

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

About the service:

Richmond Heights is a care home that provides accommodation for people who require personal or nursing care. The home can accommodate up to 51 people. At the time of this inspection there were 47 people using the service.

People's experience of using this service:

- People told us they felt safe at Richmond Heights. They knew who to report any concerns to and were happy with the support they received from staff. People's care records contained guidance for staff about how to support people safely and minimise risks to people. Staff were trained in their responsibilities for safeguarding adults and knew what action to take if they witnessed or suspected any abuse;
- The service had systems in place to ensure people received their medicines as prescribed. Staff supported people to maintain their health by making appropriate referrals to community health professionals and acting on any advice they were given;
- There were enough staff on shift to keep people safe and we observed staff usually responded to people in a timely manner throughout the day. Staff told us they thought there were enough staff to meet people's needs. We have made a recommendation about the deployment of staff during mealtimes as we observed some people had to wait for support during lunchtime;
- People told us staff were kind and caring. We observed staff knew people well. People's likes, dislikes and social histories were recorded in their care records. This helped staff get to know people well and care for them in a personalised way;
- Staff were competent, knowledgeable and skilled. They received regular training, supervisions and appraisals which supported them to conduct their roles effectively;
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice;
- People were happy with the food provided at Richmond Heights. The service catered for people's special dietary requirements and staff monitored food and fluid intake levels of people who were assessed to be at risk;
- A range of activities were provided for people living at Richmond Heights, such as 'chairrobics', quizzes, games and external entertainers such as singers. We received mixed feedback about the activity schedule. Some people said there was plenty to do. Other people and some relatives said there was not much to do so they watched a lot of TV. We have made a recommendation about the involvement of care staff with the activity provision in the service;
- The provider had recently purchased a mini-bus so people could be supported to access the local community. People had recently been supported to visit a local country park and the pub for lunch. They had provided staff with positive feedback about these experiences;
- The provider had an effective complaints procedure in place. Information about how to complain was displayed in the entrance to the home. People and their relatives knew how to complain if they needed to;
- The provider and registered manager understood the regulatory requirements and monitored the quality and safety of the service on a regular basis;

- Staff provided positive feedback about how the home was run by the registered manager. Staff told us they enjoyed their jobs, their morale was positive and they told us the staff team worked very well together;
- More information is in the full report.

Rating at last inspection:

At the last inspection the service was rated good (published 17 August 2016).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

Follow up:

We will continue to monitor this service. We plan to complete a further inspection in line with our re-inspection schedule for those services rated good.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Richmond Heights

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by two inspectors, an assistant 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. The Expert by Experience had experience in caring for older people and people living with dementia.

Service and service type:

Richmond Heights is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Richmond Heights provides accommodation and personal or nursing care for up to 51 older people with a range of support needs, including people living with dementia. The home is an adapted building over two floors.

The service had a manager registered with CQC. This means the registered manager and provider are both legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before this inspection we reviewed information we held about the service. The registered manager had completed a Provider Information Return (PIR). The PIR 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 contacted social care commissioners who help arrange and monitor the care of people living at Richmond Heights. We also contacted Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received from these organisations to plan our inspection.

During this inspection we spoke with five people living at Richmond Heights and six of their relatives and friends. We spoke with 12 members of staff which included three care assistants, two nurses, the cook, an activity coordinator, a range of other ancillary staff and the registered manager. We also spoke with two health and social care professionals who were visiting Richmond Heights during this inspection, to obtain their views about the service.

We looked at five people's care records and selected documents from one other care record. We checked 17 medication administration records and three staff files which included recruitment checks, supervisions and appraisals. We also looked at other records relating to the management of the service, such as quality assurance audits.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment:

- There were enough staff on shift to keep people safe. The registered manager used a dependency tool to calculate the number of staff required to meet peoples' needs. The dependency levels were recalculated at appropriate intervals, to check there were enough staff on each shift.
- During this inspection, staff were usually available to meet people's needs in a timely manner. There were six care workers and two nurses caring for 28 people on the top floor of the home. There were three care assistants and one nurse caring for 19 people on the ground floor of the home. We observed staff responded promptly when people required support.
- During the lunch service on the ground floor, some people had to wait for staff to support them to eat their meals. We discussed this with the registered manager and recommended they review staff deployment during mealtimes to ensure every person receives assistance in a timely manner. The registered manager agreed to do this.
- Staff told us they felt there were enough staff to meet people's needs. Residents and relatives raised no concerns about staffing levels, however some people's relatives felt the service could be improved by staff being present in communal areas more frequently.
- The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service. This included obtaining references from previous employers and completing a check with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions.

