

Bondcare Willington Limited

Richmond Court

Inspection report

Hall Lane
Willington
Crook
County Durham
DL15 0PW

Tel: 01388745675
Website: www.bondcare.co.uk/richmond-court/

Date of inspection visit:
04 February 2022
16 February 2022
25 February 2022
04 March 2022

Date of publication:
16 June 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Richmond Court is a residential care home providing personal and nursing care to 47 people at the time of the inspection. The service can support up to 49 people.

The home is divided into five areas spread across two floors. People living on the ground floor have a learning disability and/or autism. On the first-floor, nursing care is provided to people, many of whom are living with dementia.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

People's medicines were not always safely managed. People were exposed to risk of harm due to a lack of person-centred risk assessments. People's living environment and equipment were not always safely managed. The home was not always clean. People were not always supported by enough suitably trained staff. Visiting was not always managed in line with government guidance.

People's needs were not always fully assessed and the support plans in place did not always promote people's independence. The environment was not fully adapted for people living with a learning disability or dementia.

People were not always supported to have maximum choice and control of their lives. However, staff did support them in the least restrictive way possible and in line with the Mental Capacity Act 2005 (MCA). Whilst the requirements of the MCA were complied with, people were not always supported and empowered to be as independent as possible.

The service was not always well-led, and we received mixed feedback from staff about the management team. Audits did not identify the concerns we found. Care records did not always accurately reflect people's needs.

Immediately after we fed back our concerns the provider amended existing action plans to include the issues we had identified.

People and staff were accessing regular testing for COVID-19 and the provider had ample supplies of PPE. Staff were recruited safely, with appropriate pre-employment checks in place. Accidents and incidents were recorded and monitored to identify any trends. Staff had received safeguarding training and were confident

in their safeguarding responsibilities.

The staff and registered manager worked well with other professionals to ensure people's health needs were met. The registered manager understood their responsibilities around duty of candour and worked well with other healthcare professionals. Most of the relatives we spoke with were happy with the care provided.

Right Support

The provider did not always support people to have the maximum possible choice, control and independence. For example, people living with a learning disability were not encouraged to be involved in menu planning and were not supported or encouraged to make themselves drinks or snacks. Following our initial feedback, changes were introduced to better promote choice and independence.

Staff did not always focus on people's strengths or promote what they could do. People's care plans did not explore ways in which staff could help people to be more involved in everyday tasks. Helping to develop these skills is important for a more fulfilling and meaningful life. Following our feedback, the provider told us all care plans were being reviewed, in line with the 'Right support, right care, right culture' guidance where appropriate.

Staff did not support people to achieve their aspirations and goals. Support plans for people with a learning disability contained no evidence of future planning or considerations for the longer-term aims or wishes for each person. Following our feedback, the provider told us all care plans were being reviewed in line with the relevant guidance.

Right Care

People who had individual ways of communicating, for example by using Makaton (a form of sign language), pictures and symbols could not always interact comfortably with staff and others involved in their care. This was because staff did not have the necessary skills and knowledge to understand them. Following our feedback, the provider told us communication care plans were reviewed and staff were to have Makaton training.

People could not always take part in activities and pursue interests that were tailored to them. On each of our visits we observed people spending the majority of their time sitting in communal lounges with music or television on in the background, and no meaningful activities were taking place. Following our feedback, the provider told us they were reviewing the activities available to people.

Right Culture

People did not always lead inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

People did not always receive good quality care, support and treatment because staff could not always meet their needs and wishes.

People were not always supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people did not always receive compassionate and empowering care that was tailored to their needs.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 30 May 2018).

Why we inspected

The inspection was prompted by an outbreak of COVID-19 at the home. Initially the inspection was a targeted inspection focusing on infection prevention and control. However, after some concerns were identified, we widened the scope of the inspection to include all five key questions.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

We have made a recommendation to the provider around ensuring suitable staffing levels are maintained.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Richmond Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One Inspector, a Pharmacist Specialist and two Experts by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Richmond Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Richmond Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

People who used the service had difficulty communicating, however, we spent time observing people's daily experiences of the care and support provided. We spoke with nine relatives about their experience of the care given.

