

Cumbria County Council

Richmond Park

Inspection report

High Street
Workington
Cumbria
CA14 4ES

Tel: 01900325030

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26 April 2017

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Ratings

Overall rating for this service	Good ●
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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 comprehensive inspection took place on 26 April 2017 and was unannounced. We last inspected Richmond Park in August 2015. At that inspection we found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found that the provider had complied with the requirement notices in relation to all of those breaches.

Richmond Park is a care home offering accommodation and care for up to 29 older people. The home is situated close to the centre of Workington. Accommodation is provided over two floors and there are several communal, dining and small kitchen areas. The home has undergone a significant refurbishment programme since the last inspection. The décor, furnishing and facilities have been significantly improved and modernised in a manner that is supportive of people who may be living with dementia. There is an accessible and secure garden with seating areas.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the (CQC) 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.

During this inspection we found that the improvements we asked the provider to make in August 2015 to improve the service had been made. We also saw that significant work had taken place since our last inspection to improve the quality and safety of the service.

Where safeguarding concerns or incidents had occurred these had been reported by the registered manager to the appropriate authorities and we could see records of the actions taken by the home to protect people.

Medicines were being administered and recorded appropriately and were being kept safely.

During the inspection there were sufficient numbers of suitable staff to meet people's needs and the provider was in the process of recruiting more staff. Staff had completed a variety of training that enabled them to improve their knowledge in order to deliver care and treatment safely.

People's rights were protected. The staff team were knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to and was required to maintain their safety and welfare.

People were supported to maintain good health and appropriate referrals to other healthcare professionals were being made.

We observed that staff treated people with respect and displayed caring and meaningful interactions with them. We observed people's dignity and privacy were actively promoted by the staff supporting them. People living in and visiting the home spoke highly of the staff and told us they were very happy with their care and support.

There was a clear management structure in place and staff told us they were happy with the level of support they received.

The provider had been responsive in improving systems of recording information about people's needs and the planning of their care. Records had been reviewed to ensure accurate details about the changing needs of people were available to the staff looking after them

People living in the home were supported to access activities and pass times of their choice.

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.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the home.

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.

Prescribed medicines were stored and managed safely.

People told us they were safe and very well cared for in this home.

Staffing levels were sufficient at the time of the inspection.

Is the service effective?

Good ●

The service was effective.

Appropriate assessments relating to nutritional requirements had been made.

Consent to care and treatment had been obtained involving where required appropriate others.

Staff had received the relevant training to fulfil their roles.

Is the service caring?

Good ●

The service was caring.

People told us that they were being well cared for and we saw that the staff were respectful and caring in their approaches.

We saw that staff promoted people's personal dignity and privacy.

People had been supported to plan their end of life care and wishes.

Is the service responsive?

Good ●

The service was responsive.

People and relatives felt able to speak with staff or the management team about any concerns they had.

Care plans and records showed that people were seen by appropriate professionals when required to meet their physical and mental health needs.

Staff knew people's individual needs, likes and dislikes and supported them in pursuing activities they enjoyed.

Is the service well-led?

Good ●

The service was well led.

There were adequate processes in place to monitor the quality and safety of the service.

Staff told us they felt supported and listened to by the registered manager.

People living at the service and their relatives were able to give their views and take part in meetings and discussions about the service.

Overall improvements in the safety and quality of the home had been made by the registered provider and registered manager.

Richmond Park

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 26 April 2017. The inspection team consisted of two adult social care inspectors. There were 10 people living in the home at the time of this inspection.

Before the inspection, the registered manager 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 reviewed the PIR and other information we held about the service to plan our inspection and the areas to look at.

We also looked at the information we held about the service and at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection we spoke with the registered manager, a supervisor, two staff members, two people who used the service and two relatives. We observed how staff supported people who used the service and looked at the care and medication records for five people living at Richmond Park.

We looked at the overall training record for all staff. We also looked at records of maintenance and repair and other quality monitoring documents.

Is the service safe?

Our findings

People we spoke with living and visiting at Richmond Park told us they felt people were kept safe. A relative we spoke with told us they had no concerns about the safety of people at the home. One person living at the home said, "We are looked after very well".

At the last inspection we found a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because the laundry area posed a risk to cross infection and people were also at risk of not receiving their medications correctly.

During this inspection we saw that the laundry area had undergone a complete restructure as part of the refurbishment and modernisation of the home. The new area had been designed and furnished in a manner that reduced the risks of any cross infection.

We also saw improvements had been made to people's records for the administration of topical medications and the instructions for their use. We found that the administration and storage of medicines was appropriate and safe. Staff who administered medication had been trained in how to do this safely.

At the last inspection we found a breach of Regulation 13 Safeguarding services users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because the provider had not managed safeguarding concerns appropriately.

During this inspection staff we spoke with had received training in safeguarding and had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to a senior staff member. We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and notifications to the appropriate authorities had been made.

Staff managed the risks related to people's care well. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks.

At the last inspection we found a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because there were not sufficient numbers of staff to safely meet the needs of people living in the home at the time of the inspection.

During this inspection we saw that there were sufficient numbers of suitable staff to meet people's needs and promote their safety. Staff we spoke with told us they felt that staffing levels were sufficient for the current number of people living in the home and for their level of needs. There were consistently two members of staff on duty at night and this was seen as adequate to meet the needs of the people living in the home at the time of the inspection. We spoke with the registered manager and she told us that this number of staff could, if required, be increased based on the needs of people should they vary.

We also discussed with the registered manager the registered provider's planned phased approach in admitting people to the home once the refurbishments were fully completed. The recruitment of new staff had already begun in order to ensure that there would be sufficient staff available to manage the increase in numbers of people living in the home.

Is the service effective?

