

Denmax Limited

# Richard House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Richard House is a residential care home providing personal care to up to 33 people. The service provides support to people aged over 65 in one adapted building. At the time of our inspection there were 19 people using the service.

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

Medicines were not always managed safely which placed people at risk of harm. Safe recruitment procedures had not always been followed to check staff were safe to work with people who may be vulnerable. Environmental safety checks had not always been carried out.

People's nutrition and hydration 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.

The provider had not ensured sufficient oversight of effective auditing and the delivery of safe care. Audits completed had not always identified the concerns we found on inspection. We identified multiple and repeated breaches of regulations. The deputy manager was helpful and quick to act when we fed back our findings during the inspection. The registered manager had good links with other organisations and built relationships with key people such as the local authority and health teams.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 28 April 2020) and there were breaches of regulation. 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 the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement overall for the last three consecutive inspections.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

We last carried out an unannounced comprehensive inspection of this service on 10 and 11 March 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection

to show what they would do and by when to improve safe care and treatment, staffing and good governance.

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 Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. 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 Richard House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe recruitment, safe management and administration of medicines and governance of the service.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

**Requires Improvement** ●

# Richard House 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 Health and Social Care Act 2008.

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

The inspection was carried out by two inspectors and one Expert by Experience on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two was carried out by one inspector and one medicines inspector.

#### Service and service type

Richard House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Richard House a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. However, they had just left for an extended holiday and we were assisted on the inspection by the deputy manager.

## Notice of inspection

This inspection was unannounced.

## 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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with seven people who used the service and four visitors about their experience of the care provided. We spoke with six members of staff including the deputy manager, care workers, the kitchen staff, laundry staff and activities co-ordinator. We reviewed a range of records. This included four people's care records and several medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to ensure the safe management and administration of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always consistently managed or administered safely in line with national guidance. Repeat concerns were identified since the last inspection.
- Up-to-date and completed medicines competency checks were not in place for six of the seven staff who administered medicines.
- Staff had not always recorded the times given for time critical medicines. The home had a homely remedy register; however, stock was not recorded and there was no central record of administration.
- Medicines were not always stored securely or checked for safe temperatures. Some people had unsecured medicines in their room and the medicines storeroom's key code was evident at the door.
- We found four people's medication sheets did not have their photograph to check the person's identity before administration of medicines. Medication rounds were conducted by different staff during the day and there was no robust system of handover between the rounds to ensure information was safely passed on. Audits of medicines administration had been carried out, but these had not identified the concerns found on this inspection.

The provider had not ensured the proper and safe management of medicines. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The deputy manager responded during and after the inspection. They confirmed a local pharmacist had been booked to visit the home to conduct medicines competency checks.

### Staffing and recruitment

- Robust recruitment procedures had not always been used and staff were not always recruited safely. We were not assured that the provider had carried out the necessary checks to ensure staff were suitable to

work with people who may be vulnerable.

- We found missing information in two of the three staff files we reviewed. One staff member's file did not have an appropriate Disclosure and Barring Service (DBS) checks as their address did not match their current address. These DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The staff member was not working within their resident permit, they had no references and no record of an induction or any training completed.

The provider had not ensured staff recruitment was robust and safe. This placed people at risk of harm. This was a breach of regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The deputy manager responded during and after the inspection. They gave us reassurances this staff member would not work at the home until all checks and training had been completed. After the inspection the registered manager supplied us with supplementary information about the recruitment of this staff member. However, the information supplied to us did not demonstrate this staff member had been safely recruited

- We observed staff being attentive to people during the inspection. Staff told us they would like more time to spend with people.
- People and their relatives told us they felt safe and there was enough staff around to care for them. One person told us, "I always feel safe as the home is so secure and there are always staff about." Another person commented, "I feel safe because the staff are about all the time. I pressed my buzzer the other night because I was struggling with my inhaler, the lad came quickly and sorted me out."

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people's risks were appropriately assessed and managed. This was a breach of regulation 12(1) 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.

- Care plans to manage people's individual risks and manual handling risk assessment were now in place at the home and reviewed regularly. We saw people had specific risk assessments, for example, falls, smoking, and movement. We spoke with the provider and deputy manager about how risk management plans could be further improved with more individual details.
- We observed staff helping people to move in a kind manner with lots of encouragement. One person told us, "I feel safe here because I cannot walk and the staff help me in and out of my wheelchair, I could not manage this at my home." However, we saw that staff did not always ensure people were secured with a lap belt when being transported around the home. We spoke with the deputy manager who assured us this would be remedied immediately.
- Personal Emergency Evacuation Plans in place outlined people's specific support needs in an emergency and how they were required to be supported.
- Environmental risks were poorly managed and reported on under the well-led domain of this report.

