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# Richmond Court Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This unannounced comprehensive inspection took place on the 26 November 2018. Richmond Court Residential Home is a 'care home'. People in care homes receive accommodation and nursing or 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 Residential Home provides care and support for up to 21 people many of whom are living with Dementia. At the time of the inspection 20 people were living at the home.

There was a registered manager in post who was present throughout our inspection. 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.

The risks associated with people's care had been identified and steps put in place to reduce the risk for the person. However, we found that not all risks had been managed well. Improvements were needed in the management of infection control.

Whilst people had been offered daily choices we found improvements were needed in the application of the Mental Capacity Act 2005. Improved support was also required for people living with dementia. We have made a recommendation about accessing information and resources to support people living with dementia in their communication. We have also made a recommendation about the use of CCTV within the home

People had their privacy respected although we found some practice where supporting people in a dignified manner could be improved. Many people were supported to retain their independence.

Not all people had been supported to maintain their hobbies and interests.

Staff felt supported in their roles. There were some systems in place to seek feedback from people living at the home about the quality of the care they were receiving. Systems for monitoring the quality and safety of the service were not effective or robust and had failed to highlight the concerns raised at this inspection. We found that the provider had breached the regulation in relation to good governance. You can see what action we told the provider to take at the back of the full version of this report.

People received support from staff who were aware of the signs of abuse and whom could describe appropriate action to take should they be concerned about people. There were sufficient staff available to support people. The staff had been safely recruited.

People received their medicines safely by staff who had received training in safe medicine management.

There were systems in place to ensure medicines were given safely.

People were supported by staff who had the skills and knowledge to meet their needs. Staff training had been provided around people's individual needs. People had their healthcare needs met and were assisted to have foods and drinks they enjoyed.

People and their relatives told us they felt the staff were caring. Staff had got to know people well and we observed kind, caring interactions between staff and people.

People's care had been reviewed to ensure it continued to meet their needs, although these reviews did not involve the person themselves.

People and their relatives felt able to raise concerns should any arise. There were systems in place to ensure any complaints received would be investigated.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

The risks associated with people's care were not always well managed.

Systems around infection control needed improving.

People received support from sufficient staff who had been safely recruited.

People were supported by staff who were aware of the signs of abuse and action to take should they be concerned.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People were offered daily choices although some aspects of the Mental Capacity Act 2005 were not fully embedded into practice.

The support for people living with dementia needed improving.

People enjoyed meal times. However, the meal time experience for some people required improvement.

Training was provided to staff to enable them to gain the knowledge required for their roles.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Some aspects of care provided was not always person centred.

People felt cared for by the staff who supported them

People had their privacy respected. Some practice we saw did not support peoples dignity.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Not all people were involved in activities of interest to them.

Peoples care had been reviewed to ensure it reflected their current needs. These reviews had not routinely involved people or their relatives.

There were systems in place to respond to complaints

### **Is the service well-led?**

The service was not always well led

Quality monitoring systems were not consistently robust and had failed to identify issues that we found at the inspection.

Staff felt supported in their roles.

There were some processes in place to seek people's feedback.

**Requires Improvement** ●

# Richmond Court Residential 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 26 November 2018 and was unannounced. The inspection was undertaken by one inspector, a bank 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. Their area of expertise was the care of people living with dementia.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. 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 information from notifications and the PIR to plan the areas we wanted to focus our inspection on. We received feedback from the local authority about the provider including information about a recent infection control audit. The local authorities are responsible for funding people receiving care and for monitoring the quality of care provided.

We spoke with four people who lived at the home and two visiting relatives. We spent time in communal areas observing how care was delivered. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We also spoke with three care staff, the chef, the registered manager, the registered provider and the quality assurance lead. We looked at records including sampling four people's care plans and three medication

administration records. We looked at two staff files to review the provider's recruitment process. We sampled records from staff training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality and safety of the service.

The registered manager sent us additional information after the inspection visit which we reviewed and took into account when making our judgements.

# Is the service safe?

## Our findings

At our last inspection on the 19 April 2016 we rated this key question as 'Good.' At this inspection the rating has deteriorated to requires improvement. This is because not all people's risks were well managed and improvements were needed in the management of infection control and fire safety.

