

Richmond Court Nursing Home Limited

# Richmond Court Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Good** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Richmond Court Nursing Home is a residential care home providing accommodation and personal care to 35 people aged 65 and over at the time of the inspection. The service can support up to 39 people with dementia and nursing need.

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

The support people received was not always responsive to their needs. At our previous inspection concerns were identified with activities not being tailored to what people wanted and we found this to still be the case at this inspection. Assessments, care plans and reviews were in place and used to ensure people were supported as they wanted. The provider had a complaints process in place which people used to share concerns they had.

The service was not always well led. Spot checks and audits were carried out to ensure the quality of the service was maintained but these were not always effective in ensuring the activities available were person centred. Questionnaires were used to gather views on the service.

The support people received was safe. There were sufficient staff to ensure any potential risks to people could be managed safely. Staff received training and knew how to keep people safe. Staff were recruited appropriately. People were administered their medicines as they were prescribed and staff were trained in infection control processes with access to personal protective equipment. Accidents and incidents were logged and trends monitored.

People were supported to have maximum choice and control of their lives. The characteristics of the Equality Act 2010 were consistently identified in how people's needs were assessed. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People decided what they had to eat and drink and people could access healthcare as required. Staff were inducted to ensure they would know how to support people.

Staff were caring and kind in how people were supported and people's privacy, dignity and independence was promoted.

Rating at last inspection:

The last rating for this service was Good (published 21/04/2017)

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor the service through the information we receive 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](http://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 was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### 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 Nursing 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector

#### Service and service type

Richmond Court Nursing 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. 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

This inspection was unannounced.

#### What we did before the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. Prior to the inspection we reviewed information we held about the service. This included information about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with four people, three relatives, three members of staff, the activities coordinator, the two nurses on duty, the staff supervisor and a health care professional who was visiting the home. The registered manager was on holiday at the time of the inspection, so the operations manager who was also the nominated individual and the senior operations manager supported the inspection process. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, this included the care records for three people and the management records for how people were administered medicines, as well as a range of records relating to the running of the service and the activities people were involved in. Our overall observations included how people and staff communicated and interacted and how people were supported using 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 to us.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 remained the same 'Good'. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe. A person said, "People are safe here and I do feel safe".
- Staff could explain the actions they would take where people were at risk of harm. A staff member said, "I would contact CQC if I had to".
- Staff received training to keep people safe and staff confirmed this to us.

Assessing risk, safety monitoring and management

- Risk assessments were in place to identify how risks to people would be managed and reduced. Staff we spoke with confirmed they had access to these documents to identify where there were risks to how people were supported.
- Risk assessments were used to ensure people's safety. Where people were at risk of falling or had concerns around their skin integrity or their medicines had identified concerns, we saw control measures were in place and staff could explain them.
- Where people needed to have a personal emergency evacuation plan we saw these in place, so risks could be managed.

Staffing and recruitment

- There were sufficient staff to support people. A person said, "There is enough staff. When I need staff to support me they are available". We discussed a concern we found with the deployment of staff and the operations manager acted to ensure staff deployment was improved before the end of the inspection site visit. Care staff told us there were enough staff.
- Care staff completed Disclosure and Barring Service (DBS) checks and references were carried out. A DBS check was carried out to ensure the provider had employed suitable care staff to support people. Staff we spoke with confirmed this and we found no change from our previous inspection.
- Nursing staff registration with the Nursing Midwifery Council was checked annually to ensure these staff were appropriately qualified and registered to carry out nursing tasks. Nursing staff confirmed this was done.

Using medicines safely

- People received their medicines as they were prescribed. A person said, "I get my medicines as I need them and I have no concerns with the nurses, they do a good job". Relatives we spoke with confirmed they had no concerns with how medicines were managed.
- Nurses told us they received appropriate training before they could administer medicines and their competency was checked.
- The operations manager explained the process they went through on a weekly and monthly basis to check

medicines.

- Where people were administered medicines 'as and when' required, we saw appropriate guidance was in place to ensure this was done consistently for each person.

