

Richmondwood Ltd

# Richmondwood Rest Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Richmondwood Rest Home is a residential care home registered to provide care and support to up to 22 people. The service is split over 3 floors which were all accessible by stairs or a lift. At the time of the inspection, there were 21 people living at the service. The service does not provide nursing care.

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

People and their relatives told us they or their loved one felt safe living at Richmondwood Rest Home. People were relaxed and comfortable with staff who knew them well and supported them in ways they preferred.

Staff understood how to identify and report abuse and were well supported in their roles. Staff received regular team meetings, supervision and annual appraisals and completed a variety of training courses to enable them to carry out their roles competently.

Staff told us they, "enjoyed their job" and appreciated the open, supportive and friendly approach taken by their manager.

There was a robust risk assessment system in place. Risks to people's health, safety and well-being were regularly assessed, reviewed and updated. Relatives told us how the service helped people to manage risk. Where appropriate, people and their families were included and involved in their care and support.

Staff were recruited safely. There were enough appropriately trained and experienced staff to support people in ways that suited them.

Medicines were managed, stored and administered safely. People were supported to take their medicines safely by staff who had received the appropriate levels of training and had their competency regularly checked.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Cleaning and infection control procedures followed the relevant COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance regarding COVID-19 testing for people, staff and visitors was being followed.

There was a range of quality assurance measures and checks in operation. These included the provider issuing a questionnaire to obtain feedback from people, relatives, staff and Health and Social Care professionals.

There were also audits of various aspects of the service, any shortfalls found were addressed which helped ensure people were safe. Audits helped identify any areas for improvement, this learning was shared with staff and ensured a process of continual improvement was followed.

Health and Social Care professionals and relatives spoke positively of the management and staff team. They commented they were happy with the service and level of care people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was good (published 9 October 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained at good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Richmondwood Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Richmondwood Rest 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 (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 Health and Social Care Act 2008.

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

The inspection was undertaken by one inspector.

#### Service and service type

Richmondwood Rest Home 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.

Richmondwood Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

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. We used all this information to plan our inspection.

### During the inspection

We spoke with 3 people and 3 relatives about their experience of the care provided. We spoke with the owner and 6 members of staff including the registered manager, the deputy manager, 3 care members of staff and the cook. We also spoke with a visiting Health and Social Care professional and obtained written feedback from two Health and Social Care professionals and a care member of staff.

We reviewed a range of records. This included 4 people's care and support records and their medication administration records. We looked at 2 staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including policies and procedures, accident and incident records, safeguarding records and quality assurance reports. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people and the service were assessed and regularly reviewed. Risk assessments were personalised, detailed and gave staff clear guidance on ensuring people were supported safely. Risk assessments covered all areas of potential risk and included; pressure area care, safe swallow, nutrition and hydration, use of bed rails, and mobility.
- People received their care and support in accordance with their individual risk plans, this meant risks to people were reduced.
- Staff demonstrated good knowledge on how people preferred their care and support to be given to ensure they were cared for as they wished. A member of staff said, "I feel Richmondwood really promotes people's independence, 100%. They encourage choice, support and care." Risks were managed using the least restrictive practices to ensure people were cared for safely whilst still maintaining their independence.
- People had individual emergency evacuation plans in place. These were easily accessible for staff to ensure people received the support they needed in the event of a fire or other emergency incident. The provider had a process in place to assess the risk of fire and a wide variety of premises checks were completed, these included; risk assessment for use of stairs, radiator surfaces and all risks relating to COVID-19.
- We observed 3 wardrobes had become detached from their secure fixings to the wall, this meant these wardrobes could pose a topple risk for people. We discussed this with the registered manager who arranged for the wardrobes to be re-attached immediately.
- Some radiators in communal areas were not covered, this could potentially pose a risk to people from scalding should they fall against them. A risk assessment was already in place and the registered manager arranged for protective radiator covers to be purchased and put in place immediately. The registered manager discussed how they would make changes to the health and safety audit to ensure these risks would be mitigated in future.

### Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people were safe living at Richmondwood Rest Home. One relative told us, "It's great here for [person]. We don't have to worry anymore. [Person] started falling at home but they are safe here." Another relative commented, "Yes [person] is safe. Their bedroom is comfortable and clean, they are well looked after." A person told us, "Oh yes I'm definitely safe here."
- Staff received safeguarding training and spoke knowledgeably about different types of abuse and told us how they would recognise and report signs of abuse. One member of staff told us how they would report potential abuse, they told us, "I've not had to make a safeguarding referral but I do know how to do it if I need to"
- The registered manager had made safeguarding referrals as necessary to the local authority safeguarding

team and had investigated concerns as required by the safeguarding team.

- The provider had policies in place that covered safeguarding and whistleblowing. These gave staff clear guidance to follow if they needed to refer any concerns.

#### Staffing and recruitment

- There were adequate numbers of staff available on each shift to ensure people were cared for safely. The registered manager was in the process of recruiting a second cook. There was a stable staff team with some staff having worked at Richmondwood Rest Home for many years. The provider had the use of 6 regular bank staff who could provide cover when staffing levels were low, for example at times of annual leave or staff sickness. The same bank staff were used which ensured people received consistent care and support from staff who knew them and their care needs well.
- There were enough staff on duty to ensure people's safety. A relative told us, "There are enough staff, most staff are the same ones each time and they know [person] well." One person told us, "There are enough staff, they all work so hard. They care for me brilliantly."
- Recruitment records showed staff were recruited safely. Procedures were in place to ensure the required checks were carried out on staff before they commenced their employment at Richmondwood Rest Home. This included enhanced Disclosure and Barring Service (DBS) checks for adults. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing rotas reflected people were cared for by appropriate numbers of staff. During the inspection we observed staff responding promptly to people's needs and did not appear rushed.

