Rosecare Shirebrook Limited

Richmond Residential Care Home

Inspection report

Recreation Road
Shirebrook
Mansfield
Nottinghamshire
NG20 8QE

Tel: 01623748474
Website: www.richmondcarehome.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Richmond Residential Care Home is a care home that provides personal care for up to 40 people, some of whom are living with dementia. At the time of the inspection there were 33 people using the service. The accommodation is split across two floors. The top floor has bedrooms and the ground floor houses several community spaces. These include a communal lounge, small television room, a dining area and a café/ meeting space. There was an accessible secure garden.

People's experience of using this service and what we found
The provider and registered manager had completed audits however these had not always identified areas which required improvement. Medicine was administered safety, however we raised concerns in relation to stock management and ongoing audits. People felt the manager could be more visible and share the improvements or changes with them more regularly. Staff felt supported, however would like better communication when they commenced their shift.

There was a positive atmosphere at the home and people told us they enjoyed living at Richmond.
The home was clean and welcoming. People's views had been obtained along with relatives and staff, any actions from these had been addressed.

People were protected from the risk of harm or infection. Detailed risks were completed to manage or mitigate risks. The home was well maintained with regular checks completed to all areas. There were sufficient staff to meet people's needs and safe recruitment processes had been followed.

Health care needs had been addressed to ensure care and support was provided to enhance wellbeing. People enjoyed the meals and their dietary needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received training in their role and new staff received an induction which provided them with the skills and knowledge they required. People received a pre- assessment of their care needs and was developed into a comprehensive care plan. these had been shared with staff and updated following reviews.

A range of activities were available, and people engaged in these inside the home and in other events in the local community. People told us the staff were kind and caring and responsive to their care needs. Dignity was respected, and any cultural or spiritual needs were supported.

Information was available in different formats and displayed in the home. A complaints policy was in place. There was a registered manager and they ensured we received notifications about events, so we could monitor the service. The homes rating was displayed as required.

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 (22 April 2017) At this inspection we found some improvements were required in the welled domain, however the service remains overall Good.

Why we inspected
This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Richmond on our website at www.cqc.org.uk.

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 not always well-led safe. Details are in our well-led findings below.	**Requires Improvement**

Richmond Residential Care Home

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
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.

Service and service type
Richmond Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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. On the day of the inspection the registered manager was on leave, so the inspection was supported by the deputy manager.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

What we did before inspection
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We used all this information to plan our inspection.

During the inspection-
During the inspection we spoke with eight people and two relatives to ask about their experience of the care provided. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We spoke with six staff members, a member of the domestic team, the cook, three care staff and the deputy manager. We spoke with the provider who were present during the day and for the feedback at the end of our inspection.

We reviewed a range of records. This included five people's care and medicine records. We also reviewed the process used for staff recruitment, various records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. The provider shared with us immediate actions they had taken following the inspection.

Good

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 has 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 felt safe at the home. One person said, "I feel safe. I know the people here and I enjoy it. Staff are very polite." Information was displayed around the home, providing details of who to contact if anyone had concerns.
- All the staff had received training and those we spoke with knew how to recognise and protect people from harm.
- When safeguarding concerns had been raised they were investigated, and any learning shared with the staff during team meetings.

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

- Risks had been assessed and these included when people required equipment to move. One person told us, "I do feel safe. I have never found staff unfriendly or heard them shout at anyone. I don't have any bruises from being hoisted."
- We observed people being moved and this was done in a gentle caring manner explaining the stages and placing people's feet on the footplates safely. Another person said, "All the staff are pretty good and look after me. I need to be hoisted and two staff do that."
- When people had fallen, these were reviewed and discussed with family. Some people had equipment in place to alert staff should they fall whilst in their bedrooms.
- The provider was swift to replace equipment when found to be broken. They had also invested in an item called a 'De-choker' to be used if people choked and staff felt unable to remove the blockage manually. One staff member said, "It was a good idea." This showed lessons were learnt and new ideas were welcome from staff.
- Maintenance of the home was maintained, and we saw that all the required checks to comply with health and safety were in place.
- People had an individual plan to support their evacuation, for example in the event of a fire.

