Richmand House Residential Home Limited

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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

Summary of findings

Overall summary

We inspected the service on 16 August and 12 September 2018. The inspection was unannounced. The service under the name Richmand House provides two regulated activities from this location. Richmand House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Richmand House is registered to provide care for 12 people, and on the day of our inspection 12 people were using the service. Richmand House is also a domiciliary care agency. It provides personal care to 10 people living in their own homes. It provides a service to older adults.

We previously inspected the service in May 2018 when we only inspected against the regulated activity Accommodation and nursing or personal care. At that inspection we found the provider to be in breach of two of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and one of the Care Quality Commission (Registration) Regulations 2009 We asked the provider to send us an action plan to show how they would address our concerns. We received the actions plan and at this inspection we found the provider had addressed our concerns and was no longer in breach of these regulations.

On the day of our inspection 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.

People who used the services were protected from harm as the provider had processes in place to ensure their safety. Staff supporting people were aware of their responsibilities in relation to protecting people from abuse. They had received appropriate training to support their understanding of any safeguarding issues. The registered manager reported any issues of concern to both the CQC and the local safeguarding teams and worked in an open and transparent manner. There were clear processes in place to ensure lessons were learnt following any incidents or events.

The risks to people's safety were clearly identified with measures in place to reduce these risks. The environment and essential equipment were well maintained.

People were supported by well-trained and competent staff in sufficient numbers to keep them safe. Their medicines were managed safely and people were protected from the risk of infection through good hygiene practices and staff knowledge of reducing the risks of cross infection.

People's needs were assessed using effective evidenced based assessment tools. These were then used to provide clear guidance for staff to assist them gain a good understanding of an individual's needs and offer the most effective support to people. Staff were supported with appropriate training for their roles.

People were supported to maintain a healthy diet, with staff showing good knowledge of people's nutritional and health needs. They received support to manage their health needs through well-developed links with local health professionals. The environment people lived in was a safe environment which met their needs.

Staff sought consent from people before caring for them and they understood and followed the principles of the Mental Capacity Act, 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People using the service, and relatives were treated with kindness and care by staff who supported people with respect and dignity, and developed positive relationships with people in their care.

People could maintain relationships with people who were important to them and relatives felt their views and opinions about their loved one's care were listened to.

The care people received was person centred and met their individual needs, they were supported to take part in a range of social activities to prevent isolation. People's wishes in relation to their end of life care were discussed with them so their wishes were known. There was a complaints procedure in place and people knew who to complain to should they have any issues.

The service was well led, the registered manager and nominated individual was visible and supportive towards people, their relatives and the staff who worked at the service. The quality assurance systems in place were used had been improved to monitor performance and quality of care. The registered manager responded positively to changes and used information to improve the service and care people received.

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 were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents. The risks to people's safety were regularly assessed and measures were in place to reduce risks and promote people's independence. People were supported by adequate numbers of staff and they received their medicines as prescribed. Medicines were managed safely across the service and staff administering medicines were provided with training to ensure they were safe to do so. People were protected from the risks of cross infection as staff had the knowledge and skills to support them effectively.

Is the service effective?

Good

The service was effective.

People were supported by staff who did not discriminate against them. People's cultural needs were supported by staff and the characteristics of the Equality Act 2005 were followed. Their needs were assessed using nationally recognised assessment tools and staff were provided with training to support them in their roles.

People's nutritional and health needs were well managed and they lived in an environment suitable for their needs. The principles of the Mental Capacity Act were followed and people were supported to make decisions for themselves.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well and were kind and caring, they were treated with respect and dignity, and their privacy and independence was maintained. They were supported by staff to express their views in relation to their care and had access to advocacy services should they require this.

Is the service responsive?

Good

The service was responsive.

People received individualised and personalised care. When appropriate people's end of life wishes were recorded in their records and people were supported to achieve a pain free and dignified death. They had access to information in a format which met their needs and were supported to take part in a wide range of social activities. People were supported to raise issues and staff knew what to do if issues arose.

