

John Glazer

# Richmondwood Residential Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This unannounced comprehensive inspection took place on 19 and 21 August 2015. At the last inspection completed in October 2013 we found the provider had met the regulations we reviewed.

Richmondwood Residential Care Home provides accommodation, care and support for up to 22 older people. At the time of the inspection there were 16 people living at the home. There was a registered

manager at the home at the time of the inspection. 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 relatives commented positively about the care and support they were given at the home and everyone we spoke with told us they enjoyed living there. Comments included, “The staff are excellent, so accommodating and compassionate” and “I love living here, I can’t believe how much I enjoy it” and “It’s very good, I can’t fault anything”. People told us they felt safe at the home. Staff knew how to prevent, identify and report abuse and the provider had a system in place to protect people from the risk of harm.

People’s needs were assessed including areas of risk, and reviewed regularly to ensure people were kept safe. People were cared for with respect and dignity and their privacy was protected. People were supported and cared for by a stable staff team that knew them well and understood how people preferred their care to be given. People and their relatives told us the service involved them in assessing and planning the care and support they received.

People told us there were always staff available to help them when they needed support and they were supported promptly by staff who were friendly and caring. Relatives told us they were always made to feel very welcome when visiting the home and said their relatives were well cared for, comfortable and enjoyed living there.

People received their prescribed medicine when they needed it and appropriate arrangements were in place for the storage and disposal of medicines.

Equipment such as hoists and pressure relieving mattresses and cushions were readily available, and well maintained.

There was a system in place to ensure people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures were in place. Staff spoke positively regarding the induction and training they received and commented they found the practical nature of the training very helpful. Supervisions and appraisals were regularly completed.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely.

People were supported and provided with a choice of healthy food and drink ensuring their nutritional needs were met. Menus took into account people’s dietary needs and people told us they really enjoyed the food and could have anything they wanted.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries. There was a clear system in place for people to raise concerns and complaints.

There was a varied schedule of daily activities for people to participate in if they wished. People who were able to, often went for walks and trips outside of the home to the local shops and parks.

People told us they felt the service was well led, with a clear management structure in place.

There were systems in place to monitor and improve the quality of the service provided.

# 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. Risks to people were assessed and reviewed and staff understood the procedures in place to safeguard people from abuse.

Medicines were managed safely, stored securely and records completed accurately.

Staff were recruited safely and pre-employment checks had been conducted prior to staff starting employment.

Good



### Is the service effective?

The service was effective. Staff received ongoing support from senior staff who had the appropriate knowledge and skills. Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People were offered and enjoyed a choice of food and drink. Menu's offered variety and choice and provided a balanced diet for people.

People accessed the services of healthcare professionals as appropriate.

Good



### Is the service caring?

The service was caring. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff had developed good relationships with people and there was a happy relaxed atmosphere.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People told us that staff were kind, caring and compassionate.

Good



### Is the service responsive?

The service was responsive. People's needs were assessed and care was planned and delivered to meet their needs. People's care plans and records were kept up to date and reflected people's preferences and histories.

There was a daily schedule of activities for people which they enjoyed and promoted their independence.

People knew how to raise a concern and felt confident that these would be addressed promptly.

Good



### Is the service well-led?

The service was well led.

Staff felt well supported by the management team and felt comfortable to raise concerns if needed and felt confident they would be listened to. Staff told us they enjoyed their work.

Observations and feedback from people and staff showed us the service had a supportive, open culture.

Good



# Summary of findings

The provider had a range of audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

# Richmondwood Residential 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 comprehensive inspection took place on 19 and 21 August 2015 and was unannounced. One CQC inspector visited the home on both days.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service for their views on the care and service given by the home.

During the two day inspection we met all of the people living there and spoke with the majority of them. We also spoke with the manager, four members of care staff and the cook. During the inspection we spoke with two visiting relatives and following the inspection spoke with one further relative and requested the views of visiting health professionals. We observed staff supporting people in communal areas and to eat meals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We observed how people were supported and looked in depth at five people's care, treatment and support records and reviewed all the medication administration records. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, premises maintenance records, a selection of the providers audits and policies, completed quality assurance forms and staff meeting minutes.

