Denmax Limited

Richard House Care Home

Inspection report

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Stockport
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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 caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Richard House is a residential care home providing personal and nursing care to 18 people aged 65 and over at the time of the inspection. The service can support up to 33 people in one extended and adapted building.

People's experience of using this service and what we found
Medicines were not always managed and administered safely. We found several medication errors where people had been placed at the risk of harm. Sufficient staff training, supervision and oversight of staff competency was not in place. Staff had not always received training in mandatory subjects. People did not have assessments in place for safe moving and handling. As a result of these findings we raised a safeguarding alert with the local authority for everyone in the home.

The service ensured people's nutritional needs were assessed and dietary requirements were met. People told us they were happy with the food and were able to make choices. People were supported to have access to health professionals, such as GPs and community nursing.

People told us staff treated them with care and respect. We observed very kind and caring interactions between people and staff and established relationships were evident. People felt they were treated with dignity and respect and had their independence promoted.

Care plans were inclusive and person-centred and written with full involvement of people and those important to them. An activities co-ordinator organised a variety of events at the home.

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.

There had been a lack of provider and managerial oversight of the operations of the service and this had led to the concerns identified in this inspection. The registered manager was keen to make improvements to the service and was responsive throughout the inspection.

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 15 March 2019) and there were two 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 enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement.

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

Enforcement
We have identified breaches in relation to the safe administration and management of medicines, providing good governance of the service and the training and supervision of staff at this inspection.

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

Follow up
We will request a short-term improvement plan and detailed action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.	**Requires Improvement**
Is the service effective? The service was not always effective.	**Requires Improvement**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was not well led.	**Inadequate**

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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector, one medicines inspector 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.

Service and service type
Richard House 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 unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 ten people who used the service and three visitors about their experience of the care provided. We spoke with eight members of staff including the registered manager, assistant manager, care workers, the kitchen supervisor and activities co-ordinator. We also spoke with two visiting professionals.

We reviewed a range of records. This included three people's care records and 12 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.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and safety checks.

Requires Improvement

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 remained the same. 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 (Safe Care and Treatment) 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 managed safely and there was a lack of checks and measures to ensure errors and potential risks were identified. Medicine errors and non-identification of these errors showed a lack of oversight and leadership in the safe management of medicines.
● The pharmacy inspector found concerns with each person's medication administration record (MAR) we reviewed. Our concerns included the inaccurate administration of controlled drugs, medicines not given as prescribed and safe time intervals, accurate recordings of medicine administration and the safe crushing of drugs for covert administration. We also identified concerns with the safe and secure storage of medicines. We found one person had been given too much of their medicine that had required them to attend hospital for checks of their wellbeing.
● Staff had not received appropriate and up-to-date training to manage and administer medicines safely. The medicines competencies of staff administering medicines had not been checked by someone suitably qualified and competent to do so. We requested this medication training be put in place as a matter of urgency.
● We raised an all service safeguarding alert with the local authority and shared our findings.

We found no evidence that people had been harmed; however, people had been placed at the risk of harm from unsafe administration and management of medicines. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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

● Plans to manage people's individual risks were not always comprehensive or in place. Some risk assessments were in place for people; however, detailed risk management plans were not always in place to guide staff to mitigate identified risks.
● We found some people required assistance from staff and equipment to transfer from a bed, chair and wheelchair. However, we found no-one at the home had been assessed for safe moving and handling. For example, one person required the assistance of a hoist for transfers, but there was no safety assessment in place to direct staff on how to safely move the person. We spoke with the registered manager and requested these assessments were carried out by a suitably qualified person as soon as possible.
● Safety checks were carried out at the home on the building, environment and equipment. We found most of the checks had been completed; however, we requested confirmation of the annual gas check and we did not receive this. We found several radiators were hot and did not have adequate safety covers and records showed the water from a small number of taps was too hot. We requested this was remedied as soon as possible to minimise the risk of accidental burns. During our initial tour of the building we found items stored in the basement that posed a fire risk. We requested the registered manager check the safety of this storage.