Using medicines safely:

- Medicines were obtained, stored, administered and disposed of safely by staff.
- The provider had a comprehensive policy in place regarding the safe management of medicines. This provided detailed guidance to staff to help ensure people received their medicines safely.
- People were receiving their medicines as prescribed by their GP and staff kept accurate records about what medicines they had administered to people and when.
- Staff were trained in medicines management and their competency to administer medicines safely had been checked. We observed staff were patient and respectful when they supported people to take their medicines.
- Some people were prescribed medicines to be taken as and when required, known as PRN medicines. PRN protocols were in place which helped to ensure these medicines were administered appropriately and at safe intervals. We advised the registered manager that some PRN protocols would benefit from additional detail and they agreed to review this.

Assessing risk, safety monitoring and management:

- Systems were in place to identify and reduce the risks involved in the delivery of care to people. People's

care records included assessments of specific risks posed to them, such as risks arising from mobility, nutrition, skin integrity and falls. Care records contained guidance for staff about how to support people to reduce the risk of avoidable harm.

- Risk assessments were reviewed each month or more frequently if a person's needs changed. This supported staff to take appropriate action to reduce risks as risk levels changed.
- The service used equipment to help reduce risks posed to people, such as sensor mats to support falls prevention and airflow mattresses to reduce the risk of pressure damage to people's skin.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained. The home had appropriate safety certificates in place for the premises and the equipment they used.

Systems and processes to safeguard people from the risk of abuse:

- The provider had appropriate systems in place to safeguard people from abuse.
- Staff had been trained in their responsibilities for safeguarding adults. They knew what action to take if they witnessed or suspected abuse and they were confident the registered manager would address any concerns they raised. The registered manager made appropriate referrals to the local safeguarding authority when required.
- People were supported to understand how to keep safe and to raise any concerns with staff. People told us they felt safe. Comments included, "Yes, I definitely feel safe. They [the staff] are very kind" and "I feel particularly safe at night because there is always plenty of staff about."

Learning lessons when things go wrong:

- The provider had a system in place to learn from any accidents or incidents, to reduce the risk of them reoccurring. Staff recorded any accidents or incidents at the time they occurred. The registered manager reviewed every incident record within 48 hours of the incident occurring, to check staff had dealt with the incident appropriately and ensure necessary action had been taken to reduce the risk of it happening again. The manager also considered whether there were any lessons to be learned from each incident.
- The registered manager analysed accident and incident records to identify any trends or common causes, for example if incidents were occurring at particular times of the day or in certain areas of the building.
- Accidents and incidents were discussed at monthly governance meetings attended by senior staff and during full staff meetings. This meant all staff were made aware of action they needed to take to reduce the risk of incidents reoccurring and any lessons learned were shared with the staff team.

Preventing and controlling infection:

- Richmond Heights was clean and there was an effective infection control system in place.
- Staff followed cleaning schedules and had access to personal protective equipment such as gloves and aprons. We observed these being used during the inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed before they moved into Richmond Heights to check the service was suitable for them. A detailed care plan was then written for each person which guided staff in how to care for them.
- People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.

Staff support: induction, training, skills and experience:

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. Staff told us they were happy with the training they completed.
- Staff received regular supervision from their line manager to review their competence and discuss areas of good practice or any improvements that were needed. The registered manager completed annual appraisals for all staff. Staff told us they felt supported by the registered manager and they felt able to raise any concerns or questions with them.

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

- People were supported to maintain a balanced and varied diet that met their nutritional requirements. People chose from a variety of meal and drink options each day; we observed staff asking people what they would like for their lunch and dinner during the morning of the inspection.
- Where people required a special diet because of medical or cultural reasons, this was catered for. The cook was knowledgeable about people's dietary requirements and people's care records contained clear information about their dietary needs and preferences.
- People and their relatives were positive about the food options. Comments included, "It's good food. Nice and fresh. I can't fault it" and "We get lots of nice vegetables."
- The registered manager maintained oversight of people at risk of malnutrition or dehydration. Staff recorded the food and fluid intake of people assessed to be at nutritional risk. Where people were not consuming a sufficient amount of food and fluid, this was closely monitored and advice sought from relevant community health professionals.
- We observed the lunchtime meal service during this inspection. The dining areas were welcoming; tables were nicely set with tablecloths, cutlery, glasses and a flower in the middle of each table. The food looked appetising and appealing. We observed some people on the ground floor had to wait for staff to finish supporting others, before being assisted with their meals. We recommend the registered manager considers how staff are deployed during mealtimes to ensure people receive support in a timely manner.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- Staff worked with other organisations to deliver effective care and support to people. Staff sought advice from community health professionals such as the GP, the falls prevention team and the palliative care team. This supported staff to achieve good outcomes for people and helped people maintain their health.
- We received positive feedback from the health and social care professionals visiting the service during our inspection. They informed us staff made appropriate referrals and confirmed staff acted upon any advice given to them.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to authorisations and when they were due to expire. The registered manager also made sure the service complied with any conditions attached to authorisations. They had a good understanding of MCA procedures and the DoLS framework.
- People's care records contained assessments of people's capacity to make various important decisions. Where people were assessed to lack capacity, best interest decisions were made and recorded in their care plan. Capacity assessments were decision specific, in accordance with the principles of the MCA.
- Staff received training in the MCA and DoLS. During the inspection we observed staff asking people for consent before they delivered care.

