Richmond Court Nursing Home Limited

Caldene Rest Home

Inspection report

27-29 Beeches Road
West Bromwich
West Midlands
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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?	Good

Summary of findings

Overall summary

Caldene Rest Home is a residential care home providing personal care to 27 people aged 65 and over at the time of the inspection. They were also registered with CQC to provide nursing care but when we arrived to begin the inspection, we were told they did not currently provide nursing care due to difficulty in recruiting nurses. The registered manager confirmed there was no one with nursing needs living at the home. During our inspection, 20 people were living at the home and two people were in hospital.

People's experience of using this service:
People were positive about their experience of living at the home. For example, one person said, "I've got a nice room upstairs and I am quite happy here. The people treat me well." A visitor said, "I recommend this home."

People were safe with attentive staff who ensured they used their walking aids. There was a stable caring staff group. People continued to be supported by staff who respected their privacy and dignity. Staff relationships with the people they assisted continued to be caring and supportive. People's nutritional needs were met, and people praised the quality of the food. Care plans for each person held information about their dietary needs and their likes/ dislikes.

Risk assessments identified when people could be at risk. They covered people's physical and mental health needs and the environment they lived in. Care staff were recruited to suit the caring values of the service and recognised the importance of team work to provide consistent and safe care. People were protected from abuse because staff understood their safeguarding responsibilities.

People were supported by staff who completed appropriate training and understood their needs. Staff spoke confidently about the care they delivered and affectionately about the people they supported. They understood how they contributed to both people's physical health and mental wellbeing.

Referrals were appropriately made to health care services when people's needs changed. People were supported to maintain good health and had access to appropriate services, which ensured they received on-going healthcare support. Medicine administration, recording and auditing was safe.

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. Information was in place to ensure people's legal rights were protected.

The management team, through regular reviews, unannounced spot check visits and observations of staff practice, ensured people received a good quality service. Feedback from people using the service and quality assurance records showed this had been achieved.

Rating at last inspection (and update):

The last rating for this service was Good (published December 2016). At this inspection, the rating remained the same.

Why we inspected: This inspection was scheduled for follow up based on the last report rating.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

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

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Caldene Rest 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
The inspection was carried out by one adult social care inspector, a nursing specialist advisor 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
Caldene Rest 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.

What we did: Before the inspection, we reviewed relevant information we had about the service, including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We checked the last inspection report and contacted the local authority for information.

The service completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.

During the inspection, we spoke with five people living at the home, five relatives, five staff members, the registered manager, the nominated individual and a representative from the provider. Most people using the service were living with dementia or illnesses that limited their ability to communicate and tell us about

their experience of living there. 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 speak with us and share their experience fully. We reviewed six people's care records, including assessments, staff files, records of accidents, incidents and complaints, audits and quality assurance reports.

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 as good.

Good: This meant people were safe and protected from avoidable harm.

Using medicines safely
•□People received their medicines safely, and in the way prescribed for them. For example, there were systems in place to guide staff when to use 'as required' medicines.
•□There were policies in place for managing medicines, and staff were trained and checked as competent before they administered medicines. Some staff had also received additional advance medicine training to manage more complex issues.
•□Medicines were held securely, including medicines requiring extra security.
•□Systems were in place for recording medicines arriving in the home but were not based on best practice guidelines. The registered manager took steps during the inspection to ensure two members of staff would always sign in medicines coming into the home to ensure safe usage and accurate recording.
•□Some medicines were applied as creams. There was a system for recording where these were applied.
•□Staff checked with people if they were in pain and observed their body language to help them assess their pain and what action to take. For example, taking time to discuss pain relief and how it might help the person feel more comfortable.

Systems and processes to safeguard people from the risk of abuse
•□Staff understood their responsibilities to protect people's safety and had been trained on safeguarding people from abuse. Recent staff actions highlighted they knew when to raise safeguarding concerns and protect people in their care.
•□People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. Staff recognised how certain situations could trigger people's fears or anxieties based on previous experience, and records reflected this knowledge. A visitor said, "My relative can be aggressive sometimes and I have explained to the home how previous home life may have caused them to be like this." Our conversations with staff confirmed they were aware of this information and the need to offer reassurance.

