Care Quality Commission

Richmond Court Nursing Home Limited

Richmond Court Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This was an unannounced inspection that took place on 2 and 3 December 2014.

We last inspected this service on 7 October 2013. There were no breaches of legal requirements at that inspection.

Richmond Court provides nursing and personal care for a maximum of 42 people. At the time of our inspection, there were 35 people living at the home. The building was undergoing some refurbishment work to improve the environment for people living there.

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.

Summary of findings

People and their families told us they were happy with the care and support they received from staff. We observed people being treated with kindness and dignity and respect.

People told us that they felt safe in the home. We noted that care plans and risk assessments were regularly updated and referrals made to appropriate health professionals where necessary. We found that staff were aware of their roles and responsibilities in respect of keeping people safe and were able to demonstrate how they kept individual people safe. However, although we found that staff had the knowledge of how to keep people safe and recognise abuse, they did not have the training to support this and two staff told us they would like to receive training in this area.

There were robust recruitment systems in place to ensure appropriate staff were employed by the home. The manager made arrangements to ensure the same agency staff were employed for consistency of care.

The Mental Capacity Act 2005 (MCA) states what must be done to ensure the rights of people who may lack mental capacity to make decisions are protected; this includes balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. Staff we spoke with were aware of MCA and DoLS and the importance of obtaining people's consent, where possible. Mental capacity assessments had been removed from care files and it was not always clear from information held on some people's files whether they had capacity or not.

Care plans were detailed and contained person-centred information. Staff were able to provide us with detailed information regarding the care and preferences of people living at the home and demonstrated the skills and knowledge required to meet the needs of the people living there.

Relatives of people told us they found the manager and staff approachable and that they had confidence that if they needed to raise any concerns or complaints that they would be dealt with. Staff understood their role and felt supported by the manager.

Despite refurbishment work being carried out during the inspection, the home was clean and tidy and a risk assessment had been put in place to manage the building work.

During the inspection we noted five people playing dominoes, all of whom were enjoying the interaction with each other and the member of staff facilitating the game. However, there were a number of other people who were not involved in activities and may have benefitted from some additional interaction. Staff were very busy and their roles appeared very task orientated. People told us they would enjoy more interaction with the staff group and they clearly enjoyed talking to them.

Summary of findings

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 safe.

Relatives and people at the home told us that they felt safe and were supported by staff who knew them well.

Where there had been identified risks with people's care needs we saw that these were assessed and planned for.

People were supported by sufficient numbers of staff to meet their needs.

Good

Is the service effective?
The service was not consistently effective.

People received care that met their care needs and communication systems were in place to ensure staff were made aware of any changes to people's healthcare needs.

People were supported to have enough food and drink and staff understood people's nutritional needs.

Staff demonstrated of knowledge of safeguarding and mental capacity, however, records failed to show that mental capacity assessments where appropriate, were in place.

Requires Improvement

Is the service caring?
The service was caring.

People spoke positively about the care they received and said their privacy and dignity were respected.

Staff were respectful when providing care and showed kindness in their approach to care delivery.

Good

Is the service responsive?
The service was responsive.

There was evidence that staff were following instructions in care plans and they were updated in a timely manner.

People and their relatives were confident that should they have any concerns they would the listened to and acted upon.

Good

Is the service well-led?
The service was well led.

People told us both the manager and the management team were visible and they would have no hesitation in approaching them if they had a problem.

Good

Summary of findings

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.	

Richmond Court Nursing 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 2 and 3 December 2014 and was unannounced. The inspection team consisted of two inspectors and one 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. This expert by experience had experience of caring for an older person themselves.

Prior to the inspection we looked at information we held about the home. A Provider Information Report (PIR) was requested to obtain specific information about the service. This was completed and returned to us. The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions and what improvements they plan to make. We also looked at any notifications that had been received from the provider about deaths, accidents and incidents and any safeguarding alerts which they are required to send us by law.