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture in the service where people were listened to and staff were valued. There were governance systems in place to monitor the quality of the service.

Richmand House Residential Home Limited

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 16 August and 12 September 2018 and was unannounced. The inspection was undertaken by two inspectors.

Before the inspection, we reviewed information we held about the service, which included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted commissioners of the service and asked them for their views.

During the visits we spoke with six people who used the service and three relatives, we spoke with five people, who received care in their own homes, by telephone. We also spoke with three care workers, the cook, the registered manager and the nominated individual (the representative of the provider) and a visiting health professional. We also 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 looked at all or parts of the care records of five people who used the service. We viewed medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service including maintenance records and quality audits carried out by staff at the service.

Good

Is the service safe?

Our findings

When we last visited the service, we found the provider was in breach of regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. People were not always protected from avoidable harm as risks to people's safety were not always assessed and up to date.

During this inspection we found the registered manager had made improvements to the way risks to people's safety had been managed, and as a result was no longer in breach of this regulation. The risk assessments in place for people receiving care in their own homes and at Richmand House contained clear information to ensure staff supported them in a safe way. The measures identified in people's care plans were in place to support them. One person we spoke with told us they could mobilise with the aid of their walking frame. They told us staff reminded them to use the frame, and made sure it was within their reach when they were sat down.

Staff we spoke with were aware of the different risks to people's safety. For, example who needed support with mobility. They told us all the information they needed was in the risk assessments in people's care plans. The risk assessments we viewed had information on the different risks to people's safety and how staff should mitigate these risks. For example, one person had a long-term health condition for which they received regular treatment. Their risk assessment and accompanying care plan highlighted how this treatment affected the person and how staff should support them following the treatment. A further person with a long-term health condition had information in their care plan about symptoms of the condition that staff should be aware of. The information in the care plans reflected the information staff gave us about how they supported these people to reduce the risks associated with their care. This shows the staff at the service had the necessary tools and knowledge to manage the individual risks to people's safety.

People's care plans showed the registered manager had undertaken assessments associated with the environment, both at Richmand House and in people's homes, to ensure any risks to people's safety could be identified. For example, we saw the provider had reviewed a risk identified at the last inspection and had put in measures to reduce this risk and keep people safe. Should any environmental risks be identified in people's homes the registered manager highlighted this to the person or their family to allow them to decide on what, if any, changes they wished to make to reduce the risk. This showed the registered manager worked to ensure the environments people lived in were as safe possible.

During our previous inspection we found people's medicines were not always managed safely. At this visit we saw there had been improvements to the way medicines were managed. All the people we spoke with told us they received the level of support they needed when taking their medicines.

Staff told us and records we saw showed, they had received training in safe handling of medicines, and the registered manager undertook checks of their competency to ensure they were safe to administer medicines.

A small number of people receiving care in their own homes, were supported with their medicines, with

either staff prompting them to take their medicine, or receiving support to administer their medicines. The level of support people needed was documented in their care plans. We viewed the Medicine Administration Record (MAR) for one person. There were some discrepancies on the MAR. We highlighted this to the registered manager who told us they were aware of the discrepancies and had addressed these recording issues with the member of staff. However, further MAR charts we reviewed show staff were recording correctly and the nominated individual told us they had a new audit system in place, they told us they would continue to monitor this to ensure any recording errors were promptly addressed in the future. This showed the provider was improving their systems and processes to safely administer, monitor and store the medicines people received.

All the people using the service told us they felt safe with the staff who supported them. One person who received care in their own home said, "I tend to have the same staff, I feel safe with them, they are nice people." Another person said, "The same carers tend to come and see me, yes I feel safe with them." A further person who lived at Richmand House said, "Of course I am safe here." People told us staff sorted out any problems. One person said, "They look after me well here." Relatives we spoke with were happy with the way staff supported people at the service. One relative said, "We know [name] is safe here. We really don't have to worry."