Preventing and controlling infection

- The provider had systems in place to manage infection control and staff had access to personal protective equipment as needed. Staff confirmed they could access this equipment and received infection control training.
- The home was well presented, clean and well looked after. Staff were seen keeping the home clean during the inspection process.

Learning lessons when things go wrong

- Systems were in place so when things went wrong lessons could be learnt to ensure the support people received was of a high standard. The operations manager explained the systems that were in place.



# 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 remained the same 'Good'. This meant 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

- Assessments were carried out, so the provider could assure themselves they could meet people's needs. A relative said, "An assessment was done and I have a copy".
- Where people had specific support needs covered under the Equality Act 2010 information was gathered as part of the care planning process. Staff we spoke with showed they understood the equality act and received training. We saw where people's cultural needs were being met. For example, a person whose first language was not English we saw staff speaking to them in their language as a way of respecting the culture.

Staff support: induction, training, skills and experience

- Staff told us they felt supported. A staff member said, "We do get supervisions, staff meetings and when needed the supervisor does support us on the floor".
- Staff told us they completed an induction and as part of the process shadowed staff and completed the care certificate. The care certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.
- The provider ensured all staff received training, so they had the appropriate level of skills and knowledge to support people. Staff confirmed this to us.

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

- People could access food and drink when required. Staff were seen bringing around a drinks trolley where people could make a choice as to whether they had hot or cold drinks.
- At lunch time people could make a choice of what they had to eat and drink and staff were observed supporting people to eat and drink where they needed this support.
- A record was kept where people's diet needed to be monitored to ensure they were getting enough to eat and drink. Where people were on a specific diet we saw that the cook was aware and we saw professionals like a Speech and Language Therapist (SALT) were contacted as needed.

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

- Health professionals visited the home and worked with staff to ensure people received the support they needed.
- Care records showed where staff worked with other agencies to ensure the support people received was effective and timely. For example, where people needed to see a district nurse due to skin integrity concerns this was actioned promptly.

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

- The provider ensured the building and environment people lived in was suitable for their needs. For example, we saw a range of equipment was available so as people's needs changed equipment was available for prompt use.
- Adaptions to the environment was made so people could move around safely and easily.

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

- People could access healthcare as needed and we saw evidence of this in their care records. Relatives we spoke confirmed their relatives accessed a dentist, optician and other professionals when needed.

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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Where an authorisation was in place it was being managed appropriately.
- We observed people's consent being sought before staff supported them. A person said, "Staff do get my consent".
- Staff we spoke with understood and could explain the principles around the MCA and DoLS and knew which people within the service had an authorisation in place.

# 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 remained the same 'Good'. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were observed being compassionate and kind to people. A person said, "Staff are kind".
- Staff demonstrated their caring nature while they supported people to eat. For example, we observed a staff member talking smiling and being considerate and encouraging while they were supporting a person to eat at lunch time.
- While staff were seen sitting and talking with people who lacked capacity, this was not something we saw happening on a consistent basis.

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

- People were encouraged to share their views and make decisions as to the support they received.
- Where people lacked capacity to make decisions, relatives were involved in acting in their best interests and care records showed how decision-making worked. Where people had an advocate or a relative with a lasting power of attorney (LPA) we saw evidence of this within people's care records.
- Resident meetings took place, so people could make decisions as to how they were supported and enabled people to have input into how the home was managed and run.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted. We saw examples throughout the inspection process. For example, we observed someone being repositioned using a hoist and staff were seen ensuring their modesty was protected in a dignified manner. A person said, "When staff help to wash me they always cover me over with a towel".
- Staff could explain how they respected people's privacy and dignity and told us they received training to do so. We confirmed this from the training records.

# 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 'Requires Improvement'. At this inspection this key question remained the same 'Requires Improvement'. This meant people's needs were not always met.

