Loven Richden Park Limited

Richden Park Care 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?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

Richden Park Care Home is registered to provide accommodation with personal and nursing care for up to 52 people. It is based close to the centre of Scunthorpe and has good access to public transport and local amenities. The accommodation is split into a residential unit and a recently refurbished nursing unit.

The service is required to have a registered manager in post. 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. However, at the time of our inspection visits the present manager was in the process of apply to CQC to become registered.

This inspection was unannounced and took place over two days. The previous inspection of the service took place on 19 June 2014 and was found to be compliant with all of the regulations inspected.

People's comments about the safety of the service included, "I feel safe here, yes" and "I don't have to worry about XXX here, as I know he's safe". However, our general observations were that a number of areas had not been cleaned effectively. We saw dado rails in the corridors

Summary of findings

were covered in dust and internal window frames were dirty. In addition we found some areas of the premises had not been well maintained. For example, the downstairs sluice and two bathrooms had badly cracked flooring which was no longer impervious to water and several tears in a worn carpet in the main hallway were held down by tape.

These concerns meant the registered provider was not complying with the law. You can see what action we asked the registered provider to take at the end of the full report.

Whilst we saw staff had, in the past, received training relevant to their role this had not been kept up to date. Training the registered provider considered essential, had not always been kept up-to date. Records showed all staff had received an appraisal of their work since the new manager took up their post in October 2014; however, there was no evidence that any supervision meetings had been undertaken.

These concerns meant the registered provider was not complying with the law. You can see what action we asked the registered provider to take at the end of the full report.

Our observations showed staff were attentive to people's needs and were always available. People who used the service told us there were enough staff on duty who would respond quickly to their requests or needs.

Staff had references checked and were subject to checks on their suitability to work with vulnerable adults by the disclosure and barring service (DBS) before commencing their employment.

The registered provider had policies and procedures in place to protect vulnerable people from harm or abuse. Staff had received training in safeguarding vulnerable adults from abuse and they were able to describe the different types of abuse that may occur and how to report it.

The residential unit accommodated 19 people, 13 of whom lived with dementia. We observed this area was in need of some refurbishment and there was some use of dementia-friendly signage to identify bathrooms and people's rooms.

The lunchtime experience on both days of our inspection was of a sociable and relaxed nature. Menus were displayed on the wall of the dining room in an easy to read format using pictures. Tables had tablecloths and napkins.

Comments from people who used the service about the staff included, "The staff are kind and nothing is too much trouble" and "I like the carers, they help me a lot".

People who used the service told us their privacy and dignity was respected. We saw staff knocked on people's doors before entering rooms. People's relatives told us they were free to visit their relations at any time and were able to join them for meals and other social occasions.

We saw outings had been organised to a local wildlife park, the seaside, and the local pub. However, on both days of our inspections most of the people who used the service were watching television or sat in the lounge and there was no structured plan of stimulation or meaningful activity.

The manager and staff told us they had recently re-allocated keyworkers to people who used the service so they felt comfortable with the member of staff. People who used the service told us they would know how to make a complaint if necessary. They all said the manager and the staff were very approachable.

Members of staff told us there was open and honest culture at the service. Staff felt able to approach the manager with any issues or concerns. They told us the manager was actively involved in the delivery of people's care and knew people well.

Summary of findings

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 and required improvement in the effectiveness of cleaning practices and the maintenance of some areas.

Staff were recruited safely and understood how to identify and report any abuse. People told us there were enough staff to meet their needs and this had improved over the last few months.

People said they felt safe. Risks to people and others were managed effectively.

Is the service effective?

Requires improvement

The service was not always effective. Staff training had been identified as not being up-to-date and staff did not always receive supervision meetings to support them.

People who used the service told us they felt the staff had the skills they needed to care for them effectively.

As far as possible people were involved in decisions about their care. Staff understood the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring. People enjoyed good relationships with the staff.

Staff demonstrated kindness and compassion in their interactions with people.

People were able to express their views at regular meetings.

People's privacy and dignity was respected. Each person had their own ensuite facilities and staff respected people's own space.

Is the service responsive?

Requires improvement

The service was not responsive to people's needs as people did not always receive meaningful activities throughout the day.

Care plans contained up-to-date information on people's needs, preferences and risks to their care. Members of staff told us they were always made aware of any changes in people's needs.

Information on how to make a complaint was made available to people according to their needs, for example in an easy to read format using pictures.

Is the service well-led?