Staff we spoke with showed a good understanding of how to protect the people in their care from abuse. They told us they had received training to help them recognise the different types of abuse people who used these types of services could be exposed to. They told us they would know who to report concerns to. The members of staff we spoke with told us they had confidence the registered manager would deal with any issues and ensure people in their care were protected. Our conversations with the registered manager showed they understood their responsibilities in keeping the people in their care safe. We saw they had, when necessary, undertaken investigations into safeguarding issues and worked with the local safeguarding teams to ensure people were protected.

People were supported with sufficient numbers of competent staff to meet their needs. One person said, "There are plenty of staff to look after me." Another person told us, "Staff come quickly at night if I have to call them. I'm not a good sleeper." A further person said, "Staff often stick their heads around the (bedroom) door to see if I am okay." One relative we spoke with said, "I think there are enough staff. It's a small place, which is one of the reasons we chose it."
One person who received care in their own home said, "They (staff) come on time, I feel I get enough time, I do not feel rushed." People told us if the staff had been held up with another call they would let them know, and they were happy with the staff who supported them. A further person we spoke with told us a new member of staff was due to join the company, and their regular support worker had brought the new member of staff to be introduced to them. The registered manager told us they always ensured that new staff were properly introduced to people before providing care. They told us the new member of staff would shadow the more experienced members of staff until they knew the needs and preferences of the people they would be supporting.

Staff told us they felt the staffing levels supported the needs of people living at the service. One member of staff told us how the registered manager had increased the staff levels during an afternoon to support some people who lived with dementia, and who required more support during this period. Another member of staff said, "It always feels like there are enough people (staff) around." One member of staff who supported people in their own homes lived in the area of the calls they made and found the way the calls were spaced suited their work-life balance. Another member of staff who lived outside the area had been given the opportunity to work at Richmand House during the down times between the care runs they undertook.

We saw there was provision to cover annual leave with a member of bank staff and the nominated individual also undertook calls to cover for annual leave or short notice leave. They told us this helped them with the oversight of the care people received. They told us because they were a small service all the staff knew the needs of people they supported, and this consistency was important to maintain the standard of care they wanted to provide.

We saw the nominated individual and registered manager was proactive in recruitment planning. As soon as they had become aware of one member of staff leaving they had worked to recruit to ensure people received consistent care from their staff group. This showed the registered manager worked to provide people with a stable staff group, who would provide safe care that met their needs.

The registered manager used safe practices when recruiting staff. We examined staff records that showed people had needed to provide two references before being employed by the service. One of the references was from their last employer and any gaps in employment were explained. The disclosure and barring service (DBS) was used to check on any criminal records potential employees may have. This supported the registered manager to make safer recruitment decisions and prevent unsuitable people from working with people at the service.

People told us they were happy with the cleanliness of the service. they said staff were aware of how to protect them from the risk of cross infection. When needed staff wore personal protective equipment (PPE) and washed their hands in between tasks. Staff were knowledgeable about the ways they would deal with any infection control issues. They told us, and records confirmed, they had received infection prevention and control training as part of their mandatory training, which they had found useful. This showed the staff at the service worked to protect people from the risks of cross infection.

The registered manager had processes in place to help staff learn from incidents and accidents to reduce the possibility of reoccurrence. This was done through regular staff meetings and supervisions. This showed how they had used their learning to reduce risks to the people in their care.

Good

Is the service effective?

Our findings

When we last visited the service, we found people's needs were not assessed using nationally recognised tools to guide staff provide appropriate care. During this inspection we saw the registered manager had introduced these assessment tools to support people's care. For example, one person had been assessed using the Waterlow scoring system to establish the risk to them in relation to possible pressure damage to their skin. We saw they had been assessed as at risk, but the measures in place reduced the risk and the daily records we saw showed that staff were using the recognised measures to support the person. This showed that people's needs and choices were delivered in line with evidence guidance to ensure good outcomes for them.