# Is the service safe?

## Our findings

We met and spoke with the majority of the people who lived at the home, everyone told us they were pleased they lived at Richmondwood. Comments included, “I never thought I would enjoy living here so much” and “It’s wonderful, I don’t have to worry about a thing, it’s all done for me”. We asked people if they felt safe living at Richmondwood. Replies included, “Oh yes, of course” and “Yes, all the time”. Relatives commented they had peace of mind knowing their family member was being looked after safely and enjoyed living at Richmondwood.

We spoke with staff about their understanding of protecting vulnerable adults. Staff demonstrated a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they needed to report any form of abuse and felt confident to do so. The provider had a system in place for staff to follow in regard to safeguarding adults with up to date information and contact details for the relevant local authorities. Records showed one historic potential safeguarding situation had been treated as a complaint and not referred to the local authority. We discussed this with the manager who told us they would ensure all relevant situations would be appropriately referred to the local authority in the future. The manager confirmed they would be arranging refresher safeguarding training for themselves. Records showed the manager had taken the appropriate preventative action when incidents had occurred in order to protect people and minimise the risk of further incidents.

There was a system in place to ensure risks to people were assessed and plans were in place to reduce these risks. We reviewed, in depth, the care of four people. This was so we could evaluate how people’s care needs were assessed and care planned and delivered. We found people had their health needs assessed for areas of risk such as falls, bed rails, moving and handling, nutrition and pressure area care. Records showed if people’s health was deteriorating the person was referred to a health care professional such as the district nursing team, occupational therapist or GP.

There were arrangements in place to deal with emergencies. There was a system in place for people to follow in the event of an unforeseen emergency, such as a fire and the evacuation processes that staff would follow if required.

The manager showed us the system they had in place to record and review accidents and incidents. Accidents and incidents were recorded each month with detail recorded regarding the location, type and time of the incident/accident. If action was appropriate to prevent further occurrences this was recorded and the manager conducted analysis each month to identify any trends or patterns to ensure preventative action could be taken. For example, placing alarm mats in people’s bedrooms to alert staff when the person gets out of bed so they could assist if necessary and referral to appropriate professional health teams such as the falls team.

The provider had a system in place to ensure the premises were maintained safely. Records showed regular checks were completed for fire safety equipment, lighting systems, electrical testing, and gas safety. We conducted a tour of the premises and noted some wardrobes had become unattached to their secure wall fixings. This could prove a risk to people’s health and safety if they were to topple over. We discussed this with the manager who ensured each wardrobe was securely attached to the wall before the completion of our inspection visit.

One bedroom carpet had become stained and worn and the manager arranged for the carpet to be replaced during our inspection. We saw records that showed regular checks on all areas of the home were completed to ensure the premises were kept safe for people.

The home had completed a full kitchen refurbishment within the previous year, which included all kitchen equipment and appliances. The kitchen had been assessed by the local environmental authority and had been awarded a 5 star rating which was the highest grade. The cook told us all the kitchen equipment and fittings were well maintained and there was a daily, weekly and monthly cleaning rota for the kitchen and its equipment.

There were enough staff employed to meet people’s needs. The manager showed us the staff rotas for a two week period which correctly reflected the levels of staff on duty during our inspection visit. Staff and people living at the home told us there were enough staff on each shift to manage the needs of the people living at Richmondwood Residential Care Home. We observed care was given in a friendly, supportive manner and staff were attentive to

## Is the service safe?

people's needs and were able to spend time with people. Throughout the inspection we saw staff checked people were comfortable and made sure they had drinks and snacks available if they wanted them.

We reviewed four staff recruitment records and spoke with one member of staff about their recruitment. They told us they had felt well supported throughout their induction period and had "shadowed" more experienced staff on shift, which allowed them to get to know the people living at the home before they were left to care for them independently. We saw records that showed recruitment practices were safe and that the relevant employment checks, such as proof of identity, criminal records checks, health and fitness checks, full employment histories and appropriate references had been completed before staff began working at Richmondwood Residential Care Home.

We checked the storage and stock of medicines. Medicines were stored securely and accounted for accurately. An independent Pharmacist company had recently completed a full audit on the homes medicine processes. We saw the completed report and action plan and the few minor recommendations that were required had been

implemented by the manager to ensure safety with their medicine processes. People had their allergies clearly recorded and guidance on the use of 'PRN' as required medicines was clearly recorded for staff to follow.

The manager told us those staff that had responsibility for administering medication had received medication training to ensure they could administer medicines to people safely. We saw certificates that confirmed staff had completed training in medicine management and had their medicine competency regularly assessed.