We found no evidence that people had been harmed; however, people had been placed at the risk of harm from a lack of appropriate risk assessments. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● We reviewed staffing levels and rotas and found suitable numbers of staff were on duty to provide appropriate support.
● Staff and people we spoke with felt there were enough staff to meet their needs. One person told us, "There are always people [staff] around, both day and night, to help me if I need it." We observed staff visible around the home and responsive and attentive to people's requests for assistance.
● We reviewed the safe recruitment of people employed to provide care at the home. We found employment checks had been made to ensure suitable staff had been employed to care for people at the service. These checks included police checks and references from previous employers. We found one employee's records did not demonstrate a full work history. We spoke to the registered manager who obtained this information during the inspection.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● The registered manager was aware of local arrangements and their obligations to report concerns to the local authority and safeguarding teams. They held records of incidents at the home and had a file to monitor the progress of any incidents.
● We found most staff did not have up-to-date training on safeguarding. One staff member demonstrated some understanding of how to identify and report concerns. However, another staff member had no understanding of safeguarding. We spoke with the registered manager and requested they arrange safeguarding training for all staff as soon as possible.
● The registered manager had recently introduced a new electronic system to record accidents and incidents. This system recorded the details of the incident and produced a monthly analysis report. We reviewed the last three of the monthly reports and found information was included on how to mitigate any future risk. The registered manager gave us examples of what action they would take in response to a person showing a pattern of accidents, such as a referral to a GP for a medication review.

● We spoke with the registered manager about ensuring people's care plans and risk assessments were updated after an accident or incident. We identified there was a lack of an information update subsequent to the incident being logged. For example, a person had fallen and documentation indicated that an ambulance had been called. There was nothing recorded about what had happened once the paramedics arrived and what injuries the person had sustained.

Preventing and controlling infection

● We observed good practice from staff to minimise the risk of cross contamination. Staff wore appropriate personal protective equipment (PPE) when supporting people. Hand washing facilities were in place and we found hand sanitising stations around the home.

● The registered manager conducted a weekly environmental cleanliness audit. The home had been audited by the local authority infection control team and had received a satisfactory result.

● We found the home was generally clean and tidy. However, we found some areas of the home were old, stained and required replacement, such as carpets, fittings and furniture. The registered manager told us they were in the process of a full refurbishment of the home. We saw new flooring had been laid in most of the communal areas.

Requires Improvement

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 now deteriorated to 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

- The provider had not ensured staff undertook a programme of training and supervision to enable them to provide safe and effective care. There were no competency checks in place for the registered manager to assess the quality of care delivery.
- We reviewed the training matrix and found staff training levels were inadequate. For example, no staff had up-to-date moving and handling training in place. One staff member told us they had not received any training since they started in their role. Only two staff had received fire safety training.
- Staff we spoke with told us they had received an induction to the home and felt supported b in their role.
- We spoke with the registered manager and requested they organised training for staff as soon as possible and to prioritise the most important safety training first.
- We raised an all service safeguarding alert with the local authority and shared our findings.

We found no evidence that people had been harmed due to our findings on inspection; however, people had been placed at the risk of harm from inadequate levels of staff training and supervision. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.
● There was a system in place to monitor applications made to the local authority for those people where they had felt it necessary to deprive them of their liberty to keep them safe.
● The registered manager told us they would contact the local authority to conduct a capacity assessment if they recognised that someone may need to have their liberty restricted.
● Care plans clearly indicated whether a person was represented by someone with a lasting power of attorney (LPA). However, it was unclear whether the registered manager had seen proof this legal safeguard was in place. We spoke with the registered manager about satisfying themselves an LPA was registered and what type, before allowing decisions to be made for a person living at the home.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed prior to going to live at the home to ensure the service could provide the appropriate care.
● The service used specific and nationally recognised assessment tools. For example, we saw where staff had used the Waterlow scoring tool was used to check a person's risk of skin breakdown.