People who used the service were supported by staff who did not discriminate against them. People's cultural needs were supported by staff and the characteristics of the Equality Act 2005 were followed. For example, one person observed a particular dietary regime, and as staff supported the person with the preparation of their meals, they ensured this cultural preference was observed.

People told us they had confidence in the staff who supported them. They felt the staff had the training to undertake their roles. One person said, "They know what they are doing." A relative told us they were impressed with the way staff supported their family member. They said, "Staff know what they are doing and are very competent."

Staff told us they had undertaken a range of training on subjects to support them in their roles. This included health and safety, infection prevention and control, moving and handling, food hygiene, and supporting people who were living with dementia. We saw some certificates to evidence this in the staff files we viewed, however not all the training was evidenced in this way. The training matrix we viewed did not show when staff had last had training updates for some areas of practice, as the training package the provider used did not display this information. As a result, we could not see if staff required updates for areas of practice. The manager sent us this information following the inspection to show staff had received update training. This showed the registered manager equipped the staff with the relevant skills to support the people in their care.

Staff were supported with regular supervision from the registered manager. One member of staff told us they felt this was useful for them as they could discuss the different aspects of their job and the registered manager could discuss their performance. The registered manager told us they tried to ensure staff had individual supervisions every two months. We also saw evidence of how the registered manager had initiated some group themed supervision sessions at staff meetings to generate debate among staff and share knowledge and skills. The registered manager told us they were planning to have a group supervision to focus on medicines in view of their findings in relation to some recording discrepancies on people's MAR charts. This showed the registered manager worked to continually support staff in their roles.

People told us the food served at Richmand House was good, and they enjoyed their meals. One person said, "The food is good, some is home cooked, some is brought in, but if you don't like something, you only

have to say and they (staff) will find you something else." Another person told us there was always fresh fruit available for them to eat. The kitchen had been given a five-star rating for hygiene from the Food Standards Agency, and we saw the kitchen staff followed safe food hygiene techniques when storing and handling food. People who required support with nutrition had this information in their care plans. This included where staff assisted people who lived in their own homes, with their shopping or preparing meals. When required, staff monitored what people ate to ensure they maintained a healthy diet. Where staff supported people with their meals we saw there were detailed information around people's likes, dislikes and how meals should be presented.

All the staff we spoke with showed a good knowledge of people's diets. For example, some people had health conditions that required them to eat regularly and staff told us they monitored these people to ensure they were maintaining their diets. One person was at risk of choking and the registered manager had used the assessment from the Speech and Language Therapy (SALT) team to ensure they received an appropriate diet. One member of staff told us how they supported one person who was constantly moving around. They told us the person benefited from regular snacks as well as their meals as they burnt a lot of energy and they enjoyed a variety of snacks. We saw staff used the daily records to record ongoing monitoring of people's diets. This showed where required people's nutritional needs were well managed by the service.

People were supported to maintain a healthy lifestyle, and well-balanced menu choices were available to them along with the opportunity to take part in appropriate exercise sessions at Richmand House. One person who received care in their own home told us how staff helped them to keep mobile, and improve an underlying health condition by supporting them on walks. The person's relative had fed back to the nominated individual, that a recent hospital appointment had highlighted the improvements in the person's health condition because of these regular walks. People also told us staff supported them to manage their health needs. One relative whose relation's health needs had changed significantly during the time they had lived at the service said, "The staff manage [name's] health needs very well. They work with the GP and district nurses to make sure the care [name] gets is good."

Staff we spoke with told us if they had concerns about people's health, the staff member in charge on a shift was quick to get advice or support from appropriate health professionals. We saw in people's records when concerns had been raised the most appropriate health professional had been contacted to provide support. For example, one person who was living with dementia had displayed some changes in their behaviour patterns. The dementia outreach team had been contacted along with the person's GP for advice on how to support the person.

