Richmond Court Nursing Home Limited

# Caldene Rest Home

**Inspection report**

27-29 Beeches Rd
West Bromwich
West Midlands
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## Ratings

| | |
|---|---|
| **Overall rating for this service** | **Requires improvement** |
| Is the service safe? | **Requires improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires improvement** |

## Overall summary

Our inspection was unannounced and took place on 2 November 2015.

The home is registered to provide accommodation and personal care to a maximum of 27 people. On the day of our inspection 22 people lived at the home. People lived with a range of conditions the majority of which related to old age and included dementia.

At our last inspection in October 2013 the provider was meeting all of the regulations that we assessed.

The manager was registered with us. 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 who lived at the home felt safe. Systems were in place to protect people from the risk of harm and abuse. However, some recruitment of staff had not fully ensured that prospective staff would be suitable to work at the home.

# Summary of findings

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

People were happy with the meals offered. People were supported to have the meals that they enjoyed. Drinks were offered throughout the day to prevent the risk of dehydration.

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

People received care in line with their best interests and processes were in place to ensure they were not restricted unlawfully.

Staff felt that they were provided with the training that they required to ensure that they had the skills and knowledge to provide safe and appropriate care to people. Staff also felt that they were adequately supported in their job roles.

People were offered a range of in-house activities and some accessed community facilities on a regular basis that they enjoyed.

A complaints system was available for people to use.

Although some quality monitoring processes were in place provider visits to the home did not include formal processes to check that the registered manager and staff were working as they should. We found that the gas appliances required attention, that staff training records were in need of updating, and that the medicine room needed better security. Formal checks and audits would have found these shortfalls that we identified and allowed corrective actions to be implemented.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The service was not consistently safe.

Recruitment systems would not have always prevented the employment of unsuitable staff.

The provider had not addressed issues highlighted in their gas safety certificate. This meant that the equipment may not have been safe for use.

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

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

**Requires improvement**

**Is the service effective?**
The service was effective.

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

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

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

**Good**

**Is the service caring?**
The service was caring.

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

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

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

**Good**

**Is the service responsive?**
The service was responsive.

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

The staff offered recreational activities to meet people's individual preferences and needs.

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

**Good**

# Summary of findings

**Is the service well-led?**

The service was not always well-led.

Provider visits to the home did not include formal processes to check that the registered manager and staff were working as they should. Formal checks and audits would have found the shortfalls that we identified and allowed corrective actions to be implemented.

A manager was registered with us as is required by law. Staff told us that they felt supported. Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

**Requires improvement**

# Caldene Rest Home

**Detailed findings**

## Background to this inspection

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

The inspection was unannounced and was carried out on 2 November 2015 by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the provider to complete 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. The form was returned so we were able to take information into account when we planned our inspection. We asked the local authority their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

The registered manager was on leave at the time of our inspection visit. We spoke with seven people who lived at the home, one relative, four care staff, the activities co-ordinator, a senior manager, the provider and a visiting health care professional. We looked at the care files for two people and recruitment and training records for two staff. We looked at the processes the provider had in place to monitor the quality of service provided. We also looked at provider feedback forms that had recently been completed by relatives.

Requires improvement

# Is the service safe?

## Our findings

We saw that equipment for fire detection and prevention was in use. The provider and records that we looked at confirmed that the equipment was tested and serviced by an engineer regularly. However, we saw that a gas warning letter had been issued. The provider could not confirm during our inspection what this was for, or if it had been addressed. This highlighted that the equipment may not have been safe and the issue had not been addressed. Two weeks after our inspection the provider sent us documents to confirm that the work had been completed to make the equipment safe.

Care staff confirmed that checks were carried out before they had been allowed to start work. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). Records that we looked at showed that for care staff all of the required checks had been carried out. However, we were told by staff and a senior manager confirmed, that although, domestic and laundry staff had entered people's bedrooms unsupervised (when people were in their bedrooms), a DBS check had not been carried out. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. This meant that people could have been placed at risk of harm of unsuitable staff being employed. When as raised this with the provider who confirmed that they had not completed any risk assessments regarding the lack of DBS. The provider also told us that they had been advised that domestic staff did not need to have a DBS check undertaken. They acted immediately and sent us evidence to confirm that completed applications for these staff had been sent for a DBS check to be undertaken.

