Rosecare Limited

Richmond Court Care Home

Inspection report

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Tel: 01902421381

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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

This inspection was unannounced and took place on 12 April 2016. At the last inspection in October 2013, we found the provider was meeting all of the requirements of the regulations we reviewed.

Richmond Court is registered to provide accommodation for up to 30 people who require personal care and support. On the day of the inspection there were 28 people living at the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were not always supported by sufficient numbers of staff so their needs were not always met in a timely manner. However, people told us they felt safe, risks were assessed, managed, reviewed and learning had taken place following incidents or accidents. People received their medicines as prescribed by their GP and systems used to administer, manage and store medicines were safe.

People received support from staff who had received training relevant to their role and had the skills and knowledge to provide effective support. People were asked for their consent before care and support was provided. The registered manager had assessed people's capacity to make certain decisions and people's rights and freedom were protected. People were happy with the food and drink provided and had access to relevant healthcare professionals when required.

People described staff as caring. Staff understood people's likes and dislikes and supported people in a way that they preferred. People's dignity was protected by staff who were discreet and mindful of the need for privacy. Relatives and friends were welcome to visit at any time and gave positive feedback about atmosphere of the service.

People and their relatives contributed to planning and decision about their care. A programme of activities was offered daily, although some people felt there could be more variety. People were supported to follow their interests and arrangements were made for people to receive visitors from their church or religious group. People and their relatives knew what to do if they were unhappy about any aspect of their care and there was a system in place for the management of any complaints received.

People and their relatives expressed positive views about the way the home was managed. Staff were offered opportunities to give feedback about the service and felt listened to by both the registered manager and the provider. There were systems in place to monitor the quality of care provided as well as the environment and improvements to the building were underway at the time of the inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.
There were not always sufficient numbers of staff to meet people's needs in a timely manner. People told us they felt safe and risks were assessed and reviewed regularly. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.
People were supported by staff who had the skills and knowledge to provide effective support. People were asked for their consent before care was provided. People received sufficient amounts to eat and drink and had access to appropriate healthcare when required.

Is the service caring?

Good

The service was caring.
People received care and support from staff who were friendly and approachable. Staff understood and respected people's preferences and supported people in a way that upheld their privacy and dignity.

Is the service responsive?

Good

The service was responsive.
People and their relatives were involved in planning their care. People were encouraged to take part in activities and follow their interests. People and their relatives knew how to complain and there was a system in place to manage complaints.

Is the service well-led?

Good

The service was well-led.
People and their relatives gave positive feedback about the way the service was managed. Staff were given opportunities to contribute to the development of the service. There were systems in place to monitor the quality of care provided.

Richmond Court 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 April 2016 and was unannounced.

The inspection team consisted of two inspectors. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided for people who were unable to speak with us. We spoke with seven people who lived at the home, one relative, five staff members, the deputy manager, the registered manager and the provider. We looked at three records about people's care and support, three staff files, medicine records for four people and systems used for monitoring the quality of care provided.

Requires Improvement

Is the service safe?

Our findings

People expressed mixed views about whether there were enough staff to support them. One person said, "I don't know, probably not [enough staff], I'd just have to wait until someone came, but there's usually someone about." Another person told us, "There are occasions when I think they are not enough staff." A third person expressed a more positive view, "Yes I think there are enough staff." Three out of the five staff we spoke with told us they felt there were times when there were not enough staff to meet people's needs. One staff member told us, "I don't think there could ever be enough staff, you always need more, people have to wait for support sometimes, like going to the toilet or getting up in a morning, but nobody has complained about this." Another member of staff said that the managers helped out when required, "Some days there is enough and others days not, when there are nurses to see to and lots to do the managers will support." We found that there were times throughout the inspection visit where people were waiting for prolonged periods of time for assistance from staff. On one occasion we observed one person waiting for approximately 20 minutes for a staff member to assist them to leave the lounge. On another occasion the communal lounge area was left unstaffed for a period of approximately five minutes, during which time an altercation took place and one person was shouting for help. A member of the inspection team alerted staff to the person who required support. We discussed our concerns with the registered manager and provider who explained they used a dependency tool to calculate staffing numbers, but that this did not take in to consideration the layout of the building, which was spread over a number of floors. Both the registered manager and provider expressed they understood our concerns and would review the staffing levels and deployment of staff following the inspection visit.

