

Stonnall Care Limited

Richmond Hall Care Home

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 on 3 December 2018 and was unannounced. Richmond Hall Care Home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Richmond Court provides nursing and care for up to 64 people. There were 55 people living at the service at the time of our inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People remained safe using the service. Staff understood how to protect people from the risk of abuse or harm. Risks were assessed, monitored and managed to ensure people remained safe. Processes were in place to keep people safe in the event of an emergency such as a fire. People were protected by safe recruitment procedures and sufficient numbers of staff were available to meet people's health and care needs. People received their medicines as prescribed. Staff understood their responsibilities in relation to hygiene and infection control.

People continued to receive effective care. Staff had the skills and knowledge required to support people safely. People were supported to have choice and control of their lives. People were supported to eat nutritionally balanced meals. People had access to healthcare professionals when needed, to maintain their health and wellbeing. Staff promoted people's independence.

People continued to receive a service that was caring. People were supported by staff who were kind, caring and compassionate. People's rights to privacy and dignity were respected by staff.

People continued to receive a service that was responsive to their individual needs. Care records were personalised and contained details about people's preferences and routines. People were supported to pursue hobbies and activities that interested them and processes were in place to respond to any issues or complaints.

The service was well-led, the registered manager understood their role and responsibilities and staff felt supported and listened to. People and staff were encouraged to give feedback, and their views were acted on to enhance the quality of service provided to people. The provider worked in conjunction with other

agencies to provide people with effective care. The provider completed regular checks to monitor the quality of the care people received.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service has improved to Good.

Richmond Hall Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 3 December 2018 and was unannounced. The inspection team consisted of one inspector, a specialist nurse advisor 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.

As part of the inspection, we reviewed information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We reviewed feedback from the local authority and Clinical Commissioning Group (CCG) of people's care to find out their views on the quality of the service. The provider had completed a Provider Information Collection (PIC) before this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIC during our inspection. The information in the PIC reflected how the service operated.

During the inspection we spoke with eight people who lived at the service, four relatives, one visitor and one volunteer. We spoke with eight members of staff including the chef and the registered manager about the management of the service. We also spoke with one healthcare professional.

We observed the delivery of care and support provided to people living at the service and interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We reviewed the care records of nine people and three staff files. We also looked at other records relating to the management of the service including complaints logs, accident reports, audits and medicine administration records.

Is the service safe?

Our findings

At our last inspection in April 2016 we found the service was safe. At this inspection the service continued to be safe.

People and their relatives told us they felt safe living at the service and shared examples of what made them feel safe. One person said, "I feel safe because carers are always here." A relative commented, "I feel [person] is safe, staff check on them throughout the night." Staff understood their role in protecting people from the risk of abuse or harm. They could describe the different types of abuse and the actions they would take to keep a person safe. One member of staff said, "I would tell my manager and they would report it." The registered manager had a system in place to report any concerns to the local authority. This showed people were safeguarded from abuse and protected from the risk of harm.

We looked at how people's risks were managed and explored aspects of their care and treatment. This included looking at current risks to people and the action the provider had taken to assess, manage and monitor those risks. People we spoke with told us they felt safe living at the service and said risks to their health and well-being were effectively managed by staff.

We found up to date information and guidance was available in people's care records. Any changes to people's care in relation to specific risks, such as with malnutrition and hydration and the use of bed rails was shared at staff shift handovers. This ensured people continued to receive care that met their needs. We saw where a person's needs had changed such as following an incident changes had been made to their care records. For example, in relation to monitoring and managing a person's skin care; records reflected guidance on how staff should support the person to minimise the risk of harm.

Records we looked at showed people had personal emergency evacuation plans (PEEPS) in place which were reflective of their needs. Checks of the building were also regularly completed to ensure the premises were safe. We found risks associated with people's care were monitored and managed effectively.

There were sufficient numbers of staff on duty to respond to people's health and care needs. One person told us, "Yes, there are enough staff around." One member of staff commented, "There are sufficient numbers of staff." During times of staff holiday or sickness the service used regular agency staff who knew people well, this was important as some people living at the service had dementia. Familiar faces and routines are important to people living with dementia. We saw throughout the inspection staff responded quickly to meet people's care needs.