#### Preventing and controlling infection



- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was surface clean with no odours and people and their families felt the home was clean. However, we saw some areas were in poor condition and needed refurbishment and cleaning, such as bathrooms and toilets. We found personal items, such as toiletries and razors in communal bathrooms.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

Relatives and friends were supported to visit their loved ones at the home in a safe way. Procedures were in place to ensure visiting was facilitated as per Government guidance. The registered manager had ensured that people had essential care givers to visit them to provide assistance and reassurance to their loved one, even during a Covid-19 outbreak. People and their loved ones were happy with the visiting arrangements. One visitor told us, "No problems with visiting, just phone up an hour or so before and take an LFT test. When Covid was in full flow, we did pod visits and window visits when it was allowed."

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

- There was a safeguarding policy and procedure in place and the registered manager worked within the local authority protocols for reporting safeguarding concerns. Staff had received up-to-date training about how to recognise and protect people from harm and abuse.
- Staff knew how to report incidents and they told us they were confident that if they reported any concerns they had about people to the management team, they would be appropriately responded to.
- Staff told us how they would respond to accidents and incidents and demonstrated their awareness of the process of reporting. Staff told us they felt people were safe at the home. One staff member told us, "Yes people are safe here. No one is at risk of harm. If I had any concerns, I would do something."
- Accidents and incidents were recorded on the home's electronic care system. This allowed the registered manager to identify trends and take action to reduce risks. We saw two people had been identified as having a number of falls and action had been taken to mitigate risks. For example, one person had a falls mat placed in their room and another person had been referred to the local falls team for an assessment.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were appropriately trained, supervised and competent. This was a breach of regulation 18 (1) 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 18.

- Staff training levels had much improved since the last inspection. The registered manager had ensured most staff had now completed mandatory training annually or three-yearly. Staff told us they felt they received enough training to carry out their role. However, we found we were unable to verify that all new staff had always received the necessary training prior to commencing work at the home. This was because the registered manager had not updated the training matrix prior to taking extended leave.
- Since the last inspection the registered manager had introduced a programme of induction, supervision and competency checks. We reviewed these records and found there were gaps in these checks. The deputy manager explained this supervision programme had not always been completed due to staff sickness during the pandemic.

We recommend the registered manager ensures records demonstrate that all staff have up-to-date training in place and all staff undergo regular induction, supervision and competency checks.

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

- Due to the pandemic, pre-admission assessments were currently being carried out by trusted assessors prior to people coming to live at the home.
- Once a person had come to live at the home their needs were reassessed, and care plans developed by senior staff at the home. Care plans contained information about people's physical and emotional needs. People's preferences, choices and individual needs were considered and recorded in the home's electronic care system. For example, we found one lady wished to receive personal care by female staff only. Staff told us they were made aware if people's care needs changed through senior staff and attending handover sessions.
- We found that assessments and reviews of people's care needs carried out by staff had not always

included people or their loved ones.

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

- People were supported to eat and drink well. There was a set menu; however, the chef knew people's preferences and people were offered choices and alternatives. We observed kind and caring interactions between people and staff during the mealtimes.
- People who needed prompts to eat a balanced diet were supported and encouraged by staff, and where possible, staff promoted independence. The chef knew about the different nutritional needs of people and was aware of the different stages and textures food and how these may need to be prepared for people with special diets.
- People's care plans documented their preferences and eating and drinking habits and any nutritional or hydration needs or risks.
- Feedback from people and their visitors was positive around the food and drink offered at the home. One person told us, "The meals are very good; I cannot complain about anything. We get choices for dinner and snacks and drinks all the time." One visitor commented, "My [relative] never complains about the food other than you get too much!"

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

- Staff worked with other agencies, such as GPs and community nurses to ensure people's needs were met. The home's GP conducted a weekly ward round and staff were quick to gain medical attention if people were unwell.
- Our review of care plans demonstrated timely referrals had been made to appropriate healthcare partners when a person's needs had changed. We saw input from district nurse teams, optician and referrals made to the speech and language therapy (SaLT) teams. People were assisted to access external appointments, such as visits to the hospital or dentist.
- People had oral health care plans in place. However, we were not always assured that these plans were being followed as we observed people's toothbrushes were dry in bedrooms where people were up for the day.

