Care Quality Commission

# Crown Care II LLP

# The Richmond

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

The Richmond is situated in Sprotborough on the outskirts of Doncaster. The service provides nursing and personal care for up to 50 older people and people living with dementia. At the time of the inspection there were 47 who used the service.

This inspection took place on 4 November 2014 and was unannounced. This meant that the provider did not know when we were inspecting the service. The home was previously inspected in December 2013, when no breaches of legal requirements were found.

There should be a registered manager for the service. 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 and associated Regulations about how the service is run. The service did not have a registered manager. The provider had appointed a manager, who had been running the service. Before the inspection the manager told us they intended to apply to be registered.

# Summary of findings

People who used the service and their visiting relatives said positive things about the service, particularly the staff, the management team and the food. One person who used the service said, “Quite happy. Staff are lovely. I have a great relationship with them.” People told us that they enjoyed the range of activities available in the home, and staff we spoke with and observed understood people’s needs and preferences.

There were effective systems in place to make sure people were kept safe. Staff had a good knowledge about safeguarding people from abuse and neglect, and up to date risk assessments were in place. The way staff were recruited was safe and thorough pre-employment checks were done before they started work. One person’s relative told us they felt their family member was, “Safe, warm and well cared for.”

We saw evidence of people’s healthcare and nutritional needs being met and people’s medicines were stored and handled safely.

People and those who mattered to them were involved in the assessment about their care, support and health needs and involved in producing their care plans, but there was not always evidence that people were involved in the monthly reviews, so that their views about care and support could continue to be incorporated into the care plans.

Throughout the inspection most staff showed people respect and took steps to maintain their privacy and dignity. People told us that staff always knocked on their bedroom door. One visitor said, in regard to their family member, “They talk to him like a grown up. Treat him with respect.”

Overall, we found that staff received a good level of training and support, but not all staff had undertaken formal training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

The management team asked people to give feedback about their care and support to see if there were any improvements they needed to make and we saw several instances where their feedback had been used to improve the service. There was a system for the managers to review the quality of care being provided, and the staff team learned from incidents and accidents.

There was information available about how to make a complaint and people were confident they would be listened to. One visitor said, “The deputy manager is brilliant. If I have a problem she will deal with it without a moan or grumble.”

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Good

The service was safe. The people we spoke with who used the service told us they were well looked after and felt safe. We know from our records that safeguarding incidents were reported and dealt with appropriately.

People had care plans and risk assessments associated with their needs and lifestyles. Medicines were stored and handled safely.

The way staff were recruited was safe and thorough pre-employment checks were done before they started work.

**Is the service effective?**

Good

The service was effective. The management team were aware of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and were following the code of practice and further training was planned for members of care staff.

People were supported by staff who were trained and supported to give care and support that met people's needs.

People were supported to have a balanced diet. Their plans were clear about what they liked and didn't like and included guidance about any special dietary requirements.

People told us the staff supported them with their health needs. The records we saw showed people saw their GP and other specialist healthcare professionals when they needed to.

**Is the service caring?**

Good

The service was caring. One person's relative said, "Staff are very caring, delightful. I have no experience of staff being otherwise."

We found that staff spoke to people with warmth and respect, and overall, staff took into account people's privacy and dignity and had a good knowledge of people's needs and preferences.

People we spoke with said they did participate in their assessments and care planning. However, there was not always evidence that they were involved in regular reviews.

Staff showed concern for people's relatives and enquired about how they were.

**Is the service responsive?**

Good

The service was responsive. There were arrangements in place to regularly review people's care plans.

There was a complaints system in place, and when people had complained their complaints were thoroughly investigated.

People told us they enjoyed the activities available to them in the home and, outside the home and there was regular entertainment.

# Summary of findings

**Is the service well-led?**

Good

The service was well led. People who used the service, their relatives and staff told us that members of the management team were accessible and approachable.

The managers asked people, their relatives and other professionals what they thought of the service and also checked the quality of the service themselves, using audit tools. They took action to address any areas identified as needing change or improvement.

# The Richmond

**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 checked 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 inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit was carried out on 4 November 2014.

The inspection team was made up of two CQC adult social care inspectors and an expert by experience, who had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed information we held about this service and the provider, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the service. We contacted Doncaster Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We contacted Doncaster Council who commission services from the provider. They had no contracts information to share with us.