People who required support to attend doctor or hospital appointments were supported by staff when required. One person receiving care in their own home had regular treatments at the local hospital, and we saw on those days their calls were earlier to allow time for the person to prepare for their appointment. On the day of our visit we saw the manager arranging support and transport to and from the hospital for one person for an appointment.

Staff told us if the situation required it they would feel confident to call the emergency services to support people. One member of staff gave us an example of when they had needed to do this for a person in their own home. They told us the manager had been very supportive and had arranged for another member of staff to cover the next call so they could stay with the person to support them until further help came. This showed how the provider worked to support people with their health needs.

People's records also contained information that could be taken with them should they need to attend

hospital in an emergency. The information would be useful to health professionals treating the person. For example, for people receiving care in their own homes, even if the service was not supporting a person with their medicines the manager had ensured this information was available in their care records for the emergency services. This showed the registered manager worked to keep people safe when they moved between health services.

The environment at Richmand House was appropriate to the needs of the people who presently lived at the service. The premises did not have a lift, but people who had bedrooms on the first floor had access to a stair lift so they could access the ground floor. The environment was well maintained and had several enclosed outside areas for people to sit in. People had sitting areas in their own bedrooms and had been able to personalise their own living spaces. The service was designed so people could move freely around the home, and during our inspection we saw people taking advantage of this. Records we viewed showed there was appropriate maintenance of the environment such as legionella testing and fire safety tests. There was also regular servicing of electrical equipment used to ensure the environment was safe for people.

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 service was working within the principles of the MCA. We found they were.

People we spoke with told us staff always asked them if they could provide care before they assisted them with anything. One person said, "Yes they usually knock and let me know they are there, and then ask me what I want them to do." Another person said, "Yes, they (staff) are led by me, they ask what I want them to do."

The staff we spoke with told us they always assumed people could make their own decisions about how they wanted their care given. They told us they knew how to approach people to support them make their own decisions about their care, and there was information in their care plans on how to support people. For example, one person who was using the service had recently developed some short-term memory issues, and staff were aware of this so spent time to ensure they repeated important information to the person to help them remember.

One member of staff told us all the staff were aware of the different barriers people faced when trying to make their own decisions. They told us about a person who had always eaten a particular diet throughout their life. The person was at the stage of their life when they may not remember or have the ability to verbalise their choice. Their mental capacity assessment made it clear to staff that they should continue to respect the previous verbalised wishes and continue to provide the person with the diet of their choice. This showed staff were working in line with the MCA and offering people the support they needed to make their own decisions.

The nominated individual had undertaken mental capacity assessments for people to establish if they had capacity to make their own decisions. The assessments were individualised, decision specific and detailed. There had been consideration of people's lifestyle and choices embedded. All the assessments we viewed clearly showed the level of a person's capacity and gave information on how they should be supported in different areas of their daily life.

People can only be deprived of their liberty to receive treatment and care when this is in their best interests

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. We found any conditions specified were being met.

Good

Is the service caring?

Our findings

There was a positive and caring attitude among staff at the service, and people told us staff were kind and compassionate. One person said, "I am well looked after here. It's only a small place, so we just rub along together." A second person told us their family who worked during the day could visit when they wanted. They went on to say both they and their relatives felt the service was "really homely." People told us the staff would have a laugh and joke with them.

People who received care in their own homes were complementary about the attitude of the staff who supported them. Everyone we spoke with told us the staff were kind and caring. One person said, "Very happy with the ones (staff) that come, they have become friends." Another person said, "Oh yes the girls are very caring." We also saw feedback to the service via a questionnaire and one person had written, "I rely on them and they don't let me down." Another person who was supported in their own home had written, "They (staff) take me shopping every week and are very good, helpful and kind."

People also told us how the staff went the extra mile to help them with things that were important to them One person told us how one member of staff took their pet to the vets for them in their own time. The registered manager told us that a member of staff had taken a person for a hospital appointment even though it was their day off, because the person got on very well with the member of staff and felt very comfortable in their company.