People received support from safely recruited staff. Staff confirmed pre-employment checks were carried out to ensure they were suitable to work with vulnerable people. One member of staff said, "I had to have a number of checks done before I started working here." The records we looked at supported this. Checks included references and a Disclosure and Barring Service (DBS) check. The DBS check helps providers reduce the risk of employing unsuitable staff.

People received their medicines as prescribed. Medicines were administered by both nurses and senior care

staff working at the service. One person said, "I never go without my medication if I am in pain staff give me my pain relief." Another person commented, "Staff give me my medication if there is anything new they explain it and I have it with a drink." Regular checks were undertaken by the clinical lead and registered manager to ensure people received their medicines as they should. We saw staff check with people that they were ready for their medicines and completed medicine administration records (MAR). Medicines were ordered, stored and disposed of safely.

People and their relatives told us they were protected from the risk of infection. One person said, "My room is cleaned and staff wear gloves and aprons for personal care." We saw the home was clean and well maintained. Staff told us they had training in the control and spread of infection and could describe the action they took to minimise these. We saw staff using gloves, aprons and hand gel. This indicated people were protected from the risk of infection.

The registered manager had a system in place to learn from when things went wrong. Accidents and incidents were monitored, recorded and collated for any trends and learning so that action could be taken to minimise any risk of future re-occurrences.

Is the service effective?

Our findings

At our last inspection in April 2016 we found the service was effective. At this inspection the service continued to be effective.

People and their relatives said they had been involved in the assessment process to determine their needs before they began living at the service. Records we looked at confirmed this. Pre-assessment information included information about people's health, risk and medicines. Staff we spoke with had a good understanding of people's needs and communication styles.

People and their relatives told us they felt staff were well trained and gave us examples. One person said, "Two members of staff assist with the stand aid and are trained to use it." Staff we spoke with said the training and support they received enabled them to support and understand people's needs. Staff told us they received an induction into their role and had training to use specific pieces of equipment, such as hoists. Staff new to care completed training linked to the Care Certificate. The Care Certificate is an identified set of standards for health and social care staff. Staff told us they received one to one meetings with their manager which provided them with the opportunity to discuss any concerns or work practices. Staff also said that they attended a 'handover' when they started their shift. This ensured they had up to date information about any change in people's needs.

People were encouraged to eat balanced meals to maintain their health. People we spoke with confirmed that they enjoyed the food offered to them. One person said, "Meals are very good and we always have a choice." Another person commented, "Meals are very good if you don't like the choices they always do something else." We saw meal times were a social occasion and where people might require assistance or prompting to eat and drink staff were available to offer support. Staff were aware of people's individual risks in relation to eating and drinking and how food should be prepared to reduce the risk of choking. We saw the registered manager and senior staff had consulted with dieticians and the Speech and Language Therapy [SALT] team to ensure people using the service were supported to maintain a safe and healthy diet.

People we spoke with told us the staff supported them with their health needs and, when required, contacted external healthcare professionals. One person said, "The doctor visits so you can see them if you want, chiropodists, optician and the dentist also visit." People and their relatives had no concerns about people's health needs not being met or about how they were supported by the staff at the service. We looked at people's health care records and saw that referrals to other healthcare professionals had been made promptly where concerns had been identified. We saw staff worked closely with other health and social care professionals to ensure people's health needs were being met. For example, we were told by staff a doctor and nurse visited the service each week to ensure people's health needs were met. Systems were in place to ensure people received consistent care when they transferred to other services such as to hospital. A form was used detailing people's information when they were admitted into hospital to enable staff to support people effectively.

The building had been decorated and adapted to support people's needs. People could move easily around

their rooms and communal areas. We saw there was appropriate signage available throughout the building and bedroom doors in the dementia unit were different colours. This helped people living with dementia to recognise their bedroom door. We saw there was a large garden and patio area and people told us they accessed this in warmer weather.

