

Milecertain Limited

Richmond Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Richmond Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Richmond Residential Home is registered to provide accommodation for up to 20 people who require support due to mental health needs. At the time of our inspection, there were 15 people living in the home.

People's experience of using this service: Risks to people within the home had not always been managed safely. Not all equipment had been maintained to ensure it was safe and risks identified within the environment had not been addressed. Since the inspection, the registered manager evidenced that some of the required improvements had been made.

The systems in place to monitor the quality and safety of the service were not always effective as they did not identify all the issues that we found on inspection and action had not always been taken in a timely manner to address the issues found. Notifications regarding incidents and events that had occurred within the home, were not always submitted to CQC as required.

People told us they felt safe living in the home; that they received their medicines when they needed them and that the home was always clean and tidy.

Staff had been recruited safely and had a good awareness of safeguarding procedures. They knew how to raise any concerns they had and we found that appropriate referrals had been made to the local safeguarding team.

There were enough staff available to support people both in the home and in the community. Staff were supported in their role through supervisions and regular training.

People's dietary needs were known and met by staff, including their individual preferences. When there were concerns regarding people's intake, this was monitored by staff and timely actions taken, such as referrals to the dietician.

People's consent to their care and treatment was sought and recorded in line with the principles of the Mental Capacity Act 2005.

People told us staff were kind and caring and always treated them with compassion. Staff knew people well and they used this knowledge to ensure people had detailed, accurate and person-centred plans of care in place.

Staff supported people in ways that protected their privacy and dignity and encouraged their independence.

A range of activities was available based on people's interests and hobbies. A minibus was also available that enabled people to go out on trips as a group.

The registered manager was described as approachable and staff told us their door was always open if they needed to discuss anything.

Rating at last inspection: Good (last report published September 2016)

Why we inspected: This was a planned comprehensive inspection based on the previous rating.

Enforcement: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 dropped to requires improvement

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service remained good

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained good

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained good

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service dropped to requires improvement

Details are in our Well-Led findings below.

Requires Improvement ●

Richmond Residential Home

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance; mental health services.

Service and service type: Richmond Residential Home is a care home that provides accommodation and personal support to people living with mental health needs.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The provider had 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 any improvements they plan to make. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, seven people who lived in the home and three members of the staff team.

We looked at three people's care files, two staff recruitment records, medicine administration charts and other records relevant to the quality monitoring of the service.

This report reflects the findings of the inspector and the expert by experience.

Is the service safe?

Our findings

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

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.

Assessing risk, safety monitoring and management

- Risk to people was not always managed as equipment was not always safely maintained. The passenger lift was not working and had been out of use for three weeks. There was no date confirmed for the necessary repairs to be completed. This had led to one person having to temporarily sleep in a lounge as they were unable to use the stairs.
- A bath hoist was in place and is required to be regularly maintained by a competently trained person. No safety checks or maintenance had been completed to ensure it remained safe to use. The registered manager took action regarding this following the inspection.
- Systems were not in place to ensure water safety. For instance, a legionella risk assessment had been completed which identified several actions required to ensure safety; none of the actions had been addressed. There were also no checks on the temperature of water within the home, to prevent potential scalds.
- A fire risk assessment identified the need for improvements on fire doors to ensure they worked effectively in the event of a fire. These works had not been completed.
- Records showed that not all call bells were in full working order, so people may not have been able to call for assistance if required. Most people were mobile, and the registered manager told us the call bells were used infrequently but that a new call bell system was needed.
- Personal emergency evacuation plans (PEEPs) were in place for people, but we found these were not all updated when required. For instance, one person had moved to the ground floor, but their PEEP showed they resided on the first floor. The emergency grab file contained 17 PEEPs, however only 15 people lived in the home.

The lack of effective risk management systems meant people were at potential risk of avoidable harm; this is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe living in the home. One person said, "I am happy here, anything I need gets sorted straight away."
- Individual risks to people had been assessed and measures put in place to reduce the risk, such as risks relating to smoking. Another person who accessed the community independently, but had some communication difficulties, carried an information card with their details and key phrases to help keep them safe.
- Emergency evacuation equipment was in place to support people in the event of an emergency.

Using medicines safely

- Staff had completed training with regards to medicine administration and had their competency assessed

to ensure they could manage medicines safely.

- Medicines were stored securely in a locked room. The temperature of the fridge and clinic room was monitored and were within recommended ranges.
- With one exception, stock balance checks we completed were accurate. One short term medicine had been signed for more times than it had been administered.
- People who were prescribed their medicines as and when needed (PRN), had protocols in place to guide staff when medicines should be administered.
- People told us they received their medicines when they needed them.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding procedures and how to raise concerns.
- Referrals had been made appropriately to the local authority safeguarding team. However, records regarding referrals and their outcome could be more clearly recorded.
- Staff had completed training in relation to safeguarding and a policy was in place to guide them in their practice.

