Crown Care IV Limited

The Richmond

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 9, 14 and 22 June 2017 and was unannounced on the first day. This was the first inspection of the home under the current registration.

The service had a registered manager who had been registered with the Care Quality Commission since February 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Richmond is registered to provide nursing and residential care for up to 50 people who may be living with dementia, or have mental health problems. It is a purpose built care home situated in Sprotborough, on the outskirts of Doncaster. The home is on two floors. At the time of our inspection 47 people were living at the home.

We found medication was administered safely and key staff had received training and had their competencies checked periodically. However, we found improvements were needed in the protocols for some medicines.

For the most part the requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. However, there was a need to improve some information available in people's records regarding this. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

We received feedback from some staff and visitors that people were not put at risk, but that the time care staff had to spend with each person was limited. Our observations during the inspection supported this.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals.

Some carpets and furniture needed replacing. The registered provider told us they had identified this and confirmed improvements were due to be completed within the next month.

Risk assessments identified risks associated with people's care and had been devised to help minimise and monitor the risks, without placing undue restrictions on people, although some assessments and care plans were not as person centred as others.

People's physical health was monitored including people's health conditions and symptoms, so that

appropriate referrals to health professionals could be made.

People told us there were activities and entertainment they could be involved in. We observed the activity co-ordinators undertaking group activities and one to one activities with people.

Overall, we found the service had a friendly atmosphere and felt homely. Staff approached people in a kind and caring way and encouraged people to express how and when they needed support. Everyone we spoke with told us that they felt staff knew them well, and their likes and dislikes.

Formal staff supervision's took place. However, as no policy was available about supervision we were unable to check if this was in line with the frequency set by the provider. Staff we spoke with told us they had recently received supervision and they told us that they felt supported by their managers.

The complaints process was clear and people's comments and complaints were taken seriously, investigated and responded to in a timely way. People we spoke with did not have any complaints to tell us about and indicated they were happy living at the home.

There were systems in place to monitor and improve the quality of the service provided. However, we found that audits were not always effective. The provider's senior management team were aware of this and improvements were being introduced. Following the first day of our inspection, the registered manager acted swiftly to make improvements in the areas we identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Although there was enough staff available to keep people safe, there was not much time for staff to spend with each person.

Medicines were generally well managed. However, there were areas for improvement regarding staff knowing when to provide pain relief and formalising handovers regarding any 'time sensitive' medicines.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people from abuse. Individual risks had also been assessed and identified as part of the support and care planning process.

There was a need to replace some carpet and furniture as despite having been cleaned, they retained a smell of urine.

Is the service effective?

Requires Improvement

The service was not always effective.

The management team were aware of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and were following the code of practice, although there was a need to improve records including those related to some best interest decisions.

People's health was monitored and reviewed, and they had accessed healthcare professionals when needed.

Staff received the necessary training to ensure that they were able to fulfil their role.

People were provided with a balanced diet. Snacks and drinks were offered throughout the day and people told us they enjoyed the food provided at the home.

Is the service caring?

Good

The service was caring.

Staff interacted with people with warmth and they were kind and caring. They knew people well.

Staff we spoke with were keen to ensure people's privacy and dignity were maintained; although we did see instances where there was room for improvement.

People and those close to them participated in their assessments and care planning.

Is the service responsive?

Good

The service was responsive.

People had care plans in place which were relevant to their current assessed needs. These were reviewed on a regular basis, although some were more personalised than others.

We saw activities took place and people appeared happy and content. The people who were living with dementia were provided with activities and stimulation.

The provider had a complaints procedure in place and properly investigated people's concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Audits were carried out regularly, although systems were not always effective in identifying required improvements. New quality assurance systems were being introduced to address this.

Senior managers also told us they intended to review the management arrangement, to ensure support to the registered manager was effective.

People's views were sought about the home and acted upon.

The Richmond

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

This inspection took place on 9, 14 and 22 June 2017 and was unannounced on the first day. The inspection was undertaken by one adult social care inspector and on the third day of inspection coincided with a visit made by the local authority contracts team.