People and the relative we spoke with told us at they had not seen or heard anything that worried them. A person said, "No one is horrible". A relative told us, "I have never seen anything concerning". Staff we spoke with told us that they had received training in how to safeguard people from abuse and how to report their concerns. A staff member said, "Safeguarding is about making sure that the people are safe". Another staff member told us, "If I saw anything that worried me I report it to my manager. Staff were able to describe to us the different types of abuse that showed that they had knowledge of the subject. The registered manager had reported to us and the local authority any safeguarding concerns as they are required to by law to help protect people from abuse.

A person told us, "I feel safe," Another person said, "We are safe". Staff told us that where there was a concern regarding people falling then referrals were made to external professionals. Records that we looked at confirmed that risk assessments had been undertaken and where concerns were identified referrals had been made to occupational therapy and physiotherapy professionals for advice and guidance on how to prevent people from falling. We saw that a person had been provided with a very low bed so that injuries could be minimised or prevented if they fell from their bed. We found that aids to support people when they were walking and standing were available. We observed that staff supported people when they were walking to prevent falls. We saw that plans were in place for individual people to instruct staff how to prevent falls. One read, 'For longer distances a wheelchair should be used'.

We saw that risk assessments had been undertaken to explore risks regarding pressure sores. We saw that equipment was available to prevent people getting sore skin. A visiting healthcare professional told us, "Pressure sores are not really a problem here. If the staff are concerned they let us know straight away". We saw that staff were mindful that equipment could cause an injury. We saw that when they used wheelchairs they ensured that people's feet were supported on the footrests. Then, before transferring people from the wheelchair into an easy chair they made sure that the wheelchair footrests were folded back so that the person did not damage the skin on their legs or feet.

People we spoke with told us that they did not want to look after their own medicines. One person said, "I would do it wrong". We saw that staff explained to people that they were giving them their medicines and what they were for. We saw that people took their medicines willingly from the staff. We saw that the staff sat with people to check that they had taken their medicines.

Staff told us and training records and certificates that we saw confirmed that staff had received medicine training. However, the provider could not confirm that staff competency was assessed to determine that staff were safe to manage medicines. Following our inspection the

Requires improvement

# Is the service safe?

provider sent us an email that highlighted that the staff medicine competency assessment were taking place. As we have not returned to the home since we have not been able to test that this was correct.

We saw that medicines were stored safely in locked cupboards this prevented unauthorized people accessing the medicines. We saw that satisfactory ordering processes were in place to ensure that people's medicine would be available to give to them as it had been prescribed by their doctor.

We looked in detail at the medicine stocks and Medicine Administration Records (MAR) for two people. We counted the medicines against the number highlighted on the MAR and found that they balanced correctly. Some MAR highlighted that people had been prescribed medicine on an 'as required' or 'as needed' basis. We saw that there were protocols in place to instruct the staff when the medicine should be given. This would ensure that people would be given their medicine when it was needed and would not be given when it was not needed. We also saw that care plans were in place for medicines prescribed as a short course for example, antibiotics. This would assure people that staff knew how they should give the medicine and any side effects they should be aware of.

We saw least two MAR had been handwritten by staff. However, there was no second staff signature on the records to confirm that what had been written was correct to prevent errors. We raised this with the provider who told us that they would address the issue.

We saw that the room where medicines were stored was not fully secured. However, the provider took immediate action to address this. Two days after our inspection they sent us a photograph to confirm that security bars had been installed on the medicine room window.

A person told us, "Staff are here when I need them". Another person said, "It's alright, there are enough staff, I think." A relative said, "There seems to be enough staff when we visit. One staff member told us, "We could sometimes do with more staff at mealtimes". Another staff member said, "As long as everyone is in there is sufficient staff". During our inspection we observed that staff were available at all times in the dining rooms to help assist people to eat and to supervise lounge areas.

