

Cumbria County Council

Richmond Park

Inspection report

High Street
Workington
Cumbria
CA14 4ES

Tel: 01900325030

Date of inspection visit:
16 October 2019

Date of publication:
18 November 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Richmond Park provides accommodation and care and support for up to 31 people. The home supports people who have needs associated with ageing or are living with a dementia related illness. There were 30 people living in the home at the time of the inspection.

Richmond Park is a recently modernised detached property set over two floors with a passenger lift and accessible bathrooms and toilets and with an accessible garden.

People's experience of using this service and what we found

The service continues to achieve good outcomes for people and everyone we spoke with told us they would recommend the service. People were happy about the care and support they received and with the way the home was managed.

People were protected from harm. There were enough numbers of staff to meet people's needs and ensure their safety. The recruitment processes ensured new staff were suitable to work in the home. Staff understood how to protect people from abuse. Risk assessments were carried out to enable people to retain their independence. People received their medicines when they needed them from staff who had been trained and had their competency regularly checked.

People felt safe and described staff as kind, friendly and caring. Staff treated people with dignity, respect care and kindness and knew people well. Wherever possible people's independence was promoted.

People's care needs were assessed prior to them living in the home and each person had an up to date care plan that detailed their support needs. The service ensured people had access to various healthcare professionals, when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People enjoyed the meals and were supported to eat a nutritionally balanced diet. They had a wide range of organised activities and entertainments to choose from. Links with local community groups were well developed to enhance people's lives.

The home was being well-led by the registered manager and people's views about the quality of care provided were used to make improvements. Lessons had been learned and shared with staff when things went wrong. Staff were well trained and supported for their role. They felt valued and enjoyed working at the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Richmond Park

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience on the first day, and by an inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Richmond Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted local authority commissioners and two healthcare professionals for their views about the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with twelve people living in the home and with five relatives. We also spoke with the registered manager, two supervisors, and five care staff. 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 with us.

We had a tour of the premises and looked at a range of documents and written records. This included six people's care records and multiple medicines records. We looked at five staff files in relation to recruitment and staff supervisions. We reviewed a variety of records related to the management of the service, including policies and procedures, maintenance records and checks on the quality and safety of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm. The provider had safeguarding policies and procedures in line with local authority guidance to protect people from harm and abuse. People told us they felt safe and were happy with the care they received. Relatives had no concerns about the safety of their family members.
- Staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- People's human rights were protected. The registered manager made sure staff knew how to keep people safe and to protect them from discrimination. Staff had access to appropriate training and to policies and procedures. Staff ensured people had maximum choice and control over their lives, including those with protected equality characteristics.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. This included assessments of specific risks, such as the risk of falls and risks arising from moving and handling, skin integrity and nutritional needs. Staff were provided with guidance on how to manage the risks in a safe and consistent manner.
- The provider had carried out environmental risk assessments in areas such as fire safety, the use of equipment and the security of the building.
- The registered manager promoted an open and transparent culture in relation to accidents, incidents and near misses. This included a monthly analysis of accidents and incidents to check for trends so that these risks could be minimised.
- Lessons learned were discussed with staff in supervisions, in team meetings and on the staff notice board. The registered manager had recently carried out an extensive piece of work in response to an incident to ensure all staff were well briefed on the providers reporting systems.

Staffing and recruitment

- People received effective and timely care and support. The provider had well-established systems ensure staff were deployed in the home in sufficient numbers and with the right skills. People said there were enough staff to meet their needs in a timely way.
- The provider and registered manager made sure staff were of a suitable character to work in a care setting. There was an on-call system to access management support during the night and outside normal working hours.

Using medicines safely; Preventing and controlling infection;

- The registered manager ensured medicines were managed safely and people received their medicines when they should. Medicines were clearly recorded within people's medication administration records and showed people had received their medicines as prescribed.
- The registered manager and staff followed safe processes to ensure people's medicines were received, stored, administered and disposed of safely. Senior staff had training and checks on their competency to carry out this role.
- The registered manager ensured people were protected from potential cross infection during the delivery of personal care. Staff received training and were provided with appropriate protective clothing, such as gloves and aprons. Appropriate hand washing facilities, such as liquid soap, paper towels and pedal operated waste bins were strategically placed around the home. People and their relatives commented on the home being "immaculately clean."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out thorough assessments of people's needs before they moved into the home to ensure they could be looked after properly. Assessments from health and social care professionals were also used to plan effective care for people.
- Management and staff applied their learning in line with expert professional guidance, such as the management of nutrition, skin integrity and falls. The registered manager had implemented CQC recent guidance on oral care for people and added this into people's care plans.
- Staff considered people's protected characteristics, such as age, religion or belief. Policies and the initial care assessment supported the principles of equality and diversity.

