

Mr Dharam Pal Sahni

Richmond Court Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Our inspection was unannounced and took place on 19 & 20 April 2016. Our last inspection of the service took place on 13 May 2014 and we found that the provider was not meeting two of the regulations associated with the Health and Social Care Act 2008. This related to there being no effective quality assurance systems in place to check the quality of the service as well as errors in the management of medications. Following the inspection we asked the provider to make improvements. The provider sent us an action plan outlining the actions they had taken to make the improvements. During this inspection we found that these improvements had been made.

Richmond Court Residential Home is registered to provide accommodation and personal care to a maximum of 21 older people who may have dementia or physical disabilities. At the time of the inspection there were 20 people living at the home.

The home had 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 felt safe at the home and were supported by staff who had an understanding of how to report abuse and manage risks to keep people safe.

We saw that there were effective recruitment systems in place to reduce the risk of unsuitable people being employed. Staff had appropriate training and support and we saw there were sufficient numbers of staff on duty to support people.

People were supported to take their medication by staff who had been trained and followed correct procedure when supporting people with medication.

People had their rights upheld in line with the Mental Capacity Act but staff did not have an understanding of how to support people whose liberty needed to be restricted to keep them safe.

People had choices at mealtimes and were supported to have sufficient amounts to eat and drink. Where people required input from health professionals, they were supported to access this.

People were supported by staff who were kind and treated them with dignity. People were supported to access advocacy services when needed.

People and their relatives were involved in the assessment and review of their care. People were supported by staff who had a good knowledge of people's preferences with regard to their care.

People were told how they could make complaints. Complaints that had been made were fully investigated by the registered manager. People were given opportunity to provide feedback on their experience of the service.

The registered manager completed audits to monitor the quality of care provided. Where issues were identified, these were acted on.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who had an understanding of how to report abuse and manage risk.

There were sufficient numbers of staff available to support people.

Medication was given in a safe way and as prescribed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not have an understanding of who required a Deprivation of Liberty Safeguard and how to support people with these authorisations in place.

Staff had appropriate training and supervision to support them in their role.

People were supported to make choices at mealtimes and have sufficient amounts to eat and drink.

People had access to healthcare professional support where required.

Is the service caring?

Good ●

The service was caring.

Staff had a kind and caring approach and treated people with dignity.

People were supported to be involved in their care.

People had access to advocacy services where required.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the assessment and review of their care.

There were activities available for people that met their preferences.

People knew how to complain and complaints made were investigated fully by the registered manager.

Is the service well-led?

Good ●

The service was well led.

People spoke positively about the registered manager and felt the home was well led.

People were supported to provide feedback on the care they were provided with.

The registered manager completed audits in order to monitor the quality of the care provided.

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 19 and 20 April 2016 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the home including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send us about incidents that occur at the home. We also spoke with the local authority for this service to obtain their views.

We spoke with five people living at the home, two relatives, three members of staff, the cook, one visiting health professional and the registered manager. As some people were unable to tell us their views of the service, we used a 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 with us.

We looked at two care records, two staff recruitment files and seven medication records. We also looked at accident and incident records, staff training records, compliments, complaints and quality assurance audits.

Is the service safe?

Our findings

At our last inspection in May 2014, the provider was found to be in breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 due to there being gaps in the recording of administered medications. We also found that the medication process was not being checked regularly. Following that inspection, the provider sent us an action plan detailing what actions they would take in response to this. We checked to see if this action had been taken and saw that it had. We looked at medication records and saw that accurate records had been kept of medications given. We saw that the quantities of tablets available reflected what had been documented. We saw that the registered manager completed regular checks on the medication to ensure that these had been given as prescribed.

People told us they were happy with how their medication was managed. One person told us, "Staff help me with my tablets every morning; it's all done at the right time". We saw staff support people with their medication. Staff informed people that it was time to take their medication and stayed with them while they took these. Staff told us and records confirmed that they received training in how to give medications and were observed to ensure they remained competent in this. We saw that where people required creams to be applied, a body map was in place to inform staff of where this should be applied. We saw that where people had medication on an 'as and when required' basis, there were no protocols in place to inform staff of when these should be given. However, we spoke with staff responsible for giving medications and all gave detailed explanations of when these medications should be given for different people. Staff displayed a good understanding of when people required 'as and when' medication and the strategies to use before moving onto medication.

