Loven Richden Park Limited

Richden Park Care Home

Inspection report

37-43 Old Brumby Street
Scunthorpe
South Humberside
DN16 2AJ

Tel: 01724280587
Website: www.bondcare.co.uk/care-homes/richden-park/

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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

Rating at last inspection: Good (published 7 June 2016).

About the service: Richden Park Care Home is a residential care home. It was providing personal care for 25 older people at the time of the inspection. Some people may be living with dementia.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

People's experience of using this service: People told us they felt safe and staff looked after them well; they had access to healthcare professionals for advice and treatment in a timely way when required. People told us staff response to call bells could be quicker sometimes, although this had not affected them in any serious way. We mentioned this to the manager to check out with people to see if there were areas to improve. There were positive comments about the kind and caring approach of staff.

People told us they liked the meals and there were choices and alternatives on the menus. They said they could have snacks and drinks at any time in between meals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us visitors were welcomed at any time, which helped maintain relationships and friendships.

People were asked for their views about the service on a day to day basis, in care plan meetings and in questionnaires. They had been given information on how to make a complaint and people told us they would speak to staff or the manager if necessary.

Staff received induction, training, supervision and support. The training covered mandatory courses and those specific to the needs of people who used the service, for example dementia care. This helped staff to have the right skills to care for people.

Checks were carried out to make sure the service was safe for people and to see what improvements could be made. Although the service was clean and tidy, parts of the environment required redecoration and some areas, such as the laundry (a separate building away from the main house) needed refurbishing. The manager had a plan for improvements to the service and had been assured by senior management that finances were available.

A full description of our findings can be found in the sections below.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

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

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Richden Park Care Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: One inspector carried out the inspection on both days. They were assisted by a second inspector for two hours on both days and an Expert by Experience on day one of inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. The Expert by Experience had expertise in caring for someone living with dementia.

Service and service type: Richden Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service had a new manager who was progressing through registration with the CQC. When registration is completed it 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: Inspection site visit activity was unannounced and started on 5 December and ended on 6 December 2018.

What we did before and during the inspection: Before the inspection, we looked at information sent to us since the last inspection such as notifications about accidents, safeguarding alerts and the Provider Information Return (PIR). The PIR 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 received information from the local authority and Healthwatch who had completed visits to the service.

During the inspection, we spoke with nine people who used the service and three relatives. We completed a short observation for inspection (SOFI) to help us understand the experience of people who could not talk with us. We spoke with the manager, deputy manager, two care staff, an activity coordinator, two catering staff and two housekeepers. We received information from two additional care staff and two healthcare

professionals. We also spoke with a regional support manager who visited the service on the first day of inspection. We looked at a range of documentation such as care files and monitoring charts for four people, and medication records for 14 people. We looked other records for the management of the service such as recruitment, staff training, meetings, audits and maintenance of equipment. We checked the environment.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes; Staff recruitment practices.
● The provider had safeguarding policies and procedures to guide staff and training took place to ensure they understood how to respond to concerns. In discussions, staff had a good understanding of how to protect people from abuse and how to raise an alert with the local authority safeguarding team. There were systems in place to safeguard people's money held in the service for safekeeping.
● People told us they felt safe. Comments included, "I feel secure when they are moving me about" and "I have nothing to fear here." A relative said, "They roll out of bed a bit so they have an alert mat."
● The provider had a safe recruitment system. Employment checks were carried out before new staff started work in the service. Staff told us they completed a 12week induction when they initially started work. This included shadowing more experienced staff for several days and completing workbooks.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection.
● People had assessments completed to identify areas that could pose a risk such as moving and handling, falls and skin damage. The risk assessments included measures staff should take to minimise incidents occurring and to keep people safe.
● Accidents and incidents were recorded by staff and seen by management. The manager analysed accidents to look for patterns and ways to prevent them.
● The environment was safe and equipment used by people was serviced and maintained.
● The service was clean and tidy. There were infection prevention and control (IPC) procedures for staff to follow and personal protective equipment was available. Staff completed IPC training. A recent audit had been completed by a specialist IPC nurse and their recommendations had been included in the service's improvement plan.