At the time of our inspection there were 47 people using the service. We spoke with, the registered manager, the deputy manager, one nurse, two senior care workers; three care workers, an activity co-ordinator and two ancillary workers. We also spoke with four members of the provider's senior management team who came to support the registered manager with the inspection, including the nominated individual.

We spoke with seven people who used the service and three visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spent time observing care throughout the service. We also 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.

Before our inspection we reviewed all the information we held about the service. We looked at the information received about the service from notifications sent to the Care Quality Commission by the provider. We spoke with the local authority contract monitoring officer, who also undertakes periodic visits to the home.

The provider had not been asked to complete a provider information return (PIR) This is a document 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 looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Requires Improvement

Is the service safe?

Our findings

People who lived at the home told us they felt safe. One person said; "Oh yes, I feel safe. The carers are very good." One visiting relative told us; "I do feel that my relative is safe. I think they [staff] do a good job under difficult circumstances."

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were not reluctant to share concerns or raise issues. They had a good understanding about the service's whistle blowing procedures

Staff were aware of the safeguarding policies and procedures and would refer to them for guidance if needed. They said they would report anything straight away to the care unit manager or the registered manager.

Screening tools were used by staff to monitor specific areas where people were more at risk, and these explained what action staff needed to take to protect them. For example, referrals were made to the falls team when this was a risk for people. This demonstrated the service worked with other health professionals where a particular risk was identified. Staff also obtained equipment, such as falls mats to alert staff if the person got out of bed, in order to reduce the risk of them falling. We observed staff helping people to move around the home, with and without the use of aids. In each case they assisted people in a safe way.

We found that some people's plans were very similar in the way that they were worded. We discussed the issues around the further individualisation of assessments and plans with the registered manager and the provider's senior management team. We were given assurances that action would be taken to address this, and we saw that some improvements were implemented immediately.

Overall, the people we spoke with who used the service felt there were enough staff available. However, there were a small number of people who felt this was not the case. One person told us; "There are not enough staff to cope. When you use the call bell, they [staff] come and say they'll just be a minute because they're with someone else, but it can be very long time and if you want the loo, it's too late."

Some people's relatives had complained to the local authority that staffing was not adequate to meet people's needs and the quality of care was suffering as a result. Several people's relatives said they thought additional staff would be beneficial at key times, such as mealtimes and when people wanted to get up or go to bed. The visiting relatives we spoke with did not raise concerns about staffing, although one visiting relative told us; "I don't think they [staff] are valued or paid enough and they don't have enough breaks."

We looked at the number of staff that were on duty and checked the staff rotas to confirm the number were correct. From our observations during the inspection, staff were very busy most of the day and only able to spend a limited amount of time with people who used the service. However, we found the care staff's interactions, when they did take place to be positive and meaningful.

Although they were clear that people were kept safe, some staff said that they felt under pressure a lot of the time and it was a frustration for them that they did not have time to meet people's individual needs. We discussed with the members of the provider's senior management team and with the registered manager, the need to review the deployment of staff, in light of the feedback we received at this inspection.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by this service. We checked three staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

People confirmed they received their medicines at the right times, and in a way they liked. On the first day of the inspection we looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs).

We found that medicines were stored safely and the temperatures where medication was stored had been recorded daily and were within the normal range. There was an effective system of ordering medication. This ensured the correct medicines were available for people. Medicines that were no longer required were listed and disposed of appropriately. Information about medicines was available along with a copy of the medication policy.

Staff who were responsible for administering medicines received training to update their knowledge and skills. We also found periodic competency checks were carried out to make sure staff were working to expected standards. We saw an up to date record of staff who administered medicines. We observed staff administering medicines to people. They did this in a safe way that reflected good practice guidance, such as signing for medicines only when they had been taken by the person.