During the inspection we spoke with five people who lived at the home, the registered manager, members of the management team and the provider. We also spoke with four members of the care staff, the cook, three relatives and a visiting professional. Following the inspection we also spoke with a representative of the Clinical Commissioning Group [CCG] who purchase care at the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how care was provided and we looked at the care records of three people. We also looked at three staff files, training records, complaints log, accident and incident audits, handover records and minutes of meetings for people living at the home.

Good

Is the service safe?

Our findings

People living at the home, their relatives and a visiting professional told us that they had no concerns regarding the care people received at Richmond Court. People told us that they felt confident they were cared for well, one person told us, "I like it here, people look after me properly" and a visiting professional told us, "I am amazed at how settled [person's name] is, they are safe here, they know how to care for them".

During the inspection, staff told us how they were aware of the risks to people who lived there and how they kept people safe, one person told us, "If [person's name] gets upset we walk them around, it helps calm them down and distract them and they soon come round". When new people came into the home, staff told us they would be, "Told right away". All staff spoken with knew about the changes that had taken place that day with respect to the nutritional care needs for two particular people who lived at the home. Staff were also aware of two people currently in the home who were at risk of pressure ulcers (sore skin) and that appropriate measures had been put in place to reduce the risk. We noted that referrals had been made to the tissue viability services and that there were care plans for skin integrity and wound care in place, all of which were reviewed on a regular basis.

During the inspection it was noted that refurbishment work was taking place in the home. A risk assessment had been put in place in order to manage the situation safely. A fire door was labelled "keep closed" on one corridor to limit the dust circulating around the building. During the inspection this was not always kept closed and this was brought to the attention of the manager.

Staff spoken with understood whistleblowing procedures and knew what to do if they had any concerns. They also told us that if they had any concerns, they had no problem raising any issues with either the nurse in charge or the manager. One person told us, "If I have a problem I would speak to the manager", another told us, "I would not hesitate to speak to her". Staff also told us that they could also contact other members of the management team or the owner and were confident that they would be listened to.

Staff spoken with also had some knowledge regarding safeguarding and different types of abuse. All were aware of what to do if they witnessed abuse and told us they would raise any concerns with the manager or a member of the management team.

All visitors spoken with told us the staff were always very busy. Some people told us they felt there were enough staff, whilst one visitor commented, "It would be good if staff could spend more time with people, just to sit and chat a little while". We observed that staff were busy and much of their day appeared task orientated. However, when people called out to staff, we noted that they responded in a timely manner. On the day of the inspection we were advised by management that there were currently a number of staff vacancies. The registered manager and the management team were working to fill these vacancies and where there were short falls in staffing, agency staff (who had worked at the home previously) were used.

A new member of staff told us, and records showed, that all appropriate checks had been made prior to them starting work in the home. We looked at the files of three members of staff and noted that the service had a robust recruitment process. All files looked at contained appropriate references, held information confirming identification and confirmed staff had been checked with the Disclosure and Barring Service (formerly Criminal Records Bureau). This meant that checks had been completed to help reduce the risk of unsuitable staff being employed by the service.

We noted that the registered manager kept a monthly audit of any incidents or accidents in the home. These were listed in detail and also documented what action was taken and if there were any trends apparent, for example accidents happening at particular times of day. This included a 'post fall' folder which held information including observations and re-assessments following a fall and what actions had been put in place to reduce the risk of this happening again. For example, crash mat in place, profile bed, and risk assessment reviewed.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. The provider had recently changed the medication system which made the dispensing and auditing of medicines much easier. We saw that medication was checked regularly to ensure any errors could be identified and reduced. We observed a new member of staff being supervised whilst preparing and

Good

Is the service safe?

dispensing medicines. This was done safely and patiently, supporting each person whilst encouraging them and explaining what was happening. We noted that medicine care plans were also in place and copies kept with Medication Administration Records (MAR) charts. For those people who required creams to be applied, body maps highlighting the areas were also included with the MAR charts.

Requires Improvement

Is the service effective?