During the inspection we spoke with 14 people who used the service and 10 people's relatives. We spoke with 10 staff including nurses, senior carers, activity coordinators and ancillary staff, and the regional and deputy managers. We also checked the personal records of six people who used the service. We checked records relating to the management of the home, team meeting minutes, training records, medication records and records of quality and monitoring audits carried out by the management team.

We observed care taking place in the home, and saw staff undertaking various activities, including handling medication and using specific pieces of equipment to support people. In addition to this, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with two external, healthcare professionals who visited the service, a community matron and a specialist community nurse. Both had positive experiences of the service and considered the people who used the service to be well supported.

Good

# Is the service safe?

## Our findings

The people who used the service and the visitors we spoke with felt the home was a safe place to live. One person's relative told us they felt their family member was, "Safe, warm and well cared for." They went on to say staff were very aware of possible issues with people's behaviour and were always around. Another relative said, "I feel (the person) is safe here. They seem to balance health and safety with living." One relative was visiting their family member. They told us they were a health and safety worker and they felt the home was safe. They were generally happy and had no concerns,

Staff were aware of the safeguarding procedure in the home. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. The training records showed that staff received training in the safeguarding of vulnerable adults. The deputy manager and two members of staff we spoke with told us that this training included teaching staff to recognise the signs of abuse, and what action they should take if they suspected someone was being abused. The staff we spoke with were confident in their understanding of safeguarding and the signs of abuse, as well as the actions they would be required to take.

One person who used the service told us about an incident where a spoon was thrown across the table where they were sitting. They said staff intervened and that overall, they did feel safe. They went on to say, "Staff respond very quickly."

The home was clean. A person we spoke with said they had been in other homes but, "This has been the best building. Spotless. Everyday cleaned." When we looked around the home we found it to be clean. However, there was a smell of urine in the upper floor lounge.

Several staff had left in a short period and this resulted in the need to use agency workers to cover until new staff could be recruited. This was mentioned by some visiting relatives. Despite this, overall the view of staffing levels was positive. One visitor said. "I feel mum is safe, enough staff most of the time. It's not been helped by staff leaving and going to a different home. There has been gaps for a long time. Now it's getting better, they are recruiting."

One of the 10 visiting relatives we spoke with said there were not enough staff. They said this was when there was only one staff member in the lounge and someone wanted to go to the toilet, they often had to wait until other staff were available.

On the day of the inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. A senior carer, a nurse and three care staff were allocated to the first floor, where people needed a high level of care and support. A senior carer, a nurse and two care staff were allocated to the ground floor. There was flexibility within this. The deputy manager said, "Staff work where needed." All the staff we spoke with said staffing levels were good, as new staff had been recruited. We saw there were sufficient staff to carry out their care tasks calmly and efficiently, as well as dealing with enquiries, attending to visitors and chaperoning visiting professionals.

Extra staff were made available at mealtimes to make sure people received support to get to the dining room and have their physical and personal care needs met. This included housekeeping staff, who were trained so that they could all help the care staff serve meals and support people at mealtimes. The interaction and care demonstrated by one activity co-ordinator at lunch time was excellent.

The housekeeping staff understood the boundaries of their roles. We spoke with a member of the housekeeping team who said that whilst they had been trained in moving and handling, they would assist carers and would not be involved in personal care.

We also observed staff having their breaks. This was well managed during the day, so that staff were able to have uninterrupted time away from caring tasks.

We checked four people's care plans, to look at whether there were assessments in place in relation to any risks to which they may be vulnerable. Each care plan we checked included a fire evacuation plan and up to date risk assessments for areas such as moving and handling, falls and nutrition and hydration. These were detailed and set out the steps staff should take to ensure people's safety.

We asked three members of care staff about how one person who used the service was kept safe. The staff were clear and described in detail what they needed to do to make sure the person was safe and protected from harm or injury.

Good

# Is the service safe?

We checked the systems in place for monitoring and reviewing safeguarding concerns, accidents, incidents, pressure ulcers and injuries. We saw that a member of the provider's senior management team carried out a monthly audit of the home, and part of this audit included checking these. The frequency and outcome of all incidents was reviewed by the provider, and individual incidents were followed up by senior management to check the outcome.

We looked at personnel files for four staff and these showed that the recruitment procedures had been designed to make sure people were kept safe. Checks had been completed before staff worked unsupervised and these were clearly recorded. The checks included taking up written references, identification checks, and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We found there were appropriate arrangements in place to make sure that people's medicines were safely managed. We observed part of the morning medicine rounds for the people on the upper floor and saw that medicines were checked and handled correctly for most people. However, one person required eye drops and pain patches and saw that staff did not wear gloves, or wash their hands before or after the procedure. Hand sanitisers were not available on the medicine trolley, although they were available at strategic points within the home and hand washing facilities were available throughout the home.