We reviewed all of the medication administration records (MARs). We saw there was a photograph at the front of each person's records to assist staff in correctly identifying people. MARs records were correctly completed, with no gaps in recording.

There was a system for ensuring prescribed creams would be applied correctly. People's care plans and records described how much, where and how often their prescribed creams were to be applied. There was also a separate coded sheet highlighting where creams were to be applied for each person.

# Is the service effective?

## Our findings

People and relatives we spoke with commented very positively about the care and support they received at Richmondwood Residential Care Home. One person said, "The staff are very good, they do everything for me". People told us the staff were experienced and knew how they liked their care to be given. One person said, "Everyone knows how I like things done and they are always friendly and helpful". A relative told us, "It's very good in all ways, I can't fault it".

Records showed staff completed an appropriate induction period and 'shadowed' more experienced staff at the start of their employment, to ensure they got to know people well before they started supporting and caring for them on their own. Staff demonstrated they had a good understanding of their role and said, "There is always someone to help if you have a question everyone helps each other, it's very good".

The manager showed us the training schedule that was in place for all staff. Records showed staff received training in all the core subjects such as: health and safety, infection control, The Mental Capacity Act 2005, safeguarding adults, first aid, moving and handling and dementia awareness. The manager told us all training was provided by an independent training provider and incorporated practical sessions which staff found particularly useful. Records showed staff had completed specific training when they had highlighted a particular need, for example observation training and sensory deprivation. Staff spoke positively about the standard and level of training they received, stating it was interesting and effective. Records identifies the manager required refresher training in a number of areas such as, safeguarding adults, infection control and health and safety. We discussed this with them and they said they would arrange refresher training in the required topics as soon as possible.

Staff told us they received regular supervision meetings that they found helpful. Staff said they found the supervisions sessions were completed in an open and supportive manner and provided a useful forum to ensure they were up to date with their training. Records showed staff received appraisals on an annual basis, these were a two way process that encouraged the staff to put forward ideas and suggestions for their own development.

The majority of people living at Richmondwood Residential Care Home had capacity to make their own decisions. Where people lacked the mental capacity to make decisions about aspects of their care, staff were guided by the principles of the Mental Capacity Act 2005 to make decisions in the person's best interest. For those people that did not always have capacity, mental capacity assessments and best interest decisions had been completed for them. However, we found these best interest decisions did not always follow the requirements of The Mental Capacity Act 2005. This was because the assessment had been completed for a range of decisions instead of being completed for each specific decision the person needed support with. The manager told us they would ensure the best interest and mental capacity assessments would be reviewed and completed for specific decisions. This was an area for improvement.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager and senior carer. We looked at whether the service was applying the DoLS appropriately. The manager told us the senior carer had responsibility for completing the DoLS and we saw completed DoLS assessments had been sent to the local authority for authorisation for nine people living at Richmondwood Residential Care Home. Staff demonstrated a clear understanding of the DoLS process. The provider employed two cooks to prepare the meals, snacks and menus for the home. People's dietary needs were assessed, with people having their food prepared for them in a manner which was safe for them to eat, for example a 'soft' diet or fortified meals with added cream and cheese. Snacks, biscuits and fruit were available during the day and we observed staff encouraged people to drink regularly to reduce the risk of dehydration.

People's allergies were clearly displayed in the kitchen to prevent risks to their health. Relatives told us the cook came round each day and asked people what they would like to eat and whether they had enjoyed the meal they had eaten. This ensured people were given choice with their food and enabled the cook to compile menu's that offered foods people liked.



## Is the service effective?

We observed the lunchtime meal and saw the majority of people were able to eat their meal independently. 15 of the 16 people living at Richmondwood Residential Care Home chose to eat in the dining room with everyone else. The remaining person was being cared for in bed and had assistance to eat their meals in their bedroom. Staff gently encouraged people to eat their meals and ensured they had a choice of drink to accompany their meal. Staff had time to give support to people in a calm and unrushed manner, which created a relaxed and happy mealtime period. We observed staff worked well as a team during the lunchtime period which helped ensure the mealtime was an enjoyable experience for people.

There were systems in place to monitor people's on-going health needs. Records showed referrals were made to health professionals including, district nurses, opticians, chiropodists and GP's.

Handrails and support rails were placed along corridors and in bathrooms to assist people with their mobility and to encourage their independence. The garden was safely laid out to accommodate people so they could sit out in the garden if they wished. People and relatives told us they really enjoyed the gardens and often sat out in them for afternoon tea and cake.