Assessing risk, safety monitoring and management
•□Risk assessments identified when people could be at risk of harm and the action to be taken by care workers to minimise the risks. Individual risk assessments in the care records covered people's physical and mental health needs. Recognised national assessment tools were used to monitor people's health risks, for example malnutrition. People's weights were monitored, and records showed they were stable, apart from one person. A dietician had been contacted to request an assessment for food supplements.

•□People and relatives said the practice of staff made them feel safe. A person said, "Always enough staff around…They always keep an eye on me to make sure I don't move out of this chair without my walker."
•□Staff understood the risks to people's health and their safety and supported them in a way to help reduce these risks. For example, acting on the outcomes of risk assessments to reduce people's risk of falling. Staff recognised small actions could significantly impact on people's well-being and safety, such as ensuring people were wearing their glasses. A relative said "My relative had at least 4 falls at their home that we know about ... The carers here are always keeping an eye on them and never let them move away from the chair unless they have their walker."
•□The atmosphere was relaxed, staff were not rushed, and call bells were answered promptly. People and their relatives said care workers had time to do their job properly.
•□Environmental checks took place regularly to ensure people were protected from scalds from hot water or burns from radiators. Window restrictors were in place and fire equipment was checked at appropriate time scales, with regular fire training for staff.

Staffing and recruitment
•□People benefited from a conscientious staff team who knew them well and could meet their current care needs.
•□Newly recruited staff suited the caring values of the service. Staff recognised the importance of team work to provide consistent and safe care, which was evident by their practice and responding to people's emotional and physical needs.
•□Recruitment procedures ensured necessary checks were made before new staff commenced employment. New staff had a full employment history and the provider had ensured they had relevant references, for example from previous employers in care. Disclosure and barring service checks (DBS) were carried out to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

Preventing and controlling infection
•□Good infection control practice was in place. Staff used personal protective equipment to stop the spread of any potential infection. Staff were conscientious about washing their hands, for example during medicine administration.
•□There were good housekeeping systems in place, which helped maintain a clean and odour free environment. Following an infection control audit by the new providers, new equipment had been bought and work prioritised, such as replacement flooring.

Learning lessons when things go wrong
•□Accidents and incidents were reported, investigated and monitored for themes and patterns.
•□Strategies to manage further accidents and incidents were used to update people's care plans and risk assessments.

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 as good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- During the inspection, in response to feedback the range of signs around the home were increased to help people find their way around the building. This included personalised signs for people whose first language was not English.
- The new providers had begun to action improvements to the appearance of the building, both internally and externally as some areas and furnishings looked tired and worn. An improvement plan was in place with timescales, and action had begun to purchase new furniture, such as a shower chair. There were plans to adapt one of the bathrooms to a wet room to make it more accessible to people.
- Work was planned to make the garden layout more stimulating for people; it was a large secure space with outdoor chairs and tables. However, the provider recognised more people would find the garden attractive to use if it had points of interest to encourage them to go outside. A person said, "I love being able to go into the garden as I love the outdoors."

Staff support: induction, training, skills and experience

- People benefited from a staff team who respected each other's roles and skills and worked together to provide a consistent standard of care. Staff said they would recommend working at the service.
- People looked relaxed and at ease with staff. They joked with them or showed their affection towards them. Staff spoke confidently about how they supported people and understood how they contributed to people's health and wellbeing.
- Training was provided in different formats to suit different styles of learning, which included courses from external sources such as health care teams and training companies.
- General training topics included safeguarding, infection control, food hygiene, medicine awareness and food hygiene. Staff were encouraged to develop their skills, including undertaking nationally recognised qualifications.
- The practice of new staff was observed as part of the induction process and they were paired with an experienced staff member. There was a planned induction process, for example staff completed the Care Certificate and their practice was observed as part of this process. Staff were encouraged to develop their skills, including undertaking nationally recognised qualifications, which is a competence-based qualification with a series of levels.