We gathered feedback from 28 members of staff including the registered manager, regional manager, regional support manager, deputy manager, activity coordinator, maintenance person, nurse, care staff and domestic staff.

We reviewed a range of records. This included 11 people's care records and 10 medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We were also provided with evidence of action taken in light of our initial feedback.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines administration processes were not always safe and did not assure us that medicines were being administered as required. Care staff were observed giving out medicines without being assessed as competent. We found one person with medicines left in their hand despite the record being signed that it had been administered and a loose tablet was found on the corridor floor.
- We could not be assured that thickening agents (medicines used to thicken food or fluids for people with swallowing difficulties) were administered as prescribed. We found staff administering different amounts of thickener to the same person.
- Medicines administered covertly (disguised in food or drink to aid medicine administration after a capacity and best interest decision) did not always have sufficient guidance in place to inform staff on how to administer medicines safely.
- Management of topical medicines (creams and lotions) and medicine patches was not robust, and the documentation was not clear. Some staff were not aware of which records to complete after they had administered topical medicine.

Medicines were not administered or managed safely. These findings evidenced a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Immediately after we fed back our concerns, the provider implemented an action plan to address the concerns identified. We were informed that medicines competencies were being completed where required and records reviewed. However, some of the updated records we were sent still needed further improvement.

Assessing risk, safety monitoring and management

- People were exposed to risk of harm due to a lack of person-centred risk assessments. Risk assessments did not always accurately reflect people's current needs. Some risk assessments were not completed, and others were not being followed by staff.
- Staff did not always manage the safety of the living environment and equipment in it well. We found water temperatures that exceeded safe limits had been recorded but no immediate action had been taken to fix this. Following our initial feedback action had been taken by the provider.
- The provider had not ensured effective fire drills had taken place. Staff had not had opportunity to take part in a practice evacuation in the last 12 months. One member of staff told us, "I have never done a fire drill. I have done e-learning, but I wouldn't really know what to do in a fire. I'd be really nervous."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Immediately after we fed back our concerns, the provider implemented an action plan to address the concerns identified. We were informed that risk assessments were being reviewed. Further fire drills had been conducted.

Preventing and controlling infection

- Infection prevention and control (IPC) was not always safely managed. Some areas of the home, specifically bathrooms, were dirty and needed cleaning. Some pieces of equipment needed to be updated or repaired. For example, we found a toilet chair to be rusty, toilet cisterns to be badly fitted or damaged, and plug/waste fittings in some hand basins to be corroded and therefore difficult to clean.
- PPE was not always managed appropriately. On the first day of our inspection staff wore PPE at times when it was not needed. As a result, there was a greater risk of cross contamination as gloves and aprons were being worn by staff at all times. The registered manager had also been insisting visitors wore gloves to hold loved ones' hands which reduced the ability to practice good hand hygiene. These practices were changed following our initial feedback.
- Visiting was not always managed in line with government guidance. At times this resulted in people not receiving visits from loved ones. The approach taken by the registered manager and staff did not always reflect care plans and risk assessments.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure infection control procedures were in line with current guidance. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Immediately after we fed back our concerns, the provider implemented an action plan to address the concerns identified. We were informed that work had been done to address these issues and improve cleanliness of the environment.

- People and staff were accessing regular testing and appropriate action was taken if someone were to test positive for COVID-19. PPE was disposed of appropriately and there were ample supplies. People were admitted in line with the government guidance in place at the time of the inspection.