We checked several MAR's for people who were prescribed pain relief 'as and when required' (PRN). The nurse who showed us the medicines told us that staff who administered medicines knew people very well and could tell if they were in pain from their facial expressions and behaviour. However, we saw that not everyone had detailed protocols for when their PRN medicines were to be administered. For instance, not everyone was able to tell staff they were in pain and the protocols did not include sufficient information about how people who relied on non-verbal communication might express pain, to help staff to respond to their needs in a timely way.

We noted that staff administering medicines were still undertaking the morning medicine round after 11am. We asked if there was a system to make sure that people got their medicines at the correct times. Especially people who were prescribed 'time sensitive' medicines or people who needed pain relief. Time sensitive medicines are medicines that should be taken at a set time, for instance, before or after food. The nurse we spoke with told us that as this was subject to change, it was discussed at staff handovers. However, we saw no record of this in the written handover notes that we looked at.

Some people were being given their medicines covertly, in food and in some cases; there was a lack of individualised information for staff about how this should be done for each person.

There was a system in place to make sure staff had followed the home's medicines procedure. Regular checks had been carried out to make sure that medicines were given and recorded correctly, and remaining medicines tallied with the stock held. Actions identified from audits were recorded on action plans and

signed off when completed. However, the audits had failed to identify the shortfalls we found at the inspection. We discussed these issues with the registered manager and the provider's senior management team and were given assurances that immediate action would be taken. When we returned for the second day of the inspection significant improvements had been made in the written protocols for medicines.

We checked around the home to see if it was clean and tidy. Domestic staff we spoke with said they sometimes struggled to fit in all the tasks asked of them within the time available. Despite this, we found the home to be clean. We saw staff followed good hand hygiene procedures and protective equipment such as aprons and gloves were available throughout the building. We did find that some chairs and one carpet smelt of urine, despite having been cleaned. The management team were aware that these needed to be replaced and already had an action plan in place to address this.

Requires Improvement

Is the service effective?

Our findings

People we spoke with who lived at the home confirmed that staff tried very hard to make sure their needs were met. People also told us the food was good. For instance, one person said; "The food is always nice, and there's a good choice. We have homemade cakes most days and staff are always asking if we want a drink."

The registered manager told us all staff completed an induction at the start of their employment, which included core training. If new staff were employed without prior experience they were registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. Staff also worked alongside more experienced staff until they were deemed to be competent.

Staff we spoke with were knowledgeable about their roles and responsibilities about the care and support of people who lived at the home. Staff undertook refresher training via online e-learning. The home's training matrix flagged up when staff needed training and updates.

We spoke with several staff about the support they received. They confirmed they had formal supervision. However, we were unable to locate a policy about staff supervision and appraisal in the policy file kept in the home and this was passed to the management team to address.

We found the service worked with other health care agencies to ensure they followed best practice guidance. District nurses supported people without nursing needs and we saw people also had access to chiropody, opticians and dentists. We spoke with visiting specialist nurses, who said the home was going in the right direction, although there was still some work to do to improve practice in relation to promoting people's continence, by providing people with more opportunities to use the toilet.

People had accessed healthcare professionals such as GPs and dieticians when additional support was required. People who were at risk of poor nutrition or dehydration had a nutritional screening tool in place which indicated the level of risk and care plans told staff how this would be managed. We also saw records had been maintained to monitor people's food and fluid intake, as well as their weight.

People's care records highlighted any special diets or nutritional needs people required and we saw this information had also been shared with the kitchen staff. Staff ensured people received the diets they needed, although feedback was that people needed more staff support during mealtimes, as staff often had to rush around to make sure all mealtime tasks were completed. People had additional supplements to enrich their calorie intake when this was required.

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. The application procedures for this in care homes are 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 were being met. Staff were aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own. We found the registered manager was working to the principles of the MCA and DoLS. They had made several applications to the supervisory body. Some had been authorised and nine people had DoLS in place at the time of the inspection. Others were awaiting decisions.