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. One person told us, "Staff ask for my consent." Throughout the day we observed staff gaining consent from people before supporting them with their care or support needs. Staff we spoke to were able to describe the principles of the MCA and the importance of gaining a person's consent before providing care.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Some people received their medicines covertly in food or drink or medicines were crushed. Discussions with the registered manager indicated consent for this was authorised by the doctor and evidence of MCA and best interest meetings were kept by the doctor. The registered manager stated they would immediately obtain copies for people's care records. Staff we spoke with were clear about what DoLS meant for people, why applications had been made and were providing support in line with the authorised DoLS.

Is the service caring?

Our findings

At our last inspection in April 2016 we found the service was caring. At this inspection the service continued to be caring.

People and their relatives told us staff were kind, caring and considerate. One person said, "Carers are friendly, kind and positive, staff do their best and you can have a laugh." A relative commented, "Staff are very caring, very good." Throughout the day we saw kind interactions between people and staff and observed staff engage in conversations and exchange gestures such as touching a person's arm in a reassuring manner when a person became anxious. Staff told us they liked working at the service and enjoyed spending time with the people who lived there. Staff spoke warmly about the people they cared for and could give details of people's individual needs and how these were met.

We saw the service had received a number of compliments on the care provided through 'thank you cards' and reviews on a care home website. Comments included, 'The carers can't do enough for the residents and treat them as a family. They are kind, caring, loving and always go above and beyond.' And, 'A amazing, caring, loving home full of wonderful staff who treat the residents with love and dignity.' This showed people received support from caring staff.

People told us they could make choices about how they received their care and how they spent their time. Staff told us they gave people choices and we observed them offering choices throughout the day. We saw staff understood people's different communication styles and observed staff giving people time to express their choices or needs. One member of staff explained that if a person was unable to communicate verbally, they used communication aids such as boards, facial expressions and gestures. This ensured people could express their views and were involved in making decisions on how they wished to receive their care.

People told us staff respected their individuality and diversity and care records we looked at confirmed this. Records contained information about people's histories and preferences and staff took account of these when delivering care. Care records we looked at showed as far as possible people and their relatives were involved in planning their care. The provider had also ensured people had information in line with the Accessible Information Standard. The Accessible Information Standard is a framework that makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People were supported to be as independent as they wanted to be. One person told us, "[Staff] don't do anything unless I ask them, I wash areas I can reach, staff have to do my hair." Another person commented, "I use a frame to keep my legs going and I use a wheelchair if I am tired. I do my own make up and staff fetch water and I wash myself." This indicated the provider supported people to maintain their independence.

People told us their dignity and privacy was respected by staff. One person said, "Staff always knock my door and if assisting with personal care will shut the door." Another person, "Staff shut the door when I'm changing and are well mannered and staff don't rush when they wash and dress me they are very kind." Staff

we spoke with had a good understanding of how to promote dignity to the people they supported. We observed staff knock on people's door before entering and covers were used to maintain people's dignity when equipment was used to help them move. Personal information was kept locked so that people were assured their personal information was not viewed by others.

Is the service responsive?

Our findings

At our last inspection in April 2016 we found the service was responsive. At this inspection the service continued to be responsive.

People received care that was responsive to their needs and personalised. One person told us, "Staff know me well and what I like." Another person told us staff listened to them and provided care and support the way they wanted to receive it.

People's preferences were understood by staff. One person said, "Staff know me well." Staff we spoke with could explain how they considered and met people's individual needs for example, in relation to their religious beliefs or dietary requirements. Information about people's lives informed their care records and these were regularly reviewed and updated as people's needs changed. A keyworker system was in place to ensure people were supported by consistent members of staff. This showed people received care that met their needs.

The service employed two activity coordinators who supported people to take part in a wide range of activities of their choice. This was confirmed by the people and relatives we spoke with. One person said, "I enjoy the crafts, I do jigsaws, word searches and puzzles. We have a weekly cinema, singers are smashing and dancing." Another person commented, "I read and join in when the entertainers come, I really enjoy the poetry group that takes place." We also saw people had the opportunity to have one to one time with staff throughout the day. Care records showed that people were regularly supported to engage in activities they enjoyed and we saw that a local church group and a priest also visited regularly. The service had recently brought a mini bus and one person told us they were looking forward to going on outings. This indicated people were involved in meaningful activities and interests.

