Speciality Care (UK Lease Homes) Limited

Richmond Heights

Inspection report

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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

This inspection took place on 19 July 2016. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The service was last inspected on 4 February 2014 and was meeting the requirements of the regulations we checked at this time.

Richmond Heights is in a residential area of Sheffield and provides accommodation for 55 people who require nursing and/or personal care. Accommodation is provided over two floors, accessed by a lift. All bedrooms are single with en-suite toilets. There are lounge and dining areas on each floor of the home. The service has a garden and a car park. At the time of the inspection there were 49 people living at the service.

There was a registered manager. 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.

There was a calm and friendly atmosphere in the service. The service was clean and had a pleasant aroma. Our observations during the inspection told us people's needs were being met in a timely manner by staff. We observed staff giving care and assistance to people throughout the inspection. They were respectful and treated people in a caring and supportive way.

People told us they felt safe and were treated with dignity and respect. Staff had undertaken safeguarding training which was regularly refreshed so they understood their role and responsibility to keep people safe from harm.

The service had appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

People had personalised their rooms and they reflected their personalities and interests. We saw the signage in the service to help people navigate around the building could be improved. People living with dementia may need such signs every time they move around a building.

People spoken with told us they were satisfied with the quality of care they had received and made positive comments about the staff. Relatives spoken with also made positive comments about the care their family members had received and about the staff working at the service.

People had a person centred care plan in place. People's records were updated on a daily basis. Individual

risk assessments were completed for people so that identifiable risks were managed effectively. People and/or their representatives were included in the completion of these and they were reviewed regularly and in response to changes. There was evidence of involvement from other professionals such as doctors, opticians, tissue viability nurses and speech and language practitioners.

People's nutritional needs were monitored and actions taken where required. People made positive comments about the food and said their preferences and dietary needs were being met.

Staff told us that there was a good team working at the service and that they enjoyed caring for people living at the service. Staff were able to describe people's individual needs, likes and dislikes.

Staff received training and ongoing support to enable them to support people appropriately.

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities. There was a range of activities available which included: boules, quizzes, card games, basketball and do remember cards. We looked at the service's newsletter dated July 2016. It gave details of the events the service was holding in July. For example, a barbecue, an outing to the armed forces day in Chesterfield and an outing to Norfolk Park. It also gave details of upcoming birthdays for people and staff.

The provider had a complaint's process in place. We found the service had a robust process in place to enable them to respond to people and/or their representative's concerns, investigate them and take action to address their concerns.

Regular residents and relatives meeting were held at the service. The service completed surveys on a regular basis with relatives.

Accidents and untoward occurrences were monitored by the registered manager to ensure any trends were identified. There were effective systems in place to monitor and improve the quality of the service provided.

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.

People did not express any concerns about their safety.

There were robust recruitment procedures in place. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

The service had appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

Is the service effective?

Good

The service was effective.

Staff received training to maintain and update their skills.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The service was aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person.

There was evidence of involvement from other health care professionals where required, and staff made referrals to ensure people's health needs were

Is the service caring?

Good

The service was caring.

People and relatives made positive comments about the staff and told us they were treated with dignity and respect.

During the inspection we observed staff giving care and assistance to people. They were respectful and treated people in a caring and supportive way.

Staff enjoyed working at the service. They knew people well and were able to describe people's individual likes and dislikes.

Is the service responsive?

Good

The service was responsive.

People's care planning was person centred. Care plans were reviewed regularly and in response to any change in people's needs.

Daily staff focus meetings enabled information about people's wellbeing and care needs to be shared effectively and responsively.

The service promoted people's wellbeing by providing daytime activities and trips outside the service had been organised for people to participate in.

Is the service well-led?

Good

The service was well-led.

The registered manager actively sought people and their representative's views by holding regular meetings at the service.

Staff meetings took place to review the quality of service provided and to identify where improvements could be made.

There were regular checks completed by the registered manager and deputy manager within the service to assess and improve the quality of the service provided.

Richmond Heights

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 checked 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 19 July 2016. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection was led by an adult social care inspector who was accompanied by 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. The service was last inspected on 4 February 2014 and was meeting the requirements of the regulations we checked at that time.

