

Leeds City Council

# Richmond House

## Inspection report

Richmond House  
Richmond Road  
Farsley, Leeds  
West Yorkshire  
LS28 5ST

Date of inspection visit:  
16 November 2016

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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 16 November 2016 and was unannounced. We carried out our last inspection on 03 November 2015 when we found the provider met the regulations we looked at.

Richmond House is a 20 bedded rehabilitation and respite unit. People stay at the service for a short time, which is usually about six weeks. Leeds City Council is registered to provide accommodation for up to 20 persons who require personal care.

At the time of this inspection the home 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.

The care plan for one person staying on respite required strengthening. Other care plans contained sufficient information and we saw evidence of regular reviews.

Risks to people had been appropriately assessed, managed and reviewed. Building maintenance checks had been carried out on a regular basis and systems were in place to ensure fire safety had been appropriately managed. People receive their medicines at the correct times as prescribed. Relevant documentation was in place to ensure this was well managed. The registered manager told us they would look to introduce staff medication competency checks.

People and staff told us staffing levels were sufficient to meet people's needs. Our observations confirmed this. Appropriate recruitment checks had been completed which meant people were protected from individuals who are unsuitable to work with vulnerable adults.

People received prompt access to healthcare support when this was required. The service had a team of health professionals including a nurse, physiotherapist and occupational therapist on site to oversee people's rehabilitation.

People living at Richmond House were deemed to have capacity at the time of our inspection. We saw evidence of a recent mental capacity assessment and application to the local authority for Deprivation of Liberty Safeguards (DoLS). Staff received training in these areas and were able to demonstrate their knowledge.

People and relatives we spoke with were overwhelmingly positive about the staff who cared for them. We saw warm interactions between staff and people and throughout our inspection. People received encouragement from staff who supported their rehabilitation. Staff knew how to respect people's privacy and dignity and people confirmed this happened.

Activities and themed events were taking place in the home. We saw gardening had been added to the activities schedule in response to people asking for this. People had been able to grow their own produce and enjoyed this as part of their meals. People were complimentary about the food and drink on offer. Soup, snacks and drinks were available between meals for people and visitors.

Complaints were well managed as they were fully recorded and appropriate action had been taken including identifying learning outcomes. The registered manager had taken appropriate action to ensure people had sufficient information about how to complain. The registered manager had a weekly surgery which people and relatives were invited to attend to provide feedback about the service they received. People, relatives and professionals were asked to complete surveys about the quality of care provided at Richmond House. The results from these were positive. Where any concerns were raised we saw appropriate action being taken.

Quality management systems were found to be effective as they were used to identify areas for improvement. Action plans were created based on the findings from audits and we saw these had been completed.

## 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 using this service. Staff knew how to recognise and report abuse. Recruitment was well managed. Risks to people were appropriately managed.

Appropriate systems were in place to ensure the management of medicines was safe.

Staffing levels were found to be sufficient to meet people's needs. Maintenance checks had regularly been completed.

### Is the service effective?

Good ●

The service was effective

Staff received effective support through a programme of induction, supervision and appraisals. Staff were up-to-date with their training.

Examples of MCA assessments and DoLS were seen and staff were able to describe how this affected their work.

People received prompt access to healthcare when they needed it. People spoke positively about the food and drink available to them.

### Is the service caring?

Good ●

The service was caring

People and relatives were overwhelmingly positive about the care and support they received from staff.

Staff were warm and encouraged people as part of their rehabilitation. Staff knew people's needs well and demonstrated this. Care plans contained person-centred information about people.

Staff knew how to respect people's privacy and dignity and we saw this during our inspection.

### Is the service responsive?

The service was not always responsive

The care plan for one person staying on respite required updating. Other care plans contained sufficient information and we saw evidence of regular reviews.

Complaints were well managed as they were fully recorded and appropriate action had been taken including identifying learning outcomes.

People gave us mixed feedback about activities in the home. An activities planner was on display and evidence of themed events was seen.

**Requires Improvement** 

### Is the service well-led?

The service was well-led

People were unsure who the registered manager was, although they had taken action before our inspection to make this clear.