Staffing and recruitment

- The were sufficient staff to support people's needs. One person told us, "There are enough staff. I nearly fainted and staff came quickly." Another person said, "Staff here are brilliant people. I don't have to wait long unless something is happening somewhere else. Then you have to wait in the queue, unless its urgent, then they will come very quickly."
- Staff responded to people's needs and we did not observe anyone waiting for care.
- The provider used a dependency tool to reflect the staffing needs. This reflected a further staff member was required at night. Whilst the provided recruited additional staff regular agency had been used.

● When staff were recruited the appropriate references and checks were completed in line with current guidance.

Using medicines safely

● Medicine was managed safely. One person told us, "I am on medicines. I get four at breakfast and two at tea time. Two staff come and bring them in a container. I take them myself. They must write it down."

● When people needed 'as required' medicine this was available. One person told us, "If I have a headache I can get an aspirin for it"

● However, we had some concerns in relation to stock management and record keeping. We have reported on these in the Well-led section of this report.

Preventing and controlling infection

● The home ensured it adopted measures to protect people from the risk of infection.

● Cleaning schedules were in place and the home had a programme of continuous deep cleaning to maintain each person's room.

● The kitchen had a food hygiene rating of five. The food hygiene rating reflects the standards of food hygiene found by the local authority.

● Staff used protective clothing when supporting people with personal care and food preparation, for example, gloves and aprons.

Good

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 has 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 was information in relation to current guidance in the care plan folders. This provide staff with additional knowledge about long term conditions.
● People we spoke with felt their choices and wishes had been considered. One person said, "Anytime you are sad the staff will talk and support you. I was very grateful and impressed by them. They are caring, efficient and listen to your wishes. They are very professional."

Staff support: induction, training, skills and experience
● Staff has received training in a range of courses to support their role. All the staff we spoke with praised the training and felt it equipped them to have a range of skills.
●One staff member told us how recent training had showed them how to adapt how they support people when using walking aids. Since the last training, hand frames have been placed around the toilets and raised seats to support people to be more independent when using the toilets.
● When people commenced their role, they were supported with an induction, which included training, spending time with experienced staff and reading the care plans.
●All the staff we spoke with felt there was sufficient training for their role. Some staff had requested training in different areas of care and this had been supported.

Supporting people to eat and drink enough to maintain a balanced diet
●There was a good choice of food on offer and people told us they appreciated the range. One person said, "We are asked to pick from two choices. I don't need any special diet, so long as it's not too sweet. There are different meals every day" Another person said, "Food is wonderful. 10 out of 10. I'm a very good cook myself. I am cautious about getting too fat."
● The cook had written details about people's dietary needs and was able to provide a range of meals to suit these.
● We observed the midday meal. It was a pleasant experience, tables were laid with cutlery, serviettes and condiments. There was a pleasant atmosphere with people sitting with friends and enjoying conversations.
● People's weights were monitored, and any concerns followed up with health care professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● When people needed support with their health care the required referrals or support to access services was provided. One person said, "When I fell from my chair, I had a lump on my head. Staff went with me to the hospital. Luckily it was just a shake up." They added, "The optician and chiropodist come here regularly.

The hairdresser comes twice a week."

● When people had received support, their records were updated. If any guidance or action was needed, this was shared with staff. Support was offered to attend appointments if family were not available.

● People's mouth care had been considered. Each person had an oral care plan which reflected people's different needs. Staff told us this area had been introduced and it was useful to know what support people may need. For example, if they have dentures or enjoy cleaning their teeth.

● The home had regular visits from the GP and health care staff to support people's pressure care needs.

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

● The provider had made changes to the environment following feedback. A room had been made into a community cafe. People told us they had chosen the colour scheme and one person had helped to paint it. Family's enjoyed using the space with their relatives.

● People's bedrooms had their name on the door with an image of something of interest or connection to their life. There was signage around the home to support people to orientate, when changing locations.

●The home had lots of space for people to use. Some areas had been decorated to recognise long standing people. For example, a painted shop and a mural.