Staff we spoke with told us there was a culture of kindness and respect displayed by the management team and their colleagues, and they enjoyed working at the service as a result. It was clear from our conversations that staff respected both the people they cared for and their colleague's attitudes towards their job. One member of staff told us they felt the service had a good reputation and they had been happy working at the service, as they considered they gave good care to the people they supported.

A visiting professional we spoke with who visited Richmand House regularly told us they enjoyed coming to the service. they said, "It's the best home I come to, staff are always quick to help people, no one has to wait."

Both the nominated individual and the registered manager told us they wanted the people who lived at Richmand House to feel this was their home for life. The registered manager worked with health professionals to ensure people's care could be managed so they remain at Richmand House until their end of life if they chose to.

The registered manager told us because the service had a small client and staff group good relationships were built up between people, relatives and staff, and this enhanced the care people received. Our discussions with people and staff supported this view and the positive feedback we received showed people received good care from staff.

People's views on their care were incorporated into their care plan. One person who received care in their

own home said, "Yes they talk to me about the care I need, I changed my visits from seven days to five days and they helped me deal with that." Other people we spoke with told us they liked their relatives to work with the registered manager on their plans of care. One person said, "My [relative] does that they ring [name] the registered manager and sort things out." They went on to say they were thinking of making some changes to their calls and had discussed with their relative. They said, "[Name] will sort that out with the manager for me."

We saw evidence of peoples input in the plans we viewed. We viewed a care plan that had recently been reviewed by the manager with one person's relatives. We saw the relative and manager had ensured the person's views and preferences were incorporated into the plan. Staff we spoke with could discuss people's preferences. One staff member told us they got to know people how wanted their care provided. We saw evidence in the daily logs we viewed of how staff had ensured people's preferences were accommodated in relation to their choice of meals, or how they received personal care. This showed staff worked to provide the care people required in the way they wanted it.

People's religious and cultural needs were assessed and provided for. Where it was important to them, people were supported to visit their local place of worship and their religious leaders were welcomed into the service to support people. The registered manager also engaged the services of a lay advocate. An advocate is an independent trained professional who supports people to speak up for themselves. The registered manager told us the advocate ran the resident's meetings every two weeks, and spoke with people on a one to one basis. The registered manager felt this had been beneficial to people, as people tended to tell the advocate things they would not discuss with the registered manager. They gave an example of one person wanting to attend their local place of worship. The person had lived at the home for several years but had not expressed the wish to staff. Through the advocate the staff had been able to meet this person's needs. This showed the registered manager continued to work to ensure people's voices were heard at the service.

People who received care in their own homes told us staff considered their privacy and dignity when providing care, and treated them and their homes with respect. One person said, "They are very respectful towards me and treat my home like their own. They are very clean, and tidy up after themselves." Another person said, "They are very respectful, especially when they are helping me shower."

Another person who lived at Richmand House said, "It's not nice when you must have help with (personal) things, but they (staff) are always respectful to me and let me do as much as I can for myself." A further person said, "I do have to have some help with dressing, but they are very kind and respectful, and then help me to get the clothes I want to wear for the day." A relative we spoke with told us they saw staff behaved in a respectful way towards people and they were happy with the way their relation's privacy and dignity was maintained.

Staff we spoke with showed a good understanding of their role in ensuring people felt comfortable with them when they provided care. One staff member told us they understood how difficult it was for people when receiving personal care. They said they treated people in the way they would want to be treated, and was careful to maintain people's privacy. One member of staff gave us an example of their understanding of people's feelings when receiving care. They told us they were respectful of everyone's privacy. But they were aware when supporting people of a different gender, of how that person may feel having support provided by a younger person of a different gender. They told us they always had this in their mind when providing care. This showed the staff at the service considered people's right to be treated with respect and dignity when providing care, and worked to maintain the standards of care.

Good

Is the service responsive?

