Richmond Court Nursing Home Limited

Caldene Rest Home

Inspection report

27-29 Beeches Road
West Bromwich
West Midlands
B70 6QE

Tel: 01215005664

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31 October 2016

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Our inspection was unannounced and took place on 31 October 2016.

At our last inspection of 2 November 2015, although issues were not significant enough to warrant a breach of regulation, we found that improvements were needed. These included some aspects of medicine management, recruitment and the quality monitoring of the service. At this inspection we found that improvements had been made in those areas.

The home is registered to provide accommodation and personal care to a maximum of 27 people. On the day of our inspection 24 people lived at the home. People lived with a range of conditions the majority of which related to old age and some people lived with dementia.

The manager was registered with us and was present on the day. 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.

People told us that they felt safe. Systems were in place to prevent people from the risk of harm and abuse. Staffing levels ensured that there were enough staff to meet people's needs. Recruitment had been managed in a way that minimised a risk of unsuitable staff being employed. Medicines were managed safely and in a way that ensured that people could take their medicines as they had been prescribed.

Staff felt that they were provided with the training that they required to ensure that they had the skills and knowledge to provide safe and appropriate care to people. Staff also felt that they were adequately supported in their job roles. People received care in line with their best interests and processes were in place to ensure they were not restricted unlawfully. People were happy with the meals offered. People were supported to have the meals that they enjoyed. Drinks were offered throughout the day to prevent the risk of dehydration.

People and their relatives felt that the staff were kind and caring. Interactions between staff and the people who lived at the home were positive. Staff were friendly, polite and helpful to people.

People had been assessed before they moved into the home to ensure that their needs could be met. The complaints system was well managed and was available for people and their relatives to use. Activities were offered however, more individual consultation with people may ensure that people's activity needs could be better met.

A registered manager was in post as is required by law. People knew who the registered manager was and they were visible within the service. Quality monitoring processes, the use of provider feedback forms and meetings helped to ensure that service was being run in the best interests of the people who lived there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems were in place to keep people safe and prevent the risk of harm and abuse.

Medicines were managed safely and ensured that people received their medicine as it had been prescribed by their GP.

Recruitment systems prevented the employment of unsuitable staff.

Is the service effective?

Good

The service was effective.

People and their relatives felt that the service provided was good and effective.

Staff felt that they were trained and supported appropriately to enable them to carry out their job roles.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which ensured that people were not unlawfully restricted and that they received care in line with their best interests.

Is the service caring?

Good

The service was caring.

People and their relatives told us that the staff were kind and caring.

People's dignity, privacy and independence were promoted and maintained.

Visiting times were flexible and staff made people's relatives feel welcome.

Is the service responsive?

Good

The service was responsive.

People were assessed before they moved into the home to ensure that their needs could be met.

People and their relatives confirmed that the staff knew the people well enough to meet their needs.

Complaints processes gave people assurance that complaints would be appropriately dealt with.

Is the service well-led?

Good

The service was well-led.

A manager was registered with us as is required by law.

Staff told us that they felt supported. Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

The provider had monitoring processes in place to ensure that the service was being run in the best interests of the people who lived there.

Caldene Rest 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 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.

The inspection was unannounced and was carried out on 31 October 2016 by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the local authority their views on the service provided and they provided us with information. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with ten people who lived at the home, six relatives/ friends, four care staff, the activities co-ordinator, the cook, the registered manager and a senior manager. Not all the people who lived at the home were able to communicate with us so we used the Short Observational 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. We looked at care files for three people, recruitment records and training records for three staff. We looked at the processes the provider had in place to monitor the quality of service provided. We also looked at provider feedback forms that had recently been completed by people, relatives and external health care professionals.

Good

Our findings

At our previous inspection of 2 November 2015 we found that some improvement was needed regarding some aspects of medicine safety. At this inspection we saw that these issues had been addressed.

A person said, "I am happy with the staff giving me my tablets. They help me". Another person told us, "No I do not want to do my tablets". A third person said, "The staff give me my medicine, I trust them." We observed that staff explained to people that they were giving them their medicines and what they were for. We saw that people took their medicines willingly from the staff. We saw that the staff sat with people to check that they had taken their medicines. Staff told us and training records and certificates that we saw confirmed that staff had received medicine training.