Staffing levels.
● Staffing rotas and discussions with staff confirmed there were between five and six care staff on duty each day and three, sometimes four at night. There was also a manager, deputy manager, activity coordinator and ancillary staff. There were mixed comments from people who used the service; some told us there were no issues with call bell response times whilst others said this could be quicker but they appreciated staff were busy. People said, "The staff are good and have time for me", "Sometimes there is enough and sometimes not, but they get it right most times", "I think they could do with a few more; I feel they are over worked" and "There have been a few more extra staff lately." These comments were discussed with the manager to check out with people who used the service.

Using medicines safely.
● Medication was managed safely and people received their medicines as prescribed. There could be a

better system of stock control to prevent wastage of medicines. This was mentioned to the manager to address with staff.

- People told us they received their medicines on time and were not left waiting for them.

Good

Is the service effective?

Our findings

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

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; adapting service, design, decoration to meet people's needs.

- People had assessments of their needs completed and care plans were developed, which guided staff in how to meet people's needs in a safe and timely way.
- The manager was aware of good practice guidelines and used them to support the delivery of care.
- Parts of the environment had been adjusted to support people living with dementia, for example colour-contrasting toilet seats and grab rails, appropriate lighting, pictorial menus and bright, colourful notice boards. Corridors had hand rails at both sides to assist people and there was a range of moving and handling equipment to help people move about the service. There were separate communal rooms to give people a choice of where to sit and spend their day.

Supporting people to eat and drink enough with choice in a balanced diet.

- People told us they liked the meals provided to them. Comments included, "The food is excellent; I nearly always clear my plate" and "The food is very good; well I think so."
- The menus provided people with choices at each meal. The cook was aware of people's likes and dislikes and suggested alternatives for people when required. There were drinks and snacks provided in between meals.
- People had their nutritional needs and any associated risks assessed on admission. Special diets were provided in line with risk management including concerns with choking or weight loss and gain.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations.

- People had access to community healthcare professionals in a timely way when required. There were records of visits made by healthcare professionals and instructions following telephone conversations with medical staff.
- People told us staff were quick to contact health professionals when needed. They said, "If you are not well, they would see to you" and "Yes, they get the doctor; they are very good that way." A health professional said, "Staff contact the district nursing team in plenty of notice if they have any concerns with patients."
- Staff had completed information booklets to accompany people on hospital admissions; this helped provide medical and nursing staff with important care needs.

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. Staff understood the need to ensure people gave consent before care tasks were carried out and gave examples of how they managed to gain consent.

● People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA; any restrictions on people's liberty and any conditions in DoLS authorisations were met. Best interest documentation was in place to show who had been consulted when people lacked capacity and decisions were made on their behalf.

Staff skills, knowledge and experience.

● Staff had access to training, supervision and support to ensure they had the right skills and confidence when supporting people to meet their needs. Staff confirmed they completed training and had supervision meetings. Staff said the manager and deputy manager were supportive. Comments included, "All the training has been very useful" and "Presently, the new manager is doing all the supervisions to get to know the staff."

Good

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect, and involved as partners in their care.

Ensuring people are well treated and supported; respecting and promoting people's privacy, dignity and independence.