Supporting people to eat and drink enough to maintain a balanced diet
● The service ensured people's nutritional needs were assessed and dietary requirements were met.
● We visited the kitchen and spoke with the supervisor. They told us they did not currently have anyone living at the home who required a specific diet; however, they were aware of the different dietary needs people may have. They were knowledgeable about healthy balanced diets and planned the menu to reflect this. They were fully aware of people's likes and dislikes, and although there was a set menu, they told us they made something different for people most days if they preferred.
● We received consistently positive feedback about the food served at the home. One person told us, "The food is good. The chef comes round and tells us what is on offer; if we don't like it we are given choices." Another person commented, "I enjoy the fish and chips on a Friday."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The home worked closely with other healthcare agencies to ensure people had access to timely care and treatment.
● People received referrals to other agencies, such as the district nurse teams and received regular visits from their GP. One person told us, "I can speak to any member of staff and they act on my needs. If I need to see the GP they will ring the GP, or I will wait for the weekly round."
● We spoke with visiting professionals who were complimentary about the care and support people received at the home. One professional told us the person they were visiting "has come on leaps and bounds" and this was a "demonstration of how hard the staff team had worked". Another visiting professional told us staff made timely referrals to nursing teams and worked well when tasks were delegated, such as care of a pressure sore. They told us, "They are good at getting us out when they need to…They [staff] are quick to come and help if we ask them."

Adapting service, design, decoration to meet people's needs
● The home had been adapted to meet people's needs.
● The home had previously been three large terraced houses and therefore, there were many rooms used for different purposes. Lounges were small and cosy and people had lots of choice where to spend their day. There was an outside garden area at the rear of the home that was wheelchair accessible.
● Signs and pictures were up around the home and on doors to help people find their way around. People's bedrooms were highly personalised and some people told us they chose to stay in their room most of the

time. Each floor had an accessible bathroom and toilet, a passenger lift between floors and equipment available to assist people to move around the home.

● Some aspects of the home needed improvements for example, some carpets were very worn and stained. The registered manager told us this was on the programme of refurbishment.

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 were supported by respectful and caring staff at the home.
- We received lots of positive feedback from people about how caring and kind staff were at the home. People told us they felt very well looked after. One person told us, "The staff are all nice and make me feel at home." Another person told us, "The staff make me smile because they are always smiling and enjoy their job."
- Visitors we spoke with were also complimentary about the care and support given at the home. One visitor told us, "The staff are very respectful each time I visit." Another visitor told us, "Staff are good and accommodating; I am always made to feel welcome."
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices and this was recorded in their care plans so staff could assist people to maintain their cultural needs.

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

- People were encouraged to express their views and were fully involved in decisions about their own care and the support they received. People's individual preferences were recorded in care documentation.
- Staff told us they would always ask consent before providing care and support. We observed staff giving people choices. People told us they felt they could make decisions about their own care. One person told us, "I do not feel restricted. I can choose where I want to sit and where to eat my meals. Another person told us, "I can ring the buzzer and the staff will answer; they are all helpful and kind."
- Visitors told us they felt welcomed at the home and involved in people's care. One visitor told us, "I am always made to feel welcome and kept well informed."

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection we observed people were treated with dignity and respect. It was clear there were established, caring friendships between people and staff.
- Staff demonstrated to us how they ensured people's privacy was respected during care delivery. One staff member told us they treated people as they would like their parents to be treated. They told us, "They are human beings and I treat them with respect and dignity."
- People told us they felt respected by staff and one person told us, "I have my opinions and the staff respect that. I'm given choices and not told what to do." Throughout the inspection we saw people looked content, well-groomed and cared for. People were encouraged to remain independent.

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; 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

- People and those important to them were involved in planning support and care delivery that was personal to them.
- The home ran a 'resident of the day' scheme where each person was involved in a full review of their care needs and preferences. Care plans reflected people's needs and choices. People told us they had choices around their care and throughout the inspection we saw people received person-centred care. One person had personalised one of the lounge areas and it contained many of their personal effects. One person told us, "I am perfectly happy here; I have no complaints and I am involved in my care plan." Another person told us, "I can choose what I want to do and where I want to go; if I prefer to I can stay in my room."
- The home employed a part-time activities co-ordinator; however, we saw care staff engage people in activities throughout the inspection too. A plan of activities was on display in the reception area and the co-ordinator told us the residents particularly enjoy the craft activities and baking. In the summer, people enjoyed being in the garden and trips to the local park. During the inspection people were engaged in jigsaws and flower pot painting.

