We saw new staff also worked through the Care Certificate as part of their induction. The Care Certificate identifies a set of care standards and introductory skills non regulated health and social care workers should consistently adhere to. This showed us the provider recognised the need to ensure staff were provided with appropriate training to meet people's needs.

Staff explained to people and sought their agreement before they provided any care and support. Staff recognised the need to obtain people's consent before they provided care. The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA). The 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.

The registered manager understood their responsibilities to ensure applications were made for those people whose freedom and liberty had been restricted. 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).

When required, the registered manager had made applications for assessment to the local DoLS team. The provider had policies and procedures in place for staff to follow in relation to the MCA. The registered manager and staff understood the importance of acting in people's best interests and the key principles of the MCA. One member of staff said, "We work with people to ensure they are involved and part of the process." Another staff member said, "We must never make assumptions; we must not assume that someone doesn't have capacity because their decision is unwise." The staff member went on to tell us, any decision is decision specific and some people's understanding and capacity to make the decision can fluctuate due to a health condition. We saw best interest meetings and decisions had been carried out and records were available in people's care plans.

Staff understood why DoLS authorisations had been applied for and why they were in place. One staff

member told us they understood DoLS authorisations were in place to ensure people's rights and safety were protected. Staff gave an example of the steps they had taken with one person who was living with dementia and consistently asked to go home. The staff told us the process they had been through to try and support the person to understand their home was now at the service. This showed the staff and service took reasonable steps to reassure and support people. They understood the need to promote people's rights and followed the key principles of the MCA and DoLS.

One person said meals were, "Very good and well-cooked." Another person said, "We have lovely dinners (served at midday) and at 6pm we have the last full meal of the day, but in the evening they come round with drinks and you can always have a biscuit or a small sandwich if you want one." The same person said they always chose, "Cereals and toast for breakfast." We saw staff knew people well and were aware of individual dietary and related support needs. People, who needed it, were provided with the support to eat and drink.

A relative said, "[Family member] likes the food, and eats everything he is given." The relative told us they had not sampled the food but said, "I have seen it served - it smells nice and the kitchen is spotless." We saw food was freshly prepared and nicely presented; the menu provided a balanced diet. We heard staff supporting people to make choices regarding food and drinks. We saw people were offered an alternative if they did not like what was on the daily menu. People told us they received plenty to drink at meals and in between times. One person needed to have a soft diet and each ingredient was served separate to each other on the plate. For those people who needed more assistance a staff member sat beside them to assist them and dealt with only one person at a time. Mealtimes were person focused and people were supported to have sufficient to eat and drink which met their needs and preferences.

People told us they had a variety of health needs and were registered with the local medical centre. People consistently told us, if they wanted to see the doctor they would let one of the members of staff know and arrangements were made. One person said, "They [staff] will always get a doctor if you need one." A healthcare professional told us the staff liaised well with them and reported and followed up on any identified health concerns. They said, "They [staff] are willing to take advice." We saw documentation which supported people had access to healthcare professionals.

Good

Is the service caring?

Our findings

We saw staff were kind, caring and compassionate in their interactions with people. They ensured people were comfortable and took the time to communicate what was happening in a friendly and reassuring manner.

During the day, one person who was living with dementia had times when they were anxious and confused. Staff were understanding, compassionate and caring of the person's needs. We saw staff took it in turns to spend time with the person providing reassurance. An example was when one staff member took time to sit with the person and engaged them in conversation. We heard the staff member chatting with the person and gently reassuring them. A visiting professional told us they had observed the person being supported by a member of staff and described the staff member as, "Caring and supportive." This showed the staff had an understanding and empathy towards the person. Staff were aware and had understanding of how to support people living with dementia.

People's privacy and dignity was promoted and respected. People had space to be able to spend time alone with relatives. We spoke with staff and they were able to give us examples of how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, staff told us about how they maintained people's privacy while assisting them during personal care. The registered manager showed us documentation they had submitted as evidence for assessment for the Derbyshire County Council Award for Dignity and Respect and were hopeful of being successful.

We saw the service had recently taken part in the 'National Dignity Action Day'. This is an annual dignity event, where there is an opportunity for health and social care workers, and members of the public to show how they uphold and support people's rights to dignity. As part of this event the service chose to take part in a 'Digni-Tea." A 'Digni-tea' is a get together where people have a cup of tea and share what dignity means to them. The service had photographs of people who used the service, family and friends, joining in with members of staff at the event. Two staff had registered as 'dignity champions'; a dignity champion is someone who strongly believes being treated with dignity is a basic human right, not an optional extra. We also saw there was a dignity tree on display. A dignity tree is a recognised way for anyone to share their views and opinions about what dignity means to them. This showed us the management and the staff at the service recognised the importance of promoting people's dignity.