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

- The premises had sufficient amenities such as bathrooms and communal areas to ensure people could receive the support they required. Technology and equipment was used effectively to meet people's care and support needs.
- The premises had pictorial and written signage displayed in the corridors to help people to navigate to the toilets and bathrooms. People had been supported to personalise their own rooms with items that were familiar to them.
- People's bedroom doors had their names on them and people had a memory box on the wall outside their bedroom containing items or pictures that were important and familiar to them. This kind of decoration may support people living with dementia to locate their own rooms.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring and they felt well treated by staff. Comments included, "The staff are lovely, they are very kind", "There are a lot of nice staff here" and "The care assistants are nice to me. They don't rush me."
- Staff treated people as individuals and their choices and preferences were respected. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- The service welcomed people's relatives and friends into the home to support people to maintain important relationships. We observed staff at all levels had developed relationships with people's families.
- All staff told us they would recommend Richmond Heights to family and friends. Staff felt the service provided a good quality of care and people were well treated by a staff team who cared for them. All staff told us they enjoyed their jobs and this was evident from our observations during the inspection.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People and their relatives were invited to take part in quarterly reviews of their care. This gave them the opportunity to have input into the development of their care plans and to explain their needs, wishes and choices so they could be recorded and acted upon.
- Where people struggled to communicate verbally, the service accessed communication tools such as picture boards. This supported people to remain involved with decisions about their care as far as possible.
- The registered manager was aware of the need to consider arranging the support of an advocate if people did not have any family or friends to support them. An advocate is a person who would support and speak up for a person who does not have any family members or friends who can act on their behalf.

Respecting and promoting people's privacy, dignity and independence:

- Staff were respectful of people's privacy and treated people with dignity and respect. For example, staff knocked on doors before they entered bedrooms or toilet areas. The provider had an effective policy in place regarding privacy, dignity and personal choice which supported the staffs' practice in this area.
- People's care records were locked away safely and securely so only people who needed to read them could access them. Daily staff meetings took place in the registered manager's office to ensure confidential information about people using the service remained private.
- People were encouraged to maintain their independence. Their care records explained what they could do for themselves and what they needed staff to support them with. Our observations during the inspection

showed staff promoted people's independence and they provided appropriate encouragement to people to complete tasks for themselves. We observed one interaction during lunchtime where a staff member fed a person even though the person could feed themselves; this did not promote their independence. However, this incident was not consistent with our other observations throughout the day. We provided feedback about this to the registered manager who agreed to address this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care records were detailed, person-centred and accurately described what support they needed from staff. Care plans provided detail about each area of support people required, such as support with nutrition and hydration, mobility and medication. They described how staff should care for each person, to promote their physical and mental wellbeing.
- People's care plans were reviewed monthly or sooner, if a person's needs changed. This helped to make sure people consistently received the correct level of care and support.
- Care records clearly documented people's likes, dislikes and social histories. This supported staff to get to know people well and provide a personalised service.
- The service identified, recorded and shared relevant information about people's communication needs, as required by the Accessible Information Standard. The Accessible Information Standard aims to make sure that people with a disability, impairment or sensory loss are given information in a way they can understand. People's communication needs were assessed when they moved into the home and were kept under review. This helped to make sure people were provided with information in the right format so they could remain actively involved in making decisions about their care.
- Richmond Heights provided a range of activities for people living in the home. People took part in these according to their personal preference. There were two activity coordinators employed at the home who arranged and supported people to take part in group activities such as 'chairrobics', quizzes and games. The activity programme was developed based on people's preferences and the scheduled activities were displayed on a large notice board in the entrance to the home. The activity coordinators also supported people on a one-to-one basis where people preferred this.
- The provider had recently purchased a mini-bus so people could be supported to access the community more regularly. Some people had recently been to the pub for lunch, to a local country park and other trips were being planned. People had provided staff with positive feedback about these outings. External entertainers also visited the home, such as singers, and groups from the local community, such as the local church.
- We received mixed feedback from people and their relatives about how often they were supported to take part in activities or events that offered them stimulation. Some people told us there was enough to do, commenting, "I play bingo, skittles and a musical instrument like a tambourine sometimes" and "There is always lots to do, if I want to."
- Other people living at Richmond Heights and some of their relatives told us they spent large periods of time sat in the lounge watching TV. People's relatives felt staff were often busy providing care to people which meant they did not have time to sit and engage with people or support them to take part in activities.
- During the inspection we observed periods of time where people were engaged with staff in conversation or where they were taking part in activities arranged by the activity coordinator. We noticed that when the activity coordinator was on the other floor of the building, there were periods of time where people were sat

in communal areas receiving limited interaction from other staff. We recommend the registered manager reviews how care staff are involved in supporting people to remain occupied and involved in regular social interaction, to ensure all staff play an active role in this and people are actively engaged throughout the day.

