Stonnall Care Limited

Richmond Hall Care Home

Inspection report

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Date of inspection visit:
12 April 2016

Date of publication:
23 June 2016

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?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection took place on 12 April 2016. At our last inspection in July 2013 we found the provider was meeting the requirements of the regulations we inspected.

Richmond Hall is a nursing home providing accommodation and personal care for up to 64 older people. At the time of our inspection 47 people were living at the home.

The home had 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.

People told us they felt safe in the home. Staff we spoke with were aware of their responsibilities to report any concerns of potential abuse or harm. The provider had safe processes in place to recruit staff and carried out appropriate pre-employment checks.

Risks to people's health and welfare were assessed and appropriate equipment was available for staff to use. People received their medicines at the correct time and as prescribed. People were supported to make their own decisions about their care and support needs. Staff obtained consent from people before they provided care or support.

People were offered a choice of what they would like to eat and drink. People had been involved in planning their care and felt involved in their care and treatment. People had access to other healthcare professionals to ensure that their health needs were met.

People told us staff were kind, polite and caring. Staff understood people's choices and respected their dignity and privacy when providing care and support. People were encouraged to be as independent as possible.

People were supported to maintain relationships and relatives said they were made to feel welcome when they visited the home. People told us they felt comfortable raising concerns with the registered manager or staff members. The provider had a system in place to respond to people's complaints and concerns.

The registered manager was approachable and visible within the home and people knew them well. The quality audits systems in place did not always identify some of the areas shortcomings identified from the inspection. More robust monitoring systems could improve the quality of care provided to people.

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.

People felt safe and said staff treated them well. Staff understood their responsibilities to keep people safe and could identify signs of abuse and knew how to report concerns. People were supported by sufficient numbers of staff. People's medicines were made available to them and managed safely by staff.

Is the service effective?

Good

The service was effective.

People were supported by staff that had the skills and knowledge to meet their needs. Staff felt supported by the registered manager and received training which enabled them to meet people's needs. People's rights and choices were respected by staff. People were supported to have enough food and drink. People had access to other healthcare professionals when required to meet their health needs.

Is the service caring?

Good

The service was caring.

People told us staff were kind, polite and respectful. Staff knew people's likes and dislikes. Staff supported people to remain as independent as possible. Staff supported people's dignity and ensured people's privacy was maintained.

Is the service responsive?

Good

The service was responsive.

People were supported to make choices about their care needs. People received care that met their individual needs. People were supported with individual and group activities or outings. People and their relatives knew how to raise concerns and make a complaint if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality audit systems were in place however they had not always been effective in identifying areas of concern and consistently meeting people's needs. People and staff commented the registered manager was approachable and friendly. Staff had a clear understanding of their roles and of their responsibilities.

Richmond Hall 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 unannounced inspection took place on 12 April 2016. The inspection team consisted of one inspector, a specialist advisor and an expert-by experience. The specialist advisor was a qualified nurse and the expert-by-experience was a person who has personal experience of using or caring for someone who uses this type of care service. During our inspection we carried out observations of the support and care people received in the communal areas of the home. In addition, we undertook 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.

As part of the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some information about the home, what the home does well and improvements they plan to make. We reviewed the information we held about the home and looked at the notifications they had sent us which the provider is required to send us by law. These are events that the provider is required to tell us about in respect of certain types of incidents that may occur like serious injuries to people who live at the home. We contacted the local authority and clinical commissioning group to gain their views about the quality of the service provided. We used this information to help us plan our inspection of the home.

We spoke with seven people who lived at the home and eight relatives. We spoke with thirteen staff members and the registered manager. We also spoke with two healthcare professionals who were visiting the home. We looked at the care records for seven people to see how their care and treatment was planned and delivered. We looked medicine records and other records related to the running of the home such as a selection of policies. We also looked at staff records and records to monitor the quality and management of the home.

Good

Is the service safe?