The service had a small tea-room, where people and their friends and relatives could visit; the tea room gave people the opportunity to spend quality time in private. A staff member said, "The Café is good for visitors; it is nice for people to have some privacy with the family." The tea room also gave people the opportunity for independence as there was tea and coffee making facilities, people could use. The room also contained books and games, so younger family members could be kept busy whilst visiting. This showed people's right to a family and private life was encouraged and respected.

People were supported by staff to make day-to-day choices and decisions. For example, staff asked people where they would like to sit and would they like to join in with activities. Where staff assisted people with

meeting their care needs, they ensured people understood what their choices were. Where people had not understood what staff had spoken to them about, we saw the staff took additional time and explained the choices again in a slightly different way. Staff were keen to ensure people were communicated with in a manner that was familiar to them and they understood.

People could not always recall being involved in completing their care plans but they could remember being asked about their care whilst they had lived at the service. We saw care plans contained relevant information from people and their relatives. For example, we saw they contained details of what was important to them and information about their life history. This meant people were involved in their care planning.

Good

Is the service responsive?

Our findings

People received care and support from staff which was responsive and personalised. People told us the atmosphere at the service was calm and pleasant. They said phrases such as, "It is lovely," and, "It is really nice." People told us their friends and families were always made welcome when they visited. We saw visitors coming and going throughout the day and without specified visiting times. Visitors told us they were always warmly welcomed.

People were provided with a range of group and individual activities. The provider employed an activities coordinator at the service; they knew each person by preferred name and ensured activities met people's preferences. We saw trips out had taken place – more frequently in the summer months – and there was a collage on the wall in a corridor which showed people and staff at various events. An example we saw was a day at the seaside, which was held in the enclosed central garden of the service. The activity was complete with cockles, prawns and seafood sticks, with fish and chips for the main meal. One person told us, "We are having a barbecue when the weather picks up." Photographs showed the staff, including the registered manager joined in the fun with fancy dress outfits and some entertained as popular artists. Trips to a relatively local garden centre had also taken place.

During the first morning of our inspection, an activity took place in the large lounge with singing along to music and armchair exercises. Although there was a dedicated activities coordinator (called entertainments person by people), other staff were certainly involved in this activity. Although, not all the people joined in, they had all been asked if they wished to do so. One person, who sat in a small lounge, just off the large lounge chose to watch television. Their visitor said "[Person] has given me one or two bets to put on for him. He was always into racing." The visitor continued "[Name] doesn't like singing and so on, but may take part in bingo if they play it – but needs assistance to do so."

We saw the staff had arranged a special event for Valentine's Day; a special menu had been arranged along with entertainment. We saw photographs of the event which showed people and their special guests enjoying the festivities. A relative told us how much they had enjoyed the event and we saw a 'thank you' card saying, "It was much appreciated." We also saw a daily newspaper was printed and circulated. The paper was the, 'Daily Chat', which was a reminiscence paper and contained events in history from the day; it also contained items of interest, such as poems and quizzes. This showed activities were varied and offered to suit people's individual needs and preferences.

A hairdresser, and gents barber visited the service on a regular basis; there was a fully functional hair and beauty salon upstairs which was well used and gave everyone the opportunity for 'pamper sessions'. People told us how much they enjoyed visiting the hairdresser and barber. Having a visiting barber showed an understanding of providing gender specific care and support.

Staff we spoke with understood the needs of the people and were able to explain to us how they met people's needs. Staff were also able to recognise how they adapted and changed their approach when they supported different people

People told us staff supported them in the manner they needed and preferred. When asked if they received the care and support they needed, people responded with, "That's their job – as well as looking after us." When asked if they had been involved in care planning, one person said, "I expect they are what they keep in the office," and another said 'Yes, they write stuff down on things." Relatives we spoke with felt involved in the planning of their family members care; most relatives we spoke with told us this happened more informally during visits, rather than at meetings.

People's care plans; their needs and preferences were reviewed on a regular basis. Changes to people's care plan were made in their best interest and with the appropriate involvement of significant others. People's care plans were reflective of their need, choice and preferences; care plans gave staff the information needed to provide them with timely care. People's preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was agreed with them.