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 individual communication needs had been assessed and communication care plans were in place to guide staff.
- The registered manager was aware of their obligation to ensure people are given information in a format they understand. They had introduced an audit tool to check that each person had been assessed for their preferred or required means of communication.

Improving care quality in response to complaints or concerns

- The service ensured people were aware of how to complain or comment on the service and complaints were responded to appropriately.
- Information on how to complain about the service was on display in the home's reception area. A complaints policy and procedure was in place including guidance for staff on how to deal with a complaint. People we spoke with told us they knew how to make a complaint; however, they added that they had no

need to complain.

● We reviewed the complaints file and found there had not been any formal complaints since the last inspection. The registered manager told us there had been a few comments about the condition of the building that had been remedied by the maintenance person.

End of life care and support

● The home had an end of life policy in place.

● The registered manager told us if someone nears the end of their life they will implement a specific end of life care plan for staff to follow.

● There was no-one living at the home receiving end of life care at the time of our inspection. However, the registered manager told us the service works closely with GPs, district nurses and the night nurse team to ensure people receive appropriate end of life care.

Inadequate

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 deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality 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. We identified a lack of oversight of the operations of the service and this has led to the widespread safety concerns and the breaches identified in this inspection.
- The registered manager had recently introduced a range of audits and checks. However, these systems and processes had not been effectively used to ensure safe and effective care of people living at the home. For example, audits carried out on the safety and accuracy of medicines administration had not identified the shortfalls found on this inspection.
- The provider had not ensured staff were adequately trained and supervised and not satisfied themselves of the competency of staff.
- The registered manager was new to a management role and keen to improve the service. However, the provider had failed to ensure the registered manager was sufficiently trained, supervised and supported. The provider had not ensured the competencies of the registered manager and had not overseen the governance of the service to ensure the delivery of high quality and safe care.

We found no evidence that people had been harmed due to our findings on inspection; however, people had been placed at the risk of harm from a lack of managerial oversight of the operations of the home. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we fed back our findings and registered manager was helpful and transparent throughout the process. They reacted quickly to any concerns and requests for action raised during the inspection to ensure the safety of the people living at the home.

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

● People at the home received personalised, inclusive care from staff and the registered manager who considered people's individual needs.

● People told us they felt they had choice and control over their lives. The registered manger promoted an open culture and was visible around the home. We received positive feedback about the registered manager from people and their visitors. They told us they were very approachable and caring. One person told us, "The manager is always around and very approachable." One visitor told us, "The manager is very supportive and listens." And "We are kept informed of everything." Staff were equally complimentary about the support and encouragement received from the registered manager. One staff member told us, "They help a lot. All of the residents just love them; when they chat they always have a smile on their face."

● The manager was knowledgeable about their regulatory requirements and wider legal responsibilities. However, due to management inexperience they had not always fulfilled their obligations. For example, incomplete recordings of accidents at the home meant we were unable to comprehensively cross-reference with notifications submitted to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

● The registered manager made efforts to engage people and staff in the running of the home.

● We saw evidence of regular meetings with staff. These meetings were used to inform staff and to engage them in improving the service. We saw these meeting were very well attended as staff were given the time to participate.

● People and their loved ones were also actively involved in decisions about the home. We reviewed the minutes of the last resident and family meeting and found people would like more activities at the home. As a result, the registered manager employed the activities co-ordinator.

A twice-yearly survey was also conducted to check people's satisfaction with the service. A review of people's responses demonstrated people were happy at the home. We spoke with the registered manager about actively demonstrating changes that had been implemented to the service as a result of people's feedback.

● The service worked closely with the local authority and was currently working towards an improvement plan under their supervision. One visiting professional told us the registered manager had worked well with them and was very helpful in accommodating a new resident.

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 The management and administration of medicines was not safe. People had not had their moving and handling needs risk assessed. We found concerns with environmental safety.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We identified a lack of managerial oversight of the operations of the home leading to the concerns found during this inspection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate training, supervision and competency checks.