Before our inspection we reviewed the information we held about the service and the provider. For example, notifications of deaths and incidents. We also gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We spoke with a healthcare professional regarding the management of medicines at the home. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who lived in the service. We spent time observing the daily life in the service including the care and support being delivered. We spoke with fourteen people living at the service, five relatives, the registered manager, the deputy manager, one nurse, two care workers, two domestics, an activities co-ordinator and an administrator. We looked round different areas of the service; the communal areas, the kitchen, bathroom, toilets and with their permission where able, some people's rooms. We reviewed a range of records including the following: five people's care records, eight people's medication administration records, four staff files and quality assurance records, training records, accidents and incident records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People spoken with did not express any worries or concerns about their safety. Relatives spoken with felt their family member was in a safe place.

There was a process in place to respond to and record safeguarding vulnerable adults concerns. The service had access to a copy of the local authority safeguarding adult's protocols for staff to follow and to safeguard people from harm. The registered manager kept a log of any concerns that had been reported and used it to monitor any investigations. The registered manager informed us that a body map was completed for each person when they were weighed to assess they had been safe from harm. We saw that staff received training in safeguarding vulnerable adults. This enables staff to understand the different types of abuse and to be fully aware of how to raise any safeguarding concerns. Staff told us that they would report any concerns to a senior member of staff.

We looked at the care records of people who used the service. People had individual risk assessments in place so that staff could identify and manage any risks appropriately. The purpose of a risk assessment is to put measures in place to reduce the risks to the person. For example, a person may need to be regularly repositioned in bed to reduce the risk of them developing a pressure sore.

The service had a process in place for staff to record accidents and untoward occurrences. We reviewed the accident and incident analysis completed in June 2016 and the monthly falls analysis completed at the beginning of July 2016. This showed that occurrences were monitored to identify any trends and prevent recurrences where possible.

A maintenance worker was employed by the service. We saw evidence that regular checks were undertaken of the premises and equipment by the maintenance worker, so that they were properly maintained to keep people safe.

Nurses administered medicines at the service. During the inspection we observed medicines being given to people. We saw the nurse explain what the medicines were for and obtain consent from the person. The nurse stayed with the person until they were sure they had taken their medicine. We heard the nurse asking people if they needed their pain relief medicine and respecting their wishes.

We looked at the systems in place for managing medicines in the service. This included the storage and handling of medicines as well as eight people's Medication Administration Records (MAR). We did not identify any concerns in the sample of MARs checked.

We reviewed the arrangements in place to manage controlled drugs. Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are stored and dealt with. We saw that controlled drugs were being stored correctly. We looked at the controlled drugs records and found them to be in good order.

We saw there was a "protocol" in place, for medicines prescribed as "when required". The protocol is to guide staff how to administer those medicines safely and consistently. We saw the protocols in place would benefit from being more detailed and reflect the information contained in the person's care plan. For example, how the person communicated they were in pain which could be for example by facial expression. We spoke with deputy manager; they assured us they would review each person's protocol.

People and relatives spoken with did not have concerns regarding the cleanliness of the service. The service had a nominated infection control lead and regular infection control checks were completed at the service. We saw that infection control was discussed regularly in staff meetings to ensure appropriate standards were maintained. During our visit we observed that staff wore gloves and aprons where required and we saw these were readily accessible throughout the service. Hand gel was available in communal areas. The service's laundry area was well organised. Domestic staff spoken with understood the concept of going from dirty to clean to reduce the risk of cross contamination. The communal bathroom and toilets were clean and tidy.

We reviewed staff recruitment records for four staff members. The records contained a range of information including the following: application, references including one from the applicant's most recent employer, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. We also saw evidence where applicable, that the nurse's Nursing and Midwifery Council (NMC) registration had been checked. This told us that people were cared for by suitably qualified staff. The registered manager informed us that the provider was applying for a new DBS check to be completed for staff working at the service as many of staff had worked at the service for over five years. Staff files showed that staff had been asked to complete a DBS self-disclosure. The registered manager informed us that the provider was aiming to complete these additional checks by the end of 2016.

The registered manager told us they reviewed the staffing levels within the service on a regular basis by using a dependency assessment tool. This is a tool used to calculate the number of staff they need with the right mix of skills to ensure people receive appropriate care. For example, the number of nurses and number of care assistants for each unit.