● One of the communal spaces was not frequently used by people, so the provider was considering changing the room into a social space with a bar, to replicate the 'miners' welfare' style which is representative of the local community. This would also house a kitchenette to enable people and relatives to access refreshments outside the set meal times.

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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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.

● People's capacity had been assessed in relation to decision specific needs. Where people may be lacking the capacity to make particular decisions, a two-stage assessment of their capacity was carried out.

● People were asked to provide their consent to receive care and support. We saw that staff encouraged people to make daily choices and obtained their consent before commencing any care support.

● Some people had been referred to the local authority with regard to a DoLS. Other people were subject to the court of protection and the provider ensured they assisted in this process.

Good

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 has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People had established positive relationships with the staff. One person, told us, "I have watched the staff. They can do their jobs. I was weeping, and a carer was sensitive and helpful to me. She took me to a quiet corner where I could cry. She was very perceptive."
- We observed on several occasion that staff went up to those people who seemed quiet or withdrawn. They made friendly conversation with them and checked they were well.
- Staff were receptive to people. For example, one person seemed quieter than usual. Two staff checked with them, asking about their health and wellbeing. They offered a cold drink and the person began to respond. This shows staff were aware of the people and responsive when they were not their usual selves.
- People could choose the gender of the care staff they received support from. Some females enjoyed their care from male staff. One person told us, "The male care staff are lovely and so kind." Another person told us, "I was born in 1935 and I prefer a lady carer and I get a lady carer. I wouldn't be happy with a man carer. Staff know to respect this."
- People were able to follow their spiritual needs. One person told us, "I am Church of England and a nice vicar comes here." Regular services were held at the home and some people had private arrangement for their spiritual needs which was respected and supported.

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

- People were central to the care being delivered. We observed staff had pleasant social time with people both in the dining and lounge areas. This including giving emotional time to people who were quiet. People had developed friendship groups, and these were supported when linked to sitting together or activities.
- There was encouragement to maintain people's independence. One person told us, "Staff listen and do things straight away. They are helpful. Like they do my hair and wash me. If I want to do something then staff will let me, if I can." Another person said, "Staff do listen to me. They are wonderful people."
- Family and friends were welcomed, and they told us they could drop in as they wished. Relatives told us they were kept informed, for example, one relative told us they were informed by the manager by telephone and keep them in the loop.

Respecting and promoting people's privacy, dignity and independence

- People received care which supported their dignity and respected their individual choices and lifestyles. For example, people told us they could choose the time they got up or went to bed.
- Comments received about the staff were, 'Staff are caring, kind and friendly. And, if they have time they will sit and talk,' and 'staff all have good qualities and know what they are doing. They are very friendly.'

Relatives supported this view, one told us, "As a family we have no concerns about the quality of care here."
● Other comments reflected a clear link to showing respect. One person said, "I like to leave my door open. I close it at night-time for privacy and staff respect that. Staff will knock on my door, even if the door is open."
● One staff member had been identified for their skills in dignity at a national awards ceremony.

Good

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

● A pre-assessment had been completed to reflect the care needs of the people. These were then used as a base to develop a more detailed plan. We saw these had been reviewed and were personal.

● When people required support they were responded to swiftly. One person told us, "Staff come straight away," Another person said, "If I ring the bell or make a noise in my room the carers will come."

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.

● We saw the home displayed a range of information for people including details on how to raise a safeguarding or make a complaint. There was a sign which offered people the option to have information in a different format if they required this.

● There was an illustrated menu, an orientation board showing the day and time. There was also information about activities which included a newsletter.

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

● There was a wide range of opportunities for people to enjoy their day or follow activities of interest. The home had a large range of activities on offer and around the home equipment which offered spontaneous interactions. For example, soft toys and sensory dolls that people living with dementia could use.

● People were observed to draw, paint and a very large group joined enthusiastically in a singalong to songs of their generation, prior to lunch. The activities coordinator told us, "The singalong before lunch helps to energise people and we found this encouraged an appetite for their lunch.".

● People had been encouraged and supported to access activities outside the home. Some people had been to the swimming baths, the local pub and evening entertainment at the welfare club. One person told us, "I read a lot and have a lot of books. I enjoy watching the television and if there are activities I like, then I join in. I get to have general chats and we get taken out, now and then."