Improving care quality in response to complaints or concerns:

- The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with. Information about how to complain was displayed in the entrance to the service.
- People knew who to speak to if they had any concerns or if they had a problem. People told us, "I would tell the staff" and "I'd tell the girls [the staff] if I had a problem." People's relatives also knew who to complain to. One person told us they'd spoken with the manager about a concern they had, the manager had dealt with it and they were now happy with everything.
- We checked the service's complaint records and found they were appropriately recorded, investigated and responded to, in accordance with the provider's procedure.

End of life care and support:

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
- Where appropriate, people had care plans in place which described how they wanted to be cared for at the end of their life. These plans described the care and support people wanted to receive from staff, the level of involvement people wanted from their families and any cultural or religious guidance they wanted staff to adhere to.
- Staff worked closely with the community palliative care team when people were at the end of their life. This supported staff to ensure people received any specialist support and medicines they needed to remain comfortable and pain-free.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The provider, registered manager and staff were all keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the home. Staff told us they felt everyone was well looked after and they were all keen to provide high quality care. A staff member commented, "The staff give their all. We are like a family."
- The registered manager knew the people living at Richmond Heights well. We observed people respond positively to the registered manager throughout the day. They were visible throughout the home and available to people living in the home, their relatives and staff.
- The provider maintained an overview of the service by requiring the registered manager to provide them with regular information about different aspects of the service. Staff employed by the provider also visited the home to undertake their own checks on the quality of the service. This supported the provider to identify any areas for improvement and support changes to the service to ensure it provided high-quality care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- We received positive feedback from staff about the way the home was run. They told us the manager was approachable, supportive and proactive at dealing with any issues that arose. Comments included, "The manager is lovely. They're absolutely brilliant. I can say hand on heart that if I had a problem the manager would sort it for me. They are part of the team" and "Since [name of registered manager] became manager, things have come on leaps and bounds. They come onto the floor to support you. The support is second to none. They are the best manager I have worked for. Everything is running smoothly."
- Staff morale was positive and they all told us they enjoyed their jobs. Staff at all levels were clear about their roles and responsibilities.
- Staff worked effectively as a team. Staff told us they could rely on each other, commenting "We work as a team. I feel in the loop with everything" and "We are a good team. We can rely on each other." A daily staff meeting took place where important issues were discussed such as whether people living in the home had recently achieved their fluid targets. This encouraged staff to be more proactive where people were identified to be at risk. These meetings supported the staff team to work together to address areas of concern and provide consistent, high-quality care and support.
- The registered manager and senior staff monitored the quality of the service and took action when issues were identified. Each month they completed a wide range of audits and checks on the service. The registered manager gave staff members responsibility for some of the quality checks. This supported staff to

develop their understanding of quality assurance procedures and address any issues in a proactive manner during their day to day practice.

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

- Staff meetings took place so the provider and registered manager could share information about the service and discuss any areas that required improvement with staff. We viewed minutes of staff meetings and saw the registered manager discussed areas for improvement with a view to improving the quality of care.
- The registered manager scheduled meetings every month for people living at Richmond Heights and their relatives. These meetings provided an opportunity for people to provide feedback about the service. These meetings were not well attended so other methods were also used to obtain feedback from people and their relatives.
- Relatives were asked to complete questionnaires about the service when they attended reviews of their family member's care. People living at Richmond Heights were also supported to complete surveys every three months. The registered manager and provider analysed the feedback provided and used it to make improvements to the service. We saw information displayed in the entrance to the home about feedback recently received from people's relatives. It summarised the feedback and then explained about how the service had used that feedback to make improvements.

Working in partnership with others:

- The service worked collaboratively with a range of different health services and professionals to help make sure people received the right support. Staff also worked with professionals from the local council and clinical commissioning group who commissioned the care of some people living in the service.
- The registered manager proactively encouraged positive relationships to be developed with professionals and community health organisations who provided support to people living in the home. They had arranged a coffee morning at the home, due to take place shortly after the inspection. Professionals from 27 organisations had been invited, such as the falls prevention team, the GP surgery, the transfer of care team and the dietician. Building positive relationships with these organisations would support the provision of collaborative and effective care.