

Your Care Provider Ltd

Richmond Heights

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Richmond Heights is a residential care home providing personal and nursing care to up to 51 people. Some people using the service were living with dementia. At the time of our inspection there were 44 people using the service.

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

The provider had systems in place to monitor the quality of the service. These systems had not identified all the issues we found on inspection. Where issues had been noted as a result of internal audits, actions to rectify them had not been completed in a timely way. There was little evidence to show people had been involved in the development of the service or had been asked their views and opinions.

Whilst staff were kind, they were task orientated and interactions sometimes lacked a person-centred approach. Care plans also lacked detail about people's preferences and how they liked to be supported. We were informed care plans had been changed from a paper format to an electronic system and some information had not been transferred.

There was a lack of social activities and stimulation to meet people's needs. Most people were cared for from bed with very little to stimulate them throughout the day.

Risks associated with people's care were not always managed to ensure people's needs were met safely. People received their medicines as prescribed. However, a tally of medicines in stock was not available and some temperatures of the medicine room and fridge had not been documented.

There were enough staff available to meet people's needs. People were safeguarded from the risk of abuse. Staff were recruited safely. Accidents and incidents were analysed, and action was taken to mitigate future incidents.

People's needs were assessed and staff knew people well. People received a healthy balanced diet which met their needs and considered their preferences. There was no menu on display, only a picture menu which did not display the meal options available on the day of inspection.

The provider had identified some areas of the home that required decoration and/or refurbishment and they were in the process of carrying out this work.

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.

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

Rating at last inspection

This service was registered with us on 26 August 2021 and this was the first inspection.

The last rating for the service under the previous provider was good, published on 3 June 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and will take further action if needed. Please see the action we have told the provider to take at the end of this report.

We have identified breaches in relation to risk management and good governance at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Richmond Heights

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection 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 care service.

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time observing staff interacting with people. We spoke with 3 people who used the service and 8 relatives about their experience of the care provided. We spoke with 5 members of staff including the regional manager, deputy manager, nurses and care staff. We reviewed a range of documentation. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. We looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks associated with people's care were not always managed to ensure people's needs were met safely. For example, one person's care plan indicated a weight loss concern, however, there was no evidence this had been followed up. Following our inspection this person was referred to appropriate health care professionals.
- Although we found no evidence people were harmed, the documentation in place did not always contain enough detail to keep people safe. For example, one person's care plan stated they required the use of a hoist to assist with all transfers. Their care plan did not give sufficient information to assist staff to carry out this task safely.

Risks relating to the welfare of people were not always effectively managed. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were somewhat assured the provider was using PPE effectively and safely. During our inspection we observed staff either not wearing face masks or not wearing them appropriately. The registered manager had previously identified this and was in discussions with staff to ensure compliance.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. During a tour of the home we saw some areas needed to be cleaned. Some practices did not promote good infection prevention. For example, some dining chairs had not been cleaned effectively. We spoke with the deputy manager and regional manager who ensured these concerns were addressed during the inspection.

Visiting in care homes

- The provider ensured people maintained contact with their family and friends and they were welcome to visit the home.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse.
- Staff received training about how to safeguard vulnerable adults and knew what actions to take if they suspected abuse.
- Relatives we spoke with told us they felt their relative was safe living at the home. One relative said, "Safe, oh yes, [relative] has never said anything to me about being abused verbally emotionally or mentally." Another person said, "[Relative] is safe."

Staffing and recruitment

- The provider had a recruitment policy which enabled them to recruit new staff safely.
- Recruitment files contained relevant information including pre-employment checks such as Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. The registered manager completed a dependency tool to help assess how many staff were needed on each shift. On the day of inspection, we observed there were enough staff to respond to people in a timely way.
- Relatives we spoke with gave mixed feedback about the number of staff available. One relative said, "As far as I know, there are enough staff. [Relative] uses a call bell to call staff and it's on their bed." Another relative said, "No [not enough staff] not really to be honest."
- We also received mixed opinions from staff about staffing. One staff member said, "Staffing levels are top notch here." Another staff member told us there were somethings they didn't like about their job, commenting, "There's not enough staff available."

Using medicines safely

- The provider had systems in place to ensure people received their medicines as prescribed.
- Temperatures of the medication room and fridge were taken and recorded. However, this was not consistently completed to ensure medicines were always stored at the correct temperature. Over the last 14 days prior to this inspection, temperature checks had only been recorded 6 times.
- Some people were prescribed medicines on an 'as and when' required basis, often referred to as PRN medicines. Appropriate PRN protocols were in place to guide staff in how to administer them safely.