All of the people we spoke with told us they felt safe. One person said, "It's great here, I wouldn't be anywhere else, I feel safe living here, they treat me well." Another person told us, "They're very good really, I'm a bit on the nervous side, but I feel safe." A relative told us they were "very confident" their family member was safe. Staff were knowledgeable about different types of potential abuse, and were aware of signs and behaviours to look out for. All of the staff we spoke with were able to clearly explain the action they would take if they were concerned about a person's safety and were confident to escalate any concerns if they felt the registered manager or provider had not taken appropriate action. One staff member told us, "I am confident to question what others do." We found where there had been issues concerning people's safety these had been addressed appropriately by the registered manager; they were able to share with us learning that had taken place following incidents. For example, changes had been made to one person's care plans and risk assessments after staff assessed they were no longer safe to use bed rails.

Staff were aware of the risks to people's safety and well-being and there were systems in place to ensure staff were kept up to date with any change to people's risks. For example, a daily handover took place between staff, where any significant information, including changes, were passed on to the staff team. We found that information relating to risk was regularly reviewed by senior staff to ensure it was up to date. For example, where people may be at risk of falls, we saw their care records had been updated following accidents or incidents and staff were aware of the changes in their support needs.

Staff told us and we saw in people's records they had been required to provide identification and undertake

checks, including reference checks and Disclosure and Barring Service (DBS) checks before they were able to start work at the service. By undertaking these checks the provider reduced the risk of employing unsuitable staff.

People were happy with their medicines and received them as prescribed by their GP. One person told us, "I always get them [medicines]. If I didn't I'd ask for them, you have them at certain times in the day." Another person said, "Staff give me my medication and there is never any problems with this." We looked at systems used to manage medicines and found they were stored, administered and recorded safely. Staff who administered medicines had received training and had their competencies assessed by the registered manager. Systems used to manage medicines were regularly audited by the deputy manager who demonstrated a good understanding of medicines and people's individual health needs. People told us they received their pain relieving medicines when they required them; however we found that guidance for staff to refer to about 'as and when required' medicines was not always readily available. The deputy manager told us this would be reviewed following the inspection visit.

Good

Is the service effective?

Our findings

People told us they felt staff had the skills and knowledge required to support them effectively. One person said, "Staff are well trained." Staff received training that was relevant to their role and enabled them to meet people's individual needs. Staff members told us they were happy with the training they received and that there was always new training on offer to help them develop their skills. Staff were able to seek advice and support from senior staff and the registered manager if they had any problems or concerns. A staff member told us they had a period of time working alongside other more experienced staff when they started at the service; which helped them develop their knowledge of people's needs and how best to support them. Another staff member said, "Some staff have been here over seven years and are experienced, they can teach me what to do."

All staff told us they were supported by the registered manager through regular one-to-one meetings and team meetings. A senior staff member shared with us how they supported new staff and mentored them while they developed their skills. For example, observing new staff supporting people at mealtimes and then offering them feedback on what they did well and how they could improve. The registered manager had a presence throughout the home and people were familiar with them and they knew people by name. The registered manager told us they were changing the way they provided staff with one-to-one support, and that senior carers would soon be trained to do this, giving staff an opportunity to develop their current skill set.

People told us they were asked for their consent before staff provided them with care and support. Throughout the inspection visit we observed people being asked if they were happy with staff supporting them with movements or tasks. Staff asked people where they would like to sit, if they were happy to remain in the lounge area for activities or would prefer to move elsewhere.