Requires improvement

The service was mostly well-led but required some improvement as no surveys had been sent to people who used the service, their relatives or external professionals. Some audits had failed to identify issues we found during our inspection.

Summary of findings

Accidents and incidents were monitored and trends were analysed to minimise the risks and any reoccurrence of incidents.	

Richden Park Care Home

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 registered 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 unannounced inspection took place on 17 and 18 March 2015 and was carried out by two adult social care inspectors.

The local authority safeguarding and contracts teams were contacted before the inspection, to ask them for their views on the service and whether they had investigated any concerns. They told us they had only minor concerns about the service.

We used a number of different methods to help us understand the experiences of the people who used the service. We used the Short Observational Framework for Inspection (SOFI) in two communal areas. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with eight people who used the service, four care workers, one senior care worker, the manager, the cook, a domestic, and four relatives.

We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked around the premises, including people's bedrooms (after seeking their permission), bathrooms, communal areas, the laundry, the kitchen and outside areas. Five people's care records were reviewed to track their care. Management records were also looked at. These included: five staff files, policies, procedures, audits, accident and incident reports, specialist referrals, complaints, training records, staff rotas and monitoring charts kept in folders in people's bedrooms.

Requires improvement

Is the service safe?

Our findings

People who used the service and their relatives told us the service felt safe. Comments included, "I feel safe here, yes", "I don't have to worry about XXX here, as I know he's safe", "I used to fall a lot but it's settled down now because I am being looked after properly" and "Yes, I think I'm pretty safe."

Our general observations when walking around the service were that a number of areas had not been cleaned effectively. We saw dado rails in the corridors were covered in dust and internal window frames were dirty. Some corridor walls were heavily stained with tea and coffee spillages and all light pull cords in bathrooms were dirty and badly stained. We looked in all the communal bathrooms and found they were in a poor state of cleanliness; some toilets and hand washing sinks displayed established stains. We went in one bathroom which had a sign to state it had just been cleaned and saw it had a very dirty shower curtain and shower tray. We saw this bathroom was in the same condition the next day of our inspection. In addition, personal toiletries had been left in bathrooms and not moved between our two inspection visits. The downstairs sluice had a badly cracked floor which was no longer impervious to water and the hand washing sink was dirty. This posed a risk to the service's ability to prevent any cross-contamination.

In addition, we found two bathrooms with badly cracked flooring and several tears in a worn carpet in the main hallway held down by tape. This posed a trip hazard to people who used the service. The lighting at the rear of the ground floor was poor. This not only posed a risk to people but did not provide an environment suitable for people living with dementia.

Throughout the building we identified windows had been fitted with a cable type restrictor mechanism. We immediately brought this to the manager's attention as the Health and Safety Executive (HSE) has recommended this type of restrictor be replaced since they can be unlocked with implements other than a key. This may pose a risk to people who used the service.

The concerns we identified were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the registered provider to take can be found at the back of this report.

During the day the 25 people who used the service were cared for by one registered nurse, five care workers and one senior care worker. The manager was supernumerary to the care staff rota. In addition, there were three domestics, one cook, one kitchen assistant, an administrator and a handyperson on duty each day. At the time of our inspection, no activity staff were employed at the service. Our observations showed staff were attentive to people's needs and were always available. People who used the service told us there were enough staff on duty who would respond quickly to their requests or needs. The manager told us staffing levels were kept under constant review by using a recognised dependency assessment tool and showed us examples of when the staffing numbers had been increased when people's needs or occupancy had changed.

Records showed staff were recruited safely. We saw references had been checked and staff were subject to checks on their suitability to work with vulnerable adults by the disclosure and barring service (DBS) before commencing their employment.

The registered provider had policies and procedures in place to protect vulnerable people from harm or abuse. Staff had received training in safeguarding vulnerable adults from abuse and they were able to describe the different types of abuse that may occur and how to report it. The four care workers we spoke with all expressed confidence that the management of the service and the registered provider would act appropriately to address any issues. Staff were also aware of the registered provider's whistleblowing policy and how to contact other agencies with any concerns.

The manager showed us records of referrals made to the local authority's safeguarding team and we saw the manager had worked with them to investigate concerns and address any shortcomings. At the time of our inspection visit, the local safeguarding team was working with the manager to investigate one concern.