Learning lessons when things go wrong

- Accidents and incidents were analysed and monitored to ensure trends and patterns were identified. The analysis was used to mitigate future incidents.
- Records showed lessons were learnt when things went wrong.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 care was delivered in line with current guidance.
- Assessments were used to devise care plans and risk assessments.

Staff support: induction, training, skills and experience

- Through our observations and speaking with staff we found staff knew people well and understood their needs.
- Staff told us training was carried out frequently and gave them the required skills to carry out their role effectively.
- The registered manager kept a record of training completed. We reviewed this and found some further training was required. The registered manager had a plan in place to address this.

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

- People received a healthy balanced diet which met their needs and took into consideration their preferences.
- People told us they enjoyed their meals. They commented that staff assisted them as required and there was enough food available to them. One relative said, "[Relative] loves the food. They have fish and chips, meat and potato pie, puddings. [Relative] has a good appetite."

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

- We reviewed care plans and found staff had predominantly worked with other agencies to ensure people received support from appropriate professionals.

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

- The provider and registered manager had ensured signage was available for people to navigate around the home.
- The provider had identified some areas that required decorating and refurbishment and a plan was in place to complete this work.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The management team and staff were knowledgeable about the MCA and DoLS and were working within the principles of the MCA.
- Where people lacked capacity to make their own decisions, decisions had been made in the person's best interests.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- During our inspection we observed staff interacting with people in a kind and caring way. One staff member said, "It will always be more than just a job, it is about giving time and care to people who have made a massive contribution to this life and we respect them for that."
- Relatives felt staff would support their family member as required. One relative said, "I would say staff do try to support [relative]. It's a shame they cannot get out more." Another relative said, "There's not much [relative] can do really but it's the best care home [relative] has been in."

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

- People told us they were supported to express their opinions. One person said, "I prefer to stay in my room, I'm comfortable here." One relative said, "They [staff] don't rush [relative]. They go at [relatives] speed."
- Staff told us they consulted with people about how they liked to receive their care. Staff knew people well and understood their preferences.

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy was respected and their independence maintained.
- We saw staff knocking on doors prior to entering bathrooms, toilets and bedrooms.
- Relatives felt their family member's dignity was respected. One relative said, "[Relative] is respected, they [staff] love [relative] and they are not discriminated against."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

- During our inspection we observed staff interacting with people and found whilst they were kind, they were task focused.
- Care plans we reviewed lacked person-centred information. However, the care planning system had recently changed from a paper-based system to an electronic one. Staff felt some information had not been transferred over.
- Relatives told us their family members were very often in bed. One relative said, "[Relative] likes the quiet, but they [staff] could move [relative] around and in the dining room so they could talk to others, but they are mostly in bed."
- We found there was a lack of social activities and stimulation within the home. Most people were cared for from bed, with little to occupy them throughout the day. The deputy manager told us they were in the process of recruiting an activity co-ordinator to improve activities and social interaction within the home.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff communicated with people in a way which met their needs and gave time for them to respond.
- Care plans included a section regarding communication and detailed the support people required to communicate effectively.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, and this was used to improve the service.
- The registered manager kept a record of complaints received and this evidenced the procedure had been followed effectively.
- People and relatives felt able to raise concerns and felt listened to most of the time.

End of life care and support

- Care plans were in place to assist staff in supporting people when they were in receipt of end of life care.
- Staff received training on end of life care which gave them the skills required to care for people and

support their relatives.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider did not always promote a positive culture where people were supported to achieve good outcomes. Staff were kind and caring when they assisted people, however, there was a lack of social stimulation for people and support was often task focused.
- Confidential information was left unattended on the upstairs unit and a notice board containing personal information was on view to everyone passing through the home. The deputy manager removed this promptly.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems in place to monitor the service were not always effective. We found concerns relating to infection control, risk management, and person-centred care. These issues had not been previously identified and addressed.
- There was limited evidence that people and their relatives had been involved in the service or been asked for their views and opinions.

We identified a lack of person-centred care, leadership, engagement and ineffective management systems. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team consisted of the registered manager, deputy manager and a team of nurses and senior care workers.
- The management team understood their legal requirements and could evidence notifications had been made to CQC and to the local authority when required. However, there was a lack of understanding around quality performance and meeting standards.

Working in partnership with others

- The provider worked with other healthcare professionals when people required their support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks relating to the welfare of people were not always effectively managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	We identified a lack of person centred care, leadership, engagement and ineffective management systems.