Our findings

People who lived at the home told us that they felt safe with the staff that supported them. They said they would speak with the staff or registered manager if they had any concerns about their safety. One person said, "It is safe here. The security is good." Another person said, "I've got peace of mind here. I am happy about that." Relatives told us they felt their family members were safe. One relative commented, "I think [person's name] is safe, we have no concerns on that score." We saw people were relaxed and chatted happily to staff which indicated people felt comfortable with the staff.

Staff we spoke with understood how to keep people safe. They knew who they should report any concerns to and could describe different types of potential abuse. Staff knew they could contact CQC or the local authority if they felt their concerns were not being addressed properly. One staff member said, "I would protect the person, and inform the nurse on duty or manager if I had a concern. I would ring up the authorities if I did not think the concern was dealt with appropriately." We saw where incidents had occurred concerning people's safety staff followed the provider's procedure to protect people from the risk of abuse. This showed that people were protected from the risk of harm or abuse as the provider had appropriate systems in place.

People we spoke with told us how staff supported them to manage their own personal safety. One person told us, "I can walk with my frame here [Richmond Hall]. Staff have encouraged me to be more mobile. There is a person [member of staff] behind me if I fall. I have a lot more confidence."
We saw staff support people to walk safely or stand up from a chair when needed. Staff we spoke with were able to tell us how they supported people to manage any risks to their health or well- being such as fragile skin. People had risk assessments in place that provided guidance to staff on how to manage known risks to people. One person required their fluid intake to be monitored to reduce the risk of dehydration; we saw records of this monitoring process. Staff we spoke with were aware the person was at risk of dehydration and we found staff monitored the amount the person drank to ensure they were adequately hydrated.

Staff we spoke with were aware of the importance of reporting and recording incidents and accidents that occurred. We saw that when accidents had occurred they had been reviewed and action taken to reduce the risk of re-occurrence. For example, where a person had sustained a minor injury action had been taken to limit the risk of this happening again and the person's records reviewed so accurate information was available to staff.

People and their relatives had mixed views on whether there were enough staff to meet people's needs on a daily basis. One person said, "I don't think there are enough staff." A relative told us, "I have never been aware of any staffing issues." Another relative said, "There are enough staff they [staff] are pushed with more people." Other people said that they thought there were enough staff but said staff were often very busy supporting people with their care needs. One person said, "Sometimes there is a problem if you want to go to the toilet, you have to wait because they [staff] are seeing other people and they might need more than one person." Staff we spoke with felt there was sufficient staff available to meet people's needs. One member of staff said, "I feel there are enough staff. Sometimes people have to wait a couple of minutes for

care if we have to respond quickly to someone else's needs." We saw people received the care and support they needed in a timely manner whether it was provided in their rooms or in the communal areas of the home. For example, call bells were answered quickly. One person told us, "They [staff] are about and always answer my call bell. I don't have to wait to long." We saw that staff were alert to people who required support however there were times when people had to wait a short time while staff attended to other people's needs.

People were supported by staff with the right skills and knowledge. Staff told us that they had been interviewed and appropriate pre-employment checks had been completed before they started to work at the home. One staff member said, "I had an interview for the post and two reference checks and a DBS check." Disclosure and Barring Service checks (DBS) help employers make safer recruitment decisions and helps to prevent unsuitable people from being recruited.

People we spoke with confirmed they were happy for staff to administer their medicines. One person told us, "I don't know what most of it is [medicines]. Some I get in the day some at night. They never run out of it. They [staff] ask if you want paracetamol if you are in pain." We looked at how people were given their medicines by staff. We saw that there were systems in place to ensure people received their medicines as prescribed. For example, we observed staff approach people by name, offering the medicine from a pot or spoon and assisting people with a drink. We looked at the systems used to manage medicines safely. We sampled medicine administration record (MAR) for some people and saw that these were completed accurately. However, we saw one person's medicine was left on the table while they were eating lunch and not checked by staff to confirm that it had been taken even though the MAR stated it had been given. We spoke to the registered manager about this who said that they would address this issue with staff. We saw there were suitable arrangements in place for ordering, recording, storing and disposing of medicines.