We saw medicines were stored safely in two dedicated medication rooms, both of which contained a sink for staff to use for hand hygiene. Medicines for daily use were

Requires improvement

Is the service safe?

stored in trollies, which were secured to the walls of each room. A locked controlled drugs cupboard was attached to the wall for medicines requiring tighter security. We completed a check of controlled medicines and found stock matched the register. The register records were found to be accurate and had been signed by two members of staff when they administered controlled medicines to people who used the service.

We saw procedures were in place to dispose of medicines appropriately and safely. Each person who used the service had been assessed for their ability to self-medicate. At the time of our inspection visit, no one was able or had chosen not to take medicines themselves. Where people regularly refused medication, records of GP advice was sought and recorded.

We checked the expiry dates of medicines and how the ordering and stock rotation systems worked. An effective ordering system was in place and all medicines were within their expiry dates. Open bottles of liquid medicines had the date of opening clearly recorded on the bottle in accordance with good practice guidance.

We reviewed the medicine administration records (MARs) for eight people who used the service and found they were completed accurately. There was a protocol in place for administering 'when required' (PRN) medicines. We were told only the senior staff were permitted to administer medicines; records showed all the relevant staff had been trained in the safe handling and administration of medicines.

Records showed staff were assessed for their competency in the safe administration and handling of medicines at least once a year. We saw there was a reporting system in place for staff to follow in the event of errors occurring whilst administering medicines. This was designed to keep people safe and had clear escalation procedures in place.

We reviewed the risk assessments in five people's care plans. We saw the assessments clearly identified hazards people may face and provided guidance to staff to manage any risk of harm. Care plans contained risk assessments for mobility, medication, falls, nutrition, and behaviours which may challenge the service and others. All risk assessments had been evaluated and updated monthly or sooner if necessary. Staff told us the risk assessments provided sufficient information to assist them in reducing people's exposure to risk as much as possible.

We saw each person who used the service had a personal evacuation plan which provided emergency services and others with information about how to safely evacuate the person if there should be a need, for example in the event of fire.

We found equipment used in the service, such as that for moving and handling, for catering purposes, hot and cold water outlets, fire safety, call bells, and the lift was checked and maintained.

Requires improvement

Is the service effective?

Our findings

People who used the service and their relatives told us the service was effective although staff told us there were some areas for improvement in their training. Comments included, "The food is lovely", "I like the lunches very much", "The staff seem to know what they're doing", "I am asked to sign my care file" and "I have regular access to my Doctor and get taken to the hospital." Staff comments included, "We do have training but not all that regularly", "We have had supervisions in the past but not recently and some of my training is out of date" and "I need to refresh quite a bit of my training."

The manager used an electronic training plan to monitor and plan training for all 40 members of staff. Whilst we saw staff had, in the past, received training relevant to their role this had not been kept up to date. Training the registered provider considered essential included lifting and handling, health and safety, fire training, safeguarding adults from abuse, basic food hygiene, dementia, and behaviours which may challenge the service and others. However, all training apart from that for health and safety and the Mental Capacity Act 2005, had been identified by the manager as being out of date although staff were able to describe how their previous training was embedded in their day to day work. The manager told us they were in the process of procuring new training materials after which all staff would undergo an intensive period of training.

Records showed all staff had received an appraisal of their work since the new manager took up their post in October 2014; however, there was no evidence that any supervision meetings had been undertaken. The manager told us the supervision schedule was being arranged at the time of our inspection.

We saw 14 care staff had achieved a nationally recognised qualification in care or were working towards it.

The concerns we identified were in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the registered provider to take can be found at the back of this report.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may need support to make decisions are protected. Training records showed all staff had received training in the principles of MCA. Our observations showed staff took steps to gain people's verbal consent prior to care and treatment.

When people had been assessed as being unable to make complex decisions there were records of meetings with the person's family, external health and social work professionals, and senior members of staff. This showed any decisions made on the person's behalf were done so after consideration of what would be in their best interests.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. We saw the manager acted within the code of practice for the Mental Capacity Act 2005 (MCA) and DoLS in making sure that the human rights of people who may lack capacity to take particular decisions were protected. The manager told us they had been working with relevant local authorities to apply for DoLS for people who lacked capacity to ensure they received the care and treatment they needed and there was no less restrictive way of achieving this. We saw paperwork confirming several DoLS had been applied for, one of which had been rejected thus far.

We found 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been completed appropriately.