We checked and found that medicines were stored safely in locked cupboards this prevented unauthorised people accessing the medicines. We saw that satisfactory ordering processes were in place. We looked at the medicine stocks and Medicine Administration Records [MAR] for three people and found that their prescribed medicines were available to give to them as prescribed and that the MAR had been completed. Some MAR highlighted that people had been prescribed medicine on an 'as required' basis. We saw that there were protocols in place to instruct the staff when the medicine should be given to people who were unable to ask for their medicine due to their capacity. This would ensure that people would be given their medicine when it was needed and would not be given when it was not needed. We saw that care plans were in place for medicines prescribed as a short course for example, antibiotics. This highlighted safe medicine practice.

At our last inspection of 2 November 2015 we found that that although, domestic and laundry staff had entered people's bedrooms unsupervised [when people were in their bedrooms], a Disclosure and Barring Service [DBS] check had not been carried out. This would not give people assurance that the risk of unsuitable staff being employed was reduced. This inspection we found by speaking to domestic staff and looking at DBS documents that this issue had been addressed. A care staff member confirmed that checks were carried out before they had been allowed to start work. This included the obtaining of references and checks with the DBS. Care staff files that we looked at showed that all of the required checks had been carried out. This meant that the provider had systems in place to ensure that unsuitable staff would not be employed.

At our last inspection of 2 November 2015 we saw that a gas warning letter had been issued concerning the cooker. This inspection we saw documents to confirm that this issue had been addressed. We saw that

equipment for fire detection and prevention was in use. The provider had records to confirm that this equipment, along with lift and hoisting equipment was tested and serviced by an engineer regularly to confirm it was safe to use. These actions had promoted people's safety.

A person told us, "The staff come and see you. They check on you when you are in bed and they say we can lock our doors if we want" Another person said, "I definitely feel safe. They do look after us and lock the doors". As with our previous inspection of 2 November 2015 staff told us that where there was a concern regarding people falling then referrals were made to external professionals. Records that we looked at confirmed that risk assessments had been undertaken and where concerns were identified referrals had been made to occupational therapy and physiotherapy professionals for advice and guidance on how to prevent people from falling. We saw that aids were available to support people when they were walking and standing. We observed that staff supported people when they were walking to prevent falls. We asked staff to confirm how they would telephone emergency services and how they would use the call system to summon urgent support from other staff if a need arouse. Staff told us how they would achieve both of these tasks which gave confidence that they could summon assistance both inside of, and from external services in an emergency situation.

A person said, "The staff are very good. They have never used harsh words to me". A relative said, "There is protection here. It is quiet. I don't hear shouting. No one roughs [person's name] up". Other people and their relatives told us that they had not seen or experienced any abuse. Staff we spoke with told us that they had received training in how to safeguard people from abuse and how to report their concerns. A staff member said, "We [staff] would report any concerns of abuse immediately". Another staff member told us, "If I saw or heard that there had been abuse going on I would report it to the manager. Staff knew of the different types of abuse that would need to be reported. The registered manager had previously reported to us, the police and the local authority any safeguarding concerns as they are required to by law to help protect people from abuse. However, a person told us that another person [who lived at the home] swore at them and put their fist up. We spoke with the registered manager about this who told us that they and staff were not aware of the incident. Following our inspection the registered manager told us that they had investigated the alleged incident but as no dates or name of an alleged perpetrator could be offered by the person who raised the issue, there was no evidence to go on. The registered manager told us that they had spoken with the person and their family and asked them if other incidents were to occur to inform him straight away to prevent the risk of harm.

A person told us, "There are always staff to look after us". Another person said, "I don't really know if there are enough staff. I expect they are rushed off their feet. They come straight away when I have called them at night". A relative told us, "I think there is enough staff. You see the staff". A staff member told us, "I think we have enough staff". Other people relatives and staff told us that there were enough staff to meet needs and to keep people safe. We observed that staff were available at all times to help assist people to eat and in the large lounge to supervise people. However, in the smaller lounge staff were not present all of the time. At one time when there were no staff in the small lounge we saw that there was an exchange of words between two people that could have potentially escalated into a more serious situation. The registered manager told us that it was not often that staff were not present in the small lounge and no incidents had occurred to date. They told us however, that they would reassess people's needs and monitor the situation.