Good

Is the service effective?

Our findings

People we spoke with felt staff had the right skills to meet their needs. A relative told us, "They [staff] are always doing training courses" and "They understand [person's name] needs." Staff we spoke with told us they were confident in providing the appropriate care and support to people. They said they had the knowledge and experience to meet people's needs and had access to training as required to meet individual needs. One person informed us staff were undertaking specific training to support them with administering a medicine. They continued, "They [staff] are very careful and they say I can't do that yet because I haven't been trained." Staff demonstrated an understanding of people's health and support needs and how to respond to these. For example, one person required one to one support from staff to remain safe. We observed staff sitting with this person and offering support when they became anxious.

One staff member told us about their induction into their job role. They said that they had worked alongside other experienced staff which helped them to become confident in their role and familiar with people's needs. They said, "The support I received was fantastic and I felt confident after two weeks." Staff we spoke with told us they had regular one to one meetings and attended staff meetings. They said this provided the opportunity to discuss their own development needs along with the needs of the people they cared for. A member of staff said, "I have regular supervisions. Any issues are dealt with straight away by the manager." Another member of staff commented, "I feel very supported in my role; supervisions are regular and we have open dialogue during these."
We saw and staff told us that they received handovers before they started each shift. Staff told us these ensured they were kept up to date with how to meet people's specific care needs.

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. We checked whether the home was working within the principles of the MCA and found that it was. Some people living at the home had varying levels of capacity and may not have had the capacity to consent or contribute to decisions about their care. Staff we spoke with demonstrated an understanding of the MCA. We saw how staff sought people's consent before providing them with care and support. We observed staff supporting people to make their own decisions and choices as far as possible. For example, we heard staff explain different choices to people. We saw people made their own decision's where possible about where they wanted to be within the home or confirm to staff they were in agreement for care to be provided. One person said, "I do get a choice. They [staff] do ask me." Where people did not have capacity the registered manager had made sure any decisions were made in a person's best interest and in consultation with them and their representatives.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were

being met. The registered manager was aware of DoLS and said that where people did not have capacity they may have had restrictions placed on their freedom to keep them safe. Where this was applicable applications had been completed and submitted to the local authority. Staff we spoke with were aware of how the DoLs affected people's liberty and were following the conditions that were agreed for those people who were currently subject to a DoLS arrangement, so that any restriction was only used when needed. We saw people's movements around the home were not restricted as their mobility aids were placed within their reach and they were able to move about freely.

People told us they received food that was appropriate to their needs and reflected their choice. One person told us, "I am on a soft diet. It is very good." Another person said, "I enjoy the meals, they are very good. I get choices. If I didn't like something they [staff] offer an alternative. They are always bringing drinks." We observed a mealtime and saw people were able to choose to have their meal in the dining room or other areas of the home if they preferred. We saw people were supported to make choices about their food and drink and where required staff assisted people with their meals. They spoke with people often to offer encouragement to eat their meal independently. We observed meal times were relaxed and staff supported people at a pace suitable to the person. We looked at one person's care plans to see what information was recorded about how they should be supported with their diet. We saw that nutritional assessments had been completed and professional advice sought where required from dieticians or speech and language teams. One relative told us, "The food is lovely but it has no texture. [Staff] have tried it a little thicker. I have been kept informed and they had someone out [dietician] and they [dietician] have settled on pureed food."

People told us they were seen by a doctor and other health care professional when required. One person said, "The doctor comes in, the opticians and the chiropodist." We looked at people's health care records and saw referrals had been made where concerns had been identified about people's health needs, so these were met. For example, people and staff told us a doctor visited the home weekly and there were regular visits from a chiropodist and dentist. We spoke with two visiting health professionals on the day of the inspection who gave us positive comments about the care given to people.

Good

Is the service caring?