The residential unit accommodated 19 people, 13 of whom lived with dementia. We observed this area was in need of some refurbishment. Whilst there was some use of dementia-friendly signage to identify bathrooms and people's rooms, and sensory pictures placed along the corridors, toilet seats were not of a contrasting colour to the toilets and bathrooms and bedrooms did not contain lighting activated by motion sensors. **We recommend the registered provider takes advice from a reputable source about the provision of effective environments for people living with dementia.**

Requires improvement

Is the service effective?

We saw a monthly nutritional risk assessment was carried out for each person using a recognised assessment tool. We saw when people had suffered sustained weight loss over a period of time, appropriate referrals had been made to the dietetics service and the speech and language therapy team (SALT) and food and fluid charts were put in place to record intake. The staff had also sought the advice of the district nursing team in relation to people's skin integrity when weight loss had occurred. When we spoke with the cook they were able to describe each person's food and drink preferences. In addition, information was clearly recorded and displayed in the kitchen about each person's food texture requirements if needed.

We observed the lunchtime experience on both days of our inspection. Menus were displayed on the wall of the dining room in an easy to read format using pictures. Tables had tablecloths and napkins. We saw people were offered a choice of meal either verbally or by staff showing them the choice of two meals. The food looked appetising and was delivered to the tables swiftly to ensure it remained hot. We saw some people were offered assistance with cutting food up and were given plate guards and adapted cutlery which assisted their independence. People were offered a choice of drinks at the table and a choice of a different meal if they did not like the one they had chosen. Other people were given gentle encouragement when they initially refused a meal.

People who took longer to eat than others were afforded the time to do so. We observed several people being assisted to eat in the dining room or in their rooms in a respectful, patient and sensitive manner. This meant people's dignity was maintained.

Fresh juices and other drinks were available at all times in the dining room and lounge areas. People were able to help themselves although we observed staff prompting people many times throughout the day to have a drink.

Records showed people who used the service were supported to access health and welfare services provided by external professionals such as chiropody, optician, and dental services. Information seen in records showed people were supported to attend GP and outpatient appointments.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us the staff were caring. Comments included, “The staff are kind and nothing is too much trouble”, “XXX is looked after here, I don’t need to worry about him at all”, “I can come and visit whenever I want to; they have told me I am welcome anytime, day or night”, “I like the carers, they help me a lot”, “I can’t fault anything about the staff” and “The staff are very caring.”

We observed positive communication and interaction from staff. The majority of people in the lounges had a good level of staff interaction for the duration of our observations. We saw staff speaking with people in a calm, sensitive manner which demonstrated compassion and respect. Staff were seen to address people by their first name and made time to talk and interact with people as they moved between different areas of the service.

Members of staff were able to describe to us the individual needs of people in their care, including explanations of what gestures and expressions people would use to indicate their preferences, choices and wellbeing. This meant staff had developed a good understanding of how to interact and communicate with people, ensuring their needs were met. We observed staff spoke to people with a gentle tone of voice. They looked directly into people’s faces when asking questions and talking to them.

We noted care plans provided staff with clear information about how to communicate with people who used the service effectively and through gestures, touch, and eye contact. The members of staff we spoke with were all able to explain in detail what the needs of people who used the service were and behaviours including their facial expressions if they were in pain.

People who used the service told us their privacy and dignity was respected. We saw staff knocked on people’s doors before entering rooms. People’s rooms were personalised with pictures of their families and other personal items.

We observed staff ensured toilet and bathroom doors were closed when in use. Staff were also able to explain how they supported people with personal care in their own rooms.

People who used the service told us they were able to choose when to go to bed and when to get up the next morning. We saw care plans provided staff with detailed information about people’s preferences about daily and night time routines.

We observed staff helping people to stand with the use of standing aids or transferring people from wheelchairs to chairs with a hoist. Staff encouraged people patiently whilst assisting them with clear explanations of what was happening.

People’s relatives told us they were free to visit their relations at any time and were able to join them for meals and other social occasions. One person’s spouse told us their relation was supported by the staff to telephone them whenever they wished. This meant people who used the service were supported to keep in contact with people who were important to them.

We saw there was a planned schedule of meetings for people who used the service and their relatives. The minutes from the meetings showed issues such as the food, amenities, activities and the general levels of care were discussed. Following the meetings, we saw the manager had created an action plan in order to implement ideas they had discussed.

Requires improvement

Is the service responsive?

Our findings

People who used the service and their relatives told us the service was responsive. Comments included, "I have been involved in reviewing my care plan", "I was asked about XXX's life history and the things he liked", "I have been invited to a review meeting", "There is no activities person at the moment so things are a bit quiet" and "Things are quite slow, there's not much going on for people."