Staff support: induction, training, skills and experience

- The registered manager ensured staff were provided with training appropriate to their role and ensured staff support and regular supervision. Staff said they had plenty of opportunity to discuss their responsibilities, concerns and to develop their role. We discussed with the registered manager how the staff supervisions were very similar covering general topics. We were shown a more detailed supervision form that was being trailed. This included more about personal development and individual performance.
- The provider made sure new staff were given an induction to ensure they could carry out their role safely and competently.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager made sure people's nutritional needs and preferences were met. People told us they enjoyed the meals and the quality of food was excellent. One person told us, "The food is wonderful, really good and so much of it. I love my tea. I'm known as the tea queen, the staff always make sure I've got a cup."
- Staff monitored whether people were at risk of poor nutrition and involved healthcare professionals as needed. Catering staff had received training on the specific dietary needs of older people and were aware of people's food allergies, dietary preferences and needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received appropriate support to meet their healthcare needs. Staff worked closely with other social care and healthcare professionals, as well as other organisations to ensure people received a coordinated service.
- Staff shared appropriate information when people moved between services, such as being transferred to

other services, admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently when moving between services.

Adapting service, design, decoration to meet people's needs

- The provider had carried out a major refurbishment with upgrades to most areas, including a large secure entrance way, a conservatory room and modernised bathrooms. The service had adopted latest guidance in building design for people living with dementia, such as cupboards with viewing panels and use of colour to highlight doors and handles. People had access to a safe, well maintained garden which was also accessible for people who used wheelchairs .
- Technology had been incorporated into the upgrade of the building. For example, sensors to the parameters of beds to monitor people at risk of falls and rooms had flexible light setting options.

Ensuring consent to care and treatment in line with law and guidance

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. 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.

- The registered manager understood when an application for a DoLS authorisation should be made. At the time of the inspection, eight applications had been made to the local authority and these restrictions were being applied to keep people safe. Staff had received training and demonstrated a good understanding of the principles of the MCA.
- Staff made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible. People's capacity to make decisions were recorded in their care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to maintain their dignity. People gave us positive feedback about the caring approach of staff. One person said, "They really do care, there's no issues with dignity and they treat us all with respect." There were policies and procedures about caring for people in a dignified way. People told us they could spend time alone in their rooms if they wished and were given the choice.
- Staff encouraged and supported people to maintain their independence whenever possible. They had supported people to regain life skills and confidence.
- People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

Ensuring people are well treated and supported; respecting equality and diversity

- Management and staff treated people with kindness, care and respect. Meaningful and supportive relationships had been developed with the staff team. Staff respected people's equality, diversity and human rights and recorded them as part of the care planning process.
- People were complimentary about the care and support they received. They said, "The staff are brilliant you couldn't ask for better, they always call you by name and ask after you." A relative told us staff always made sure their relative was well dressed and presented with their favourite pieces of jewellery and with a particularly hair style they liked.

Supporting people to express their views and be involved in making decisions about their care

- People confirmed they were able to make choices and decisions. Staff encouraged people to make decisions about their day to day routines, in line with their personal preferences. One person told us, "I can decide what I want to do."
- Management and staff encouraged people to express their views as part of meetings, daily conversations and customer satisfaction surveys. Information displayed around the home helped keep people informed of proposed events and any changes.
- Staff gave people information advising where they could access advocacy services and how to contact other useful agencies. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Management and staff planned people's care and support in line with their choices and preferences. The registered manager and staff understood people's needs well and recognised the importance of appropriately supporting people on an individual basis. They understood the importance of promoting equality and diversity and respecting individual differences.
- People's care plans described their health, care and support needs and included their preferences and routines. Daily records were written in a respectful and meaningful way, with any changes being recorded so action could be taken, such as seeking a referral to a GP.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Management and staff provided people with a range of activities and entertainments that suited their needs. People enjoyed activities such as hand massage, chair exercise, dancing, and games. Entertainers and singers were booked on a regular basis. Staff told us of links with a local industry had led to Smart TV's being donated and how they streamed music sessions and old movies from YouTube.
- The registered manager had developed strong links with local community groups. Local schools regularly came into the home for visits and concerts and the local college art students had visited to do art and wall collages with people. Staff had arranged food tasting sessions and evenings with local supermarkets supplying more exotic types of food to try. People told us of the enjoyment and fun they had with these activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team and staff understood about the AIS. People's communication needs were identified and recorded in their support plans and shared appropriately with others. Information was available in a variety of formats, such as easy to read and pictorial information to meet the communication needs of people and to give people more control over their lives.
- The management team and staff used technology such as sensor mats, electronic devices as a means of achieving positive outcomes for people.