We looked at the care records for four people who used the service and there was evidence that people were consulted about how they wanted to receive their care and their consent was gained. For example, we saw people had consented to their care and to the use of photographs in care records. People were also consulted about their continuing involvement in care plan reviews. We saw care records were evaluated monthly. It was recorded in some people's plans that people's relatives had consented to various aspects of their care, whereas it was not clear if anyone held any legal authority to make decisions on people's behalf, such as, Power of Attorney (PoA). It is important that staff have this knowledge to make sure only those with the right authority make decisions on people's behalf. Powers of Attorney confirm who has legal authority to make specific decisions on a person's behalf when they cannot do so for themselves. These may be in place for people's financial affairs and/or care and welfare needs.

Although we saw information that best interest decisions had been made following best practice guidance, for people who lacked the capacity to make certain decisions, this was not the case for all important decisions made on behalf of people. For instance, there was some inconsistency in the information recorded when best interest decisions had been made about the covert administration of medicines, when using bed rails on beds and lap belts on wheelchairs..

Some people residing at The Richmond were living with dementia. Some adaptations had been made to the home to suit their needs. The home was light and airy and there were coloured doors and pictorial signs to aid people's orientation in long corridors. There were names on bedroom doors and, where people wanted this, memory boxes filled with photos, pictures and item that reflected their interests and backgrounds. There were various lounges, as well as small areas where people could sit quietly and a pleasant tea room had been created so people could sit with their visitors. Areas of the garden provided places to sit and people told us that they enjoyed using the outside space.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were kind and caring, For instance, one person who lived at the home told us; "The carers [staff] are lovely." People also said they were involved in making decisions about their care and support. None of the relatives we spoke with had seen formal care plans, but said they had no worries because they were often discussed the care their relatives received with the staff.

Care and support records demonstrated that people were asked about their religious or cultural needs. This meant staff could act in a way that was sensitive to the person's wishes regarding their religious beliefs.

We observed staff interacting positively with people who used the service throughout our inspection. We heard people expressing affection for staff and more than one person told individual staff they loved them. As part of the inspection, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. During this observation we saw that the care staff and activity staff were warm, friendly and engaging in their interaction with people who used the service. We saw that while providing support and assistance to people, staff enabled people to be as independent as possible.

The staff we spoke with were knowledgeable about people's needs and knew their preferences and personal histories. Staff spoke about people with warmth and it was clear that they cared for people. One staff member told us they cared deeply, but sometimes found it difficult to find time to spend with people to develop relationships more. They also said, "I really love these people [people using the service], but it's hard to find time do the small things that count, like sitting and chatting or doing the ladies' nails.

The daily records we saw described how the person had been throughout the day and the activities they had taken part in. We saw lots of evidence that people were encouraged to make choices, such as when they wanted to get up and what they wanted to wear.
We saw people's rooms were personalised to meet their needs and preferences. This included family photos, mementos and small items of furniture. People we spoke with told us that they liked their bedrooms and they could spend time there with their family and friends.

People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection mostly confirmed this, with staff knocking on people's doors and helping people in a discreet way. However, we did observe two people who were having a lie down on their beds with their bedroom doors open, which meant people walking by their bedrooms, could see their underwear. We brought this to the attention of the registered manager who told us they would speak to staff about this practice.

Good

Is the service responsive?

Our findings

People who used the service and their visiting relatives told us the service was responsive to people's needs and requests. One person's relative said; "I've never seen anyone want for anything." People also told us that they enjoyed the activities, when the activities coordinator was working.

We saw that there were lots of themed areas and items for people to interact with. For instance, hand bags and scarfs hanging on hooks, and an old fashioned coach built pram. There were, books, memorabilia and artwork, which were easily accessible for people and also helped people finding their way around the home.

We checked people's electronic care files and found that some of the records were not as person centred as others. Some people's assessments and care plans included more of the pre populated phrases, which were generated by the electronic care planning system. Therefore, some people's plans were very similar in the way that they were worded. We also saw staff use some interventions that were not included in people plans, so these approaches were not reviewed to ensure they were appropriate or up to date. We discussed this with the registered manager. However, it was clear that people and those important to them were given opportunities and encouraged to be involved in planning their care. For the most part, what was important to people was reflected in their records.