The risks associated with people's care had been identified and plans put in place to reduce this risk. We saw that the registered manager had contacted other health professionals to gain equipment that would reduce the risks in people's care. Whilst most people's risks were well managed we saw that in one instance systems needed to improve. One person needed to have their fluids monitored to reduce the risk of dehydration. From the records we viewed we noted that on a number of occasions the fluids received had not met the recommended daily intake. Whilst staff had shared information at handover times there were no systems in place to discuss action needed to increase the persons fluid intake or carry out monitoring throughout the day to ensure enough fluids were received. In addition, there was no reference to other ways of increasing fluid intake such as through foods or listing the persons favourite drink to encourage fluid consumption. Whilst there had been no known impact for the person the risks around dehydration had not been well managed.

We had received information prior to the inspection that an infection control audit had been carried out at the service by the local council at the end of October 2018. This audit had identified a number of areas of improvement that were required within the environment. At our visit on the 26 November we noted that little action had been taken to rectify these issues and parts of the environment still required cleaning and repair. For example, paper towels and hand washing equipment was not present in all key areas of the building, pull cords for light switches were dirty and one bathroom had a grab rail with rust on it. The registered manager informed us that they were still formulating their action plan and therefore had not started work on improvements in this area. Following our inspection, the registered manager sent us their plans stating that the majority of the work would start early in 2019. Staff were aware of and used routine personal protective equipment (PPE) when supporting people.

We looked at other risks, such as those linked to the safety of the premises. These risks included practice around fire safety. We saw that individual evacuation plans had been developed which contained detail of the equipment people needed to support them to leave the building safely. One staff told us they would use a piece of equipment to support one person to leave the building which was also reflected in the persons individual evacuation plan. We found that this equipment had not been assessed as safe to use for this person and staff had not received training on how to use the equipment. We brought this to the attention of the registered manager who agreed that staff would not use the equipment and that the individual evacuation plan would be amended. On our tour of the building we noted that one of the fire exits was partially blocked. The registered provider assured us this exit would be made clear. We have also recommended that the registered manager contact the local fire service for further advice and guidance on fire safety within the home which the registered manager has now actioned.

We saw that there was a record of incidents and accidents that had happened within the home. Although



the registered manager informed us they carried out analysis of all accidents to try and identify trends this was not currently recorded. Doing this would help to further reduce the risk of similar accidents happening to other people.

People told us they felt safe living at the home and one person told us, "I haven't seen anything that looked unsafe, I feel safe and the carers are around to help us if we need it." Another person who had previously experienced falls at before moving into the home told us, "They keep a close eye on me so I am safe."

People were supported by staff who understood the signs of abuse and appropriate action to take should they have concerns. Staff we spoke with were able to describe the action they would take to report any concerns and were confident that safeguarding issues would be dealt with appropriately by the registered manager. Staff told us and records confirmed that training had taken place to aid staffs' knowledge of up to date safeguarding procedures.

People were supported to take their medicines safely. We saw that medicines were administered in a dignified way. All staff responsible for administering medicines were required to undertake training in safe medication administration and to have their competency tested before they were allowed to administer medicines. Whilst staff told us that the registered manager carried out checks whilst they were administering medicines we were informed by the registered manager that these were not currently recorded. We saw that there was information available to staff about when people may need their medicine on an as required basis. There were systems in place to check that medicines had been given safely.

We saw there were sufficient staff available to support people. We looked at the checks the provider had carried out to satisfy themselves of staff's suitability of working at the home. From records we sampled we saw that the providers recruitment process had been followed and included obtaining a Disclosure and Barring Service Check (DBS) to check whether staff were safe to work with people.

## Is the service effective?

### Our findings

At our last inspection on the 19 April 2016 we rated this key question as 'Requires Improvement.' At this inspection the rating has remained as requires improvement. This is because improvements were needed in dementia support and the application of the Mental Capacity Act 2005.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We saw that people were offered daily choices and that staff sought people's consent before supporting them. Staff were aware of the key requirements of the MCA and supported people to exercise choice and control in their care. Capacity assessments had taken place, when necessary, and least restrictive measures were taken. Whilst everyday practice supported the MCA we found that consent had been given by relatives for people's care without checking they had the legal authority to do this. This meant that not all people's legal rights had been upheld. The registered manager agreed to update their knowledge around consent. At our last inspection we had identified that not all staff were aware of who had a DoLS in place and this continued to be the case at this inspection. However, staff were able to tell us how they used different ways to reduce the restrictions on people's care. There were systems in place to ensure that approved DoLS were renewed where appropriate.