Good

# Is the service effective?

## Our findings

People told us that they were happy with the service provided. A person who had lived at the home for a short time only said, "I love it here I'd like to stay". Another person told us, "It's very nice here". A relative told us, "It is a good place I am happy with everything". All staff told us that in their view the service they provided to people was good.

A staff member told us, "We all had an induction when we first start work. We go through policies and procedures and have an introduction to people". Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. The provider told us that they had not yet introduced the new nationally recognised Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care. The provider told us that they had downloaded the Care Certificate framework and standards and would start to use it.

A staff member told us, "I feel supported by the manager and the staff team". Other staff we spoke with told us that they also felt supported on a day to day basis. Staff told us that they received supervision to discuss their role and performance. Staff also told us that they received the training that they needed and felt competent to do their job. However, staff training records that we looked at did not confirm that staff had all received the training the provider had highlighted on the training matrix. The provider told us that training records needed to be updated.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 and found that they were. The registered manager had referred a person to the local authority regarding DoLS and the application had been approved. A person said, "I can go to the bedroom or outside when I want to". We saw that people moved freely around the home during our inspection. People told us that there was no restriction on their going out of the home with friends and family. Staff's knowledge of the (MCA) and (DoLS) varied. Some staff gave limited answers, others had a good knowledge. However, all staff were clear that they could not restrict any person unlawfully. Not all staff had received MCA and DoLS training. The provider told us that they would arrange this.

Staff confirmed that where it was determined a person lacked mental capacity to make decisions about their care and support they involved health and social care professionals. A best interest meeting for one person took place during the inspection. We saw this involved a relative and social services staff. This was to ensure that decisions that needed to be made were in the person's best interest.

A person said, "Staff ask us first". People told us that they were offered choices and that staff asked their permission before they provided care and support. A person's care records read, "Explain all procedures before carrying them out to gain consent and co-operation". Throughout the day we heard staff offering people choices about where they wanted to sit, what they wanted to do, and what they wanted to eat and drink. We heard staff saying to people, "Shall we?" do you mind?" and, "Would you like me to?" (provide support). We saw that people said yes, smiled and nodded or went willingly with staff to show they agreed with what was being asked or suggested.

People told us that they liked the meals and drinks offered. A person told us, "The food is lovely" Another person said, "I like the food". A third person told us, "We have plenty to drink". A relative told us, "They [Their family member] seem happy with the food". People we spoke with told us that they had a choice of meal each day. A person said, "We always have a choice of meals".

At lunch time we saw that there were two hot meal choices. We saw that people who were uncertain about lunch choices were given a clear explanation and were shown what was available. One person had sandwiches as this

Good

# Is the service effective?

was their preference. We saw that the lunchtime was unhurried and most of the people ate well. One person who had not eaten well was gently encouraged by staff to 'try a little more'. Another person didn't feel hungry. Staff said, "I know you said you're not ready for your dinner, but would you like a hot or cold drink and a couple of chocolate biscuits". We saw that the person was given a pot of tea and some biscuits.

We saw that people were offered hot and cold drinks throughout the day. We saw that snacks were offered to people with their midmorning and afternoon drinks. These included biscuits, yogurts and sliced fresh fruit. Staff told us how they met people's special dietary needs including diabetic diets. A number of people had dietary cultural needs. The cook provided special rice dishes to cater for their needs. One person said, "The rice meals are good".

Records highlighted and staff we spoke with confirmed that people were weighed regularly and that referrals were made to health care professionals where a concern was identified.

A person told us, "The staff call the doctor if I am ill". A relative told us, "The staff get them [Their family member] to see the doctor and always tell us what is happening". People we spoke with told us that they had a range of healthcare appointments that included chiropody and eye tests. Staff we spoke with and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective healthcare support. This included GP's, the dietician, occupational and speech and language therapists. During our inspection a health care professional visited the home to provide treatment to one person. This ensured that the people who lived at the home received the health care support and checks that they required.

Good

# Is the service caring?

## Our findings

People we spoke with told us that the staff were kind and caring. A person told us, "The staff are all very nice". Another person said, "The staff are really lovely". A relative told us, "The staff are all very good". A staff member said, "We [The staff] are very friendly".