● There was a community feel to the home. Some people had been involved in a recent memory walk for Alzheimer's Society. One person said, "We get to go for walks in the park. We get taken for trips out and recently I did a memory walk."

●Other community links had been made with the local infant school and a home for people with learning disabilities. These groups had been involved in joint projects in connection to different celebrations. For

example, grandad day, Easter and the summer fair.
● The activity's person had been recognised for their skills in this area at a national award ceremony.

Improving care quality in response to complaints or concerns
● The provider had a complaint policy and we saw this was accessible to people and relatives. There had been no complaints since our last inspection.
● No one we spoke with had any complaints and one person said they would approach the manager if they needed to. One person said, "I'm quite happy here and don't have any complaints."
● The provider had a closed social media account which was used to share news and events with the people and relatives. They shared this with us to review the compliments. We also reviewed comments on the national ratings site for care homes where relatives had registered their thoughts on the home. These reflected a five-star opinion, this quote sums up the views,
'All the staff are supportive, caring and friendly. There are plenty of interactions. Beautiful rooms were people can have their own personal touch.''

End of life care and support
● People had been supported to receive responsive and appropriate care when they were at the end of their life. They had received an updated care plan which reflected any required needs, for example, regular turns or mouth care. One relative told us, "[Name] could not be better cared for and staff make sure they are comfortable. They could not do anymore. Everything is in place and the staff keep me updated."
● We saw that when people had made end of life decisions these were respected. For example, do not resuscitate or details about agreed medical interventions. Medicine had been made available to provide people with a pain free ending.

Requires Improvement

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 has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

● We saw that audits had been completed. However, these had not always been used to drive improvement. For example, we found several errors in relation to stock control of medicines and paperwork not been reviewed or completed in line with current guidance.

● When the accident and incidents had been reviewed, we could not be sure they reflected any trends or actions. There was no overview to identify trends.

● Where audits were in place which had identified an action, the records didn't reflect when the action had been completed.

● Staff felt supported by the provider and registered manager, however raised with us that they did not always receive a handover in relation to peoples care needs when they commenced their role in the middle of the day. The deputy acknowledged this and agreed to put something in place to address this.

● The provider met with the registered manager on a weekly basis. They reviewed the running of the home. However, there was no ongoing record of these meetings, the audits or required actions. This meant we could not be sure any areas raised were followed up formally.

The provider responded immediately and after the inspection to address the medicine errors and to review the auditing process. They shared with us their action plan. We will review this at our next scheduled inspection.

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

●We saw the provider had a 'You said, we did' board, however the last recorded action was July 2019. Since July further feedback had been obtained in meetings.This meant any recent improvement had not always been shared with people.

● We reviewed records which showed that meetings with people had taken place. Much of the meeting reflected on the meals and any suggestions were shared with the cook and followed up. ● People told us they enjoyed living at the home. This was supported by the numerous comments on the providers social media page and the national ratings site for care homes.

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 provider and registered manager had developed a staff team which reflected a clear vision and a

strong set of values.

● It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating in the home and on their website.

● We checked our records which showed the registered manager had notified us of events in the home. A notification is information about important events which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service.

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

● People and relatives had been consulted about their care needs. We reviewed the most recent survey results. The results were overall positive and showed that were elements of concern had been raised these had been addressed. For example, concerns were raised about laundry going missing, the provider had increased the laundry hours to address this.

● We also reviewed the survey which had been completed by staff. The overall theme was positive, with some suggestions. For example, that people had their own toiletries, we saw this had improved.

● Another issue had been raised about the equality of the working hours for day and night staff. This was discussed at a follow up meeting and new arrangements are now in place. Staff told us this had made a really big difference in their wellbeing and that had a positive impact on the care they delivered.

Working in partnership with others; Continuous learning and improving care

● The provider worked with a range of health care and social care staff to ensure that peoples health needs and well being were being catered for. Any guidance was included in peoples care and this was shared with staff to ensure these would be followed.

● Staff also worked with a range of people in the community, both inviting groups into the home or supporting people to attend local places of interest.