We saw that medications were administered by staff in a timely manner and during the medicine round staff explained what the medication was for to each person and gained their cooperation in taking their medicines and tablets.

Medication was securely stored and only handled by members of staff who were appropriately trained. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy.

There were up to date policies and procedures relating to the handling, storage, acquisition, disposal and administration of medicines. These were available to staff and had been signed by all relevant staff to confirm that they understood the appropriate procedures. People's care records included details of the medication they were prescribed and any side effects. Where people were prescribed medication to be taken on an 'as required; basis, (PRN), for pain relief and for anxiety. The descriptions of people's behaviour, gestures or other signs that they might require PRN medication were not very detailed.

Medication was audited on a monthly basis by the manager, and any issues identified were followed up with records of action taken. We checked the most recent audit and saw that correct procedures were followed.

We spoke with two people's relatives about how their family members were supported to take their medicines. One visitor told us, "They do look after his medication; they ask him if he needs pain killers." The other person's relative told us, "Mum is not wanting to take (her medication) and sometimes won't. They try, and I trust them. They sorted out her insulin."

For the most part the home was suitable for people's needs. However, as we were shown around we found some areas that needed to be addressed. For example, keys to the sluice and the store cupboard were kept on a hook above the sluice door. This was the health and safety risk in that people and visitors could easily access toxic substances. A specialist chair and broken hoist were stored in one of the upstairs shower rooms. The hoist was not labelled as broken and it also prevented the shower room being used by the people who used the service. These issues were brought to the attention of the deputy manager and they were addressed at the time.

Good

# Is the service effective?

## Our findings

People told us the food was good. One person's relative said, "The food is good, and I'm quite fussy. I think it is so important. It is the highlight of her day." Another relative said, "The food is very nice, all fresh and on nicely set tables."

One visitor said of their family member, "At first it was difficult to get him to eat. Now they have encouraged him and he eats well. He tries many things he wouldn't eat at home." and another relative told us, "Mum doesn't like the food and doesn't eat very well. I have discussed it with the staff and they do try and encourage her, they ask her what she likes and try and get it, including ice-cream, they can't do more."

A relative talking of their relative said, "I was concerned that when she had to use a wheelchair she wouldn't be able to get drinks. I raised this and they assured me that drinks are always around and there are drinks trolleys."

We checked people's care plans to look at information about their dietary needs and food preferences. Each file included up to date details, including screening and monitoring records where people were at risk of poor diets or malnutrition. People's weight was monitored. For people who were assessed to be at risk we saw records of their food and fluid intake. Food supplements had been prescribed for people who were at particular risk.

The staff we spoke with showed a good understanding of people's nutritional needs and dietary preferences. We asked three staff about the arrangements for making sure people were given choices at mealtimes. They told us that where people needed support in making choices and in communicating their choice staff used visual prompts to help. We saw that this happened during the inspection. There was a choice of two main courses and staff brought around samples of the two meals on plates.

We saw people having lunch in the downstairs dining room. Interaction between staff, people who used the service and the visitors was good, being warm, friendly and unhurried. Staff spoke to people continually, and not just in relation to the tasks associated with serving. Some people's relatives told us that they often came in to help at mealtimes and make sure that their family members retained their appetite. The people we spoke with at lunchtime enjoyed their food and said it was easy to eat and tasty.

Drinks were served almost immediately people arrived, with a choice of water or cordial, or both. The meals were well presented. We sampled a meal. It was hot, well cooked, tasty and a substantial portion.

The atmosphere in the dining room was calm, with a lot of good social interaction. Staff spoke quietly to each other and did not talk across the room or over people. When two people became upset they were each calmed in an appropriate, kindly and patient manner by staff.

Staff offered to help people. For instance, to cut up their meat. They did not intervene if the offer was refused. Four people required assistance with eating. This was done at each person's pace with a lot of explanation, reassurance and encouragement from the staff who were assisting and people were asked before their faces and hands were wiped.

However, in the upstairs dining area we noticed that people who used wheelchairs could not get their chairs under the dining tables. The dining room was not laid out to accommodate people well. This meant it was not very easy for some people to move around. One member of staff stood while assisting a person with eating. This was due to a lack of space. They could not interact well with the person, and the food was not visible to the person, who was seated. Another staff member we observed did not engage with the person they were assisting or describe the food on offer.