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

- Previously we found activities took place, but we were given a mixed view as to whether people felt the activities that took place were relevant and met their interests.
- At this inspection there had been little improvement. Activities were not person centred and did not consistently reflected the interests people had. We found a couple of people took part in activities they wanted, but most people did not. A person said, "I enjoy knitting and do it most days". Another person said, "I am able to go out for the day when I want on a Friday to shop and have a meal out".
- The activities being offered did not reflect what people wanted and there was no evidence to show how these activities were decided upon as they were not linked to what people's preferences, interests and hobbies were. We saw a number of people sleeping or watching passively around the lounge area throughout the inspection visit.
- The operations manager told us they had put in place a system to discuss with people their interest and hobbies but we saw no evidence of this.

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

- People's needs were assessed and a care plans were in place to show how people's needs would be met.
- Reviews were conducted and people and relatives told us they were involved in the process. A relative said, "I do get invited to reviews". Staff confirmed to us reviews took place as they fed information into the process as part of the key worker role.
- A health professional we spoke with told us that staff were always responsive to their directions as it related to the support people needed.
- People's preferences, likes, dislikes and sexuality were identified as part of the assessment and care planning process.
- We found where people had a DNAR in place or had a specific health care need that this was clearly identified. A DNAR means Do Not Attempt to Resuscitate in the event of a cardiac arrest.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were communicated with in a way they could understand. We saw examples of a range of different formats used to support people's understanding. For example, pictures of meal choices and staff spending

time explaining people's choices to them.

- While staff showed a lack of understanding, we found training had taken place into the AIS legislation.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. A relative said, "If I had a complaint I would speak with the manager. I always see her walking about".
- Complaints were logged and trends monitored to improve how people were supported.

End of life care and support

- The provider had no one on end of life care at the time of the inspection, however staff received training, so they would have the skills and knowledge to support people.
- People's preferences as to how they would wish to be supported at the end of their lives was identified within their care records and there was a specific care plan for this.

# 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 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

- Spot checks and audits were taking place to ensure the quality of the service was maintained. However, a lack of monitoring to ensure activities were being tailored to people's interests and hobbies showed spot checks were not effective. This was a concern identified at our last inspection.
- Staff and relatives told us that the registered manager was seen walking about and checking the quality of the service on a regular basis. The operations manager explained how audits were carried out and the checks they did on behalf of the provider.
- The operational managers and staff we spoke with during the inspection had a good understanding of their roles and expectations.
- Medicines processes were spot checked and audits were carried out to ensure medicines were managed safely.
- Staff we spoke with told us there was a whistle blowing policy and explained its purpose but had never had to use it. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- It is a legal requirement for the provider to display the overall rating from our last inspection. We found this was being done.
- The legal requirement within the law to notify us of all incidents of concern, such as deaths, serious incidents and safeguarding alerts were being done.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received support that was personal. While activities were not always centred around what people wanted, they could make choices in all other areas of the support they received.
- A person said, "I decide when I go to bed and get up. Staff do not decide". This showed people were empowered to make decisions as to how they were supported.
- Staff we spoke with had a good understanding of people's support needs and could describe how people were supported based upon the time they would need to spend supporting people. A relative said, "I am happy with the service. Whenever I visit I am made to feel welcome and always offered a drink". We found the culture within the home to be warm and welcoming. At lunch time there was a lovely odour around the home of cooked food.

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 provider understood their responsibility and gave examples where positive changes were made and where concerns were identified and they ensured openness and honesty in any actions that were taken.

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

- The provider used questionnaires to gather views on the service. Relatives told us they had completed a questionnaire.
- The Equality Act was considered in the support people received and we saw this evidenced in how staff supported people.

Continuous learning and improving care

- The provider ensured through their systems that staff received up to date training as part of them having the skills and knowledge to support people. Where people had specific support needs training was made available to ensure staff could support people. For example, staff learnt to speak Punjabi, so they could communicate with people who had specific cultural needs.

Working in partnership with others

- The provider worked closely with a number of professionals, this included mental health services, community nursing staff and social workers from the local authority to ensure people received the support they needed.