We saw staff understood how to communicate with people in a manner they understood. We saw staff responded to people in an individual and inclusive manner. We heard people, relatives and staff used people's preferred names, which were sometimes people's nicknames. One member of staff explained to us that one person did not like to be called their first name and preferred their nickname; all the staff were aware of this and respected the person's wishes.

People told us they knew how to raise a concern and who to make a complaint to, should it be necessary. People and relatives were familiar with the provider's complaints procedure and this was clearly displayed at the service. One person said, "If I wanted to complain I would go to the office first, I think they would sort it out." We saw there were noticeboards with lots of relevant information on display, to guide and support anyone staying or visiting the service. Included were details of how to make a referral to the local authority's safeguarding team should anyone believe it necessary. One relative said, "It is all up on the wall just as you come in the door with a number to ring." The provider had a procedure for handling and dealing with complaints.

We saw the three complaints had been received by the provider; each complaint had been looked into and details of actions and responses were documented, for future learning. We saw a collection of thank you cards, which complimented the registered manager and the staff for the service and care people received. This showed people and relatives were able to express any complaints or concerns as well as compliment when the staff and service had provided good care and support.

We saw meetings took place with people and their families regarding the service. The meetings were an opportunity for people to discuss their ideas and preferences for activities as well as ideas for different food choices. People were able to raise any issues or concerns as well and received updates on any developments at the service. People and relatives were also invited to share their experiences and views on the service through a quality assurance survey. The general feedback from the survey was positive; comments included, "If [brand name] did care homes, this is probably the best care home going! Keep up the good work." Another was, "The care has been fantastic. My mum has received care, consideration and respect from all of the staff. Thank you so much." We saw where anyone had made a specific comment or request, actions were recorded. For example, one person had requested to move bedrooms and we saw the registered manager had responded to this and refurbishment of the chosen room had commenced. This showed feedback about the service had been sought from people and their relatives.

Good

Is the service well-led?

Our findings

One person said, "The manager is in and out of the office all the time. She is lovely and you feel comfortable with her." They went on to tell us they recognised the registered manager had a job to do, "But she is pleasant in the way that she does this." Another person said, "She is ok." A third person said, "The manager will listen to what you have to say and act if she can, and so will the owner." They went on to say, "They are there for us." The continued and said, "The manager is doing a fantastic job'. A visitor said, "I can only praise this home and the management and would recommend it to anyone."

Richmond Residential Care Home is required to have a registered manager and one was in post. The provider and registered manager were present throughout the inspection and both knew the people and the day-to-day running of the service well. They were aware of the provider's responsibilities to send statutory notifications to the Care Quality Commission when required. Statutory notifications are changes, events or incidents providers must tell us about.

Staff were enthusiastic about their job roles at the service. Staff were aware of their responsibilities and felt valued and part of the team. One staff member said, "We are a stable team and we all work well together." Staff told us they valued their induction, training and the support they received from their colleagues and the wider management team. One member of staff told us they participated in supervision with the registered manager and said, "They (supervisions) are a good thing; it is a way of voicing any concerns as well as recognising success." Another staff member said, "It gives me the chance to be listened to." They went on to tell us in their supervision, they had requested to attend specific training and this had been honoured and arranged.

Staff told us they felt supported by the registered manager and the management team. One staff member told us, "[Registered manager] is good; I can talk to her about anything." Another member of staff said, "[registered manager] is approachable and visible." They went on to say, "Both [registered and deputy manager] work well together; they are approachable and friendly." Staff told us and records confirmed they received regular support from a member or the management team and took part in supervision sessions. Staff saw the process as positive and a time to share concerns and success. Supervision is a process where staff meet with their manager to discuss their work performance and any training and development needs.

The registered manager felt effective team working was supported and promoted by all the staff; the registered manager also felt supported by the deputy manager, the provider and an independent care consultant, arranged for by the provider. The service was managed in an open and inclusive manner, where the opinions of people, relatives and staff were sought and - wherever possible - put into place. This created a positive and open culture and gave the opportunity for people to share their opinions and feel part of how the home was run and managed.

On the both days of our inspection visit we were made welcome by the registered manager, the provider and staff members. There was a sense of pride about the service being provided to people. We observed the registered manager chatting in a friendly and personalised manner with people who used the service and

their relatives. The registered manager clearly knew each person and their individual needs; they spoke in detail about each person who used the service.

Systems and processes were in place to check on the quality and safety of the service. Audits were carried out to identify any areas for change or improvement and we saw this resulted in timely solutions to the issues identified. For example, audits were carried out to check on health and safety practices and medicine storage, recording and administration procedures. Records also showed checks on equipment used for assisting with the safe moving and handling of people had been serviced.