# Is the service caring?

## Our findings

People told us they found living at Richmondwood Residential Care Home “Wonderful”. One person told us, “I couldn’t be happier, the staff are very good to everyone, I can’t fault it”. Relatives told us, “It’s lovely here, a real home from home and everyone gets on so well, like a proper family”. Another relative told us, “The staff are excellent, it’s always so cheerful and friendly here, a lovely atmosphere”

Staff gave good examples of how they treated people as individuals and gave person centred care with kindness, patience and compassion. Staff knew people very well and told us detailed information about how people preferred their care and support to be given. We saw these details had been accurately reflected in people’s care plans which showed the staff had a good understanding of individualised care.

Throughout our inspection visit we observed staff giving support to people with kindness and warmth, staff spent time with people, checking they were comfortable or spending time to chat with them regarding how they would like to spend their day and what they would prefer to do next.

We observed many good interactions between staff and people during our inspection visit. Staff interacted with people in a caring and compassionate way and anticipated their needs in a friendly and supportive way. Staff spoke fondly of people and were able to accurately describe what activities they liked to take part in. Staff supported people patiently and kindly and did not appear rushed. We observed one person became a little anxious, staff responded promptly to assist and support them in a calm and natural way.

We observed staff encouraged people’s independence; staff offered assistance promptly when required and supported people discreetly when they needed assistance.

People were treated with consideration and respect by staff. We observed staff supporting people gently and patiently to move around the home. Staff told us they always made sure people had their dignity respected when they were being assisted to move from their bed or around the home, with the use of towels and blankets to promote their dignity when giving personal care. Staff were respectful of people’s wishes, knocking on bedroom doors before entering bedrooms and using people’s preferred names when speaking with them. One person told us the staff were very respectful at all times and said, “I know they are there when I need them, but they are very discrete, they’re very good”.

People’s care records were kept securely in a lockable cabinet and no personal information was on display. Records showed people and their relatives were involved in decisions about their care, care plans were reviewed every two months and where possible had been signed by the person living in the home or their relative, this showed they had been involved in the process.

Visitors were made to feel welcome at all times. We spoke with three relatives and each one told us they were always made to feel very welcome and offered tea and cakes when they visited. One relative said, “They are so helpful, they gave us the use of the conservatory for my Mums birthday so that we could have a small party, decorate it and have the family over, it was lovely”.

# Is the service responsive?

## Our findings

People told us they felt well cared for at Richmondwood Residential Care Home and had confidence in the staff to support and care for them well. Relatives said they were happy with the support and level of care the service gave which gave them peace of mind that their relative was well cared for. People and relatives commented positively on the activities the service arranged for people. One person told us, "There is always something to do; I particularly like the singers that visit".

People's needs had been assessed before they moved into Richmondwood Residential Care Home. A relative told us they had visited the home before making a decision for their family member to move in. They confirmed staff from the home had visited and asked a range of questions regarding their relative, to ensure the service would be able to meet their needs when they moved in. This information meant that staff could develop care plans and support records that would identify people's strengths and abilities and the support they would need to maintain their independence. Assessment records covered a range of areas including; allergies, personal care preferences, health, diet, weight, personal hygiene, mobilising and social care. The assessments showed people and their relatives had been included and involved in the process wherever possible.

The manager showed us the new electronic care recording system that had been introduced. Staff all had use of an electronic tablet where they entered the daily care and support that had been given to people. Other areas of the care plans such as mental capacity assessments and best interest decisions were also recorded on the electronic system. Staff told us they were still getting used to the system and found the message facility it included very useful.

Records showed the information was then used to complete a care plan which gave staff information and guidance on how to deliver appropriate care. The provider used recognised risk assessments tools to assess the risk of skin integrity, malnutrition and mobility. People's assessed needs were then recorded in their care plans that were person centred and provided staff with information regarding the person's history and preferences. Care plans were reviewed every two months or more frequently if people's care needs changed.

Where care plans stated people needed specialist equipment such as pressure mattresses and pressure cushions, we saw these were in place. Where people required mobility aids these were available for them.

We asked the manager if there was any one living at the home that was being monitored due to a risk of dehydration or malnutrition. The manager said they did not currently have any one with those risks but had systems already in place should someone develop nutritional or fluid risks.