Quality management systems were found to be effective. The service was open to feedback and took action in response to identified concerns.

Staff felt supported by the registered manager and the culture amongst the staff team was positive.

**Good** 

# Richmond House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 November 2016 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience with a background in care for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of this inspection there were 20 people living at this location. We spoke with nine people who used the service, ten relatives, three members of staff and the registered manager. During the inspection we reviewed a range of records that related to people's care and support and the management of the home. We looked at three people's care plans.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information we held about the service. This included any statutory notifications which had been sent to us. We contacted the local authority and Healthwatch. The local authority told us they had no concerns and Healthwatch shared their March 2016 visit report and also provided feedback recently received from a relative regarding this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

People and relatives told us they were safe. One person commented, "I feel more than safe because the staff are looking after me properly and I trust them." Another person said, "I've felt safe being helped to walk and I can't complain."

Staff we spoke with told us they received safeguarding training, and the records we looked at confirmed this. Staff were able to describe how they would identify abuse. One staff member told us, "We record any bruising automatically." Staff felt confident appropriate action would be taken by the management team if they reported abuse. They told us if necessary, they could contact the Care Quality Commission (CQC) and local safeguarding authority to report abuse. We saw safeguarding incidents were reported as required to the local safeguarding authority and to the CQC.

We looked at the management of medicines and found this was safe. People we spoke with told us they received their medicines as prescribed. One person told us, "I get my medication on time." When we arrived to begin our inspection we were made aware that an early medication round had been completed. This meant people who needed their medicines at a specific time of the day had received these. We looked at the storage of medicines and found room and fridge temperatures were recorded daily. All medicines were found to be in date and stored appropriately.

We asked the registered manager about staff medication competency checks and were told these were not carried out, but would be looked at following our inspection. Staff who were responsible for administering medicines had received medication training.

We looked at four medication administration records (MARs) and found these were fully completed with signatures which showed medicines had been administered as prescribed. We saw MARs contained a photo of the person and details of any allergies. We saw the MAR asked what people wanted to be called and notes regarding offering a choice of drinks or other methods to assist people in taking their medicines.

We saw where people had been prescribed 'as and when required' (PRN) medication, the records we looked at provided staff with appropriate guidance around when to offer these medicines. We also looked at the usage of topical creams and lotions and found this was clearly documented with body maps and signatures which showed creams had been applied as prescribed.

We saw monthly medication audits had been carried out and had identified where errors had occurred. Appropriate action had taken place in response to these events. The registered manager told us they were moving to a new monitored dosage system for administering medicines. Staff we spoke with told us they had already received training in using the new system.

People and relatives we spoke with told us there were sufficient numbers of staff on shift to meet their needs. Only one person told us they felt more staff were required. The registered manager told us staffing levels did not reduce, even when the service was not at full capacity. At the time of our inspection there were

no vacant beds and we found there was enough staff to meet people's care and support needs. The registered manager told us they had experienced high levels of staff sickness which had meant agency staff had been used, although they tried to maintain consistency by using the same staff.

Richmond House provides short term care to people to prevent a hospital admission or following a period in hospital. We found people were most at risk due to mobility issues. We saw falls risk assessments in care plans and we also found bed sensors in place where this was an assessed need. Incidents of falls were recorded in detail and at the end of the month these were summarised in the 'falls register monthly analysis report'. We found appropriate action was taken in response to falls. This meant risks were assessed and the registered provider had identified where people required additional support through staffing or equipment.

We looked at three staff files and found the recruitment procedures were safe. We saw relevant checks had been completed, which included identity checks, a disclosure and barring service check (DBS) and two references obtained before staff began work. The DBS is a national agency that holds information about criminal records. This helped to ensure people who received this service were protected from individuals who had been identified as unsuitable to work with vulnerable people.

We saw fire safety checks had been completed on a regular basis. For example, the fire alarm and sprinkler system was tested weekly. A monthly fire drill took place and the emergency lighting was tested. We found evidence of personal emergency evacuation plans which meant staff had relevant information to follow in the event of a fire. Window restrictors were checked each month to ensure they met the regulatory requirements. We saw all relevant maintenance certificates were up-to-date. Equipment such as slings, bed mattresses, baths and bath lifts were checked regularly to ensure they were properly maintained.