Our findings

When we last visited the service, we found the information in their care plans did not always contain up to date and sufficient information about people's individual needs, and did not give staff clear guidance on the care the person required. At this inspection we saw there had been improvements to the information in people's care plans. The information supported staff to provide person centred and individualised care.

People we spoke with told us staff were aware of their needs and preferences and they were happy with the way their care was provided. The information in people's care plans showed the care they required. One person had dressings on their legs and we saw information for staff on their responsibilities in relation to monitoring the dressings. The daily logs we viewed showed staff had recorded their observations so there was clear ongoing information for the staff team supporting the person. A further person had recently shown some gradual deterioration in their physical health and this had caused some small changes in the person's mobility.

Whilst this had not meant a significant change in the person's care plan in relation to the number of staff required to assist them and the aids they used, their care plan noted the person required greater monitoring, and their abilities each day had been changeable. Throughout the person's care plan there was evidence of what the staff team had done to support the person, by making appropriate referrals and following guidance so the person received care appropriate to their needs.

People's diverse needs were met, the registered manager had ensured staff had the necessary information to guide them to provide appropriate care. For example, one person's cultural needs were identified and staff understood their responsibilities in ensuring these needs were met. The person's care plan contained specific information for staff on these needs. The staff we spoke with showed how they respected the person's cultural needs.

Staff we spoke with all had a good knowledge of the people they supported and used the information in people's care plans to inform their care. The daily records we viewed had clear information for staff on how people's day to day needs were being managed. Staff told us the daily handovers kept them up to date and the registered manager used communication books to keep staff up to date with changes. This meant if staff had been on days off or on leave they were able to keep updated with the care needs of the people they supported.

Our observations during our visits showed staff had the knowledge they needed to provide people with individualised person-centred care.

The service was meeting its duties under The Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. We saw there were some good examples of accessible information for people. For example, we saw the questionnaires the registered manager sent out regularly to people were designed in an easy read format. We also saw one person who tended to become confused and upset did not always

respond to verbal reassurance and the staff had given them a "talk board." This was a small white board that staff wrote simple reassuring facts on, such as where the person was and what would be happening next. We saw the person responded well to this and carried the board with them. This showed staff looked at ways to support people with accessible information.

People told us they could join in with a variety of social activities at Richmand House. On one of the days of our visit we saw people had been encouraged to take part in an exercise class with an external therapist who came to Richmand House once a fortnight. There was a regular programme of events at Richmand House available to people such as craft mornings, reflexology, manicures and singers. People also told us staff helped them celebrate their birthdays. Some people preferred to spend time in their rooms and one relative said, "[Name] really does get to choose whatever it is they feel like doing and if that is 'nothing' one day, then that's what they (staff) let them do."

Some people who were supported in their own homes were also supported to go out into the community if this was an assessed need. The nominated individual told us they regularly supported two people who were friends undertake shopping trips together. These examples show the provider worked to offer people a stimulating environment and prevent isolation.

People told us they felt able to raise any concerns to either staff who provided care, or the registered manager or nominated individual. One person who was receiving care in their own home told us if they had any issues the care staff were quick to sort things out. They said they could ring the nominated individual who was always quick to respond to concerns. One person who lived at the service said, "They (staff) look after me well here I think. I don't have any complaints about my care." Staff we spoke with told us they felt they could sort things out for people, but always spoke with the registered manager who always responded to and dealt with concerns quickly. The complaint's procedure was displayed at the service and the registered manager told us they had not had any formal complaints made to them. They explained they worked with people and their relatives to sort out small issues so things did not escalate into bigger concerns. This showed the service worked to address any complaints or concerns raised to them.

We saw that when appropriate, people's wishes in relation to their end of life care were recorded. Relatives we spoke with told us they had been given the opportunity to discuss their family members' end of life wishes and if they had not wanted to discuss the subject their wishes were considered. The registered manager told us they wanted to provide a home for life for people and they worked closely with healthcare professionals to ensure that people's changing needs could be met. People's relatives were encouraged to feel involved and kept informed when their family member's needs changed. This showed the registered manager ensured people were supported at the end of their life to have a comfortable, dignified and pain-free death.