People did not express any concerns about the staffing levels within the service. Where people were unable to use a call bell to call for assistance from staff, arrangements were in place for staff to complete regular wellbeing checks. These checks were documented in the person's supplementary charts.

Most relatives spoken with did not express any concerns about staffing levels. One relative told us that staff were very busy and the service would benefit from having an additional member of staff. Their comments included: "the girls (members of care staff) are good but sometimes seem a bit pushed". We shared this feedback with the registered manager and deputy manager.

Staff spoken with did not express any concerns about the staffing levels at the service and that staff worked really well as a team. The registered manager told us there were bank staff available to call if there were any unexpected absences.

Our observations during the inspection told us that people's needs were being met in a timely manner. We saw there were staff on duty who had the right mix of skills to make sure that practice was safe and staff were able to respond to unforeseen events. On the day of the inspection there were two nurses and six care staff based on the first floor nursing unit and one nurse and three care staff based on the ground floor unit. People on the ground floor required either residential or nursing care. People on the first floor required

nursing care.

During the inspection we saw the presence of care staff whilst activities were being delivered would have been helpful to support people requiring assistance and allow the activities worker to focus on the activity. For example, supporting a person to come in from the garden to the lounge area or obtaining a drink for a person when requested. We shared this feedback with the registered manager and deputy manager.

Good

Is the service effective?

Our findings

Throughout the inspection there was a calm and friendly atmosphere within the service. During busier times for example when people were being admitted to the service, we saw the staff team working well and cohesively.

People spoken with told us they were very satisfied with the quality of care they had received. Their comments included: "I am alright with these people looking after me" and "they (staff) look after me really well and they (staff) come when I need them".

Relatives spoken with told us they were satisfied with the quality of care their family member had been provided with and were fully involved. One relative commented: "this is the best care place and I have been to four others".

Equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently.

In people's records we found evidence of involvement from other professionals such as doctors, optician, tissue viability nurses and speech and language practitioners. For example, a tissue viability nurse had been consulted over a number of months regarding the best treatment of one person's wound. The person's GP had also been kept informed of any developments.

We saw there was a variety of food available for breakfast. For example, toast, cereals or a cooked meal. People could choose to eat their meals in the dining room or in their room. During the inspection we observed some people being supported to eat in their room. People told us they were satisfied with the quality of the food and people were able to describe all the different choices they were provided with. One person described some of the choices: "roast dinner on a Sunday with two lots of meat beef, pork or lamb", "sponge and custard, fruit and cream, yoghurt or apple crumble" and "fish and chips or pies on a Friday".

The registered manager informed us that the service had two cooks working at the service but one cook was currently absent from work so she was recruiting another cook to cover the absence and was interviewing applicants for the post.

The dining areas were inviting, the tables were covered with tablecloths, condiments were available and there was a flower in the centre of the table. There was a written menu on the tables. Staff referred to a list for people who required a specialised diet and/or soft diet during mealtimes. This told us that people's dietary needs were being met.

People's meal choices were gathered at meal times and we observed staff giving people details of the choices available verbally. We saw a few people may have benefited from being presented with a choice visually or having a pictorial menu to look at. There was a notice providing a list of alternative food that was available for people to ask for but we did not observe any examples of these alternatives being offered by

staff during lunch.

During the inspection we saw that drinks and snacks were being provided during different times of the day. On our arrival we encountered the registered manager going out to purchase ice lollies for people as it was due to be one of the hottest days of the year. People had access to the fluids in their room and people were being encouraged by staff to drink so they remained hydrated.

The registered provider used a training software package to monitor the training completed by staff. Staff were assigned dates for when they needed to complete their training. The training provided covered a range of areas including the following: basic life support, people handling, health and safety, fire safety, moving and handling, infection control, Equality Act 2010 and dementia. The nurses at the service had completed specialised training in 2015 to meet the needs of people they supported. This training had included the following: catheterisation, Percutaneous Endoscopic Gastrostomy, end of life and syringe drivers.

The registered manager had a supervision and annual appraisal schedule in place for staff. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. We looked at four staff files and saw that the consistency of supervisions provided to individual members of staff varied. For example, some staff had received regular supervision sessions since the beginning of 2016 whilst others were less frequent. We spoke with the registered manager who assured us that this would be reviewed. We saw that staff had received an annual appraisal at the beginning of 2016.

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 so that they can 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).