Good

Our findings

A person told us, "I am happy here. It is good". Another person said, "I like it here the staff look after me". A third person said, "I like it better, a lot better now. In fact I hated it when I first came here because I was away from my own home and everyone I know. I can't imagine not being here now". A relative said, "It is a good home. I am happy with the care". Staff we spoke with [some of whom were able to compare this home with others they had worked in] said that the service provided was good.

A staff member said, "I worked in other homes before but I still had induction training when I started to work here. I looked at care plans and was told about emergency processes. Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. The registered manager told us and this was confirmed by staff that they had introduced the nationally recognised Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

"We [staff] are supported by the manager. I had a problem and they [the manager] helped me". As with our previous inspection of 2 November 2015 other staff we spoke with also told us that they felt supported. They told us that they had supervision to discuss their role and performance and an annual appraisal. Records that we looked at confirmed this.

A person said, "The staff look after me properly". Another person told us, "I hope they [the staff] know what they are doing, they do. I have confidence in them". A relative told us, "I think the staff do their jobs very well". A staff member said, "I have had the training I need to do my job". Other staff also told us that they received the training that they needed and felt competent to do their job. Staff training records that we looked highlighted that staff had received training.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us that they could move around the home freely. A relative said, "I take them [person's name]

out often". Other people's relatives told us that there was no restriction on their going out of the home with friends and family. Staff we spoke with had knowledge of MCA and DoLS and all staff knew that they could not restrict any person unlawfully. The registered provider told us that where it was determined a person lacked mental capacity to make decisions about their care and support they involved health and social care professionals. We saw that approved DoLS applications were on file and staff knew the reason for the approvals. This ensured that decisions that needed to be made were in the person's best interest.

A person told us, "The staff ask before they do anything". Other people also told us that they were offered choices and that staff asked their permission before they provided care and support. As with our previous inspection of 2 November 2015 we heard staff offering people choices about where they wanted to sit, what they wanted to do, and what they wanted to eat and drink. We heard staff saying to people, "Do you want to"? and shall I"? [provide support]. We saw that people smiled, nodded or said, "Yes" to confirm their agreement and consent with what staff had asked or suggested.

As at our previous inspection of 2 November 2015 people told us that the food was good. A person said, "The food is always very nice and we have choices". Another person told us, "I like the food very much". A relative said, "They [their family member] seem to enjoy the food". A staff member said, "I think the food is of a good quality". However, one person told us that Asian food was not provided. They told us to overcome this their family at times brought food into the home. We asked the registered manager about this who confirmed that although vegetarian options were offered, special Asian and African Caribbean food was not provided and that people and families were told this verbally during their assessment of need before they had decided if they wanted to move into the home. The registered manager agreed that in future they would make a record of what had been said to people regarding food offered and not offered. They also told us that they would ensure that this was also highlighted in the service user guide [information brochure for people] so that it was clear what food could be offered.

As with our inspection of 2 November 2015 at lunch time we saw that there were two hot meal choices. We saw that people who were uncertain about lunch choices were shown what was available. We saw that the lunchtime was unhurried and most of the people ate well and that staff were available to encourage people to eat and drink. We saw that people were offered hot and cold drinks throughout the day. We saw that snacks were offered to people with their midmorning and afternoon drinks. These included biscuits, yogurts and sliced fresh fruit. Staff including the cook, told us how they met people's special dietary needs including diabetic diets. Records highlighted and staff, including the cook confirmed that people were weighed regularly and that referrals were made to health care professionals where a concern was identified.

A person said, "The staff call the doctor if I want to see one". A relative told us, "The staff ensure that the doctor is called when needed and they [the staff] always inform us what the doctor said". People told us that they had a range of healthcare appointments that included chiropody and eye tests. Staff we spoke with and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective healthcare support. This included GP's, the dietician, occupational and speech and language therapists. This ensured that the people who lived at the home received the health care support and checks that they required.

