

Milecertain Limited

# Richmond Residential 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 ●

# Summary of findings

## Overall summary

We carried out this comprehensive inspection on 25 and 30 August 2016. Richmond Residential Home is a care home registered to accommodate up to 20 people who do not require nursing care. The people who use the service require 24 hour support due to mental illness.

The service had a registered manager. 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.

We previously inspected the service on 23 June 2015 when we found breaches of three regulations of the Health and Social Care Act 2014 and that overall the home required improvement.

When we visited, there were 18 people living at the home. The manager told us that two bedrooms that were previously used as double rooms were now for single occupancy and unlikely to be shared in the future. Most people had lived at the home for a considerable length of time but two people had gone to live there during 2015, one of whom had since left the home. Another person we met was having a temporary stay at the time of the inspection. The home accommodated both males and females and people's ages ranged from 40 to 80 years.

People we spoke with said they felt safe and well cared for and information about safeguarding was available. We found that since our last inspection, all staff had received training about how to recognise abuse and their responsibility for reporting any concerns.

There were enough staff to meet the needs of the people living at the home. Safe recruitment practices had been followed when a new staff member of staff was employed and they had completed a full induction process. The staff team had made good progress towards completing a comprehensive programme of training and had received regular supervision from the manager.

Regular health and safety checks were carried out and improvements to the environment had continued to ensure that people had a comfortable environment to live and work in.

People's health was monitored and people had access to medical professionals as needed. Medicines were stored securely.

People's individuality was respected and staff encouraged and supported people to participate in the social activities they enjoyed. Some progress had been made in supporting people to develop independent living skills.

The manager had made significant improvements to working practices and to the standard of record

keeping in all areas.

## 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.

Staff had received training about safeguarding.

Improvements had been made to the arrangements for people's personal money.

There were enough staff to meet people's needs and safe recruitment practices had been followed when a new member of staff was employed.

The environment was clean and adequately maintained.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff received the training and support required to carry out their work. They had received training about mental capacity and consent.

People told us they enjoyed their meals and always had choices.

Improvements to the environment had continued to ensure that people had a comfortable environment to live and work in.

### Is the service caring?

Good ●

The service was caring.

People who lived at the home felt safe and comfortable with the staff.

People's individuality and diversity was respected by the staff.

Interactions between staff and people who lived at the home were warm and

positive.

### Is the service responsive?

Good ●

The service was responsive.

People had care plans that gave details of their care and support needs.

Staff encouraged and supported people to participate in the social activities they enjoyed.

People's health was monitored and they had access to medical professionals as needed.

### Is the service well-led?

Good ●

The service was well led.

The service had a registered manager. The manager had made significant improvements to working practices and to the standard of record keeping.

People who used the service and their families were consulted to find out their views.

Auditing tools were in use appropriate to the size and nature of the service.

# Richmond Residential 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.

The first day of the inspection was unannounced and was carried out by an Adult Social Care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The registered manager was not on duty on 25 August 2016 so we arranged to go back to speak with the manager on 30 August 2016.

During the inspection we spoke with six people who lived at the home, the provider, the manager and other members of the staff team. We looked at the care records of two people who used the service. We looked at staff records, health and safety records, medication, and management records including personal finances. Before the inspection we contacted the quality monitoring officer at Wirral Borough Council. They told us that they had concerns regarding the management of people's money.

# Is the service safe?

## Our findings

All of the people we spoke with said that they felt safe living at the home. There were information leaflets displayed on a residents' and staff notice board encouraging people who lived at the home, and staff, to raise any issues. There was a safeguarding contact list in the staff office and a copy of safeguarding guidance. Since our last inspection in June 2015, all members of the staff team had completed training about safeguarding.

Before our inspection we were informed that the local authority had some concerns about the management of people's personal spending money. An action plan had been given to the manager and the manager told us that all issues had been addressed. We saw that people's personal spending money was kept individually and three signatures, including that of the person, were required for all withdrawals.

We asked people about their personal spending money. Two people told us that a family member visited them every week and brought in their personal allowance. Another person told us that a relative was trying to sort out their benefits. Nobody raised any concerns.

We found that there was an adequate number of staff to meet the needs of the people living at the home. Rotas showed that three housekeeping staff were on duty between 9am and 2pm or 3pm on weekdays, one on Saturday, and none on Sunday. The manager told us that this was a long-standing arrangement which may be reviewed in future. There were always two support staff on duty working shifts from 8am to 5pm, 5pm to 10pm, and 10pm to 8am. In addition, two support staff worked between 10am and 4pm, and supported people to go out in the community. One of the people who lived at the home was funded for one to one support for six hours a day, six days a week.