The provider had policies and procedures in relation to the MCA and DoLS. The service was aware of the need to and had submitted applications to the DoLS supervisory body who are the responsible body to consider and authorise where they deem it necessary that any restrictions in place are in the best interests of the person. The service had a robust monitoring system in place to monitor DoLS applications, approvals and reviews.

Staff received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). During the inspection we observed staff explaining their actions to people and gaining consent and encouraging people to make their own decision wherever possible.

Good

Is the service caring?

Our findings

People spoken with made positive comments about the staff and told us they were treated with dignity and respect. Their comments included: "very helpful", "easy to talk to" and "they are kind".

Relatives spoken with also made positive comments about the staff and that they were very dedicated. We reviewed the comments made by relatives in the survey completed in 2016. Relatives comments included: "the care and compassion of everyone involved", "Richmond Heights has a homely feel, with lovely staff", "the care is fantastic, the carers go above and beyond to care for my (family member)" and "just like a home from home".

We saw people could choose where to spend their time. On the ground floor we saw people could easily access the garden areas. On the morning of the inspection we saw two people were having breakfast in the dining area, some people were sat in the lounge areas and a few people were sat in a garden area.

In the reception area of the service there was a range of information available for people and/or their representatives. This included: Alzheimer's Society, bereavement and advocacy services. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Details of people's religious beliefs were contained in people's care plan and transport could be made available if they wished to attend a service. In people's care plans we saw where able people were involved in decisions about their care. For example, one person confirmed they wanted bed rails on their bed because it made them feel safer. In people's records we saw evidence that people's representatives were involved in the care planning. Relatives spoken with also confirmed they were fully involved in their family members care planning. We also saw a sign in the reception area encouraging relatives to get involved in reviewing care plans.

The registered manager told us there was a dignity champion at the service. It was clear from our discussions with staff that they enjoyed caring for people living at the service. One staff member commented: "we deliver the best care to people who need us". Staff spoken with were able to describe people's individual needs, hobbies and interests, life history, likes and dislikes and the name people preferred to be called by.

We observed staff giving care and assistance to people throughout the inspection. They were respectful and treated people in a caring and supportive way. For example, explaining the different options available to eat for breakfast and giving the person time to make a decision. We also observed that staff adapted their communication style to meet the needs of the person they were supporting. For example, crouching down to the same level of the person.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death. The registered manager informed us that the service worked very closely with the local palliative care team

and had undertaken training with them. They also told us that the service was participating in the Gold Standard Framework for end of life care. The aims of the Gold Standard Framework are to improve the quality of care for people nearing the end of life, in line with their preferences, coordinating and collaboration within and between teams, outcomes that matter to people, particularly reducing unwanted crises and hospitalisation, enabling more to live well and die well in the place and manner of their choosing.

Good

Is the service responsive?

Our findings

We saw that people visited in their rooms had a call bell in easy reach so they could call for assistance from staff. One relative described how well staff responded to calls for assistance from people living at the service. They commented: "they (staff) do give a buzzer and they (staff) come really quickly".

People's care records showed that people had a written plan in place with details of their planned care. We found people's care planning was person centred and their personal preferences were reflected throughout their care plan. An account of the person, their personality and life experience, likes and dislikes and their religious and spiritual beliefs had been recorded in their records. People's individual needs had been assessed and any risks identified. We found there was a record of the relatives and representatives who had been involved in the planning of people's care.

We found people's care plans and risk assessments were reviewed regularly and in response to any change in needs. We saw people's records were updated on a daily basis. We saw that checks were completed to ensure that people's supplementary records were completed accurately and contemporaneously by staff. For example, fluid and food intake record and topical medicine record, repositioning record and personal care delivery record.

The registered manager informed us that daily focus meetings were held at the service with senior staff to share the teams focus for the day and enable staff to respond to people's changing needs. We reviewed the record of the daily focus meeting dated 18 July 2016. We saw that a range of topics were discussed which included: resident major concerns, staffing, new resident admissions, maintenance, health and safety, activities and follow up to any issues arising from the previous day.

A clinical walk around was completed daily and a checklist completed by a senior member of staff. We reviewed the records of two clinical walk rounds; the checks included: room charts, wound updates and reviews required and high risk people.