Good

Our findings

A person said, "I like all the staff. They are nice and kind to me". Another person said, "The staff listen to me and are kind and helpful", A relative told us, "He [person's name] looks very well and he is happy, he smiles. That is lovely for us to see." Other people and relatives we spoke with told us that the staff were caring and helpful. Staff we spoke with described their colleagues as being kind and caring. We observed that interactions between staff and people were positive. When one person became unsettled and agitated a staff member quickly noticed this, they sat by them and spoke with them in a kind, caring way that calmed the person. As with our previous inspection of 2 November 2015 we identified that the provider encouraged a pleasant and homely atmosphere. We saw that many of the people who lived at the home were friendly towards each other. There was friendly banter and people showed an interest in each other. We heard staff ask people how they were and showing an interest in them.

A person said, "The staff are polite and friendly". Another person told us, "They [the staff] always knock the door before they come in my room. Of a night time they peep through". A relative told us, "The staff are always polite". A staff member said, "We [the staff] are respectful to people". Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. They gave examples of giving people personal space and ensuring doors and curtains were closed when supporting people with their personal care. We observed that staff ensured that toilet doors were closed when being used. We also saw staff asking people quietly and discreetly if they would like to use the toilet. Records that we looked at highlighted that the preferred form of address had been determined for each person and we heard staff using people's preferred names. This demonstrated that people were treated in a polite respectful way.

A person told us, "There are always staff who can speak my language which is good". Rotas that we looked at and staff confirmed that staff were available on each shift who could converse with people where their first language was not English. We saw staff speaking with people slowly and clearly to ensure that people could understand what they were saying. We observed that people understood what staff were saying as they responded appropriately by saying, "Yes", or, "No".

A person said, "The staff help me to look nice". A relative told us, "They [person's name] is well presented". A hairdresser visited the home regularly so that people could have their hair cut and styled. Another person said, "I pick the clothes I want to wear". Other people also told us that they chose the clothes to wear each day. We saw that people wore clothing that was suitable for the weather and reflected their individuality. We saw that some people wore head coverings to honour their culture or religion and staff told us that they supported people to wear these. We heard a staff member say to a person, "You look really nice". We heard

staff complimenting people on their appearance to promote people self-esteem.

A person said, "I do still do something's myself which I like". Other people also told us that staff encouraged them to be independent. Staff we spoke with all told us that they only supported people do things that they could not do. As with our previous inspection of 2 November 2015 we saw staff encouraging people to walk instead of relying on wheelchairs to encourage people to maintain their mobility independence. We heard staff encouraging people to eat and drink independently.

We saw that information was available giving people contact details for independent advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. On the day an advocate came to visit one person who required this input.

People we spoke with all told us that they liked having visits from their family. A person said, "I like it when my family come and see me". Another person told us, "My family come and see me often". We found by speaking with people and their relatives that families could visit when they wanted to except for mealtimes. However, if families wished to visit at mealtimes they could, but in their family member's bedroom to ensure other people's privacy. A staff member said, "It works well. People should have privacy and peace at mealtimes".

Good

Our findings

A person told us. "Before I came to live here staff asked me questions". A relative said, "They [their family member] was assessed to ensure that the staff could look after them and they do". Other people and their relatives also told us that an assessment of need was carried out with the person and/or their relative to identify their individual needs, personal preferences and any risks. Records that we saw confirmed this. We saw that a letter had been sent to people and a copy was on their file to confirm that following their assessment the service could meet their needs.

A person said, "They [the staff] know everything about me to make sure they look after me". A relative told us, "They [person's name] are well looked after. The staff know what they need to". As with our last inspection of 2 November 2015 staff knew and told us about people's individual support needs, interests, people's daily routine preferences, how they liked their support to be provided, and their families and about people's past working life and interests.

People and their relatives told us that they were involved in care planning. A person said, "I am asked things by staff to find out if I like the way they look after me". A relative told us, "I am involved in their [person's name] and the staff ask my views on a lot of issues". Staff told us that people's care plans were reviewed regularly. The care plans that we looked at had been reviewed and updated to ensure that they were current and appropriate.