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

- People's nutritional needs were met. Care plans held information about their dietary needs, including

likes and dislikes. People praised the quality of the food after finishing their meal. They said, "The food here is very good."

•□Staff recognised when people's physical health needs changed and impacted on their swallowing. They requested speech and language health professionals assess to assess how people should be supported to eat and drink safely them. People's records showed their guidance was followed, and we saw food and drink was prepared as advised.

•□People were usually offered a choice of drinks throughout the day. The registered manager said when choice was not offered it was because people had set preferences. Staff promptly provided additional drinks when asked and snacks were provided throughout the day, which people enjoyed. A person said, "I get enough to eat and drink here."

•□There were two dining rooms, which provided choice. On the first day of our inspection, one dining room had less oversight from staff due to a medical emergency for a person living at the home. This meant a fractious conversation between two people was not diffused resulting in them becoming increasingly irritated with one another. The registered manager said there was normally a staff member present in the second dining room and we saw this was the case on the second day.

•□People ate in a leisurely manner without being rushed; people were supported with their meal by attentive staff.

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

•□The actions of staff on the first day of inspection showed staff were quick to recognise changes in people's health and request an assessment from health professionals. Care records showed staff at the home worked closely with health professionals, following their advice and ensuring appropriate equipment was in place.

•□Routine medical, dental, eye checks and other important appointments were generally made by staff on people's behalf. Records showed staff worked with a range of community professionals to maintain and promote people's health. We saw people who needed to use/wear items such as glasses, hearing aids or dentures were encouraged to wear them. Oral health care assessments were completed to ensure staff knew what level of assistance people needed.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

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.

•□The registered manager checked if relatives had the legal authority to be involved in decisions relating to health and welfare or finances. This meant people's legal rights were protected. Staff asked for people's consent before they received care or support.

•□People had signed their care plans to show their agreement with aspects of the care.

•□Assessments of people's needs were carried out before they came to live at the service. These were then regularly updated and used as a foundation for the person's plan of care. Care plans were accurate as the

content described the people we met. Our discussions with staff showed they knew individuals well.

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 as good.

Good: 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;
Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Our observations and conversations with staff provided many examples of their commitment to supporting people in their preferred manner and respecting their privacy.

For example, staff practice maintained people's dignity by discreetly checking with people if they needed support to use the toilet.

- Staff relationships with people using the service were caring and supportive. For example, one person said, "They are lovely carers here, they do a great job and I can't fault the care I get here." Another person smiled at a staff member and said, "She's a good kid"; they hugged one another.
- People were treated as individuals, and we saw many examples of good staff practice throughout the inspection. This meant people were relaxed and at ease. A relative said, "I have been offered the chance of moving my relative to be closer to me, but I am more than pleased with the care they are getting here and so will not move them."
- The atmosphere was welcoming; visitors said staff were "so friendly" and "marvellous." Relatives said they valued the emotional support provided by the staff who recognised they were often struggling to come to terms with their spouse or relative moving into a care home. This was particularly relevant to people who lived further away; they said they were reassured by staff who were caring in their style of communication.
- Visitors said staff supported people to maintain their dignity by ensuring their clothes were looked after, and supporting them with their appearance. A person said, "I have my hair permed every fortnight and my fingernails manicured and painted. I really appreciate my hair and nails being done."
- In their feedback, staff highlighted their sense of pride in their job and recognised their responsibilities to the people who used the service. Our discussions with the registered manager and quality assurance staff demonstrated their empathy towards the people using the service so they provided strong, positive role models.
- Staff recognised how hospital admissions could be a frightening experience for people living with dementia. The home's policy was for a member of staff to accompany people to help them settle and offer reassurance, particularly if they had no family members living close by. This happened on the day of the inspection when someone was unexpectedly unwell and was admitted to hospital by ambulance.