People told us they felt safe at the home. One person told us, "Oh yes, I am definitely safe". Another person said, "I always feel safe here, it's brilliant". Relatives we spoke with were confident that their relatives were safe. One relative told us, "[Person's name] is safe; I have no problems at all".

Staff told us they had received training in how to safeguard people from abuse. Staff we spoke with understood how to identify abuse and knew the action to take if they suspected someone was at risk of harm. One member of staff told us, "If I thought someone was being abused, I would report it to the manager". Another staff member said, "If someone is doing wrong, I would speak up and tell the senior, it's about protecting people".

Staff we spoke with knew the risks posed to people and how to manage these. We saw that one person was having difficulty in standing from a seated position. Staff supported this person by ensuring they had the appropriate standing aid close by and staying with the person, giving constant reassurance while they stood. We saw that staff successfully supported this person to stand safely. We spoke with staff about this person and the risks posed. All staff told us the procedure they follow to support the person to stand in a safe way. We saw that another person's mobility had recently changed. The staff had identified this and had arranged for equipment to be put into place to support the person with their new mobility needs. Staff we spoke with had been informed of the changes to this person's needs and how they should support with the new equipment. We saw the following day that this equipment had been put into place. We saw that care

records had documented the risks posed to people and gave guidance to staff on how to manage these risks. We saw that where accidents and incidents occurred, action was taken to reduce the risk of these happening again. Records we looked at confirmed that following accidents actions included, assessing pain level, referring to GP and close observations by staff.

Staff told us that prior to starting work at the home, they had been required to complete checks to ensure they were safe to work with people. Staff told us that they had been required to provide references and complete a check with the Disclosure and Barring Service (DBS). The DBS check would identify if the prospective employee had a criminal record. Records we looked at confirmed these checks took place.

People told us there was enough staff on duty to meet their needs. One person told us, "There is always staff around; they come quickly if I need them". Another person said, "There always seems to be lots of staff around". Relatives told us they felt there were sufficient numbers of staff available. One relative said, "I think there is enough staff, they respond quickly if [person's name] needs anything". Staff we spoke with told us they felt there was enough staff. One member of staff told us, "I do feel there is enough staff. Sometimes it can be rushed, it depends on the day. We do get one to one time with people". We saw that there were sufficient numbers of staff to support people. We saw that where people required support, they were responded too in a timely manner. We saw that staff were available in the communal areas at all times.

Is the service effective?

Our findings

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. People told us that staff seek their permission before supporting them. One person told us, "Staff always ask for my permission". We saw that staff gave people choices and supported people to make decisions. Staff we spoke with were able to explain how they gained consent from people. One member of staff told us, "I always get permission by asking, if someone refuses, I will go away and try them again later. If they still refuse, we don't force it". Most staff had received training in MCA and demonstrated a good understanding of what the MCA is. Where staff required training in MCA, this had been arranged by the registered manager.

There were people living at the home who had a DoLS authorisation in place. We saw that the registered manager had made the applications for these DoLS appropriately. However staff we spoke with were not able to identify who had a DoLS authorisation in place and were not clear on how this would affect how the person would be supported. Without this knowledge of who has a DoLS authorisation and how the people with DoLS in place should be supported, staff were not able to ensure they were not restricting people unlawfully.

People told us they felt that staff had the skills required to meet their needs. One person told us, "The staff are brilliant, I have never known staff as good". A relative we spoke with said, "I would think the staff are skilled".

Staff told us they had received an induction prior to starting work. The induction involved completing training and shadowing a more experienced member of staff. Staff told us that this equipped them for the role. One member of staff told us, "This was my first job in care and I was nervous so [the registered manager] helped and built me up and now I like it". Another member of staff told us that they felt they had learnt a lot from shadowing other staff. We saw that newly recruited staff were completing the Care Certificate. The Care Certificate is a set of standards designed to equip staff with the knowledge they need to provide people's care.