We found that the provider encouraged a pleasant and homely atmosphere. Our observations showed that the people who lived at the home were friendly towards each other. They chatted to each other, showed concern about each other, and laughed together.

We observed interactions between staff and the people who lived there and saw that staff spoke with people in a friendly, caring way. We saw that a person who lived at the home spoke harshly and inappropriately to a staff member. We saw that the staff member remained polite to the person and spoke with them calmly. This approach worked as the person relaxed and was calmer. We heard staff politely asking people how they were, asking about their family, and showing an interest in them.

A person said, "The staff talk to me right". A staff member said, "We always show the people respect. We treat them as we would want our families to be treated with respect". A relative said, "From what I have seen the staff are all very polite and respectful to the people and us". We saw that the preferred form of address had been determined for each person and we heard staff using people's preferred form of address. We saw that female people wore coverings on their legs. A person said, "I would hate to have nothing on my legs". Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. They gave examples of giving people personal space and ensuring doors and curtains were closed when supporting people with their personal care.

Care records that we looked at highlighted that people's appearance was important to them. A person said, "I always look nice". People told us that they selected their own clothes to wear each day. We saw that people wore clothing that was suitable for the weather and reflected their individuality. A person said, "I always choose what I want to wear". A hairdresser visited the home regularly so that people could have their hair cut and styled. A person said, "I can have a shave whenever I want". We saw that the gentlemen were clean-shaven and one had a shaped moustache.

A person said, "I like to do what I can myself". People we spoke with told us that staff encouraged them to be independent. Staff we spoke with all told us that they only supported people do things that they could not do. We observed staff encouraging people to walk rather than them using wheelchairs for them to retain their mobility independence. We heard staff encouraging people to eat and drink independently.

People confirmed that staff spoke with them in a way that they understood. A person said, "I know what staff are saying". We saw that staff spoke with people in a calm way. They made sure that they faced people when they spoke with them. They waited to make sure that people had understood what was said to them and repeated what they said if they thought they had not. This demonstrated that staff knew it was important to communicate with people in a way they understood.

Staff we spoke with told us that they read the provider's confidentiality procedure. A staff member told us, "I know that we should not discuss anything about the people here outside of work and that records must be locked away at all times". We saw that records were stored in a lockable cupboard.

We saw that information was available giving people contact details for independent advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. Although staff told us that no person at the present time had an advocate they told us that some people had used them previously.

People we spoke with all told us that they liked having visits from their family. A person said, "I like it when my family come. They can come any time". Another person told us said 'My sister can come when she wants". Relatives told us that they could visit without any restrictions. A relative said, "I visit whenever I want to. The staff make me feel welcome". People told me that visitors could come whenever they wanted.

Good

# Is the service responsive?

## Our findings

The provider and staff told us that prior to people receiving service an assessment of need was carried out with the person and/or their relative to identify their individual needs, personal preferences and any risks. Records that we looked at confirmed this. We saw that a person and their relative had been involved in an assessment process and the person's needs had been documented. We saw that a letter had been put on the person's file to confirm that the provider could meet their assessed needs.

A person told us, "The staff know me alright". A relative told us, "I think the staff know my family member well". Staff were able to tell us about people's individual support needs and interests. The staff we spoke with knew about people's daily routine preferences, how they liked their support to be provided, and their families and about people's past working life and interests. Staff knew that one person had previously lived in another part of the country and had searched for books for them to read about the area. The person was pleased and looked at the books.

People told us that they felt involved in their care planning. A person said, "The staff ask me". A relative told us, "The staff involve us as a family and ask our views". Although some people could not remember seeing their care plan, they told us that staff involved them in deciding how support would best be provided to make it appropriate and safe. Staff told us that people's care plans were reviewed regularly. The care plans that we looked at had been reviewed and updated to ensure that they were current and appropriate.

People we spoke with also told us that they were supported to attend religious services if they wanted to. Staff told us at the present time no person wished to have any religious input.