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

- The home had been adapted to meet people's needs. The floors had ramps for wheelchair access and people could access the first floor via the lift or stairlift.
- Lounges were small and brightly decorated and people had choice of where to spend their day. There was an outside garden area at the rear of the home that was wheelchair accessible. People's bedrooms were highly personalised and some people preferred to spend the day in their room.
- Some areas of the home had been refurbished since the last inspection and had been newly decorated. However, we found some areas needed improving. For example, the bathrooms and toilets on the first-floor needed refurbishment.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people had been assessed as needing an authorisation to deprive them of their liberty to keep them safe, the registered manager would contact the local authority and request an assessment. The registered manager had a tracker document in place to monitor applications and authorisations.
- Staff sought consent from people before provide support to them. We observed staff spoke respectfully when speaking with people and respected people's decisions and choices.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

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

At our last inspection the provider had failed to effectively assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had not demonstrated continuous improvement and had failed to ensure safe and effective governance of the service. The service has now been rated requires improvement for the third consecutive time and rated requires improvement or inadequate for the fifth consecutive time in the well-led domain.
- Although we found some improvements had been made in some aspects of running the home, we found the required improvements from the last inspection had not always been implemented. We identified repeat breaches in medicine management and administration, environmental safety and governance. We have not been assured the provider is able to make and sustain improvements in these specific areas of concern. On this inspection, we also identified a breach around safe recruitment and repeated concerns around the levels of staff training, induction, supervision and competency checks.
- Repeated shortfalls in environmental safety were identified on this inspection. These included hot water checks, radiator safety, gas and electrical installation and fire safety. Due to our concerns about fire safety, we made a referral to the local fire service who will inspect the home.
- The registered manager had left for a 26-day holiday, this left the deputy manager in charge of the home for this period. Arrangements to cover this period were not robust as the absence of the deputy manager meant the most senior person at the home was a senior carer.
- The registered manager had made improvements since the last inspection around risk assessments, training and audit systems. However, the provider had not ensured sufficient oversight of effective auditing and the delivery of safe care.

The provider had not always ensured full oversight of the operations of the home, leading to the breaches and other concerns identified in this inspection. This placed people at the risk of harm. This was a continued breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The deputy manager responded during and after the inspection. They confirmed the gas safety checks and electrical installation checks had been booked to be carried out.

Working in partnership with others; 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 registered manager understood their responsibilities in relation to the duty of candour. Staff told us they were encouraged to speak up if there were any issues and the management team wanted to hear their views.
- Relatives were happy with the home communicated with families; they told us they are contacted if their loved ones require a doctor or if any incidents occur.
- The registered manager had good working relationship with the local authority and feedback from the local authority was positive. During the pandemic the registered manager kept close links with public health and infection control teams to ensure they were working within Government and local guidance.
- Staff and management had close working relationships with the local GP service, district nurse team and other medical professionals to ensure people received prompt and appropriate medical care when needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff provided person-centred care. People were supported to achieve positive outcomes. There was an open and inclusive culture in the home. We observed a relaxed atmosphere, in which people and staff engaged and interacted with one another. Everyone we spoke with were happy and felt cared for at the home. One person told us, "I would recommend this home because the staff are so caring, you cannot fault this home for anything."
- We received very good feedback from people and their visitors about the management team. One person told us, "[Name] is the manager, he is a nice chap and always chats to me when he is walking around." One visitor told us, "The manager is very approachable and easy to chat with."
- People and their relatives told us they had not been involved in any meetings or asked for feedback on how the service was run. The deputy manager told us this was due to the pandemic; however, people told us they had participated in resident meetings. One person told us, "We have only had one resident meeting and it was okay. We complained to the manager about dinner plates being cold, they listened and now the plates are warmed." One family member told us, "Before Covid struck we use to go to relatives' meetings regularly; they were pleasant affairs and we were kept up to date with what was going on in the home."
- Staff told us they were kept informed about the home and people's care needs through a series of meetings, handovers and the electronic care system. Staff told us they felt supported in their role and the management team were very approachable and have time to listen. One staff member spoke of the registered manager and told us, "[Name] treats the residents nicely. Overall, he is a fair manager. He has been a good manager through Covid and he should be proud of what he has done."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not always consistently managed or administered safely in line with national guidance. Repeat concerns were identified since the last inspection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Robust recruitment procedures had not always been used and staff were not always recruited safely.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not demonstrated continuous improvement and had failed to ensure safe and effective governance of the service.

### **The enforcement action we took:**

Issued a Warning Notice.