Staffing and recruitment

- The numbers and skills of staff did not match the needs of people using the service. Although staffing levels had been calculated using a dependency tool, we saw some people had to wait for assistance at mealtimes. After the inspection the provider told us they had reviewed staff deployment and staggered mealtimes in order to address this.
- Several staff told us they were concerned about staffing levels. One staff member told us, "I have approached management before in regard to needing extra staff. This has never been taken seriously, and at times I feel I cannot carry out my role efficiently to ensure the service users' needs are being met. I feel under extreme pressure due to this."

We recommend the provider reviews staffing levels in line with current best practice guidance and considering the needs of the people using the service.

- Staff were recruited safely. Staff underwent a robust recruitment process. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.
- Records were in place to evidence nursing staff were registered with the Nursing and Midwifery Council (NMC).

Learning lessons when things go wrong

- The registered manager recorded accidents and incidents. These were then audited to identify any patterns or trends, to help reduce any future risks.
- The registered manager reviewed data monthly and reported findings to the provider. Regular staff and clinical governance meetings took place at which lessons learned were discussed. A form was used to document any additional measures introduced as a result of lessons learned.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse because staff knew them well and understood their safeguarding responsibilities.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were not always fully assessed. People who were living with a learning disability did not have support plans in place which promoted their independence or considered long term goals.
- Care plans did not always reflect a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- Staff had not received sufficient training in supporting people with a learning disability, communication tools or positive behaviour support. One member of staff told us, "I don't think staff have had sufficient training on learning disabilities. Some residents use signs (Makaton) and we don't know how to use it so when they are signing we can't really communicate with them." Following our feedback, we had confirmation from the provider that additional training had been booked.
- The registered manager had not always checked staff's competency to ensure they understood and applied training and best practice. Following our feedback, the provider sent evidence that additional competency assessments had taken place.

Supporting people to eat and drink enough to maintain a balanced diet

- People received enough to eat and drink to maintain a balanced diet. However, due to staffing levels some people had to wait for support with their meals.
- People were not involved with planning their meals or shopping for groceries, where this was something they may have been able to meaningfully engage in.
- People downstairs had access to a kitchen area but were not supported to prepare and cook their own meals or access drinks and snacks when they chose. Following our initial feedback, the provider sent us evidence that people were now being given this opportunity.

Adapting service, design, decoration to meet people's needs

- The design of the service did not always meet people's needs. Areas of the building, and some pieces of equipment, needed refurbishment or repair. Following our feedback, some issues were addressed immediately. A plan was also put in place to make further improvements.
- Communal areas had not been decorated in a way that provided sensory stimulation. Downstairs communal areas were not in keeping with the 'Right support, right care, right culture' guidelines. Upstairs corridors had bare walls without any dementia friendly additions to provide stimulation or help with orientation. Bedrooms were not easily identifiable for people. There were no names on doors or personal

objects on display to help people to identify the bedroom as their own.

- A fence in the garden had blown down and was awaiting repair. This had revealed an area of the grounds that had been used by third parties for fly tipping. Whilst this area of the garden was not accessed by people, it meant the outside area was not a pleasant environment to look out onto. Following our feedback, the provider confirmed the area had been cleared. Other areas of the garden were more pleasant with a greenhouse and plant beds.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service worked well with other professionals to ensure people's health needs were met effectively and in a timely manner. People saw a range of health and social care professionals, to achieve the best outcomes for them. One relative told us, "My [family member] sees the doctor regularly and they are constantly reviewed."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was complying with the requirements of the MCA. Where needed, DoLS were applied for. Where people lacked the capacity to consent to their care, best interest decisions were made and recorded appropriately.
- Whilst the requirements of the MCA were complied with, people were not always supported and empowered to be as independent as possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were not always supported in a way that met their individual needs or encouraged independence.
- The support model did not focus on what people could do. We saw one person who was able to help staff with laundry, but this was not included in their care plan and there was no exploration of any other tasks they could be involved in to promote their skills and independence.
- People's records were not always written in a way which demonstrated that their views were considered, or their choices taken into account. The language used in some people's records was disrespectful and undignified.
- We observed positive interactions between people and staff. Most of the relatives we spoke with were happy with the care provided. One relative told us, "On the whole the staff are good, in fact brilliant, this is the best home, and all their needs are being met I wouldn't change anything."