The manager confirmed there was not any one currently living at the home that needed regular assisted re-positioning to prevent pressure sores. They said the one person who was being cared for in bed was supported carefully to ensure their skin integrity was maintained and they were able to move themselves independently in their bed.

People's weight was recorded monthly and records showed they were referred to health professionals such as the dietician or their GP when required. There were body maps in place to record any bruising or injuries sustained by a person.

There was a varied schedule of daily activities available for people to participate in if they wished, these included; manicures, Tai Chi, singers, TV matinee, arts and crafts, bingo and quizzes and one to one reminiscence sessions.

During our two day inspection visit the home was visited by an independent dog therapy company and a singer. People told us they really enjoyed both of these, one person told us, "I always look forward to seeing the dogs, they are lovely". Some people were able to go out independently and chose to have a walk out most days. Others preferred to go out with others when the provider arranged afternoons out to places of interest such as Christchurch Quay, a local garden centre and parks.

People had access to 'Skype' facilities so they could speak and see family and friends when they wished. In the conservatory there was a computer for people to use that had a large buttoned keyboard to make it easier for older people to use and see. There was also a large selection of board games, puzzles and magazines and books for people to use and read.

People knew how to make a complaint if they needed to and guidance was displayed in the home telling people

## Is the service responsive?

how to make a complaint. People told us they would feel comfortable raising a complaint if they needed to and felt they would be listened to. Records showed there had been two formal complaints received since the previous inspection. We reviewed the complaints and noted the manager had acted in accordance with their complaint policy.

There was a system in place for when people had to transfer between services, for example if they had to go into hospital or be moved to another service. The system ensured information accompanied the person which meant they would receive consistent, planned care and support if they had to move to a different service.

# Is the service well-led?

## Our findings

People and staff expressed confidence in the home's management. One person said, "Everyone is very easy to talk to, I can always speak to a manager if I need to". Relatives told us, "I'm always made to feel very welcome by all the staff, there is a lovely family atmosphere here, everyone seems happy in their job and care for people very well". Staff stated they had confidence in the management team and felt the home was well led. Staff said, "We are well supported and there is always someone to go to if you need help or advice, we are managed very well as a team".

Staff described the culture of the home as, "Friendly, open and with a strong family feel" and stated they were confident to raise any concerns they may have with the management and they would be listened to. Staff told us communication in the home was good, with all staff working closely as a team for the benefit of the people living there.

Staff spoke positively about the management team and said they were, "Very happy" and "Loved" working at Richmondwood Residential Care Home. Staff told us the management team were, "Very approachable" and felt they could discuss anything with them and they would be listened to. We observed the service gave individual, person centred care with a friendly, caring and positive approach to people.

The manager showed us the quality assurance questionnaires that had been returned by people and their relatives during June/July 2015. The questionnaires had been sent to a sample of ten people and their relatives and covered a range of topics including; quality of care, staffing, food, environment, social activities and laundry services. We reviewed a number of completed questionnaires and saw these had been completed in a mainly positive manner, comments included, "Very satisfied with everything now" and in reply to the question, "How do you rate the food?", people had replied 'good' or 'excellent' with one person stating it was "Well above average". Some people had stated they would like more choice with their

meals and occasionally they had to wait for their call bell to be answered but overall people replied positively to the questions asked. We saw the manager had completed an analysis on the returned questionnaires and told us they would review any areas that had received negative comments with the people and relatives.

Accidents and incidents were recorded and monitored by the management team to ensure any trends or themes were identified and acted upon. The manager confirmed there had been no identifiable trends or patterns in the previous 12 months.

There was a programme of regular audits in place to monitor the quality of the care provided to ensure people's care needs were met. These audits included, medicine management, care plan reviews, incident and accidents, infection control and falls audits.

The manager explained the new electronic care system incorporated a messaging system that had proved very effective in ensuring all staff received key messages and updates about the daily care of people. Staff told us they had found the system very useful and along with the handover book process, ensured they were up to date on changes to people's care needs.

Staff told us they had regular meetings which were conducted in an open and honest way. We saw a selection of minutes from these meetings which showed staff were encouraged to discuss their views and opinions on the running of the service and put forward any ideas for different ways of caring and supporting people.

The manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths, however, they had not always reported potential abuse notifications to CQC and the local authority in regard to safeguarding adults. The manager confirmed they would attend training to ensure they were up to date with current regulations and would notify the local authority and CQC of potential abuse situations when required.