A cook was employed six days a week and a member of the care staff covered the other day in the kitchen. A maintenance person worked full-time between this service and another similar service owned by the same provider. The provider was involved with the day to day operation of the service and there was also a part-time administrator.

One new member of staff had been employed since our last inspection. We looked at recruitment records which were neat and well-maintained. An application form had been completed in full giving details of the person's past employment. A Disclosure and Barring Service disclosure was in place and two satisfactory references had been obtained.

The maintenance person kept records of safety checks he carried out which included a monthly door alarm check, weekly fire alarm test, weekly door guard check, and weekly emergency lighting test. We saw that contracts were in place for testing, service and repair of services and equipment. Portable appliance testing had been completed. An external company had written a Health and Safety policy for the service which contained risk assessments for working practices. We did not see any record of recent Legionella testing or water testing and the manager said she would look into this.

The manager told us that people were not permitted to smoke in their bedrooms, however she was aware that some people did not always comply with this rule. The manager had identified people who persisted in smoking in their bedrooms and had put safeguards in place for example metal bins, 30 minute checks, and fire blankets. Since our last inspection, all staff had completed fire safety training. A fire drill had been held in March 2016 and this included the people who lived at the home. Most people who lived at the home were fully mobile, however one person had mobility difficulties and used a wheelchair. An evacuation aid had been put in place and staff told us that they had all been trained to use it. An emergency evacuation plan was in place for each person who lived at the home.

We observed that the premises were clean and disposable gloves and aprons were provided for the staff to use when providing personal care.

We looked at the arrangements for the management of people's medication. Storage had been improved during 2015 and there was an individual basket for each person's medicines. The manager had reviewed and changed the procedures for administration of medicines to make practices less institutional and protect people's dignity by not giving medication in the communal areas. Some people came to the office for their medicines and others had them in their bedrooms. Only one member of staff on each shift administered medicines and they were not passed to other staff to give to people. Each person had a medication care plan, and the administration records were kept in each person's care file. We noticed that one person had a handwritten medication administration record sheet and this had not been signed by the member of staff who wrote it or countersigned by another member of staff to confirm that they had checked it was correct.



## Is the service effective?

### Our findings

The provider subscribed to a training company that provided training packages for 16 subjects relevant to the service. These included a knowledge test on completion of the module. The training records we looked at showed that the staff team had made good progress towards completing the training programme since our last inspection. Records showed that a new member of staff had completed a comprehensive induction programme and the manager told us that new staff had two weeks training followed by two weeks shadowing, working alongside an experienced member of staff. A supervision and appraisal plan was in place and showed that staff received supervision from the manager.

The manager and deputy had attended training provided by the local authority about the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Other staff had completed a training module about mental capacity. One person who lived at the home had a Deprivation of Liberty Safeguard in place. The manager explained that this person did not go out on their own as they had a history of putting themselves in danger. The person was able to go out every day with a member of staff. We discussed with the manager whether the other people who lived at the home were able to give consent. She believed that they were, however the home did not have a capacity assessment tool available to use. We saw good records of a best interests meeting that had been held when one person was ill in order to decide whether they should be admitted to hospital.

One person we spoke with said that the food was good and there was always a choice and the portion sizes were good. Another person described the food as "great" and confirmed there was always choice available. We spoke with the cook who had worked at the home for many years in various capacities. She told us she was really enjoying her current role. She showed us four weekly menus and a daily choice book. We observed that people enjoyed their lunch and required minimal support. One person had their meat cut up.

The cook told us that there were concerns regarding the nutrition of three people and records were kept to show what these people had eaten each day. One of these people said they could request a packed lunch when going out so that they didn't miss a meal. People's weights were recorded monthly, with their consent. There was a 'tea bar' in the dining room so that care staff did not have to go into the kitchen and could make drinks for people at any time, and people who were able could make their own drinks.

In general the premises appeared cleaner and tidier than on our previous inspections. The lounge and dining room were separated by furniture and this gave a cosier feel to the lounge and more clearly distinguished the eating area. The quiet lounge was a pleasant alternative area for people to use. The grounds were tidy and well maintained. There was a designated smoking area outside with seating and a shelter. Some people showed us their bedrooms which were clean, tidy and adequately furnished. One person told us they would like an electrical socket to plug their radio into and the manager said she would arrange for this to be done.

## Is the service caring?

### Our findings

One person we spoke with said he had lived at the home for several years. He considered that the staff treated him with dignity and respect and were always polite. Other people we spoke with agreed. Some people had relatives who visited them, but others did not. We saw that people were offered opportunities to seek advocacy if they wished.