A person said, "There are things for us to do". There was an activities co-ordinator who provided activities five days a week in the mornings or afternoons. We heard the activities co-ordinator ask people what they would like to do. We saw people playing dominoes in the afternoon and there were one-to-one activities that included card games and word games. We observed a group of people join in an activity. They were happy; there was a lot of chatting, smiling and laughter. The community library visited once a month and came during our inspection. We saw that library books were exchanged. One person enjoyed reading western (cowboy) books and staff took the trouble to seek out several with large print for them. Some people told us that they enjoyed going out to local shops with staff. A person told us that they liked to go out with their family 'for a pint'. Two people attended a day centre twice a week. We spoke with the two people who told us that they enjoyed attending the day centre.

Some people lived with dementia. We saw that there were dementia friendly finger paintings that had been done by people on the wall in the main hall. However, there was not much evidence of dementia friendly items in the main living areas. We did not see any rummage boxes or memory books that may have been beneficial to people. These resources can stimulate memory and be a good way for staff to promote conversation and engagement with people.

People told us that if they were unhappy they would tell the staff. A person said, "I would tell the staff or my brother". A relative said, "I have no concerns or complaints". People told us that they felt that if they had any complaints they would be listened to and addressed. We saw that a complaints procedure was in place. However, it had only been produced in words. People with dementia or poor eye sight may not understand what it said or meant. The provider told us that they would address this.

Requires improvement

# Is the service well-led?

## Our findings

We saw documentary evidence to show the registered manager carried out checks on the service quality. We found that checking processes and audits had been carried out regarding medicine management systems so that people would be less at risk of not having their medicine as it had been prescribed. We saw that people's care plans had been reviewed to ensure that they were current and up-to-date. However, we found that the gas appliances required attention, that the PIR had not been fully completed, that staff training records were in need of updating and that the medicine room needed improved security. We also found that some non-care staff had not had a check undertaken with the Disclosure and Barring Service (DBS). There were no risk assessments in place regarding the lack of DBS checks. The provider visited the home regularly but did not have formal processes in place to check that the registered manager and staff were working as they should. Formal checks and audits may have found the shortfalls that we identified and allowed corrective actions to be implemented.

We asked the provider to complete 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. Although they returned their PIR within the timescale we gave and it was not completed to a reasonable standard. They had not commented on many of the sections that they should have done. We raised this with the provider during our inspection. A week after our inspection the provider emailed us an updated version of the PIR that was more fully completed.

People, relatives and staff we spoke with felt that the service was good and well-led. A person told us, "It is very good here". A relative told us, "Very good". A provider feedback form completed by a relative read, "Excellent". Another read, "The staff do a fantastic job". Staff we spoke with told us that in their view the service was good.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by senior care staff. A person said, "The manager is good". The majority of people we spoke with knew who the registered manager was and felt they could approach them with any problems they had. The provider visited the home regularly to oversee how the service was being run and to ensure that people and their relatives could speak with them if they wanted to. The provider had an open approach. They said, "We can all make mistakes, but here, we own up to our mistakes and say sorry".

Providers are required to inform the Care Quality Commission, (the CQC) of important events that happen in the home. The registered manager had a system in place to ensure incidents were reported to the CQC which they are required to do by law. This showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken.

People and relatives told us that the provider had asked them about their care. We saw completed feedback forms. The overall feedback was positive and confirmed that people and relatives were happy with the service provided. Meetings were held for people who lived at the home so that they could tell staff if they were happy with the service provided or ask for changes. Minutes of meetings that we looked at highlighted that people were asked about outings, activities and menus

Staff told us that they felt supported by the provider. A staff member told us, "I feel well supported by the managers. I am happy working here". Another staff member said, "The manager will listen".

We looked at a selection of staff meeting minutes and found that the meetings were held regularly. Staff also told us that the service was well organised, and that they were clear about what was expected from them. People and relatives we spoke with felt that the staff were well led and worked to a good standard. A relative said, "I have no issues with the staff".

The staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. A staff member told us, "Over the years, I have had minor concerns. I have always reported them to the Manager and I think they have been dealt with appropriately". We saw that a whistle blowing procedure was in place for staff to follow. Staff knew how to report concerns and one told us, "If it was the Manager (who was causing the concerns) I would go to the Care Quality Commission".