A person said, "We do games every day". There was an activities co-ordinator who provided activities five days a week in the mornings or afternoons. We heard the activities co-ordinator ask people what they would like to do. We observed people participate in an activity during the day. We saw that people were interested in the activity and they were smiling. The community library service visited once a month that enabled people to have access to a range of books. Two people attended a day centre twice a week. We spoke with the people who told us that they enjoyed attending the day centre. One person was supported by staff on a regular basis to go and see their friend who lived in another care home as they enjoyed that experience. People we spoke with told us, and staff confirmed, that they were supported to attend religious services if they wanted to. Staff told us at the present time no person wished to have any religious input. Minutes of meetings held for people highlighted that activity provision was discussed and that they could request different activities if they wished. However, we were told by a friend of one person that they felt that activity provision could be better in that it was not always tailored to meet people's needs. We found that some people lived with dementia. However, there was not much evidence of dementia friendly items in the main living areas. We did not see any rummage boxes or memory books that may have been beneficial to people.

These resources can stimulate memory and be a good way for staff to promote conversation and engagement with people. We raised this with the registered manager who told us that they would explore these issues further to address this.

A person said, "I would be happy to tell the staff if I was not happy about something". A relative told us, "I have no concerns or complaints. If I did I would be happy to speak with the manager". Other people also told us that if they were unhappy they would tell the staff. People told us that they felt that if they had any complaints they would be listened to and addressed. We saw that a complaints procedure was in place. We saw that where people or their relatives had raised issues they had been recorded, investigated and the outcome had been feedback to the complainant. Records highlighted that the registered manager regularly audited the complaints book to ensure that they were aware of all issues raised and that any complaints had been dealt with in a timely manner.

Good

Our findings

At our previous inspection of 2 November 2015 we found that although some quality checks on the service had been undertaken these had not been sufficient enough to prevent the issues we identified that should have been addressed. This inspection we found that quality checks were more thorough and the issues we described in our report following our previous inspection had been addressed. We saw documentary evidence to show the registered manager and a senior manager had undertaken audits on the service quality. These included those relating to medicine management systems so that people would be less at risk of not having their medicine as it had been prescribed, people's money, care plans and risk assessments.

People, staff and the majority of relatives we spoke with told us that the service was good. A person told us, "I think it is a good, well run place". A relative told us, "It is a good place, staff do as they should and they [person's name] are well cared for". Another relative said, "It all seems like it is very well run. It is pretty good here. We [the family] are happy with what we have seen so far". Staff we spoke with told us that the service was good. Some staff had a comparison to judge the service provided as they had worked in other care services and told us that comparison with other places, people were cared for to a good standard.

People, staff and the relatives we spoke with knew of the leadership structure in place. There was a registered manager in post who was supported by senior managers and senior care staff. A person said, "The manager is good. We can speak with him at any time. He comes and speaks with all of us every day". We saw that the registered manager was visible within the service. We saw the registered manager engage with people, he asked them how they were and if everything was alright. The provider visited the home regularly to oversee how the service was being run and to ensure that people and their relatives could speak with them if they wanted to.

It is a legal requirement that the provider informs us of incidents that affect a person's care and welfare. The registered manager had ensured that we were notified of issues that needed to be reported. It is also a legal requirement that the current inspection report and rating is made available. We saw that there was a link on the provider's web site to our last report and rating and the report was also displayed within the service.

As with our previous inspection of 2 November 2015 people and relatives told us that the provider had asked them about their care. We saw completed feedback forms. The overall feedback was positive and confirmed that people and relatives were happy with the service provided. Meetings were held for people who lived at the home so that they could tell staff if they were happy with the service provided or ask for changes.

Minutes of meetings that we looked at highlighted that people were asked about outings, activities and menus. We found that issues raised in the meetings had been addressed. For example, one person had asked for a particular drink. Staff told us that this drink was purchased regularly and we saw that it was available on the day.

As with our previous inspection of 2 November 2015 staff told us that they felt supported by the provider. A staff member told us, "We [the staff] are supported day in and day out by the manager". Another staff member said, "The manager is supportive. They are available to us even when they are not on duty". We looked at a selection of staff meeting minutes and found that the meetings were held regularly. Staff told us that they were clear about what was expected from them. People and relatives we spoke with felt that the staff were well led and worked to a good standard that meet their family member's needs.

The staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. A staff member told us, "I have always reported any concerns that I have had to the Manager. I feel comfortable to do this and where action is needed that has been addressed. We saw that a whistle blowing procedure was in place for staff to follow. Staff told us that they were familiar with the policy and knew what they should do if they had any concerns.