Staffing and recruitment

- Staff were safely recruited as all necessary pre-employment checks had been completed. This helped to ensure that only people suitable to work with vulnerable adults were employed by the service.
- People living in the home told us there was always enough staff to meet their needs in a timely way, both during the day and night. Rotas showed that sufficient staffing levels were maintained.
- The registered manager told us they did not use agency staff as permanent staff always provided cover for sickness or holidays. This helped ensure people received consistent care.

Preventing and controlling infection

- The home was clean and odour free.
- Bathrooms contained liquid soap and electronic hand dryers. However, one hand dryer was not working and another bathroom did not contain any hand drying facilities.
- Staff had access to gloves and aprons to help prevent the spread of infection and we saw these were used appropriately during the inspection.
- Staff had completed infection control training and there was a policy in place to support them in their role.

Learning lessons when things go wrong

- Accidents and incidents were recorded appropriately. They were reviewed occasionally by the registered manager to look for any trends or themes, but this could be undertaken more frequently.
- To learn from previous situations, the registered manager had developed a hospital grab file for each person, containing contact details, summary of people's main needs and their current medicines. This helped to ensure information was accessible and easy to share with other health professionals if required.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-admission assessments were completed prior to people moving into the home. This helped to ensure that their needs were known and could be met.
- Detailed plans of care were created based on the information from these initial assessments, and any other information provided by health or social care professionals.
- The registered manager had developed a system to ensure staff had access to up to date information regarding any medical alerts or published best practice information.
- Staff told us they were well supported in their role. They received regular themed supervisions, often in groups, as well as an individual annual appraisal.

Staff skills, knowledge and experience

- Staff told us they received enough training to enable them to support people well. Records showed that staff completed training considered mandatory by the provider.
- Training was also provided based on people's individual care needs. For instance, staff had undertaken epilepsy and diabetes training, to ensure they had the skills to support people safely.
- People told us staff were trained well. One person said, "Staff know how to look after me."
- Staff felt well supported and received regular supervision in a variety of ways.

Supporting people to eat and drink enough with choice in a balanced diet

- People's nutritional and hydration needs had been assessed and were being met. Staff were aware of people's needs and preferences in relation to meals and drinks. A hydration champion was allocated each day and they were responsible for monitoring people's fluid intake and people had independent access to drinks. .
- Specialised diets were catered for and people were given choice. For example, one person required their meals to be mashed and another person had their own individual menu. People told us they enjoyed the meals available.

Staff working with other agencies to provide consistent, effective, timely care

- Care files showed that referrals were made to other health professionals in a timely way when their specialist advice was required.
- Advice provided by these professionals was incorporated within people's plans of care.

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

- There were two lounges available, one of which was designated as a quiet lounge, where people could listen to music if people did not want to watch television.

- Bathrooms had been adapted to help ensure all people could access the bath.
- People were encouraged to personalise their rooms and we saw that rooms contained people's own furniture, pictures and other belongings.

Supporting people to live healthier lives, access healthcare services and support

- People told us staff supported them with their health needs and arranged for the doctor to visit if they were unwell.
- Staff supported people to attend health appointments when this was required and were knowledgeable regarding people's health conditions.

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Applications had been made appropriately to deprive people of their liberty. When authorisations were in place, conditions were being met and care plans provided information regarding the authorisation.
- When people's liberty was restricted, measures were in place to help ensure it was the least restrictive option. For example, for one person who was unable to leave the home alone for their safety, dedicated one to one staffing was in place for a number of hours each week to enable them to access the community safely.
- People's consent to their care and treatment had been sought and recorded appropriately.
- Staff told us they always asked people for their consent before providing any support and all staff had completed training in relation to mental capacity.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were caring towards them and always there to offer support. Their comments included, "I can talk to the staff", "Staff will accommodate anything", "I haven't got a bad word to say about staff", "Staff are good, very dignified" and "Staff know what I want." Staff told us they all enjoyed working in Richmond and that everyone was "Like family." One person living in the home told us, "I like it here, it's a nice place to be. This place is ideal."
- Staff knew people they supported well, including their needs and preferences. This knowledge was used to develop personalised plans of care that reflected the support people wanted and needed.
- Staff spoke warmly of the people they supported and one staff member told us the "This is our home not your workplace" attitude was shared by all staff.
- We observed positive, familiar interactions between staff and people living in the home throughout the inspection.
- An equality, diversity and inclusion policy was in place and all staff had completed equality and diversity training.

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

- A service user guide and statement of purpose was available in the foyer, which provided information regarding the service and what people could expect, to help them make decisions.
- Records showed that people were consulted regarding their care and supported to make decisions in relation to this.
- Information regarding advocacy services was available to people if they had nobody to support them to make decisions. One person was receiving support from an advocate and the registered manager knew how to make referrals for other people if they required it.
- Quality assurance surveys were available for people in the foyer of the home, however they were not routinely provided to people for them to complete. The registered manager sought feedback from people through individual conversations which were recorded and appropriate actions taken to any issues raised.