Our findings

People living at the service and their relatives told us they felt listened to and cared for. One person told us, "They are ever so good here, very helpful, I love it here". Another person told us, "I like it here, I have my off days but don't we all? People look after me properly here". A relative told us, "This is a good place for [person's name], I saw an improvement in them within the first few weeks of them being here".

We observed that there were systems of communication in place to ensure staff had the most up to date information to meet the needs of the people who lived at the home. Written handovers were in place – signed by nurses on both shifts. There was also a communication book in place that was used as a daily record and summary of days. Staff spoken with referred to this and how useful it was. We noted the entries reflected any changes in needs. This meant staff arriving on shift were able to obtain the latest information regarding the care needs of the people who lived at the home.

The registered manager had in place staff supervision records, part of which included observing staff practice in four areas of care delivery. The manager used these observations to assess staff competency levels and determine whether additional training or support was required. This meant the manager was able to assess the impact of care delivery and ensure good practice was maintained.

We spoke to one new member of staff who spoke highly of their induction. They told us, "The manager is very supportive, I would not hesitate to speak to her about anything". They also told us their first week of induction involved being made aware of policies and procedures and getting to know the people living in the home. We looked at staff training records, as some staff had told us that they would like additional training in manual handling, safeguarding and dementia care. Although staff demonstrated a knowledge of safeguarding, there was no record on file of this type of training taking place. We raised this with the registered manager and following the inspection we were informed that safeguarding training had been arranged for staff. We also noted that training records showed that staff had not received training in respect of Mental Capacity or Deprivation of Liberty Safeguards. We raised this during the inspection with the registered manager.

We noted that care plans were detailed and regularly reviewed to reflect changes in people's care. Staff spoken with were able to demonstrate knowledge of individual people living at the service and how to care for them. A member of staff described how they obtained consent from people when delivering care, "I always ask [person's name] if they want to do their own wash before giving personal care and then ask what they want to wear".

The registered manager told us that there were no people living at the service who were subject to a Deprivation of Liberty Safeguards [DoLS]. We asked if mental capacity assessments were in place for a number of people living at the home. We were told that previously there were, but that these had been removed some time ago following a conversation with the Local Authority regarding use of appropriate paperwork. Staff we spoke with had an awareness of the meaning of mental capacity and the importance of obtaining people's consent for care. We noted in the care plans looked at that reference had been made to people's capacity, but that a formal assessment had not been recorded. Following the inspection we were notified by the registered manager that appropriate paperwork was being sourced to ensure that mental capacity assessments were in place, where appropriate.

People who lived at the home and their families told us that they were happy with the meals provided, one person told us, "The food is very good". A family member told us, "They know what drinks my relative wants and what he likes". Another family member told us, "The food is ok, [person's name] doesn't complain – he would if he needed to".

We conducted a SOFI at lunchtime. We saw that people were able to choose where they sat for their meals and a number of people were supported to eat their food. We observed a member of staff assisting someone at lunchtime and encouraging them to eat. We also noted that lunchtime was very busy and staff worked hard to ensure everyone had their meals and were assisted where appropriate.

However, we noticed that small number of people were left waiting for some time before their meal arrived and some

Is the service effective?

complained that their food was cold. The cook took the food away and replaced it with a hot meal. One person did not want what was on offer and they were immediately offered an alternative. We heard on one occasion, and saw in records, inappropriate language used to describe assisting people at mealtimes. We raised this with the registered manager on the day of the inspection. The manager agreed to speak to the member of staff concerned and also confirmed that paperwork would be updated to reflect more appropriate language to respect people's dignity.

We spoke to the cook regarding the menus and choices available. They were able to tell us people's preferences and dietary requirements. We noted that pureed meals had been blended together in one bowl. We spoke to the cook regarding the separation of pureed meals and the importance of the presentation of these meals to ensure the person had a better meal time experience. The cook was aware of this but advised he did not have the time that day to blend food separately. We raised this with the registered manager and the following day observed that pureed meals were presented differently.