Our findings

People we spoke with told us staff were kind and helpful. One person told us, "Staff treat me well. They are marvellous. They are very good and very kind." Another person said, "Staff are very good to me. They are kind you couldn't ask for more." A third person said, "[Staff] are good. I was upset when I first came here and one of the [staff] sat by me and held me, which made all the difference." A relative we spoke with told us, "The staff are my friends. This place is huggable. They become part of your family." We saw staff assisted and supported people in a caring way; staff spent time talking, smiling and sharing a joke with people. People and their relatives told us staff were approachable and friendly. People told us that when their family or friends visited they were always welcomed by the staff at the home. One relative said, "We came here when [person's name] was unwell. We were here until 8pm, we had missed meals and when we came up we got roast beef sandwiches."

We saw that staff approached people in a respectful and friendly manner and had a good understanding of people's individual communication requirements. For example, staff observed how people were feeling by looking for non-verbal cues. We saw one member of staff notice a person was clammy during meal time. We saw the member of staff speak with the person and support them back to their room to help them change into cooler clothing. We observed staff were caring towards people and spent time where possible chatting with people.

People were supported to make day to day choices. People we spoke with told us they felt involved in their own care. One person said, "They [staff] talk to me about what I need help with." Another person said, "I can choose where I want to have my meal. I am always offered a choice about anything." Staff communicated with people using different methods such as talking to people at eye level while seated or talking to people slowly to ensure understanding. Staff told us they enjoyed supporting people who lived at the home and they were able to tell us a lot of information about people's individual needs, choices and personal circumstances. During a mealtime staff we spoke with told us about people's different choice of drinks they liked with their meals. People we spoke with said that they felt they were listened to and were able to say how their care was provided. People told us they were supported to be as independent as possible and encouraged to do as much for themselves as they were able to do. One person told us, "The staff have encouraged be to be more mobile." Another person said, "Before I came in I couldn't walk but now I can walk around the room."

People we spoke with told us their dignity and privacy were promoted and respected by staff. One person said, "You can imagine my generation it's not easy allowing [staff] to help you but they do help me. They have been very professional and I don't feel embarrassed when having a shower." A relative commented, "I think [person's name] dignity is respected." We observed staff taking care not to enter people's rooms without knocking first and waiting before entering the room. However we saw one person being supported with their mobility by the use of a hoist in a communal area of the home. We saw this person was wearing a dress which was above the knees. The members of staff who were supporting the person did not attempt to cover the person's legs to protect their dignity. We spoke with the registered manager about this and they informed us they would remind staff of the importance of protecting people's dignity when providing care.

Good

Is the service responsive?

Our findings

People we spoke with said they received the care and support they required and were happy with the way staff supported them. One person we spoke with told us when they came to live at the home, "They asked me about care planning." We saw that people's needs had been assessed and care records were in place to ensure that people's needs were appropriately supported. People told us that the care they received was planned with them and explained by staff when it was given. Relatives we spoke with said that they were asked to contribute towards their family member's care plans and had participated in any care reviews. Staff we spoke with told us that they knew people's needs well. They were able to explain people's health needs and how people preferred their care to be given. Care records we looked at were written in a personalised way detailing people's preferences and included assessments of specific risks to safety.

We asked people what interested them and what they enjoyed doing during the day. One person told us, "I do word searches, bingo on Fridays. Painting and crayoning and I did crosswords this morning." A relative told us about a wishing tree at the home. They said, "One [person] wanted to go to the beach and watch a film. So [staff] filled the cinema room with sand. Put up chairs and played the film. There was a [person] who wanted to walk through a field of daffodils. [Staff] got some daffodils, checked them for insects and covered [person's] bed in daffodils." People told us the home employed two activities staff that arranged different activities during the week such as poetry groups, arts, craft, visits from the mobile library and local church. During the inspection we observed people preparing to celebrate the Queen's birthday by making bunting for the communal areas of the home. Other people we spoke with told us they enjoyed completing jigsaws and drawing. Another relative we spoke with told us about visits from an external entertainer who came to the home and played music. They commented how much their relative enjoyed these sessions.