Staff we spoke with told us when they reported any maintenance issues they were responded to promptly. The building had recently been redecorated four months before our inspection and we found it was homely.



# Is the service effective?

## Our findings

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.

People can only be deprived of their liberty to receive care and treatment 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).

The registered manager told us all people living in the home at the time of our inspection had capacity and did not require an assessment for this. We saw evidence of an 'abbreviated mental scoring tool' which had been used by hospital staff and shared with Richmond House. The registered manager shared an example of an MCA assessment they had completed for one person. At the time of our inspection this person was no longer living at this service. This meant the registered provider had appropriate systems in place for when they were needed.

Staff we spoke with understood MCA and DoLS and had received training in these areas. One member of staff told us, "We know before they come here whether they've got capacity. We do presume everyone's got capacity until proven otherwise."

At the time of our inspection there was no one using this service who met the criteria for a DoLS application. However, the registered manager shared evidence of a DoLS authorisation which they had in place until September 2016. This meant the registered provider recognised when DoLS were needed.

In one care plan we saw a consent to care form had not been signed. The registered manager told us they would address this immediately. This was signed in other care plans we looked at. Staff told us they would always ask people for their consent to care. One staff member told us, "I always ask before I start anything." At lunchtime we saw people were encouraged to eat and drink, although staff always respected people's choices.

The registered provider's PIR stated, 'All staff undertake regular training which supports them to carry out their jobs safely. This includes moving and handling, Safeguarding, Mental Capacity training, first aid, fire training and infection control. All staff training is discussed in supervisions and appraisals'.

People told us staff were competent in their roles. One person said, "The staff are very caring, patient and appear well trained and they look to me as though they know what they are doing."

Staff we spoke with were satisfied with the induction they received when they started working for the registered provider. One staff member who commented on their induction said, "I think I learned a lot about care." We looked at training records which showed staff were up-to-date with their training programme. We

saw the registered manager prompted staff to attend refresher training when this was due.

Staff supervisions were scheduled to take place every three months. Staff also received a mid-year and end of year appraisal. The records we looked at showed staff consistently received this support. Staff told us supervision took approximately half an hour and was a two way conversation.

Richmond House had a team of health professionals based on site which included a physio, occupational therapist and nurse which meant people had prompt access to healthcare when this was needed. In addition, staff arranged for support from other professionals such as opticians, chiropodists and arranged assistance with hearing aids.

We found there was an organised approach and clear focus on working with people to support their rehabilitation in order to live independently. One person said, 'I've had some professional input and guidance with how to sit and stand. They're very fair and they all seem happy here. I honestly can't fault this place.' One relative commented, 'Mum is encouraged to walk and has exercises from the physio. They proactively give me information on her progress or any issues. This is so much better than hospital.'

We observed a physiotherapist encouraging one person with walking up and down stairs, and another physio talking a person through a transfer from wheelchair to standing, walking and sitting down. These tasks were undertaken by staff who demonstrated encouragement, positivity and warmth.

We attended the handover between night staff and day staff, and found this was used to share important information regarding people's care needs.

People who we spoke with were happy with the food and drink on offer. Comments regarding the food included; 'The food is nice and I can't grumble', 'I'm happy to come back here and the food is good' and 'The staff are wonderful, the food's very good.' One relative commented, 'They are very good with drinks and fluid intake.'

At lunchtime we saw people had a pleasant meal experience. Tables were set and there was a menu on each one. Two people told us the menu was difficult to read as the print was small and in different colours. We discussed this with the registered manager who told us they would look at a different format following our inspection. There were options for each meal and residents could ask for alternatives; although this was not clear on the menu. Staff were very attentive at meal times and offered additional helpings and a choice of drinks.

We saw people had been consulted about changes to the menus in May 2016 and themed food nights were held every month. We were made aware of a recent change to the main meal of the day which had been moved to the afternoon. This meant people had a lighter lunch. We saw a soup station and 'coffee corner' along with other snacks and drinks which were available for people and visitors.