A member of staff told us they felt there were not enough staff available to assist at lunchtime. We raised with the registered manager how busy staff were working at lunchtime but not everyone was receiving their meals in a timely manner. On our second day of inspection we were told that meal times were now divided into two sittings to enable staff to support people in a timely manner, where appropriate.

Care records showed details of visits from health care professionals, for example GP, tissue viability nurse and optician. We noted in one person's care plan in response to their weight loss that appropriate referrals had been made to their GP and the Speech and Language Therapist (SALT). Advice given by both parties was followed up and actions taken as recommended. On the day prior to our inspection we noted that a call had been taken from the SALT team advising that this person now required their diet to be amended. This person's care plan had been updated to reflect this and the information was also included in the communication book and passed onto staff at handover. All care staff spoken to (and the cook) were aware of this. This meant that changes put in place could be actioned immediately.

Good

Is the service caring?

Our findings

People spoken with and their families spoke positively about the care they received, family members told us, "[Person's name] face lights up when they see staff which is reassuring that they are comfortable". Another family member told us, "Staff treat [person's name] with dignity and respect". One person told us, "Staff are ever so good, so helpful". Another relative told us how they had observed the staff interacting with other people living at the service, one particular example being, "I saw a nurse combing the hair of one resident, I was impressed how they were; they were very gentle". At lunchtime, we observed staff supporting people gently and carefully to the dining tables.

Relatives spoken with told us how they had been involved in their relative's care plan prior to moving into the home. One family member told us, "We were involved in the care plan and they arranged it so that [person's name] could come home for a visit, which was really important for them and the family".

We observed staff were very busy but when providing care they took their time and did not rush people. We saw that staff were respectful when addressing people and spoke kindly to them. At lunchtime we observed staff ask some people if they required help eating their lunch and one person being asked if they could put an apron on them, "To protect your clothes" which they agreed to.

We saw that people looked well cared for and were wearing clothing that matched. We noted that people's wishes with regard to their personal care needs and what was important to them were noted on their files, for example, one care plan stated that a particular person liked to look neat and tidy, have their hair combed in a particular way and liked to have a shave every day. We spoke with staff regarding people's particular needs and preferences, one member of staff commented, "Little things are important to maintain dignity and respect". This showed that staff respected people's dignity by recognising the importance of looking good.

All visitors spoken to told us they could visit at any time, one person adding, "It feels good here, staff are really helpful and lovely".

Staff spoken with told us how they supported people, one member of staff commented, "You can't force people, I try to make people comfortable" and another added, "I treat people like they are my own family, it doesn't hurt to stop for five minutes and pass the time of day with people" and "Even if they are confused I will respect them and give them all the choices; little things are important to maintain dignity and respect".

Good

Is the service responsive?

Our findings

Families spoken with told us they were confident their relative's needs were being met and they were being cared for appropriately. One person told us, "I can go back to being my father's daughter now, they know how to care for him". We noted that pre-assessments were completed prior to people moving into the home and that family members were involved where possible. One family member told us, "We met with a senior member of staff and Social Services and went through the care plan, we went through everything".

People told us they got up when they wanted and their care plans detailed these preferences, one person told us, "I like to get up early in the morning – always have done". Another person told us, "I like to go to my room in the afternoons and have a biscuit and watch my television".

We noted that care plans were detailed and held information regarding people's preferences and choices. We saw evidence of referrals being made to health care professionals where appropriate. When speaking to staff, it was clear that they had detailed knowledge regarding the people who lived at the home, not just their health care needs but smaller details such as, "[Person's name] loves to wear white – they prefer this colour" and "[Person's name] always wants to have her handbag with her all the time – it's important to her".

A new member of staff told us, "Before providing care I make sure I have all the knowledge I need by looking at the care plan and making sure I follow it – if I see any changes I report them to the nurse in charge".