People and relatives told us there were no restrictions on visiting times and said they felt welcomed by staff at the service. Comments included, "Staff are welcoming," and "I am made to feel welcomed I can go and get a drink and there are no restrictions on visiting." Our observations confirmed this.

People and relatives understood how to make a complaint. One person said, "I have no complaints but would speak with the manager or senior if I did." Another person told us they had raised a concern with the registered manager and it had been dealt with straight away. Information was available and on display and explained how to make a complaint. We found complaints had been investigated and responded to in line with the provider's policy. A system was also in place which shared any learning from complaints to improve the service. This showed people's complaints were investigated and responded to.

People living at the service who were nearing the end of their life were supported to have a comfortable and dignified death. One visitor told us how kind and compassionate the staff were when their relative died recently at the service. Staff we spoke with could describe the things they considered when a person was at the end of their life and the actions that were put into place. We saw care records were in place for pain management and personal care so that people were kept comfortable.

Is the service well-led?

Our findings

At our last inspection in April 2016 this service was rated as 'Requires improvement' in this key question is the service well-led? At this inspection we found the required improvements were made in relation to the governance processes and systems and the rating has improved to 'Good'.

At our last inspection audits to assess and monitor the safety and quality of service people received was not robust and processes to identify trends and patterns were not well developed. At this inspection, we found processes to assess, monitor and review the quality and safety of the service had been developed and were being used effectively. Incidents and accidents were monitored and reviews were completed to check whether any additional measures were required to maintain a person's safety and to look at lessons learnt. For example, the registered manager had split the service into two units and increased the staffing in the dementia unit. This had significantly decreased the number of multiple fall's people had.

We found a range of audits were undertaken to ensure effective care was delivered. This included medicine audits, health and safety checks which included mattress setting checks and care record checks. We saw where issues had been identified actions had been taken to address any concerns. We found there was a system in place to track the status of DoLS application and any safeguarding issues. This enabled the registered manager to monitor progress and take any action should it be required.

The registered manager split their time between Richmond Hall and one of the providers other services. Systems were in place to ensure there was effective management of the service when the registered manager was not there. They understood their responsibilities in relation to their registration with us (CQC). We saw the latest inspection rating was on display and notifications were received as required by law, of incidents that occurred at the service. For example, alleged abuse or serious injuries.

The registered manager worked with other agencies and engaged with a number of professionals in a timely manner to improve the quality of care provided to people. They were also a member of a project group whose aim was to improve the quality of care in Walsall nursing homes. As a result, the number of incidents that occurred at the service were reduced in relation to falls, urinary tract infections, chest infections and pressure injuries to the skin. The registered manager had also achieved a 'highly commended' award for 'the most improved safety culture' 2018 at a service and was awarded the title of 'nursing home manager of the year 2018' for Walsall nursing homes. This was part of the Clinical Commissioning group, safer provision and caring excellence (SPACE) project.

Relatives and staff said the service was well-led. One person commented, "I've seen the manager they come and speak with us, they are like one of us." A relative said, "The registered manager keeps me well informed." During our inspection we saw the registered manager had a visible presence in the service to ensure they maintained an overview of the care and support provided to people. The registered manager had worked at the service for a few years and had developed good working relationships with staff. Staff said the registered manager was always available to speak to should the need arise, and that they received regular supervision sessions which provided them with the opportunity to discuss any concerns or training needs. They were

confident any issues they might raise would be listened to and they were aware of the whistle-blowing policy. Staff said they would contact either CQC or the local authority if they had any concerns which they felt were not addressed appropriately by the provider. We found the management of the service provided staff with the support they needed.

People and their families could provide feedback to the provider in a number of ways. Surveys were used to capture people's views. The registered manager had also introduced 'welfare checks' which were conversations with people and their families about the quality of service they received. This ensured people and their families had the opportunity to be involved in the service and showed the provider took account of people's views.