We saw the afternoon tea trolley and were impressed by the range of food, which included some quite substantial snacks, biscuits, sandwiches and cakes. There was a good choice of drinks on offer. The task of serving these snacks and drinks was undertaken by staff in a calm, unhurried manner with time for a lot of social interaction. Each person was encouraged to have a drink and where necessary, given support and assistance.

One nurse told to us about the systems in place for making sure people received effective care. They said that additional support from external healthcare professionals was readily available, and they were confident in making referrals to and gaining support from these resources. They said that we would find evidence of this in people's care records. We checked three people's care records to corroborate this, and found that support from external

Good

# Is the service effective?

healthcare professionals had been accessed where required. The home had close contact with a GP practice nearby, or if people preferred, they could remain under their own GP.

Where an external healthcare professional had been involved in someone's care, their care plans and risk assessments took into account the healthcare professional's guidance. Daily notes in each file we checked showed that this guidance was being followed. There was also a useful summary available in order to facilitate transfer between the home and hospital.

Three staff we spoke with told us that they had received training in the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. They spoke with knowledge about this aspect of caring for people.

However, three staff told us they had not completed this training. They were not always conversant with the training updates they needed in order to maintain skills in this area. However, we saw that staff respected people's choices throughout the day. We checked the provider's training records and saw that not all nursing and care staff had received this training. The deputy manager and regional manager were aware there had been recent guidance about the way the Deprivation of Liberty Safeguards(DoLS) were interpreted, widening their definition and they were planning further training for staff, to make sure they followed the Mental Capacity Act 2005 code of practice.

The Mental Capacity Act 2005 includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to do so. As The Richmond is registered as a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

No one was subject to a DoLS authorisation at the time of the inspection. We saw records of previous applications and these showed that correct procedures had been followed to make sure people's rights were protected.

Staff told us that people's care records included the details of mental capacity assessments and, where appropriate, records of best interest decisions. Everyone whose file we saw included a mental capacity assessment. However, some people's assessments were not very clear about their capacity to make decisions or about how staff should support them to make and communicate their decisions. This was particularly when people's capacity fluctuated.

We checked the care records of two people who lacked the capacity to consent to their care and found that appropriate arrangements were in place in relation to this. There was evidence in people's records that they lacked the capacity to make a particular decision in their own best interest. Meetings had been held to establish what the person would want. Where best interest decisions had been reached, they were reviewed on a monthly basis to make sure that they remained in the person's best interest.

One senior carer explained to us how they undertook their care planning. They told us they involved the person and their relatives in completing initial assessments. People had their photographs taken. Verbal consent was obtained from them and this was recorded on the computer.

We asked three members of staff about whether they felt supported by the provider and the home's management team. They told us that they did. Two of the staff we spoke with told us about the availability of training within the home. They were positive in their accounts of this, and said that there were good training opportunities.

Most care staff we spoke with had nationally recognised qualifications in health and social care. Many had undertaken further training in areas that were appropriate to the people they supported. We checked the provider's training records and saw that most staff had received training covering the needs of people living with dementia. The records we saw and the discussion with most staff also showed that new staff undertook a well organised and thorough induction, based on the common induction standards. However, one nurse told us they had started work in the home through an agency and had not undertaken the induction programme or any additional training in caring for older people living with dementia. We discussed this with the deputy manager at the time of the inspection. They said this would be addressed as a matter of priority.

Good

# Is the service effective?

We asked three members of staff about the arrangements for staff supervision and appraisal. They told us they received regular supervision and said they found this useful. They confirmed they received appraisal on an annual basis. This was confirmed by the records we saw.

The home was purpose built and was clean, spacious, light and airy. The corridors were wide and uncluttered with plenty of seating areas. There were several lounges, one on each floor were used as communal lounges and others as quiet areas. Books and music was available for people. There were two dining areas, the one downstairs having been recently decorated. One person's relative said, "We looked at around 15 other places and opted for this one. It's open, airy and you can come and go when you please. The staff generally seem nice."

Good

# Is the service caring?

## Our findings

People and their relatives were happy with the care provided. One person who used the service said, "Quite happy. Staff are lovely. I have a great relationship with them. Tell them they are my first, second and third favourite." Another person told us their daughter took them out a lot. They said, "Staff show an interest when I come back from shopping."

One visiting relative said, "The carers are lovely and mum is settling in now. She is happy." Another relative said, "Staff are very caring, delightful. I have no experience of staff being otherwise." Another relative said of the care staff, "They do look after him. They are good with him." However, they added that one or two staff, "talked down to you."