- People told us staff were kind and attentive. Comments included, "The staff are lovely and they have time for me" and "They [staff] are exceptionally caring. It is enough to bring tears to your eyes." Relatives said, "They [staff] are wonderful; they do everything they possibly can. It is hard work here but they keep going", "They have some fun with the residents. Even when they are pushed for time. You can't please all the people all of the time, but they do try here" and "I think they are well looked after."
- We observed staff had a caring, friendly and positive approach when supporting people. For example, at lunchtime staff supported people to cut up their food so they could manage independently. When required they assisted people to eat their meal at a good pace, which enabled them to enjoy it. Staff were attentive during the day and ensured people had the correct walking aids; one member of staff stopped what they were doing and quickly fetched a person's walking frame as they were moving without it. Two staff were observed supporting people to transfer from a wheelchair to a comfortable chair; both staff were gently giving instructions and praise to each person during the task. Staff were seen stopping and talking to people, asking about their relatives and sharing light-hearted jokes with them.
- Staff respected people's privacy and dignity. Comments included, "They look after you and they always make sure you are covered [during personal care]" and "They are all respectful."
- Staff had completed training in 'dignity in action' and 'equality, diversity and inclusion'. Staff had a good understanding of the importance of maintaining privacy, dignity, confidentiality and independence; they provided good examples of this during discussions with us. People's personal data was stored securely.
- Heath professionals said, "Staff always treat residents with respect and are very caring" and "They [staff] ensure needs are met for patients when required and dignity is met by closing doors and shutting curtains."

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

- People had reviews of their care, which were attended by members of their family. Records of reviews showed people were asked what they thought about the care and whether they wanted any changes made.
- People's care plans reminded staff that even when people needed support to make complex decisions, they could make day to day decisions about their life.
- Staff supported people to make their own choices and decisions whenever possible. We observed staff asking people what drink they would like at lunchtime and in between meals. They asked people whether they would like a piece of cake for the mid-afternoon snack. There were bowls of fruit available in lounges for people to help themselves. People were asked if they wanted to join in the organised activities.
- People told us they could make choices and their own decisions. Comments included, "When I first came here they wanted to know what I would like to be called", "Well, they always ask me what I want doing and if they are going to do something, they ask me", "The senior staff comes every morning and asks for my

choices" and "Some people have different foods and they [staff] would bring things in for them. They bring pizzas in for people and McDonalds."

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Personalised care.

● People had assessments of their needs completed and care plans to guide staff in how to meet them. The care plans were reviewed monthly and changes made when required. The manager was updating the care plan format and we could see improvements in the detail and personalised information in the new plans.

● People or their relatives had been involved in completing a document called 'This is my life'; this included lots of information about important relationships with family and friends, previous interests, work history, hobbies and preferences. The document helped staff to get to know each person as an individual.

● Staff knew people and their needs well. For example, they could chat to people about their families, they knew where people preferred to spend their day and the chef knew people's like and dislikes.

● People confirmed staff knew their preferences and responded to their changing needs. Comments included, "They know I don't like mushy peas; they give me garden peas instead. They make a point of trying to get you what you like", "I have arranged with the staff here that I get a bath every Friday" and "Well, they let me have a coffee whenever I want."

● People were provided with information in an accessible format to enable better understanding and to make informed choices. There were easy read versions of the home's 'service user guide', which provided people with information about the services on offer. The menus were in pictorial format so people could point to their choice. There were signs on bathroom and toilet doors to remind people where these were located.

● There was an activity coordinator who organised a range of activities for people to participate in. These included small group activities and one to one sessions with people. Each person had a journal, which was completed daily with the activities they participated in and whether they had enjoyed them. There was an activity programme on display, which included exercise games, bingo, quizzes, arts and crafts, board games, reminiscence, baking and visiting entertainers. One person told us they preferred to remain in their bedroom and the activity coordinator visited them each day to talk to them. Other people said, "There are exercises to music, skittles and things" and "There's reading, colouring, card making and skittles." The manager told us about plans to make a 'coffee shop' in the service so people could sit with their relatives in a café-style atmosphere. There were also plans to increase the activities available for people; recruitment was underway for a second activity coordinator.

Improving care quality in response to complaints or concerns.

● The provider had a policy and procedure to guide staff in how to manage complaints. A short version of the procedure was on display in the service and people had a large print, easy read information in the service user guide. There was a suggestions box in the entrance. One person had suggested a large clock and this had been provided.