The registered manager told us a section of the kitchen area was available to people as part of their rehabilitation which helped to prepare them for returning home following their stay.

## Is the service caring?

### Our findings

During our inspection the people and relatives we spoke with were overwhelmingly positive about the care they received from staff.

Comments from people included; "The carers never look miserable, they look as if they're enjoying what they do. This is a great place, homely, friendly and caring", "The staff are excellent, so pleasant, I can't give them enough praise. They are nice and kind", "All you have to do is ask for something once and they get it. I never have anything to complain about. It's all done for you", "One of the first things they ask is what's your name. The staff are friendly and very helpful, they are excellent", "The people are excellent. I can't give them enough praise. Nice and kind. This place has been very good to me, I've enjoyed my stay here, the people are so nice and you are welcome."

One relative commented, "We have never seen quality and consistent care like this and we've visited lots of homes." Another relative said, "The staff are very friendly and helpful here." Another relative told us, "The staff are very nice. My mum's alright when she's in here. They're very patient and have time for a laugh with you." One staff member told us, "I think everybody cares here." Another staff member commented, "I'd put my mum in here if I had to."

People and relatives told us there was warmth and familiarity between staff and people using this service. Staff knew people by name and were familiar with their care and support needs. We saw staff were busy, although they took time to focus on providing effective care with warmth and were responsiveness to people's needs. For example, when it became too cool in one person's room, we observed a staff member who had remembered the window was open going in to offer to close it as they knew the person was unable to do this independently.

Throughout our inspection we observed people being treated with dignity and respect. Staff were able to describe the actions they took to protect people's privacy and dignity. We saw staff knocking on people's doors before they entered their room.

People who used this service were allocated a 'keyworker'. A keyworker is a member of staff who provides additional support and takes part in developing support plans with people who use the service. This meant people had a nominated member of staff who was responsible for their care.

We saw a relative had written a compliment which read, '[Name of person] would like everyone to know that she was so impressed with every aspect of the care she received. The staff were outstanding in their care, friendliness and attention to detail. She felt at home, safe and secure due to their attentions.

We saw information on advocacy services was advertised and although no one needed advocacy services at the time of our inspection, we found one person who received this service up to September 2016 had accessed advocacy support.

The registered provider's PIR stated, 'The care staff can demonstrate a good knowledge of service users' needs and preferences. A 'This is me' document is filled in with the service user to get a good background of the person. We saw these records in care plans and found they were personalised and recorded, for example, what made the person happy, people important to them, special memories and things they don't like.

## Is the service responsive?

### Our findings

People and relatives we spoke with confirmed they were happy with the way they were involved in the planning of their care. One relative told us, "The staff here have time for [name of relative] and involve us in her care planning."

We looked at a care plan for one person who was staying on respite which had not been updated since their last stay at the beginning of 2016. This meant their needs may have changed and this had not been updated. We also found there were some gaps in the recording of their assessments. We discussed this with the registered manager who told us they would review this immediately following our inspection.

The registered provider's PIR stated, 'A full initial needs risk assessment is completed before admission and is shown throughout the care plan'. Records we looked at confirmed this happened which ensured the service was able to meet the needs of people they were planning to support. We saw initial needs and risk assessment information had been created with involvement from physiotherapists, nurses and occupational health specialists. This provided an overview of current needs and goals in order to successfully support people through their rehabilitation.

We saw people had two care plans in place. One related to the person's stay at the home and contained information about them. The second care plan was written by health professionals and focused on the rehabilitation support they needed. Information covering areas such as communication and sensory needs, physical health and wellbeing, nutrition, managing medication, falls prevention and management and pressure care was in place. This meant staff had access to relevant information which enabled them to provide effective care.

Care plans created by health professionals covered areas such as medication needs, nutritional screening and moving and handling. We saw examples of one off care plans, such as one for treating a laceration one person had sustained. One person had a care plan for management of their medicines dated November 2016. We saw body maps, pressure ulcer prevention care plans and daily notes which were up-to-date and corresponded to care plans. Records clearly showed the support people were receiving as part of their rehabilitation.