Our findings

People we spoke with told us the food was good. The food served at lunchtime was freshly cooked and there was a choice of different meals. We also saw that alternatives such as sandwiches could be provided if the choice available was not to people's liking. We saw that food and drinks were made available at any time throughout the day.

At the last inspection we found a breach of Regulation 14 Meeting nutritional and hydration needs of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's nutritional needs and risks associated with weight management was not being managed effectively.

During this inspection we saw that people had nutritional assessments completed to identify their needs and any risks they might have when eating. Where people had been identified as at risk of malnutrition and weight loss we saw that this had been appropriately managed and recorded. Where necessary people had been referred to their GP or to a dietician.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the last inspection we found a breach of Regulation 11 Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because practises were inconsistent in establishing whether people could appropriately consent to their care and treatment.

We found the registered manager and staff demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA), which applies to people aged 16 or over. Best interest decisions had been made and the process recorded for people who were not always able to make difficult decisions for themselves and where relevant independent advocacy could be arranged.

We saw that relatives or relevant persons had been consulted where people lacked the capacity to do so and had agreed with the level of care and treatment provided. We also saw that consent to care and treatment in the care records had been signed by people with the appropriate legal authority. This meant that people's rights were being protected.

We saw that people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items and photographs around them. The newly refurbished bedrooms we saw were of a high standard and furnished in consultation with people who lived in the home and their relatives.

We looked at the staff training records which showed what training had been done and what was required. We saw that staff had completed induction training when they started working at the home and staff had received regular updates on important aspects of their work. Staff we spoke with were able to tell us about training they had received. Two staff we spoke to said they were up to date with all of their training.

Is the service caring?

Our findings

People living and visiting at Richmond Park that we spoke with told us they felt people were "Well cared for" and that the staff were "very kind". One person we spoke with said, "We are looked after well". Another person told us, "The staff are all very helpful." A relative we spoke to said, "Our [relative] is extremely well cared for. It's a great place".

The atmosphere in the home was calm and relaxed. We saw that the interactions between staff and people living in the home demonstrated genuine affection, care and concern. Staff treated people with kindness and were respectful. We observed staff knock before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity. We saw that people were asked in a discreet way if they wanted to go to the toilet and the staff made sure that the doors to toilets and bedrooms were closed when people were receiving care to protect their dignity.

We heard conversation and laughter between staff and people living in the home. We saw that the staff gave people time and encouragement to carry out tasks themselves. This helped to maintain people's independence. Staff took the time to speak with people and took up opportunities to interact and include them in general chatter and discussion.

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life and this information had been recorded.

We saw that where possible people's treatment wishes had been made clear in their records about what their end of life preferences were. The care records contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

Procedures and information were in place about support agencies such as advocacy services that people could use. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

Is the service responsive?

Our findings

People who lived at Richmond Park we spoke with told us they were happy with the changes and modernisation of their home. One person told us, "It's so much better and I really like how it looks now". Another person said, "It's much nicer". A relative we spoke with told us that they had been invited to meetings to discuss the modernisation and had been asked for their opinions.

At the last inspection we found a breach of Regulation 9 Person centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people who used the service did not have a plan of care and support that had been specifically personalised for them.

During this inspection we saw that information available for staff about how to support individuals was very detailed, current and accurately recorded. We saw from the care records that people's health and support needs were clearly documented in their care plans along with personal information and histories. We could see that people's families had been involved in gathering background information and life stories.

Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them. We also saw that there was effective working with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social services.

We saw people could engage in activities of their choice. We saw that the lack of structured and organised activities during the refurbishment programme had been raised by relatives at a recent meeting. We saw that the registered manager had acted on this and forthcoming events had been arranged. During the inspection we saw that people were encouraged by staff to participate in one to one activities and socialisation in the dining room. We also noted that a number of people preferred to spend time individually in their own rooms.

The home had a secure garden where people were able to spend time out of doors. The registered manager told us of joint working with the art department of the school next door. They were hoping to involve them in improving and decorating areas of the garden that would benefit people who were living with dementia and walked with purpose.

The home had a complaints procedure and we saw that complaints had been managed in accordance with the home's procedures. People we spoke with were aware of who to speak with if they wanted to raise any concerns. A relative we spoke with said, "If we have any concerns we just speak with the staff and they sort it out".

Is the service well-led?

Our findings

People we spoke with told us they thought the home was well managed and staff said that they enjoyed working in the home. One staff member said they, "Loved working in the home". Another member of staff said, "it's the best place I've ever worked". A relative we spoke with told us they were very happy with the way the home was managed.

At the last inspection we found a breach of Regulation 18 Notification of other incidents of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found there were suitable processes in place for reporting incidents and we saw that these were being followed. There was regular monitoring of incidents and these were reviewed by the registered manager and registered provider to identify any patterns that needed to be addressed. Where required CQC had been notified of any incidents and accidents and appropriate referrals had been made to the local authority.

Since the last inspection we could see the changes that had been made to improve the safety and quality of the service including the refurbishment and modernisation of the building and environment. These improvements meant that during this inspection we found that all the essential fundamental standards had been met.

Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. There was a cleaning schedule in place and records relating to premises and equipment checks to make sure they were clean and fit for the people living there.

The auditing and quality monitoring systems that were in place were adequate in identifying any concerns relating to the safety and quality of the home. The registered provider also maintained oversight of quality of the service by a senior manager visiting the home each month. These visits were made to ensure people were receiving safe and effective care and whether improvements were required to the safety and quality of the service.

Relatives and advocates of those living in the home were regularly involved in consultation about the provision and its quality. We saw that regular meetings had been held and written information provided to people. This meant that people living in the home and or their representatives could make suggestions or comment about how the home was being run.