We saw that CCTV was operational in all communal areas of the home. The registered manager confirmed that this was used to monitor incidents and accidents that had occurred to see if there was any way they could be prevented. Whilst the registered manager had taken some steps to consult with people about the use of CCTV within the home not all consideration had been given to its use. The home was contracted to support people on a respite care basis which meant that people would regularly come into and leave the service. There was no indication that these people had been consulted about the use of CCTV and one relative we spoke with was not aware that it was in operation. The registered manager had last consulted with people when the CCTV was first installed in July 2017. No further checks had been made with people about its use. We were provided with information that following the inspection an assessment had been carried out to assess the usage of CCTV within the home. We recommend that the provider finds out information about current best practice in relation to the use of CCTV within the home.

A number of the people at the home were living with dementia. Whilst many interactions between staff and people were positive we observed the support staff provided at times showed a lack of understanding of how to support people living with dementia. We saw one person had been supported to use doll therapy to

help with expressing themselves. However, staff had a lack of understanding of the importance or correct use of dolls to support people living with dementia. There were a lack of aids around the home to support people living with dementia with their communication and orientation around the home. The registered manager was aware that the environment of the home needed improving to ensure it met the needs of people living with dementia and was in the process of sourcing resources. We recommend that the provider finds out information about current best practice in relation to the specialist needs of people living with dementia and sources aids to support people with their communication.

The design of the building did not always support people's needs. We saw that there were key coded locks on all exits from the communal areas which did not allow people living with dementia to move freely as required. One person tried the lock regularly indicating they wanted to leave the communal area. Whilst staff did attempt to divert the person and distract them this did not support the persons need to mobilise around their home. The key coded locks also restricted the small number of people who could move independently in accessing the bathroom when they wanted to as they had to wait for staff support first. The registered manager explained that the key coded locks were in place to keep people safe by stopping them accessing unsafe areas of the building. However, some areas of the home some people may of wanted access to such as bedrooms or bathrooms could have had alternative means of access such as supplying people with key codes.

People's needs were assessed before admission into the home and information from these assessments was used to develop care plans about how the person was to be supported. In addition to these initial assessments, detail was sought directly from the person and their relatives to help the person receive care how they wished.

Staff received an induction and training when they first started working at the service that equipped them with a basic knowledge of how to support people. We saw that additional planned training was provided that gave staff the knowledge of people's individual needs. There were systems in place to ensure staff kept up to date with their training which enabled staff to have knowledge that was up to date and in line with legislation. Whilst the registered manager was able to tell us about the checks she carried out to ensure staff were competent following completion of training this was not currently recorded. Having recorded competency checks would enable the registered manager to ensure all staff were consistently meeting an expected standard of care.

People's nutritional needs were met and people were happy with the meals they received. One person told us, "The food here is lovely," and another person said, "...It's brilliant here for the food." Staff were aware of people's individual dietary requirements and ensured people had access to appropriate food and drink where restrictions on their diet were in place to keep them healthy. People were supported to receive food and drink based on their preferences and they were involved in menu planning. We saw that where people required support to eat their meal this was done in a dignified manner. There were pictorial aids to support people in choosing what they would like to eat. People who were at risk of not eating enough were well supported at meal times by staff who provided extra encouragement and explored alternatives for people when they expressed a refusal or just left their food uneaten.

Whilst people were happy with the meals they received we noted that the meal time experience could be improved. We saw that everyone was offered plastic cups and that aprons were put on some people without asking them if they wanted use of an apron. One person was balancing their plate on their knee as the table they had in front of them was not high enough for them. The environment was noisy which may affect some people's concentration whilst eating. We saw there was little interaction between people.

People were supported to maintain their health. The home had ensured people had access to regular healthcare. We saw that prompt referrals had been made to health professionals when people's needs had changed, for example, to reduce the risk of getting sore skin.

## Is the service caring?

### Our findings

At our last inspection on the 19 April 2016 we rated this key question as 'Good.' At this inspection the rating has deteriorated to 'Requires Improvement'. This is because the care people received was not consistently person centred.