● People told us they would raise complaints with their family, care staff or the manager if needed and these would be addressed. Comments included, "Relatives act on my behalf; things are mostly addressed quickly",

"I would call for the manager. Occasionally, I have [complained], but it's been resolved satisfactorily" and "I have no complaints; I would probably speak to [Name of staff]."

End of life care and support.

● People could remain at the service for end of life care if this was their choice. End of life training for staff was planned for the week following the inspection; the manager said they liaised with district nurses and other health professionals when required to discuss end of life plans. We saw one person had recently had a best interest meeting where an end of life plan was discussed with their family and GP. This included a discussion about the most appropriate place for the person to be cared for at the end of their life and a review about their medicines. The person had closer monitoring of their food and fluid intake due to a deterioration in their physical health. Other people had end of life care plans which indicated preferences, religious beliefs and decisions about resuscitation.

Good

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care.

- There was a quality improvement programme which consisted of audits, checks and monthly questionnaires to a selection of people who used the service and their relatives.
- The audits were completed on areas such as medicines management, care plan documentation and the environment. When shortfalls were identified, action plans were produced with timescales for completion. For example, the laundry required refurbishment, the general decoration was looking tired, some carpets needed replacement and skirting boards and doors had chipped paintwork. The manager told us they had a meeting planned in early January 2019 with the regional manager to discuss refurbishment plans. They had been assured a budget had been allocated for the work. Comments from relatives in questionnaires referred to the need for a redecoration programme.
- Staff had been allocated 'champion roles', for example 'dignity champion'. This ensured staff practice was observed and helped to make small changes and improvements.
- Information about accidents and incidents was collated so lessons could be learned to prevent reoccurrence.
- The manager was aware of their regulatory responsibilities and completed notifications to the Care Quality Commission and other agencies when incidents in the service affected people's wellbeing.

The provider plans and promotes person-centred, high-quality care and support, and takes responsibility and action when things go wrong.

- The provider's senior management team received monthly reports about the service. The reports included accidents or incidents, complaints, people's weight with the action taken for losses or gains, the number of bed rails in use and the reasons for hospital admissions. There was also information about the number of staff supervisions carried out. The reports enabled senior management to have oversight, so they could take action if required.
- The manager told us they were supported by a regional manager, regional support manager and clinical director. They completed visits to the service to check on progress with action plans. The manager described the culture of the organisation as open and supportive.
- There was a system of 'resident of the day', where the person's care plan was checked and they were asked about the care they received and whether anything could be changed.

Engaging and involving people using the service, the public and staff; working in partnership with others.

- The manager had been in post for the last four weeks and had spent the time getting to know staff and people who used the service. There had been changes in management and the staff team over recent

months, although the core staff group and the deputy manager had remained constant. The manager was in the process of completing formal supervisions with each member of staff to see whether they had any concerns. There were staff meetings and heads of department meetings where issues were discussed; this enabled staff to make suggestions.
The previous manager held 'surgeries' outside of normal working hours for those relatives who visited in the evenings or weekends. The new manager told us they would restart these.

● Staff confirmed the manager, deputy manager and the regional support manager were available when required. Comments from staff included, "Morale is okay; it's always difficult when there is a new manager as change can be difficult", "The manager is very supportive and will encourage you to progress; they explain things if needed. Staff morale has improved this week", "There is a happy atmosphere; the managers are both helpful and understanding" and "We asked for things for residents and items for the kitchen; it was actioned quickly."

● People who used the service knew there had been a change of manager recently but not everyone we spoke with could recall meeting them. Those that did had positive comments to make, "They haven't been here long. They are a smashing woman and when they are short staffed, they get stuck in", "Well, there are quite a few [managers]. They come and down sit on the bed and talk to me" and "I don't really know them; I would feel able to speak to them."

● Health professionals told us there was good communication between staff at the service and the district nursing teams. People's care file documentation reflected discussions with a range of health and social care professionals and joint working when important decisions were made on people's behalf.