People and their relatives told us they felt confident to raise any concerns with staff or the registered manager. One person said, "I would probably speak to the deputy manager and then to the registered manager, but I haven't had to complain." A relative told us, "I would just email [registered manager] or talk to her. It seems to work well." Staff we spoke with were able to explain how they would deal with any concerns or complaints. They said they would inform the registered manager and felt confident concerns would be investigated. One member of staff said, "I would speak with the registered manager and they would deal with any complaints people might have." We looked at the complaints received and saw that these had been investigated and responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

Whilst there were systems in place to monitor the quality of the home we found some audits were not robust enough to identify and address some shortcomings. For example, we looked at the systems for checking comfort levels on air mattresses; these might be used to reduce the risk of people's skin becoming sore. However, we found there was no system in place for checking these. We saw one air mattress comfort setting was set at double what was required for the person's body weight. We spoke with the registered manager who immediately took action to rectify the situation and a member of staff checked all mattresses were correctly set to people's weight. We also found while medicine audits were completed they needed to be more comprehensive in relation to applying people's medicated creams and using drinks thickener. Audits of care plans had been completed but had not identified some of the issues we found during the inspection. For example, repositioning charts not being completed. One person required regular re-positioning to maintain the integrity of their skin. We found that records had not been done to confirm the frequency the person had (or needed turning) to protect their skin; although staff we spoke with were able to tell us the person's daily movements. Staff were not able to explain to us why the information has not been written down. We also found audits of weight loss had not always been checked. A member of staff we spoke with told us they did not always have time to do these as they needed to attend to people's nursing needs. These issues had not been identified by the provider's own quality assurance systems. We saw systems were in place to record information such as safeguarding, incidents, accidents and falls. However there was no analysis completed by the registered manager or provider to identify any patterns or trends. This could be used to improve the quality of care provided to people and reduce the risk of incidents re-occurring. We discussed these issues with the registered manager who assured us this would be addressed.

People who lived at the home, their relatives and staff were complimentary about the registered manager and deputy. One person said, "Very approachable. (Deputy Manager) is my special agent. I tell her when I need anything." A relative informed us the registered manager was always available should you need to speak with them. They said, "There is a notice up on the board so you can make an appointment to speak with (registered manager)." People living at the home confirmed they were involved in commenting on the service. People we spoke with told us they were aware of resident's meetings and some people said that they were helpful in relation to providing information about the home and forthcoming activities. One person said, "I make every resident's meeting I can" and "There is a questionnaire in my room my brother will help me with" People told us meetings focused on improvements to the home and people said they felt their views were listened to and valued. People told us they were provided with the opportunity to influence the services they received. For example, they told us they had discussed meal planning and had been consulted about the redecoration of the communal areas of the home. We saw boards detailing colours and soft furnishing materials around the home for people to view and comment on. People we spoke with were able to identify the registered manager by name and said they saw them frequently. We saw throughout the day the registered manager spoke with people, relatives and staff in a friendly manner and responded quickly to any requests. The registered manager told us they worked alongside staff in a clinical role for up to two shifts per week. They said this provided them with an insight of people's care needs and how staff responded to meet the needs of people living at the home.

The registered manager ran the home on a day to day basis. They demonstrated an open management style when dealing with any issues or concerns. For example, during the inspection they implemented a daily reporting chart for all staff to record information which could be used at shift handover. The registered manager was knowledgeable about all aspects of the service provided and of their responsibility to notify CQC about events that they are required to by law. People told us they received care from a consistent staff group so they became familiar with them. One person said, "They [staff] are very approachable and very friendly." Members of staff we spoke with said that they felt supported in their job role and said they understood their roles and responsibilities. Staff told us they attended meetings and had regular one to one meeting with their manager. They said there was a clear management structure in place at the home and staff knew who to go to if they had any concerns. Staff told us they were aware of the provider's policies and procedures and of whistle-blowing. Whistle-blowing means raising a concern about a wrongdoing within an organisation.