Whilst we received positive feedback from people about the caring nature of staff we found that the providers systems did not always support the service to be consistently caring. There was a lack of understanding about the importance of dementia dolls for those people who used them. People had not been fully supported to maintain their hobbies and interests and people told us there was little opportunity for activity. People had not been fully involved in reviewing their care or had the opportunity to provide regular feedback about their care. This showed us that the provider had not ensured people consistently received person centred care.

People were supported to maintain their privacy. We saw staff knocking on people's bedrooms door before entering and approaching people to ask if they could support them. Staff respected people's choices and any refusals to be supported were respected by staff to ensure people felt listened to. Whilst much of the practice we saw showed us that staff supported people's dignity there was some staff practice that did not. For example, all people were offered plastic cups to drink from and one person did not have access to a table that was high enough for them to eat from.

Many people were supported to retain their independence. One person described how staff supported their independence and told us, "They [staff] will always help me with bits if I can't manage on my own, I like to try myself first though." Some people used walking aids to support them to mobilise. We saw these aids had to be moved out of the way to enable tables to be put next to the person, for short periods of time, for them to have access to their drinks. In addition, key coded locks on communal doors limited people's opportunity to move around freely. This did not allow all people the full opportunity to mobilise independently.

People told us they felt cared for and that the staff were caring and kind. One person we spoke with told us, "The staff are golden. They can't do enough for you," Another person told us, "The carers are very kind and they look after me." Another person told us, "I am quite happy living here, the girls are all lovely."

Relatives were happy with the care their family member received and one relative told us, "There is a lovely feel about the home, it's calm and relaxed, cosy and friendly. Everyone seems very happy." Relatives we spoke with described the caring nature of the staff and one of the relatives we spoke with told us, "They [person] love the carers and get on really well with them, all the carers seem very friendly and caring." Another relative told us, "The carer's attitude is sympathetic and caring."

We observed a calm friendly atmosphere within the home and staff had built positive relationships with the people living there. We saw that staff were kind and caring in their approach to people and changed their communication style dependent on who they were supporting. Staff provided reassurance and encouragement when they were supporting people and this was most evident when people were supported

to stand and move which caused some people to express fear or anxiety. Staff offered words of comfort and empathy to reassure them. Staff knew people well and were aware of people's interests and about their life histories.

Staff were kind and caring in their approach. One staff member told us the culture of the service supported staff to challenge other colleagues when they witnessed interactions that could have been more thoughtful or caring and told us, "We are focussed on residents, we watch out for them always and challenge each other nicely to do things better,"

People were supported to maintain relationships that were important to them. We saw visitors were welcomed into the home and some relatives were actively involved in people's care.

## Is the service responsive?

### Our findings

At our last inspection on the 19 April 2016 we rated this key question as 'Good.' At this inspection the rating has deteriorated to requires improvement. This is because not all people had access to meaningful activities and reviews of care had not always involved the person.

People were not routinely involved in having the opportunity to review their care. Some people had been living in the home for a long time and as their needs had changed the home had ensured that care was reviewed and changed in line with the persons new needs. We saw that some people had their life history documented. Care records were reviewed on a monthly basis to ensure they accurately reflected people's current needs. Whilst individual care plans were reviewed and updated it was not consistently the case that people together with any relatives were involved in these reviews.

We saw there was an activity board in communal areas detailing the planned activities for the week although we noted that the planned activity for the day was not on the board. We saw that some people took part in a motivational activity which people seemed to enjoy. However, there was no alternative activity offered to the people who didn't want to take part and we were informed that some people didn't take part because they were too disruptive to the rest of the group. We saw some people participating in activities of interest to them during the day. For example, one person was knitting and another person had been supported to use a technology aid to access videos and music that they liked. There was an IT set up which had music and games on from a bygone era and we saw two people sang along to one of the songs.

Whilst some people had access to activities that were of interest to them other people told us there was limited opportunities available to help them maintain their hobbies and interests. One person told us, "Don't do a lot throughout the day, not a lot to do, just sitting around." Another person told us, "We don't really get up to much, lots of sleeping." We saw that whilst staff engaged in daily chats with people they did not have time to engage people in activities and were more task focussed. Some people were being cared for in bed. These people had little access to activities to help reduce the risk of social isolation. The registered manager explained that staff did carry out checks on people who were cared for in bed and that people were able to listen to music.