There were documents in place regarding the person's life history, preferences and activities they enjoyed. During monthly reviews of care plans, information was updated or added to; to ensure it was still correct and relevant Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were each day. The people we spoke with told us that overall, the standard of care they received was good.

People told us they were able to access a range of activities in the home, they got out into the community and entertainers regularly came into the home. Activities were advertised on notice boards around the home and the service employed activity coordinators who were enthusiastic about their role. We saw that their role included spending one to one time with people, some of whom spent a more time in their bedrooms. We observed activities and games taking place and people chatted. People's artwork was displayed as well of photographs of parties and outings that had taken place.

We saw that staff ensured people were supported with their needs communication needs. We saw that most information on notice boards for people using the service included pictures and was written in an accessible way. We saw one staff member kneeling down to the person's eye level when speaking to one person, so they could see the staff member's face, which aided their understanding. Several people were wearing glasses helping them to see properly, and as a consequence, to engage in activities and conversation.

There was a complaints policy and procedure and records reflected that this was explained to everyone who received the service. It was written in plain English and displayed on the notice board in the home. We saw from the record of complaints that people's comments and complaints were taken seriously, investigated and responded to in a timely way.

The registered manager told us that they met with staff and people who used the service to learn from any concerns raised to ensure they delivered a good quality service. The people we spoke with said they had not raised any complaints, but knew who the manager was and would speak with them or other staff if any concerns arose. At 'resident and relative' meetings, areas discussed included activities, planned events, fundraising, refurbishment plans and complaints or compliments. The registered manager told us they had an 'open-door' policy, where people could come to have discussions at any time, as long as the registered manager was available. This gave people several routes to raise any complaints they had.

Requires Improvement

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the home have a registered manager in place. The registered manager was present on the days of our inspection and had been registered with the Care Quality Commission since 2016, having been the deputy manager prior to taking up the manager post. During the inspection the registered manager was very responsive and wherever areas for improvement were identified they tried to address these immediately.

There was a quality audit system used within the service. It comprised daily, weekly and monthly checks carried out by the manager, looking at areas such as maintenance and the environment, the medication system and infection control arrangements. Other areas were also audited by the manager within this system on a six monthly basis. In addition to this, a senior manager visited the home to carry out an audit every month.

We checked records of audits and found that, where any issues were identified, there were records of actions taken to address them. However, we found that the audits were not always effective, as they had not identified the issues we found at this inspection, such as gaps in medication protocols, records of best interests decision making and personalisation of care plans. There were a number of new members of the senior management team and they attended the inspection. This included a new quality assurance manager and we were assured that the team were aware of areas for improvement in audit and governance and were introducing new quality assurance systems, to improve in these particular areas. They were also reviewing the support available to the registered manager in the home, to ensure this was effective.

The staff we spoke with told us they worked well together and were a good, caring and supportive team. They said that staff meetings were held so they had forums to discuss any issues. Most staff felt communication was good, and they felt the registered manager did listen. A small number said there were times when the registered manager was limited in what she was able to do to address their concerns. They also said there was room to improve in keeping people up to date with action taken to address any concerns they raised. This was particularly in relation to staffing.

The home's statement of purpose contained values covering dignity, independence and involvement and these values were understood by staff. The registered manager told us they carried out daily walk-arounds of the home, so that they could keep under review the attitudes, values and behaviours of staff. Staff supervision records also showed us that supervisions took place where constructive feedback was given, so staff knew any actions they needed to take.

People's relatives told us they had been asked to fill in surveys, and the managers and staff listened to their opinions and comments. People's relatives also told us they had been invited to attend residents' meetings and records we saw confirmed that meetings took place. There was evidence that people who used the service were listened to and their views respected. There were posters to say what had been done in response to people's feedback, although these could have been displayed more prominently.