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 remained as good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•People received personalised care and support specific to their needs and preferences. Basic life history information was recorded in people's care plans. Care staff conversations with people showed they knew people well and what topics would interest them. One person particularly like watching the birds in the garden and so staff used the view of the garden to discuss their interest. A visitor said, "My relative is always sat in a chair that looks out the windows, which my relative loves as they can watch the birds and look at the flowers."
•People and their relatives spoke positively about the activities. There was a dedicated staff member who planned and arranged a range of activities and social events at the home. At times, some people looked restless or disengaged with what was going on around them. Others preferred sitting and watching the television, which they were actively engaging with, smiling at the content of the TV programme. Staff took time to encourage them to become involved with a range of activities, such as dominoes, gentle exercise, baking, singing and dancing.
•A person said, "I enjoy the singer who comes in as we all have a great sing along with them." A visitor said, "My relative loves dancing to music and there is always music on, so they will dance all day which makes them happy." We saw the person smiling and dancing in their chair to the music. Other people danced when it was their preferred style of music, which included reggae and soul.
•Care plans were reviewed on a regular basis, so staff had detailed up to date guidance to about people's specific needs and preferences. Care records were updated which showed how staff were responsive to people's changing needs.
•There was good communication between care staff through verbal and written handovers; they said the registered manager and senior staff kept them up to date about changes to people's care.
End of life care and support
•At the time of the inspection, nobody was receiving end of life care, but staff had received training in this area. In conversations with staff, they showed a commitment to making people feel safe and comfortable in their final days. End of life care decisions were documented in people's care plans.

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.
•Care records contained communication plans explaining how each person communicated. The

registered manager provided examples of how information had been adapted to meet people's individual needs, for example photographs of meals to promote choice.

Improving care quality in response to complaints or concerns

- The home's statement of purpose contained the home's complaint procedure, which included timescales and contact details. Since the last inspection, there had been three complaints, which had been resolved within the service's timescales.
- People said they were able to express their opinions freely. For example, one person said, "I have never had any cause to complain, if I did I would certainly tell the manager. While visitors said, "I have not had any reason to complain about anything here. I work in care and I know who to talk to if I did have any concerns" and "We have no concerns over the care our relative is getting here and if we did, we know who to discuss our concerns with."

Good

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 remained as good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well run by the registered manager. 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.
- Staff said they felt well supported by their colleagues and the registered manager and praised the level of team work. The home had recently been bought by a new company, and staff were positive about the current action plan to improve the home's environment and appearance.
- There was an open and friendly culture. The registered manager was visible around the home and people knew him and chatted to him. For example, coming into the office to spend time with the registered manager, which showed they were relaxed and at ease with him.
- Relatives praised the approachability of the registered manager and care staff. They also commented all staff had a helpful and caring approach, which meant they were kept up to date with their relative or friend's well-being.
- Staff said they were well supported through training and supervision, and how much they enjoyed working at the home. They described the registered manager as "a very good manager" and "down to earth."
- A range of staff, including operational managers, completed comprehensive quality assurance checks on a regular basis, and action was taken when to improve the quality and safety of the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager valued and recognised the commitment, kindness and reliability of the care staff.
- During the inspection, verbal and written feedback from people using the service and quality assurance records confirmed improvements to the running of the service.
- Staff had the necessary skills to meet the range of needs of people who received care from the service. Training was well managed to ensure staff had their skills updated to complete their work safely and with a

caring attitude.
• The registered manager was aware when to notify the Care Quality Commission. We used this information to monitor the service and ensured they responded appropriately to keep people safe. The service's previous rating and report was clearly displayed in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Visitors and staff told us about community events that took place, including a summer fete. One person said, "I've bought some plants and plant pots for the home as they are having a fete soon and the activities co-ordinator has said that they will pot them up with some of the other people here."
• Our conversations with staff, the deputy and the registered manager showed people protected under the characteristics of the Equality Act were not discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Working in partnership with others
• The service worked with health and social care professionals to meet people's specific needs. Staff described a good working relationship with the community nursing team and other health professionals; care records showed this positive relationship had benefited the people living at the home. We saw the staff had a good rapport with the community nurse, with a person living at the home enjoying the laughter and banter.
• Discussions with the management team showed they went the 'extra mile', which visitors confirmed. They explained how they lived abroad and the registered manager had assisted them on a practical level following the death of their mother. In addition, they had been offered emotional support by all of the staff.