Most people had lived at the home for a number of years and there was also a low staff turnover. This meant that people had got to know each other well and they were supportive of each other. In many ways, the service functioned as a large family. The staff we talked to spoke in a very caring manner about people who lived at the home. They were aware of the challenges that people experienced due to their mental health needs and they supported people in a non-judgemental way.

Most people were fully mobile and did not require daily support with personal care. Some people were prompted by staff to encourage them to maintain their personal care, and some people required supervision with bathing or showering. Two people had been supported to stop smoking.

People had keys to their bedroom doors and had their own personal items in their rooms. People had been supported to personalise their bedrooms. One person now had his own kettle in his room and was able to make drinks in his bedroom. He told us that he enjoyed doing this. There were large signs on the bedroom doors saying 'Please knock'. The manager told us about her plans to have partitions built in two bedrooms that were shared to afford people more privacy.

There was a copy of the service user guide in the entrance area but this needed updating in some places. The manager said she would do this.

## Is the service responsive?

### Our findings

One person we spoke with said they were able to come and go as they pleased, for example to the shops or the bank. They also went out sometimes on trips with staff. People told us they enjoyed going to the cinema weekly and visiting other local attractions. People told us that they liked bowling and some enjoyed going to a disco on a Monday evening.

We saw that consideration was given to different ways of meeting people's social and recreational needs. The manager told us that people had been supported to access free transport passes, but the home also provided a vehicle that was used to take people out. We looked at the detailed records that were kept showing of where people had been taken to. We saw that no comments had been made about whether people had enjoyed the activity or had actively participated, although the form did have a section for this to be recorded.

During our last inspection we considered that the support provided did not inspire or encourage people to engage in active rehabilitation in terms of improving their skills of independent living. Since then, some initiatives had been introduced to promote independence, for example people being involved in keeping their own rooms clean and tidy, taking responsibility for their laundry, and helping with household tasks.

Since she took up post, the manager had written new care plans for everyone at the home. We looked at the care files for two people who lived at the home. The files contained good records of people's personal histories. The plans covered personal care, activities, medication, communication, diet, and health including mental health, eyesight, dental care and foot care. The plans were detailed and included phone numbers for important contacts. Some of the plans had not been kept fully up to date when people's needs changed.

The care plans showed that people were observed for signs of ill health and recorded regular monitoring of their health, for example weight and blood pressure, if they consented. We saw evidence that people were supported to attend appointments with medical professionals for example GP, dietician, drug and alcohol team. District nurses also provided support as needed.

The home's complaints procedure was displayed in the entrance area and complaints forms were provided for people to use. The manager told us that she had received no complaints since our last inspection.

## Is the service well-led?

### Our findings

The home had a registered manager who had been in post for over two years. There was also a senior support worker. Since she took up post, the manager had demonstrated her commitment to making practices less institutional, for example changes to medicines administration and to the way people were weighed. She had made changes to working patterns to add more structure to daily routines and to promote the dignity of the people who lived at the home. We saw that the manager had responded in a positive way to challenges made and to meet the requirements of the local authority contract. We found that the standard of record keeping had improved considerably. The manager told us "I really enjoy my job, I put everything into it."

The senior support worker told us that this had been a new post created in 2015 in order to support the manager in the day to day running of the service. She said she had been a little concerned when she took up post regarding authority over older and more established staff, but it had been fine. She had been well supported by the provider and the manager and they worked well together.

During our visit we spoke with the provider, who took an active part in the day to day running of the home. He was present in the home most days and spoke with people who lived there and staff. It was evident that the provider was knowledgeable about the support needs of the people who lived at the home. Staff were able to go and see the provider confidentially in his office and some of the people who lived at the home also did this. The home had benefitted from a positive working relationship between the manager and the provider.

We saw records to show that regular staff meetings took place, the most recent being in May 2016 and this was well attended. The manager told us that staff meetings were held every six months, or sooner if needed. She also kept staff updated with any important information by use of a communication book and memos, as well as speaking to them directly.

We looked at how people who lived at the home were able to express their views. Leaflets on a notice-board advised people who used the service and staff to air their views, raise concerns and have input into the running of the home. There was a suggestions box and questionnaires for staff and people who used the service. The manager told us about the various ways of holding service user meetings that she had tried, but attendance always dropped off. She had found that talking to people on an individual basis informally was the best way of finding out their views. We suggested that this might be recorded.

A satisfaction survey had been carried out in April 2016. The forms that were sent to relatives were accompanied by a personalised letter. All of the replies received were positive, for example "Overall happy, safe, comfortable and well looked after" and "Staff and management very good".

Monthly audits of medicines, accidents, staff sickness and finances were recorded. The manager told us about her plans for further development of the service. This included building partitions to afford people more privacy in two bedrooms that were shared; supporting people to personalise their bedrooms; and

reviewing staff roles and responsibilities.