Staff we spoke with told us they received ongoing training to support them in their role. One member of staff said, "We get training and it gets updated when needed. We have just started doing online training that we can do from home". Records we looked at showed that staff had received training relevant to their job role and the specific needs of people living at the home. We saw that the registered manager had sought feedback on the training provided to ensure that this met staff training needs. This included speaking with

staff to assess what they learnt from the training as well as gathering feedback on how useful staff found this.

Staff told us they had regular supervisions with the registered manager to discuss their work and identify any training needs. One member of staff told us, "Supervisions happen but most of the time we can suggest things we need to the manager as we go along". Another staff member said, "I know we had a form to mark what training we need".

People told us they were happy with the choice of meals available at the home. One person told us, "The food is very good; I am always satisfied with what they give me". Another person said, "The food is lovely, I used to not eat much but since I have been here, I eat a lot. There's a lot of choice". We spoke with staff working in the kitchen. This staff member had a good knowledge of people's dietary requirements and people's likes and dislikes. The kitchen staff had a good understanding of how to support people to choose their meals if they were unable to communicate their choice. All staff we spoke with knew the risks associated with not eating and ensured that people had sufficient amounts to eat and drink. We saw that there was a choice of meals available and that mealtimes were relaxed. Staff provided support to people where required. We saw that people had access to drinks throughout the day. One person told us, "I can help myself to drinks".

People were supported to access the healthcare they needed to maintain their health. One person told us, "They [the staff] get the doctor out no problem if I need it". Another person said, "I have a chiropodist come out and do my feet". Staff we spoke with knew how to support people to access healthcare support when needed and we saw staff communicate with external healthcare professionals to ensure people's needs were met. We spoke with a visiting health professional who spoke positively about the staff and told us, "Staff follow our instructions and know people's needs." Records confirmed that people had been supported to access a variety of health services including opticians, dentists and annual health checks.

Is the service caring?

Our findings

People told us that staff were kind and caring in their approach. One person told us, "The staff are very kind to me". Another person said, "The staff are very good, if they can go out of their way to help people, they will do". Relatives we spoke with also spoke positively about the caring nature of staff. One relative told us, "I like the home and I get on well with the staff". A relative told us how staff provide them with a meal when they visit their relative at meal times so that they can eat together. The relative told us how appreciative of this they were. We saw that staff had a friendly relationship with people living at the home and spoke about them in a caring way. One staff member told us, "I love the residents and am here for them. They have my 100 per cent".

People told us that they were involved in their care. One person told us, "They [the staff] always ask how I am getting on". A relative we spoke with said, "Staff give [person's name] opportunity to say what he wants". Staff we spoke with told us how they ensured people were involved in their care. One member of staff told us, "I respect people's needs and give them choices; we treat people as individuals and ask before doing anything". We saw that staff supported people to be involved in their care by offering them choices and respecting the person's choices. We saw that one person had not got dressed and was in their nightwear for much of the morning. We spoke with staff who all informed us that they had offered to support the person to dress but they had declined this and expressed a wish to remain in their night clothes. We saw that staff went to the person numerous times throughout the morning to offer support to dress and respected the person's wishes when they declined. Relatives we spoke with told us they were involved in their family members care and were kept informed on their wellbeing. One relative told us, "The staff keep me informed of any issues".

People told us that staff treated them with dignity. One person told us, "The staff knock the door when they come to check on me". Staff we spoke with displayed a good understanding of how to ensure people's dignity was respected. Staff gave examples of how they do this which included; thinking about what the person would like, explaining what they are doing before supporting people and being discreet when discussing people's care needs in communal areas. We saw that staff treated people with dignity. We saw that where people requested privacy, this was respected by staff. One person who chose to stay in their room told us how staff offer to support them to access communal areas but respect their decision when they wish to stay in their room.

We saw that there were systems in place to support people to access advocacy services where required. The registered manager told us that some people living at the home did have an advocate to support them. The registered manager could explain how they had supported people to access an advocate and knew the process for referring people to this service if needed.

