

Roja Limited

Richmond Care

Inspection report

9 Plymouth Grove West
Manchester
Greater Manchester
M13 0AQ

Tel: 01612734557

Date of inspection visit:
20 April 2021
26 April 2021

Date of publication:
25 May 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Richmond Care is a residential care home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. The service can support up to 27 people.

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

Medicines were now being managed safely at this inspection. Practices and processes had improved, assisted by a more consistent nursing team. Risks to people's health, safety and well-being associated with their care needs were assessed and management plans were in place to ensure risks were reduced as much as possible.

People had their care and support needs met by sufficient numbers of suitably trained staff. The care environment was clean and comfortable throughout. Infection control procedures were in place and staff used PPE effectively. Additional cleaning had been introduced during the COVID-19 pandemic.

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.

Electronic care plans and risk assessments provided staff with relevant information so that appropriate care could be provided for people. The service had good working relationships with local GP practices and mental healthcare professionals. The service worked in partnership with people, their families and staff. We received positive feedback from people and staff about the service.

The service had good governance arrangements in place and completed regular internal quality checks. When we identified potential weaknesses in the medication audit a more robust tool was immediately adopted. Findings from audits were reviewed by the registered manager and used to drive improvement within the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 3 June 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced focused inspection of this service on 20 April 2021. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the Key Questions of Safe, Responsive and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Richmond Care 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?

Good ●

The service was safe.

Details are in our safe 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.

Richmond Care

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors undertook this inspection.

Service and service type

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

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 announced. We gave a short period notice of the inspection because of the Covid-19 pandemic. Inspection activity started on 20 April 2021 and ended on 26 April 2021. We visited the home on 20 April 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, nurse, three support workers, the activity co-ordinator, chef and maintenance staff. We observed staff interacting with people throughout the inspection.

We reviewed a range of records. This included a range of electronic care records and multiple medication records. A variety of records relating to the management of the service, including quality assurance systems, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at meeting minutes, audits and electrical installation records. We sourced feedback from a healthcare professional who works with 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider was not managing medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines as prescribed. Photographs were in place on Medicine Administration Records (MARs) to help staff identify people and minimise errors.
- Regular stock counts were completed by nursing staff; in the event of any errors these would be quickly identified and rectified.
- Information and guidance were available to staff for when people needed medicines that were given 'as required' (PRNs).
- The service was using paper MARs at the time of this inspection. Plans were in place to change to an electronic system.

Staffing and recruitment

- There were enough staff on duty to meet people's needs.
- Staffing levels could be flexed based on the number of people in the home and their needs. Additional staff were available when required, for example to support people attend health appointments.
- Checks were undertaken with the relevant professional body to ensure nurses' PINs remained valid and nursing staff were fit to practice.
- Staff were safely recruited with all pre-employment checks completed prior to a member of staff starting work.

Assessing risk, safety monitoring and management

- Equipment was serviced, checked and maintained in line with regulations and manufacturer's instructions. Works identified as requiring immediate attention during a recent electrical inspection were scheduled for repair. We received a revised certificate after necessary repairs had been carried out.
- Risk management plans were in place and contained information staff needed to manage and mitigate risks posed to people. One person chose to self-medicate and applied their own creams. A robust risk assessment had been undertaken and was regularly reviewed to ensure the person remained safe.
- Individual risks were discussed with people and safeguards were put in place. Some people were at risk of poor lifestyle choices if they had access to all their available monies. One person told us they had agreed a

financial plan and accessed a set amount each day. They said the arrangement suited them and helped to keep them safe.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff said they would report any incident to the nurse in charge. Staff updated the electronic care system with details of the incident through hand-held devices. Electronic records were updated in real time.
- Incidents had been notified to the safeguarding authorities and the CQC appropriately.
- People told us they felt safe living at Richmond Care. Staff completed safeguarding training and would report concerns to line managers or the registered manager. Policies and procedures were in place for staff to follow.
- Staff were aware who was able to leave the home on their own and who needed staff support to do this.
- The registered manager reviewed incidents for themes and patterns and liaised with relevant healthcare professionals as and when required.

Preventing and controlling infection

- The home was visibly clean, and staff were observed wearing the correct PPE.
- People told us they were given masks to wear when they went out into the community, for example to local shops. We were assured that the provider was using PPE effectively and safely and encouraging the use of this.
- A screen had been built that could be placed in the middle of a table to enable safer visiting for relatives. Although visitor numbers to the service were low, we were assured that the provider was preventing any visitors from catching and spreading infections.
- We were assured that the provider's infection prevention and control policy was up to date.