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. Staff members understood the requirements of the MCA and were aware they must act in people's best interests. They also had knowledge of where people had given specific consent for a certain aspect of their support. Staff members told us they asked people's permission to provide their care and support and how they involved people in making choices, for example what time to get up and go to bed, mealtime choices and choices of clothing.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. Although there were no current DoLS authorisations in place, the registered manager shared with us how consideration had been given to individuals living at the home and whether or not they were being deprived of their liberty. Where further

clarification was required the registered manager had contacted the local authority DoLS team for advice. Staff told us they had received training in MCA and DoLS and the registered manager and deputy manager had assessed people's capacity to make certain decisions. These assessments were recorded in people's care records and had been shared with the staff team.
People told us they were happy with the food and drink they received. One person told us, "The food is good. Better than I expected." Another person said, "The food is great, there is a lot to choose from." All of the people we spoke with told us they received enough to eat and drink and drinks were readily available in all areas of the service, including people's bedrooms. People were also asked about their preference for meals, before they were provided. For example one person requested a sandwich for their breakfast and this was provided for them. Staff demonstrated a good understanding of people's dietary requirements and were able to share information about several people's specific diets. Staff were also aware of the risks associated with eating and drinking for some people and how to respond to any incidents. For example, staff described support given to a person who had a choking risk and used thickening agents for drinks and a blended diet. Food and drink intake was monitored when this was required. At lunchtime we observed staff supporting people with their meals, this was done in a caring and compassionate way with staff gently prompting people and encouraging people to eat. People were given a choice of food and the food appeared to be appetising and presented well.

People's healthcare needs were monitored by staff and they had access to healthcare professionals when required. One person told us, "Staff would help me get a doctor if I needed one." Another person said, "The chiropodist comes in and if I needed a doctor they [staff] might send me to see one, or they might come in, depends on whether it's urgent." Staff demonstrated a good knowledge of specific illnesses and their required treatment and shared with us how any instructions would be recorded and communicated to the staff team to ensure people received up to date care. A relative told us that staff kept them up to date with any changes to their family member's well-being. Throughout our visit we observed healthcare professionals visiting the home to treat people, as well as staff contacting relevant professionals where they had concerns about a person's health.

Good

Is the service caring?

Our findings

People told us staff were kind and friendly and supported them in a caring way. One person said, "I think staff are caring." One relative told us, "They [staff] do their best, they are all caring." Staff interacted with people in a warm manner and we observed staff taking time to explain things to people and encourage them to participate in mealtimes and activities.

Staff knew people well and understood their likes and dislikes and people were comfortable and relaxed in asking for support. Some people were able to ask for staff by name. One person became upset because they had been given a magazine to read and did not have their glasses; staff were observed looking for the glasses and comforting the person. One person told us, "Staff have a good relationship with people." Staff told us they took time to get to know people and have conversations with them about the things that mattered to them. Where people had specific communication needs staff supported them to communicate their choices and decisions, in some cases using flash cards to help people make choices.

Staff were aware of people's preferences and were able to share with us how people liked to be supported. For example one staff member told us that some people liked to have a shower every day, while others preferred a bath. Staff encouraged people to be independent where possible and encouraged people to do as much as they could for themselves. One staff member told us, "I talk to people. I ask them what they want." Where people became upset or frustrated staff acted to reassure the person and encourage them to continue with their tasks. For example one person became frustrated when using their cutlery to eat a meal and staff responded, "You manage every day, is something worrying you? I'll come and give you a hand, try with a fork and see what you think." The person was reassured by the staff member's tone of voice and sympathetic approach.

People told us staff respected their privacy. One person said, "They [staff] all knock doors and ask if it's ok to come in." We observed staff supporting people in a respectful way, for example ensuring they maintained eye contact with people by moving to sit at the same level. Staff were aware of the need to promote and maintain people's dignity and shared examples with us of how they closed curtains in people's bedrooms before supporting people with personal care.

People's relatives and friends were welcome to visit at a time of their choosing and we observed visitors chatting to staff about the needs of their family member. One relative told us, "I couldn't fault the staff. It's a nice atmosphere; it's got a good reputation."

Good

Is the service responsive?