Is the service responsive?

Our findings

People told us that before they moved into the home, they were involved in an assessment of their needs. One person told us, "[The registered manager] sat with me and explained what goes on before I moved in". Another person said, "When I moved in, someone did sit with me and went through what help I need". This was confirmed by relatives, who were also involved in the assessment process. One relative told us, "They did have an assessment when [person's name] moved in".

People we spoke with could not recall if they had been involved in a review of their care. However, records we looked at indicated that reviews had taken place monthly and that people and their relatives had been involved in a more formal review every six months. We saw that where changes had been made to people's care records, the changes were highlighted so that staff could identify the areas in which changes had been made.

People told us that staff knew their needs and how they would like their care to be delivered. One person told us, "The staff know me". This was confirmed by relatives who also felt that the staff knew people's needs well. Staff we spoke with knew the individual needs of the people they supported and could describe in details people's needs and their preferences with regards to their care. Records we looked at held personalised information about people to ensure they received care that was in line with their wishes.

People told us that activities were held regularly at the home. One person told us, "It is brilliant here for things to do". Another person told us how they go out independently to the local shops or to the pub and how they had been supported to access the sport channels on television so they could maintain their interest in football. Posters had been displayed advertising future activities being held at the home including exercise classes and entertainers. We saw that staff took time to complete a ball game with people. People joining in the activity visibly enjoyed this and all continued to play the game when the staff member left the room. The registered manager showed us a photo album documenting the activities people got involved in previously. This included arts and crafts and church services.

People and their relatives told us they knew how to make a complaint. One person told us, "I would go to [staff member's name] with a complaint, or anyone really, they [the staff] would all help". A relative we spoke with told us, "There's a complaints book if I need to complain, but [person's name] is fine, I have never had any problems". Staff we spoke with had a good understanding of the complaints procedure and knew the action to take if someone wished to complain. We looked at the records kept of complaints and saw that where complaints had been made, these were investigated fully by the registered manager and the person making the complaint was informed of the outcome. We saw that the details of how to make a complaint had been displayed in the communal areas for people to view if required.

Is the service well-led?

Our findings

At our last inspection in May 2014, the provider was found to be in breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 due to the provider not having an effective system to regularly assess and monitor the quality of service that people received. Following that inspection, the provider sent us an action plan detailing what actions they would take in response to this. We checked to see if this action had been taken and saw that it had. We saw that the registered manager completed audits to monitor the quality of the service. These included audits on medication, people's care records, Health and safety and call bell response times. We saw that where actions were identified these were acted upon. For example, the registered manager's audits had identified that protocols for 'as and when required medications had not been implemented and action was being taken to put these into place.

People and their relatives spoke knew who the registered manager was and spoke positively about the leadership at the home. One person told us, "I have a good relationship with the manager". Another person said, "I am very happy here, I would be sad to leave".

People told us they were invited to provide feedback on the service they are provided with. One person told us, "I have had a questionnaire about the home". Relatives we spoke with had also been given a questionnaire to provide feedback. One relative said, "I have had a questionnaire each year". Records we looked at confirmed that feedback was sought from people, their relatives and health professionals involved with the home. We saw that this feedback had been analysed and an action plan devised to ensure that suggestions made were acted upon.

Staff we spoke with told us they felt supported by the registered manager and were given opportunity to feedback and make suggestions about the home in team meetings. One member of staff told us, "I feel supported by [the registered manager], if we feel anything needs changing, we can tell her". Another staff member told us, "[The registered manager] listens when I suggest things and she has then put these into place". These suggestions included improving records that staff were required to complete to ensure that information held about people was detailed and accurate. Staff were confident in raising concerns with the registered manager. One member of staff told us, "I can approach [the registered manager] with problems and she will act on it". Staff we spoke with understood their role and knew the procedure to follow if there was an emergency. We saw that there was a manager on call at all times for staff to contact if needed.

We saw there was an open culture at the home and staff understood how to whistle blow if they needed too. The registered manager understood their legal obligation to inform us of incidents that occur at the service and we saw that notifications had been sent in appropriately.