Respecting and promoting people's privacy, dignity and independence

- The service user guide reflected the core values of the service, which included privacy, dignity, independence, choice, rights and fulfilment.
- Staff knocked on people's bedroom doors before entering and told us they were always mindful of people's privacy.
- Care plans were always written using appropriate language and reminded staff to encourage people's independence.
- People could make their own hot drinks if they chose to, as a kettle was available in the dining area and we

saw people use this throughout the inspection. We also observed people who lived in the home assisting with household chores, such as setting tables and washing dishes.

- The provider had policies regarding both dignity and confidentiality, to help guide staff in these areas.
- Records containing people's private information were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were detailed and reflected the support they required. People's preferences in relation to their care and treatment were incorporated throughout the plans.
- Staff had worked with people and their families to create a life history document, reflecting information such as people's previous jobs, their family members, significant dates and pets.
- For people with specific medical needs, detailed plans informed staff of how to best support the person with that need. For instance, for a person who had seizures, the care plan guided staff on what actions to take to keep the person safe if they were to have a seizure.
- Care plans and risk assessments had been reviewed regularly and short-term plans were created to meet needs when required.
- When assistance was required, people were supported to access activities that they wanted to participate in. This was different for each person and detailed leisure care plans informed staff what each person enjoyed. Staff supported people with a variety of activities and a minibus was available to enable groups of people to go out together.
- When able, people were free to leave the home when they chose to and many people attended their own activities in the community.
- People were supported to maintain relationships that were important to them. For instance, with permission, staff had diarised significant events and reminded people when it was family members birthdays, so they could send cards.
- The service was meeting the Accessible Information Standard as they assessed, recorded and shared information regarding people's communication needs. The registered manager told us one person often used pen and paper to effectively communicate their needs when they struggled to do this verbally.
- People's religious needs were known by staff and a local church visited each week to provide holy communion for those who wanted this. Other people went regularly to church groups in the community.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they needed to, but this had not been necessary. One person said, "If I'm not happy, I tell staff."
- A complaints policy was in place and this was advertised within the home.
- The registered manager told us they had not received any complaints, but would take them seriously and ensure they were fully investigated in line with the complaint's procedure.

End of life care and support

- Staff had received training to enable them to support people effectively at the end of their lives.
- There was nobody receiving end of life care at the time of the inspection, but the registered manager told us they worked with the community nurses and GP's during these times, to ensure people received

appropriate care and support.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- The systems in place to assess and monitor the quality and safety of the service were not always effective. The checks completed did not identify all areas of concern we highlighted during the inspection, such as those relating to the bath hoist and hand dryer maintenance.
- Not all the actions identified through the internal audits had been addressed. For instance, checks on call bells showed not all were in working order, but no measures had been taken to rectify this.
- Issues identified through external audits were not always actioned. For example, the concerns from the fire risk assessment and legionella risk assessment, had not been resolved.
- Although quotes had been obtained to rectify the issue, the passenger lift had been out of action for over three weeks which impacted significantly on one person who lived in the home.

The lack of robust quality monitoring systems meant people were at risk of receiving poor standards of care as they may not be effective in identifying a drop in standards. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the inspection, the registered manager has provided evidence to show action has since been taken to rectify some of these issues and further work is planned.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Notifications regarding events and incidents within the service had not all been submitted to CQC as required.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The provider had a range of policies and procedures in place and this helped to ensure staff were aware of the expectations of their role.
- People living in the home knew the provider and staff told us they were approachable and they could go to them if they had any concerns.
- Ratings from the last inspection were clearly displayed within the home.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was supported by the registered provider who was usually based in the home on a

daily basis, but was on leave at the time of the inspection.

- The registered manager told us they kept the provider up to date regarding all aspects of the service and met each Tuesday to discuss any issues or updates. These meetings were not recorded and the registered manager agreed to record these meetings more formally to evidence oversight from the provider.
- Staff told us the registered manager was very supportive, they received regular supervisions and would be listened to if they had any issues. One staff member said, "[Manager's] door is never closed." Another staff member told us, "I wouldn't work anywhere else, I have worked here [number] years and I know all the residents."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People could share their views with the registered manager during one to one conversations. People also had access to quality assurance surveys, although these were rarely completed.
- No formal staff meetings had been recorded since 2017, however staff told us they could share their views with the registered manager and provider at any time.

Working in partnership with others

- The registered manager and staff had effective working relationships with partner agencies. This included working with commissioners and visiting health and social care professionals.
- The registered manager took part in some local quality initiatives with other agencies, such as the online managers forum.
- When referrals to other services were needed for specialist advice, these referrals were made in a timely way. Advice provided was recorded within people's care plans and followed by staff.

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 18 Registration Regulations 2009 Notifications of other incidents Notifications had not all been submitted for incidents and events that had occurred within the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The environment and some equipment, were not always safely maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor the quality and safety of the service were not always effective and identified risks had not all been addressed.