Supporting people to express their views and be involved in making decisions about their care

- People were not always supported to express their views. Although the provider sought some feedback via annual surveys and meetings, there was a lack of knowledge around different communication techniques which limited meaningful interaction between staff and people.
- People were not always involved in decisions about their care. There was no evidence that care plans were discussed or agreed with people.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's individual preferences were not always fully explored. Care plans were not always person centred and people were not always supported to have choice. Some care plans contained no information about people's backgrounds and life history. Following feedback the provider confirmed staff were to be trained in person centred care planning and records would be reviewed.
- People's records did not always contain a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them. Although this information was included on the electronic care plan system used on the first floor, the information was not in the paper-based records on the ground floor.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were not always being met. Some people communicated using Makaton (a type of sign language) but staff had not been trained in this. This meant staff were not able to fully engage with people. Following feedback, the provider confirmed staff training had been arranged.
- Staff were not using the communication tools available to them. For example, photo options were not used when helping people on the ground floor with menu choices.
- Care plans for people with a learning disability did not contain any easy read documents to make them more accessible to the people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We observed there were times when staff had minimal engagement with people. People in lounge areas were sitting with television or music playing but no meaningful interaction for long periods of time.
- People were not always able to have visits from loved ones. The registered manager had been overly cautious which had resulted in visits being restricted over and above government guidance. Following our feedback, it was confirmed that visits were now taking place appropriately.
- During the pandemic people had not had opportunity to go on regular outings. However, the provider did have an accessible vehicle which could be used for outings.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. Relatives we spoke with knew how to raise concerns if they needed to. One relative told us, "I would be happy to make a complaint if I saw something I didn't like."
- When people had raised concerns they were investigated and the registered manager checked people were satisfied with the outcome.

End of life care and support

- End of life care arrangements were in place to ensure people had a comfortable and dignified death.
- The service worked with people and families to assess and document their end of life wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The systems in place for checking on the quality and safety of the service were not always effective. Audits failed to identify the concerns highlighted on this inspection, particularly around medicines management and accurate care planning.
- Care records did not always accurately reflect people's needs and were not fully updated when their needs changed.
- The registered manager had failed to ensure staff had received all necessary training and had not checked the competency of all staff who were administering medicines.

Systems were either not in place or not robust enough to oversee the quality of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback, the provider told us they had taken action to improve auditing systems and review care plans. Improvements need to become embedded into working practice and this will be reviewed at our next inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received mixed feedback from staff about the management team. Whilst there were some positive comments made about the registered manager, some staff did not feel well supported and many told us staff morale was low. For example, one member of staff told us, "The [registered] manager takes great pride in her job and I have a good relationship with her." another member of staff told us, "I don't feel like we get much support from management at all. If we think something could be improved, we feel it's a waste of time saying anything because nothing gets done."
- The provider sought feedback from relatives, people and staff via annual surveys. Meetings had just recently recommenced due to the pandemic. However, people were not fully empowered to engage and give feedback as staff were not trained in appropriate communication methods.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager understood their responsibilities around duty of candour and the need to submit the appropriate notifications to CQC. They understood their duty involved escalating their concerns to outside agencies, so action could be taken.

Working in partnership with others

- The registered manager worked well with health care and other professionals. Referrals to other services were made in a timely manner.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not safely managed 12(2)(g) Risks were not being correctly assessed and risk assessments did not always contain sufficient information to mitigate risk. 12(2)(a)(b) Risk in relation to infection control were not always well managed. Some areas of the home, specifically bathrooms, were dirty and needed cleaning. Some pieces of equipment needed to be updated or repaired. 12(2)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes in place to monitor the quality and safety of the service were not effective. 17(2)(a) Care records were not accurate, complete or up to date. 17(2)(c)