The registered provider's PIR stated, 'We hold twice weekly multi-disciplinary meetings where each service user is reviewed'. People usually stayed in the home for six weeks, although this was longer if needed. We saw evidence of regular reviews during this period.

We saw environmental assessments which health professionals had carried out in people's own homes which supported the discharge process from Richmond House.

People we spoke with told us they were not familiar with how they could make a complaint. In response to feedback from people who had previously raised this through satisfaction surveys, the registered manager had acted to ensure sufficient information about how to complain was on display in communal areas. In

each person's room were two posters on display which related to how people could complain and what they could do to escalate their complaint if they were dissatisfied. Information on how to complain was also in the service user guide. We found the registered manager had taken appropriate action to ensure people and relatives had access to information about raising complaints.

We looked at the management of complaints and found this was appropriately handled. The registered manager told us they record all complaints and 'niggles'. We saw clear recording of complaints and saw the registered manager had carried out an investigation in each case and recorded lessons learned. We saw examples of written and verbal feedback provided in response to complaints and concerns.

Although the service was focused on rehabilitating people, they provided stimulation through a programme of activities. We asked people about the activities and found mixed responses. One person told us, "There's not really much activity to keep you going, though they try you with the zimmer and walking up and down stairs." One staff member told us, "We try and do something every day."

We saw an activities planner which had different events listed for every day of the week. These included armchair exercises, a quiz and a bean bag activity. We looked at daily activity records for October and November 2016 which described activity and people's participation. As part of the commemoration for remembrance day, a mannequin had been dressed in soldier's clothes and people made poppies and attached them to the uniform. We also saw pictures of the summer party and Halloween celebration which meant themed events were held in addition to day-to-day activities.

As part of the feedback recorded in the manager's dignity audit, people had expressed an interest in gardening. We saw over the summer people had grown potatoes, made oils and enjoyed salad from the produce they had grown.

## Is the service well-led?

### Our findings

At the time of our inspection the manager was registered with the CQC. People we spoke with told us they were not familiar with the registered manager. However, we saw the registered manager had identified this prior to our inspection and had created two signs with their picture and an introduction about them which were on display in communal areas. A newsletter for people using this service had been published in February, May and September 2016.

The registered provider's PIR stated, 'We encourage involvement from anyone involved with the service as it is believed improvements can always be made. We strive to improve the service on a day to day basis'. We saw evidence of this involvement during our inspection. For example, the registered manager had advertised an 'open surgery' which they held once a week for people and relatives to approach them with any feedback about the service. The records we looked at showed feedback was actively sought and where concerns had been raised, a clear record of action taken was evident.

Staff we spoke with told us they felt comfortable approaching the registered manager with any concerns. One staff member told us, "She's the best manager I've had." We also found a positive culture amongst the staff team who worked closely to provide successful outcomes for people. One staff member said, "It's the best place I've worked for how the team come together."

Staff meetings had been held every two months consistently during 2016. The meeting records showed standing agenda items included safeguarding, training and lessons learned. Staff told us they were encouraged to add items to the agenda.

The registered manager had carried out two spot checks on night staff in the last 12 months. During the year, staff received a dedicated supervision which was based on information gathered during observations of their practice.

The registered manager asked people to complete a satisfaction survey as part of their discharge from this service. We found feedback was positive and where any concerns had been raised, the registered manager had identified this and acted on the information as part of a monthly analysis of this feedback. Feedback from a questionnaire completed by six professionals rated the service as 'excellent'. Other customer, relative and staff questionnaires completed earlier in the year showed positive feedback. The registered manager used the information to make service improvements through an action plan. We saw timely actions were followed through and completed.

We looked at a number of audits conducted on a monthly basis by the registered manager. These covered; manager's dignity audit, mattresses, infection control, safeguarding incidents, health and safety, activities, care plans and medication. The registered manager also produced a monthly service quality report which looked at the service using the same domains used by the CQC. We saw evidence of audits resulting in action plans which were followed through to completion. The evidence we looked at showed effective quality management systems were used to continuously improve the service.