On the day of the inspection we noted five people were playing dominoes with the activity co-ordinator, who was involving all present and it was clear from their responses that they were enjoying themselves. Other people were sitting in the dining room or the lounge area. We observed that a number of people were sitting watching the television but noted the positioning of the television may have been difficult for some people to watch. Two family members both mentioned that staff were very busy but it would be good if there were more activities in the home and things for people to do. One visitor had bought in a puzzle book for a relative as he knew this person enjoyed this, but added that he had never seen his relative with it since bringing it in. This meant that although care plans detailed people's interests and hobbies, this information was not always used to enable people to continue to follow their interests and enhance their daily living experience. We spoke with the manager regarding activities and were told that the activity co-ordinator had introduced different activities, for example exercises but not many people joined in.

People who lived at the home and visitors all knew how to make a complaint and told us they were confident that if they needed to, it would be responded to appropriately. No-one we spoke to had had cause to complain.

There was a complaints book in place. Four complaints had been received this year and investigated. However the recording process for each investigation was not held in one place. We went through each complaint and tracked how each had been followed up and responded to. Where appropriate, lessons had been learnt and practices had been changed. The registered manager advised that a Complaints Folder was in the process of being established to ensure that all information was held together.

Good

Is the service well-led?

Our findings

The registered manager has worked at the home for approximately six years. Visitors to the service told us they knew who the manager was and one person added, "The manager is always visible" and another family member told us, "The manager is very approachable, very nice". During the inspection we observed the manager talking to people who lived at the home and their families and when spoken to, she demonstrated a detailed knowledge of individuals and their care needs. During the inspection we also met with several members of the management team, including the provider. Staff spoken with told us they were used to the additional members of management being on site and told us they if they had any concerns or issues to raise they could go to anyone of them, not just the manager. This meant that that there was support available to the registered manager and that staff and relatives had access to a number of individuals they could approach with any issues in the manager's absence.

Families we spoke with told us they were not aware of any relatives meetings, nor had they been asked to complete any surveys requesting feedback on the service. The manager advised that she had an open door policy and told us that questionnaires were sent out twice a year to people using the service, their relatives, staff and outside agencies, asking their opinion of the service. We saw evidence of these questionnaires although the relatives we spoke with had not completed any. In the last questionnaire sent out in July 2014 we noted in some of the responses that people had said that the complaints procedure for the home should be more visible. The registered manager advised us (and we observed) that in response to this the complaints procedure had now been placed in a prominent position on a noticeboard in the home. This showed that the manager had listened to and responded to issues raised by relatives.

Residents meetings were taking place monthly and minutes available recorded that people living at the home were asked their opinion on food and choices, their rooms, the staff and if they were happy at the home.

Staff spoken with were complimentary of the manager, telling us, "If I had any concerns, I would speak to her", "The manager is very supportive, in the couple of months I have been here – I would not hesitate to speak to her if I had a problem – she has taught me how to troubleshoot". The manager had systems in place to observe staff practice in a number of areas of care delivery and identify any areas of improvement. For example, staff practice was observed when providing support at mealtimes, providing personal care and manual handling. We saw evidence of this information forming part of individual staff supervision meetings.

Staff spoken with and records showed, that staff meetings took place every two months. One member of staff told us, "We have staff meetings every two months, the manager shares information and tells us about any changes".

Prior to the inspection we asked the provider to send us a PIR, this is a report that gives us information about the service. This was returned to us completed and within the timescale requested. Where necessary, the registered manager kept us informed about events that they are required to inform us of.

Where there had been incidents we found that learning had taken place and actions taken to reduce the risk of similar occurrences. We looked at what actions had been taken in response to a safeguarding. The incident had been investigated and actions put in place that addressed the issue raised.

The manager had in place a number of audits to assess quality in the home. Records showed that staff received regular supervision and their care practices were also regularly observed. However, these audits and supervisions did not highlight the need for additional training staff told us they felt they required. We raised this with the manager and the provider. The provider was concerned as one of the additional areas of training requested was manual handling. We were advised that additional training in this area had been offered recently but the staff take up on this had been poor.