Good

Is the service well-led?

Our findings

When we last visited the service, we found the provider had not fulfilled their legal responsibilities in notifying the CQC of notifiable events at the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Prior to and during this inspection we checked and found the registered manager had fulfilled their legal responsibilities and notified us of significant events at the service, and was no longer in breach of this regulation.

At out last inspection the provider was also in breach of Regulation 17 of the Health and Social Care Act 2008 (HSAC) (Regulated Activities) Regulations 2014, as there was a lack of audits and analysis in place to effectively monitor the quality of the service. At this inspection we found the provider was no longer I breach of this regulation.

At this inspection we found the registered manager and nominated individual had made improvements to their quality monitoring processes such as care plans and medicines audits. We saw these audits had identified issues which had been addressed by the management team. For example, the nominated individual had undertaken an audit of people's care plans and their personal significant event logs. This had resulted in them identifying if actions had been undertaken so people received appropriate support. However, as every care plan could not be audited monthly, the nominated individual discussed further simplified audits that would assist them analyse the information they collected in areas such as falls and weight management. Before we left the inspection, we saw the nominated individual was amending their present documentation to incorporate these audits, so they could more easily establish trends.

Throughout our inspection we noted Richmand House was well maintained and clean. The registered manager undertook regular auditing of the environment to ensure any maintenance issues were addressed. The nominated individual also told us they employed a health and safety team to undertake a yearly audit to ensure the environment and equipment used met the legal safety requirements. This showed the provider was monitoring the quality of the service to ensure people received a high standard of care.

People who received care in their own homes and those people who lived at Richmand House told us the management team were visible and approachable. People who received care in their own homes told us the nominated individual visited them regularly either to provide care or observe staff practice. One person said, "(Manager) is easy to contact, very flexible (with calls)" they went on to say, "She will do anything for me if she can."

One person who lived at Richmand House told us the registered manager was "always there." The person went on to say the staff worked well together. People we spoke with told us there was a positive caring culture among staff at the service and this was led by the registered manager, who they told us was visible caring and approachable. Relatives told us they could speak to the registered manager whenever they needed to.

Staff we spoke with told us they enjoyed working at the service and felt well supported by the registered manager who worked in a fair and transparent way. Staff told us they received regular supervision. They found this helpful in allowing them to discuss any issues they had, and for the registered manager to support them to undertake their role with clear knowledge of what was expected of them.

The registered manager told us they wanted to provide people with a staff group who were committed to providing the best care. They told us they had staff who had worked with them for many years and who they had confidence in to provide the day-to-day care people required. This showed the registered manager worked to provide a positive cohesive staff group to support people in their care.

People and their relatives told us they could voice their opinions about the service and there were regular meetings as well as questionnaires about the quality of the service. One relative told us they did not come to the meetings as they came to the service most days and was able to speak to the registered manager whenever they needed to. We discussed with the registered manager and nominated individual how they responded to the information they received from the questionnaires. They told us they wrote to each relative with the results of the surveys, any issues that had been highlighted and what they had done about them so people could see they took their views seriously. Staff we spoke with told us there were opportunities for them to discuss the service at the staff meetings and the registered manager listened to them if they had ideas and suggestions on how to improve care for people. This showed the provider considered people's views in relation to the running of the service.

The nominated individual told us both they and the registered manager attended manager forums to keep themselves up to date with changes in health care and received minutes of these meetings. They felt this was helpful for them in their roles. The nominated individual was on a panel of professionals at the local university that looked at different aspects of health care.

The registered manager involved people in local community events when possible to help prevent isolation for people. For example, they worked with the local high school for people to attend events arranged by the pupils for older people in their community. A few church groups invited the people to their events and the home took advantage of a scheme run by local restaurants that held special lunch dates for people in care homes.