#### Using medicines safely

- Medicines were managed, administered and stored safely. Staff received medicine training and had their competencies checked regularly to ensure they were safe and competent to administer medicines to people.
- People received their medicines as prescribed. Where people were prescribed medicines they only needed to take occasionally, there was guidance for staff to ensure those medicines were administered as people needed, in line with their prescription.
- The provider used an electronic recording system for administering medicines and creams to people. When people had topical creams administered these were recorded on a body map, to ensure people had their creams administered safely.
- Regular medicine management audits were completed to address any issues in medicine administration. People had individual medication risk assessments.
- An independent clinical pharmacist had been visiting the service to review every person's medicines. Staff had found this practice to be very helpful and supportive.
- If people needed their medicine disguised in food in order to take them safely, known as 'covert medication' appropriate consent had been obtained from the person's GP and pharmacist, through the completion of a best interest's decision.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is



usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Richmondwood Rest Home were supporting visitors to the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- There was a system for recording, reviewing and analysing accidents and incidents. Staff reported accidents and incidents, which the registered manager reviewed to ensure all necessary action had been taken for people's safety and wellbeing. The registered manager and provider reviewed accidents and incidents to identify any emerging themes or trends.
- Any learning was shared with staff through handover meetings, staff meetings and supervision meetings, as appropriate.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives expressed their confidence in the way the service was managed. A relative told us, "[Person] is happy here, the staff are excellent. I always feel welcome. It's calm and well organised. The management are good, it's well-led." Another relative told us, "I have to say I find them all fantastic. They are good at keeping me informed either by phone, email and I get updates from the residents' meetings. I have a good relationship with all the seniors, so I'm definitely kept up to date."
- One person told us, "I'm very comfortable here thank you." Another person said, "It's lovely here, lovely food. I listen to my TV and watch what I want. I have my independence, they clean my room and I love the staff, nothing is too much bother for them." Another person told us, "I'm just enjoying my lunch. The staff are very good, they really look after me well."
- Another health and social care professional commented regarding the registered manager, "What stands out for me is how well you know your residents... You have a lovely way with your residents, who clearly enjoy your company, and it is obvious you know them really well. I am always impressed that you can tell me all about each resident in great detail, and that you are in tune with the softer signs of them becoming unwell, such as subtle changes in behaviour or mood. It is always a pleasure to come to Richmondwood."
- Staff told us they felt well supported in their roles and expressed confidence in the registered manager and their staff team. Staff said they felt valued and worked well as a close-knit team and attended regular staff meetings which they found helpful.
- Comments from staff included, "The manager is lovely and we are such a good team of carers. It's all team work and we do so well together for everyone here. Team work is very important and communication is too. We all work closely together well. I'm very happy here I enjoy it", "They go out of their way to help you with support. I feel valued and you get praised a lot, It's good and very positive" and, "It's definitely an open and honest culture with the management team. I feel very supported. I can go to them at any time and they will listen and help."
- People and relatives had opportunities to provide feedback through questionnaires, telephone calls, visits to the home and emails. We reviewed a selection of completed quality assurance questionnaires, comments included; "Communication has been very good" and "[Person] seems happy."

### Working in partnership with others

- We received positive comments from staff and health and social care professionals, including, "The team work amongst all is commendable and the manager approachable, competent and above all readily willing

to 'muck-in'. An impressive team tackling a difficult job, one to be proud of I believe" and "I'm extremely pleased with Richmondwood. I have no concerns at all they are right up there with the best homes, I'm very happy."

- A health and social care professional told us, "I have found staff to be very co-operative, they respond in a timely manner and maintain thorough paperwork. Family feed back to me that they always receive a warm welcome, are kept well informed and feel that their next of kin are well cared for."
- The registered manager had established good working relationships with health and social care professionals and records showed regular conversations and visits were undertaken where appropriate. This helped ensure good outcomes for people. The feedback we received from Health and Social Care professionals confirmed this.

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 duty of candour was understood by the registered manager, with the registered manager promoting a culture of learning, openness and continual improvement. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to treatment and care.
- One relative told us, "I have no concerns whatsoever. It's great peace of mind for the family. It feels like a family home. All the staff say hello to residents and me, it's like home... From what I can see it's well-led. I have nothing but praise for the registered manager and their team. The registered manager does a super job and the team are wonderful."

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

- There was a clear management structure in place. Staff spoke knowledgeably about their roles and responsibilities and showed commitment to ensuring people received the best care for their individual health needs.
- The registered manager demonstrated a good understanding of their legal responsibilities for sharing information with CQC. Statutory notifications had been made to CQC as required by the regulations. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place.
- There was a schedule of audits in place to ensure the quality of service was maintained and any shortfalls identified and acted upon. The audits covered a range of high-risk areas and included, medicines, infection prevention and control, accidents and incidents and care plans.
- There was an ethos of continuous improvement and learning. The manager and staff spoke positively about their commitment to learning and making improvements to the service people received.
- We asked the registered manager what made them proud, they told us, "I pride ourselves that people feel comfortable coming in and enjoy living here. I'm so proud of our staff team and I'm proud of the excellent level of care provided by the team."