The Accessible Information Standard of 2017 defines a way of identifying, recording, and sharing people's communication needs. The standard aims to improve the health, care and wellbeing people receive by making sure they are communicated with in a way that suits them. This helps make sure that people can take part in decisions as much as possible. The registered manager provided us with examples of key policies that had been made into easy read formats and we saw some examples of accessible information being used. However, this had not been fully explored and utilised to ensure all people had the opportunity to communicate in a way that suited them, for example those people living with dementia.

Staff knew the appropriate action to take should a person or relative raise concerns with them. Staff were confident that the registered manager would address these concerns and commented that the registered manager was always willing to see things from the persons or relatives point of view

We saw there were systems in place for people to raise any concerns they may have. One relative we spoke with told us, "We as a family have no complaints." We saw there was an easy read complaints procedure and people had received information about how to complain when they first moved into the home. Where complaints had been received the registered manager had taken action to investigate each complaint.

Whilst no one was currently receiving end of life care some people had stated their wishes for care at the end of their lives. This ensured people were involved in planning and making decisions about their care as they neared the end of their life.



## Is the service well-led?

### Our findings

At our last inspection on the 19 April 2016 we rated this key question as 'Good.' At this inspection the rating has deteriorated to requires improvement. This is because the systems in place to monitor the quality of the service were not always effective.

We saw that the registered manager and quality lead had developed audits of the service to monitor the quality and safety of the service. We found that the processes in place to monitor, audit and assess the quality of the service being delivered were not always effective. Systems in place had not identified that records had not been made of competency checks carried out on staff. Audits had not identified infection control issues or that the monitoring of accidents was not robust. Where systems had been developed to monitor certain aspects of care we found some of these were incomplete. For example, a list had been developed of all people who had an official agreement in place about the refusal to receive emergency treatment known as a DNACPR (Do Not Attempt Cardiopulmonary Resuscitation). We saw this list had not been updated since July 2017. For another person we found a DNACPR that was not fully completed. Monitoring systems had not identified these issues.

Some records we viewed contained conflicting information and whilst the registered manager informed us of the correct information, monitoring systems had not identified this and this put people at risk of receiving inconsistent care. Accurate records had not been maintained. We found the monitoring systems in place for one person's fluid intake had not been effective in identifying when the person had not received the required amount of fluids. People had not contributed or been involved with the reviewing of their care and support needs. The registered provider and registered manager had not consistently ensured people received person-centred care which meant that people were not always given choice and control over how they preferred to spend their days. The providers audits and oversight systems had not recognised shortfalls in the implementation of the Mental Capacity Act, DoLs and the use of CCTV which meant people's legal rights had not always been upheld.

Failure to have effective governance systems in place is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst we found that improvements were needed in these parts of the quality monitoring systems the registered manager had ensured other parts of the service were monitored well. For example, we saw that regular checks were carried out to monitor the response times to call bells to ensure people had not had to wait for help for too long.

The registered manager was aware of their responsibilities to inform the Commission of specific events that had occurred at the home and had ensured the latest inspection rating had been clearly displayed in a communal area by the end of the inspection. The registered manager was aware of their role under duty of candour and had undertaken investigations into complaints that had been raised.

Staff felt well supported to raise concerns they may have and felt confident that issues raised would be

addressed. Staff felt supported by the registered manager and felt they could approach her at any time. One staff member told us, "The manager is approachable, she really cares and gives advice whenever asked." Another staff member told us, "The manager always listens and she comes to you when you haven't done something right which is good, it makes you do it right next time." We found that regular supervision was not carried out and only when staff needed to improve their work performance. Carrying out regular supervisions would enable staff to receive further support and guidance from the management team.

We saw that a questionnaire had been sent to people living at the home in May 2018 to seek their views of the service. This questionnaire had been analysed to determine what areas of the service needed improving and key improvement areas had been relayed to staff. We noted, however, that there were no monitoring systems in place to determine if the requested improvements had been implemented and had been successful. There had been no meetings carried out with the people living at the home since March 2018. This gave people a limited opportunity to provide regular feedback to the home about the quality of their care.

The service worked in partnership with other agencies including the local district nursing team and their pharmacist. The service had formed an agreement with another local care home that in the event of an emergency people living at the home could take refuge in the other care home in order to keep people safe.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems in place to monitor the quality and safety of the service were not effective. 17(1)(2)(a)(b)(c).