Improving care quality in response to complaints or concerns

- The provider had systems to monitor any complaints, compliments or concerns. They used the information to understand how the service could be improved or where they were doing well. Complaints and concerns were responded to in line with the service's complaint procedures.
- People told us they had no complaints or concerns. However, they would feel confident talking to staff or the registered manager if they wished to raise a complaint or discuss a concern. The complaint procedure was available in the service information guide.
- People were encouraged to discuss any concerns during meetings and during day to day discussions. They also participated in a satisfaction survey where they could air their views about all aspects of the service.

End of life care and support

- The staff team had experience of caring for people at the end of their life. Relevant professionals were involved when required so that the appropriate medicines and equipment were made available to ensure people received dignified, pain free care. At the time of our inspection, the service was not supporting anyone with end of life care. We saw a number of relative's thank you cards commenting on the high standard of end of life care for their relative.
- People's preferences and choices in relation to end of life care and their cultural and spiritual needs, where possible, had been explored and recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and all the staff we spoke with, demonstrated a commitment to provide person centred, high-quality care. They placed people using the service at the centre of everything they did. People, where possible, were empowered to make decisions about their care and support.
- Management and staff knew people well and put these person-centred values into practice. Staff we spoke with talked about the satisfaction they gained from making someone happy.
- Staff told us they enjoyed working at the home and received good support from the registered manager. People in the home and staff described the registered manager as approachable, hardworking, dedicated and kind.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. Good relationships had been developed between management, staff and people using the service and their family members.
- There was evidence management had spoken with people when things went wrong. We saw recent example of an investigation and the measures out in place to ensure staff were better informed of policies and procedures. Any incidents were fully discussed with staff during meetings or in one to one support sessions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was knowledgeable about their legal responsibilities. Any notifications they were obliged to make, had been made to CQC and the local commissioners. We found records were accessible and were completed to a good standard.
- The provider ensured there were effective systems to monitor the quality of the service and the registered manager's practice. The provider's operations manager regularly visited the service and received reports each week which gave a good oversight of the service. The registered manager confirmed she received good support and had a supportive network with the other registered managers within the organisation.
- Staff understood their individual responsibilities and contributions to service delivery. The service had a team of supervisors who planned and organised care and gave care staff clear expectations and leadership.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff told us the registered manager was visible, approachable and supportive.
- The registered manager actively supported people to be engaged in the development of the service. The quality of the service was monitored regularly by speaking with people to ensure they were happy with the service. There was clear evidence people had been listened to and changes introduced. This was very clearly seen in the recent alterations to the home whereby people had been fully involved in the changes.
- Management and staff were committed to delivering person centred care that respected people's diversity and personal and cultural needs.
- Meetings for people using the service and for relatives were held quarterly and a wide range of topics were discussed.

Working in partnership with others; Continuous learning and improving care

- The registered manager encouraged a culture of continuous learning and development within the service. Staff meetings were utilised to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns and the registered manager was open to feedback.
- The registered manager kept abreast of latest good practice and research. People had recently benefitted from the introduction of good practice in 'Oral Care in Care Homes' guidance and 'React to Red' which aimed to reduce pressure sores developing in people who were deemed to be at high risk.
- Management and staff worked in partnership with external agencies where they could learn and share valuable knowledge and information that promoted the development of the service. For example, they attended local meetings and training presented by local commissioners and health care practitioners.
- The service had close links and good working relationships with a variety of professionals to enable effective coordinated care for people. This included healthcare professionals such as the district nurses and the local GPs, as well as social care professionals such as the safeguarding, mental health and social work teams.