On the first day of our inspection we were told the activities co-ordinator was on leave. The manager told us there was now a vacancy for another co-ordinator to deliver an extra 18 hours of activities each week. We saw outings had been organised to a local wildlife park, the seaside, and the local pub. However, on both days of our inspections most of the people who used the service were watching television or sat in the lounge and there was no structured plan of stimulation or meaningful activity. Since activity records had not been completed by the activities co-ordinator, we could not see what activities people had participated in during the previous months. The manager assured us an appropriate activities programme would be put in place as soon as possible.

We reviewed five care plans, each written around the individual needs and wishes of people who used the service. People's likes, dislikes and preferences for how care was to be carried out were all assessed at the time of admission and reviewed monthly thereafter. Care plans contained detailed information on people's health needs and about their preferences including people's interests and things that brought them pleasure. Each care file included individual care plans for: personal hygiene, mobility, communication, health, continence, infection control, pressure care, and nutrition.

We saw care plans were reviewed and updated each month and noted 10% of care plans were audited monthly by the senior staff to ensure evaluations had been carried out and the information was still up-to-date. Some care plan reviews stated 'no amendments' or 'no change' at each entry. We talked to the manager about this and they told us they would speak to the staff about writing more meaningful entries. People who used the service or their representative had mostly signed their care plan to indicate they agreed its content and had been involved in its planning.

We reviewed the daily notes for five people who used the service. We found these were mostly written clearly and concisely. They provided information on people's moods, appetite, preferences, and health issues.

The manager and staff told us they had recently re-allocated keyworkers to people who used the service. Records showed people were consulted about which staff they felt most comfortable with and who they would like to be their keyworker. We saw in all cases people had been given a keyworker of their choice.

People who used the service told us they would know how to make a complaint if necessary. They all said the manager and the staff were very approachable. Information about how to make a complaint was displayed throughout the service and available in an easy to read format.

The complaints file showed people's comments and complaints were investigated and responded to appropriately. There was evidence that actions had been taken as a result of complaints and the person who made the complaint had been responded to within the timescales set out in the registered provider's complaints policy. The actions had been written up and the outcomes and learning from the situation were recorded. We saw complaints were monitored by the registered provider on a monthly basis to ensure issues had been addressed. This showed the complaints system at the service was effective.

Requires improvement

Is the service well-led?

Our findings

Members of staff told us the service was well-led although our findings showed some areas required improvement. Comments from staff included, "The manager and seniors are quite supportive and will tell you when you have done a good job", I feel able to go and speak to the manager about anything that's worrying me", "The manager is lovely and easy to approach", "When the manager needs to be authoritative, she will be", "XXX has been the best manager we have had" and "I think things are going in the right direction."

We found that although there were systems in place to monitor the quality of the service such as monthly audits for care plans, medicines management, falls, pressure care, the environment, and infection control, they had not always been effective in identifying and addressing shortfalls. For example, the infection control audit for January 2015 had given the service a score of 96.15% and had failed to identify any of the issues we saw during our inspection visits. In addition, the environmental issues we identified in relation to poor states of décor, poor lighting, cracked floors and worn carpets had not been identified in the registered provider's monthly monitoring report.

Records showed accidents and incidents were being recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. We saw any issues were discussed at staff meetings and learning from incidents took place. However, we noted the registered provider had not always sent appropriate notifications to CQC as required by registration regulations. We spoke with the manager about the importance of this and reminded them of their obligations to do so in a timely way.

Members of staff told us there was an open and honest culture at the service. Staff felt able to approach the manager with any issues or concerns. They told us the manager was actively involved in the delivery of people's care and knew people well.

Records showed regular staff meetings were held for all staff including ancillary staff such as cooks and domestics. The minutes showed the manager openly discussed issues and concerns. We saw action plans were developed when appropriate.

We saw the manager carried out regular checks on staff competency. Each member of staff would have their competency assessed regularly and included checks on their knowledge of people's care plans and personal histories as well as the registered provider's safeguarding procedures. We saw when shortfalls had been identified, a time limited action plan had been put in place.

We did not find any results from surveys sent to people who used the service and staff to ensure people felt staff treated them well and the service was meeting their needs. The manager told us these surveys would be issued within the coming few months.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The premises used by the service provider were not kept clean and properly maintained. Regulation 15(1)(a)(e)(2).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Persons employed by the service provider in the provision of a regulated activity did not receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18(2).