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 requires improvement. At this inspection this key question has now improved to good. 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

- Electronic care plans contained detailed information for staff to follow to support people, whilst encouraging people to maintain established levels of independence.
- Staff knew people's needs, routines and also their background and life history from information contained within care plans.
- Daily handovers provided staff with up to date, relevant information about everyone living at Richmond Care. This helped to ensure people's needs were appropriately met.
- The service encouraged people to be involved in their care during formal reviews and more informal discussions with staff. One person had expressed a wish to move on and the home had contacted relevant professionals to help them achieve this.

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.

- People's communication needs were identified in their care plans. Easy read or pictorial information was available. Information was shared verbally with people as many preferred this method of communication.
- Information was also printed for those people who preferred it in this format. This meant they were able to read it several times, understand it and ask staff about it if they needed too.
- The manager was aware of resources available to help meet people's communication needs. The home had involved a translator in the past to assist in communicating with people whose first language was not English.

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

- We met with the new activities coordinator. The home acknowledged that the variety of activities on offer had reduced during the pandemic due to the lack of a coordinator.
- The activity coordinator showed us their plans and ideas for future activities.
- Numbers were kept low for group activities as staff recognised that many people with a mental health condition were not always comfortable taking part in group activities. Staff tried to encourage people in 1:1 activities or had conversations with people about things that interested them.
- The service had encouraged people to maintain contact with relatives and others important to them

during the COVID-19 pandemic. The home was following government guidance to allow relatives to have safe visits with people at the time of this inspection.

- In conversation with the maintenance person they told us about their ideas for the future. They planned to involve people more and to upskill those interested in DIY. They recognised the positive benefits this might have on people's mental health.

Improving care quality in response to complaints or concerns

- The service had a formal complaints policy in place. Any complaints received were investigated and a response provided.
- People told us they would speak with the registered manager or support staff if they had any concerns or wanted to raise a complaint.
- Meetings were held for people to attend and share their views or raise concerns. Information on how to make a complaint was on display in the home.

End of life care and support

- People were supported to remain at Richmond Care if this was their wish when approaching end of life. The home could access other professionals to help with this, for example Macmillan nurses.
- Care plans reflected that discussions about end of life care wishes were encouraged if people were comfortable with this.
- At the time of our inspection no one was being supported with end of life and palliative care.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At our last inspection audits were not always used effectively to monitor and improve the quality of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager was now supported by a more consistent team of staff. A deputy manager, also the clinical lead for the home, was in post and a team of nursing staff. The registered manager intended appointing another registered general nurse to ensure a good skill mix across the team.
- Quality assurance systems in place had improved, assisted with the use of electronic care planning. This aided oversight and management, as the system indicated to management when reviews of care were due. Timely reviews of care had taken place.
- The medicines audit in use was not fit for purpose. Following discussions with the registered manager a more thorough medicines audit tool was immediately introduced and completed.
- The nominated individual was on site daily and provided support to the registered manager. Other support functions also based in the home included a team of staff to deal with recruitment and administration.

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

- People were complimentary about the registered manager and senior team. Staff we spoke with felt supported at work and listened to.
- The registered manager involved external healthcare professionals in reviews of support. People were able to discuss their mental health and recovery, including any changes in support they needed and any aspirations or goals they had.
- People had been consulted. Meetings had been held during the pandemic to keep people involved and informed. A recent meeting had been held to introduce the new activity co-ordinator.
- Consultation of staff was on going at the time of this inspection regarding the introduction of a set rolling rota. This would ultimately benefit the people living at Richmond Care.

Working in partnership with others;

- Richmond Care had worked in partnership with the local authority and local public health team throughout the COVID-19 pandemic. The registered manager valued the support they had received during this time.
- Prior to the pandemic the registered manager attended external meetings and had formed networks with other organisations. These enabled the service to work collaboratively to support people's needs and address individual risks.
- There was contact with the police when warranted and in line with missing person protocols.
- Richmond Care had established good relationships with GPs and the pharmacist.

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; Continuous learning and improving care.

- The registered manager notified the CQC and safeguarding teams of any potential safeguarding referrals, incidents and accidents as appropriate.
- The service was looking to further develop and improve. Additional monitoring of the electronic care planning system was planned for continuous learning and to ensure there were no gaps in recording support.
- Arrangements were in place to move to an electronic system for the administration of medicines. Relevant staff training was in the pipeline.