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities. There was a range of activities available which included: boules, quizzes, card games, basketball and do remember cards. We saw there was a collection of visual, tactile and sensory items for people to touch, sort, explore and reminisce placed in different lounge areas. We saw copies of the activities sheet in people's room. One relative commented "they (staff) put newsletters in their rooms and an activities sheet is put up in their room" and "when birthdays and Easter comes there are birthday cards and Easter eggs". Another relative told us the activities co-ordinator actively encouraged their family member to participate in activities and to engage with other people living at the service. We noticed the activities notice board needed updating in the reception area. We shared this information with the registered manager.

On the morning of the inspection we observed a group of people participating in a game of boules. We observed the activities co-ordinator personalising the support provided to meet each person's individual needs so they could fully participate. In the afternoon the activities co-ordinator supported a small group of

people to attend a Vera Lynn remembrance show in the services minivan.

The complaints process was on display at the service. We found the service had a robust process in place to enable them to respond to people and/or their representative's concerns, investigate them and had taken action to address their concerns. Complaints were monitored via the registered provider's regular visits to the service. Relatives spoken with told us they would speak with the nurse in charge or the manager if they had a concern or complaint. One relative gave us an example where they had raised a concern to the senior staff member of staff, staff had responded positively and action had been taken to resolve the concern.

One relative spoken with requested for more stackable chairs to be available for visitors. We shared this information with the registered manager and deputy manager. The registered manager told us that additional folding chairs had been purchased for visitors to use but she would look at facilitating this request.

Good

Is the service well-led?

Our findings

People and relatives knew who the registered manager was and that they could ask to speak with them if they had any concerns. Staff spoken with made positive comments about the registered and deputy manager. The deputy manager told us they spent two days working on each floor each the week so they had an opportunity to work alongside staff.

All staff spoken with made positive comments about the staff team working at the service. The manager told us that the service held regular staff meetings to review the performance of the service. We reviewed a selection of minutes of staff meetings held in April, May and July 2016. At the meeting in April 2016 with night staff, a range of topics had been discussed to improve the quality of the service which included: infection control, completion of daily records and personal care delivery. At the meeting in May 2016 with kitchen staff, the discussion centred around improving people's experience at lunch to ensure that they were not kept waiting and did not receive food that had gone cold. A range of topics were discussed at the care staff meeting in July 2016 which included, the completion of charts, care plan completion, medication administration charts, staff rota and equipment. Regular staff meetings help to ensure that people received a good quality service at all times.

The service also held regular governance meetings. We reviewed the minutes of the meeting held in July 2016. The meetings reviewed actions identified at previous meetings and progress made to date. The governance meeting covered a range of areas including: safeguarding referrals, incidents/near misses, health and safety updates, risk register, staff training, policy review, service user satisfaction and internal audits. The minutes included an action plan and timescale for completion by nominated staff.

We saw that regular resident and relative's meetings were held at the service. We reviewed the minutes of the resident and relatives meeting held in January, April, May and June 2016. We saw that it was mainly relatives rather than residents who attended the meetings and the number of attendees varied. A range of topics had been discussed at different meetings which included: activities, staff changes, new purchases, furniture, cleanliness, food choices and relatives involvement in their family members care plan. Relatives who attended these meetings told us they felt their views were listened to and changes were made to the service. Relatives were also able to give examples where changes had been made after they had been discussed at the meeting. Relatives also told us that they had been asked to complete a survey earlier in the year. This showed the service actively sought the views of people's relatives and representatives.

There were planned and regular checks completed by the senior staff within the service to check the quality of the service provided. The checks completed at the service included: medication audits, equipment audits, environment audits and tissue viability audit, diabetes audit, nutrition audit, dementia care audit, health and safety audit and the registered manager's weekly home audit. We also saw examples that people's individual care plans had been audited. These checks were used to identify action to continuously improve the service.

The provider's regional operations director completed checks at the service. We reviewed the audits

completed in May and April 2016. The audit covered a range of areas including the following: premise's inspection, record of events, DoLS, review of documentation, medication and maintenance. The audit had also included speaking with people, relatives and visitors to the service and speaking with staff. The audit included details of the action completed as a result of the last audit and a new action plan for the manager to complete to make further improvements.

The healthcare professional we spoke with shortly after the inspection gave positive feedback about the service and the senior managers working at the service.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.