We saw that most staff were open and friendly in their communication with people. They were often found to be sitting with people, talking with them and helping them with their activities. We spent time in both of the larger lounges and saw that everyone was included in the social interaction. People and their relatives and staff knew each other and conversations were shared. No staff walked past anyone without acknowledging and speaking with them. Staff undertook their duties and tasks in a calm unhurried manner and took time to interact socially with people. For example, we saw housekeeper switch off the vacuum cleaner and spend time talking with one person, who was keen to show them some photographs. Another person who used the service and another staff member joined them, and they spent time talking of holidays.

Whilst we were in talking to one person in their room a member of care staff came in with a cup of tea. They knocked and asked before they entered. They were a new member of staff. From discussion it was clear they had taken time to find out the person's background, likes and dislikes. A little later, a senior carer came in with yogurt, offering a choice. The person became confused and distressed and the staff member knelt down to eye level, took the person's hand and reassured the person effectively.

As part of the inspection, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Using SOFI we saw that staff took the time to listen to people and try to understand their needs and wishes.

During this observation we saw that the staff were warm, friendly and engaging in their interaction with people who used the service. Staff showed concern for people's wellbeing in a meaningful way, and we regularly saw and heard staff checking that people were happy and comfortable. We spoke with two staff about how they respected people's privacy and dignity. They described the steps they routinely took, including how they protected people's dignity when providing personal care. They told us they believed promoting respect and dignity for people was a very important aspect of their work. We asked two people if staff protected their privacy and showed them respect. They told us that staff always knocked on their bedroom door and addressed them by their preferred name.

We saw several instances of good practice from staff in maintaining people's dignity. For instance, we noticed one person who used the service, who walked past the dining room door in a state of undress. One member of staff quietly brought this to the attention of another, who immediately went and supported the person. No fuss was made and no untoward attention drawn to the person. Overall, most staff were polite and respectful of people throughout the day. One visitor said, in regard to their family member, "They talk to him like a grown up. Treat him with respect."

However, we did see one instance when a staff member failed to protect a person's dignity. The member of staff was assisting the person to eat their meal, in their bedroom. The door was ajar and they had not made sure the person was kept covered.

We looked at the arrangements in place to enable people to be involved in decisions about their care. The deputy manager told us that the home made sure people were aware of the local advocacy service so that people could have access to an advocate if required. People we spoke with said they did participate in their assessments and care planning. However, there was not always evidence that they were involved in regular reviews. One person told us that their care plan was discussed with their daughter. Their son confirmed this.

Good

# Is the service caring?

One person's relative told us, "We have had a care plan meeting with the home, when arriving." Another relative said, "Yes, but we have not been involved with reviewing." They went on to say they were not able to see their relative's care records since they had been computerised. They said, "It's a bind not being able to sit and read it by yourself." We discussed this with the management team. They told us copies could easily be printed out for people and their relatives. They said the service would publicise this, so people knew they could have access to printed copies of their care records.

Two visitors who had care responsibilities for their family members said that staff at the home also enquired about how they were. Another visitor said, "Staff show concern about me, helping me accept that I don't have to come in all the time. They do show care for relatives." One person's relative said, "The nurse downstairs is brilliant. Her attitude is so supportive, concerned about me as a carer."

Good

# Is the service responsive?

## Our findings

People who used the service and their visiting relatives told us the service was responsive to people's needs and requests. One person's relative said, "I have always found the manager approachable if mum needs anything. For example, she needed a special bed, so they got one for her. They try hard to address individual needs."

One of the 10 relatives we spoke with told us about areas that they felt needed improvement. They said one issue had been addressed, as they spoke to the deputy manager. However, their family member's hearing aids had been missing for some time and this had not been resolved.

One person's relative said they had, "A very good, full discussion." about their family member's care plan. They added, "The worst thing for my mother is to be on her own. The staff have acknowledged that. At first it was frightening for her to sleep on her own, she wandered around at night and they let her sleep in the lounge chair before they encouraged her to use her bed. One carer sat with her in her room for a long time."

Another visitor said when their relative was in bed, they asked staff to put their TV on. They said staff did this and that they, "Took time to check up on her and ensured she's not left alone for long periods."

People told us they enjoyed the activities available to them in the home and, outside the home. We were told by one relative that there was regular entertainment. They said, "On Tuesdays people can go across to the community hall for bingo and to socialise." There were two activity co-ordinators and we were told a third was to be recruited, to provide more activities at weekends.