Our findings

People and their relatives told us they received the care they needed. Not everyone had been able to contribute to decisions about their care due to their level of understanding; however, where this was the case, people's relatives had been involved in planning their care. Staff told us they tried as much as possible to involve people in decisions about their care and support. One staff member told us, "I discuss with people when they would like to do things and allow them to decide." One person told us they decided when they need support from staff and were able to tell staff how best to support them. They said, "I can have a shower whenever I want one, the staff always offer and they help me with washing." Relatives told us they were kept updated with any changes to their family member's needs or health or if the care they required had changed. We observed staff encouraging one person to remain in a seated position to ensure the advice given about pressure care was followed. They spent time explaining this to the person so they understood the importance of the advice in protecting the condition of their skin.

Activities were offered on a daily basis and people were invited to take part according to their preferences. An activity co-ordinator had been recently appointed and they offered a structured activity programme in the afternoons, as well as engaging with people on a one-to-one basis. People expressed mixed views about the activities with some people suggesting there could be more variety. A relative told us, "They have entertainers and [person's name] joins in with the singing. There's always something going on." We observed staff encouraging people to participate in activities and supporting them to follow their interests where possible. Staff were able to share with us examples of how people's cultural needs were met and we saw that people were visited by members of their church where they or their relatives had requested it.

People told us they knew how to complain if they were unhappy about any aspect of their care. One person told us they had made a complaint and they were happy with the way in which staff had responded. One relative told us, "If you're not satisfied, you've only got to inform them [staff]." Staff were aware of how to manage complaints received about the service. One staff member told us they would attempt to resolve the concern, and if this was not possible they would make the complainant aware of the policy and offer a complaints form. They also told us they would make a record of complaints they had been able to resolve. Another staff member said, "I would always tell the manager if there was a complaint." The registered manager told us complaints usually came to them verbally. They explained the action they had taken following recent verbal complaints and we found that verbal complaints were recorded in the same way as written complaints.

Good

Is the service well-led?

Our findings

People told us they were happy with the way the service was managed. One person said, "As far as I'm concerned everything is okay. It has its ups and downs the same as any other." Another person told us, "I think it's fine." Relatives were also positive about the management of the service. One relative said, "The manager's office is there, anything you want to know, you see them. They are here now; they don't just sit in the office." Most of the people we spoke with knew who the registered manager was and everyone who knew them told us they found them to be approachable.

People were asked to contribute their feedback through resident's meetings, which were also used to involve people in decision making about changes at the service. The registered manager told us the staff meetings took place shortly after resident's meetings so that staff could action the points raised by people living at the service. At one meeting people had requested that flowers be displayed in the lounge, this had been introduced. The registered manager told us that they had recently sent out surveys to gather the thoughts of people's relatives as they had received some feedback suggesting they [relatives] could be involved more. The registered manager recognised this was an area where improvements could be made and told us they were working with the staff team to improve communication with people's relatives.

Staff told us they received "good support" from the management team through regular supervisions and team meetings. They also had discussions with registered manager and deputy manager on a daily basis. One staff member told us, "The manager is always here and is very approachable, the managers communicate well with staff." Staff told us they felt able to contribute to the development of the service and that feedback was welcomed. One staff member shared an example with us about when they had requested a new piece of equipment which was then provided. They told us, "You can always contact the owner too, I think we are listened to. We have a good manager and a good owner, you can approach them anytime." Another staff member said "It's an open door policy; we can discuss things daily with managers." The registered manager demonstrated a good understanding of the requirements of their role and had notified us of incidents and events as required by law.

The registered manager conducted quality audits to check on all aspects of the service. Where areas requiring improvement had been identified we saw that action had been taken and outcomes recorded. Audits of health and safety were undertaken on a weekly basis as well as monthly audits for medication, equipment and risk assessments. Learning from the audits was shared with staff and any issues were logged for the provider to agree actions. Audit records were detailed and provided an opportunity to record any areas of concern and any actions taken. For example, to be raised at a staff meeting or with the provider for further action. Infection control audits had been undertaken for all areas of the home and there were action plans in place to remedy any issues identified. Refurbishment work was underway at the time of the inspection.