We saw the activity co-ordinators doing various activities with people, such as playing dominoes, and making felt poppies for a forthcoming visit to a Remembrance event people were invited to, at a local college. A group of people and their relatives were taken to a nearby community centre for a bingo session. When they returned following, "Some big wins" the excitement and pleasure people experienced was visible.

We saw that other members of staff supported the co-ordinators and took part in activities. This was appreciated by people's relatives. One relative said that at first their family member had been reluctant to take part in things. They said the person had, "Come out of his shell here." They added that the staff had taken the person to the pub a couple of times. Another person's relative told us, "They do try and stimulate her physically and mentally."

One activity co-ordinator told us, "I like to concentrate on individuals and go to them. Go to their rooms, spend some time with them. Not everyone likes group things."

One visitor said their family member's health and wellbeing had improved since moving into the home. Another visitor said their mother loved the fact that a hairdresser came regularly. They said, "People do benefit from the extra attention. It is about quality of life."

A key worker system was in place and senior staff had responsibility for completing and regularly updating care plans. We found that care plans were detailed and set out how to support each person, so that their individual needs were met. They told staff how to support and care for people to make sure that they received care in the way they wanted and needed. People's care was reviewed regularly to make sure it met people's needs. Although people told us they were involved in their care plans, there was not always evidence that people and their families were involved in the monthly reviews, so that their views about care and support could continue to be incorporated into the care plans. Additionally, one of the key workers told us they were not very confident in completing the plans on the computer.

We were told that staff handovers occurred when staff changed shift and staff went from room to room to review people's care. This meant they involved the people who used the service in the information handover. It ensured staff were aware of any issues and had up to date information related to each person. We saw the written records of the staff handovers. These were very detailed and included information about visitors' enquiries, as well as aspects of people's care and preferences.

There was information about how to make complaints available in the communal area of the home. This was also featured in the service user guide, which was a document setting out what people who used the service could expect. We saw the record of complaints and found that where complaints had been received, the manager had conducted thorough investigations.

We asked people who used the service and their relatives about how they would make a complaint. They told us they

Good

# Is the service responsive?

would speak to a senior staff member; most mentioned the deputy manager or a nurse. People were confident they would be listened to. One visitor said, “The deputy manager is brilliant. If I have a problem she will deal with it without a moan or grumble.”

Good

# Is the service well-led?

## Our findings

The previous registered manager resigned in April 2014. The service had a manager in post at the time of our inspection and they had told us that they were progressing with their application to register with the Commission.

The manager was not available at the time of the inspection and the deputy manager was covering in the manager's absence. The deputy manager told us their desire was to provide a homely, non-institutional environment. From our observations of the care provided; the warm atmosphere of the home, the positive comments of people and their relatives we felt this had been achieved. This indicated that the team have had good, clear leadership.

The staff we spoke with were happy to work at The Richmond. They thought the manager and deputy manager were approachable, supportive and understood their concerns. The relatives we spoke with knew who the members of the management team were and said they were always available. One visitor told us the deputy manger was very approachable. They said, "She is doing a good job." Another relative told us that before choosing this particular home they had looked at a lot of others which they didn't really like, but when they came to this one their relative said, "It's a nice house" and they felt it was like home. They said, "We can see she is happy." They added the management were approachable and, "We can discuss any concerns with the line manager or home manager."

Staff we spoke with had a good understanding of their role and responsibilities, and of the day to day operations of the home. They could describe how they were expected to perform, and the measures the provider could use to address poor performance. Two staff told us that team meetings took place regularly and were well attended. We checked minutes from two recent team meetings and found that the discussions recorded showed staff had been able to contribute to decisions about the service.

There was a quality audit system used within the service. It comprised monthly checks carried out by the manager, looking at the care records, the medication system and infection control arrangements. Other areas were also audited by the manager within this system on a six monthly basis. In addition to this, a senior manager visited the home to carry out an audit every month. We checked records of audits and found that, where any issues were identified, there were records of actions taken to address them. We asked the deputy manager how managers made sure they monitored the day to day operation of the home. They told us that the management team sometimes worked shifts so that they could monitor care delivery and staffing at different times of the day.

There was a system in place for seeking feedback from people who used the service and their relatives. The stake holder survey was due to commence the month after the inspection, so we looked at the results of the surveys from the previous year. The provider had summarised the findings and devised a plan to incorporate people's feedback into the way the service was managed.