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Richmond Court Residential Home

Inspection report

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Date of inspection visit:
05 February 2020
07 February 2020

Date of publication:
07 April 2020

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

About the service
Richmond Court Residential Home is a care home providing personal care to people aged 65 and over. At the time of the inspection 20 people were living at the service. The service can support up to 21 people. The accommodation is provided in one adapted building with bedrooms on the ground and first floor and communal areas on the ground floor with access to a small garden.

People's experience of using this service and what we found
Staff had received training in safeguarding and knew how to recognise and report potential abuse. There were enough staff on duty to meet people's needs and staff had been recruited safely. People told us they received their medicines as prescribed. Accidents and incidents were recorded and followed through with appropriate action to minimise the risk of re-occurrence.

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, although some further work was required to ensure all capacity assessments clearly showed which decision was being assessed. Staff were trained to meet people's needs and acted promptly to refer people to healthcare professionals when required. People received support to eat and drink meals of their choosing and specialist dietary needs were met. Some work had been completed on the environment to adapt it for people living with dementia.

People were supported by kind and caring staff who respected their privacy and dignity and supported their independence.

People were supported by staff who knew about their needs and routines and ensured these were met and respected. There were activities in place for people to take part in. People and relatives felt confident to raise concerns and felt they would be listened to. End of life wishes were discussed and recorded.

The management team had worked hard to improve the care since the last inspection and audits to ensure the quality and safety of the service were robust. People and relatives were involved in decisions about the service. Staff were happy with the way the service was led and felt the management team were visible and approachable. There was good partnership working with other organisations.

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 11 February 2019) and there was a breach of regulation 17, good governance. 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
This was a planned inspection based on the previous rating.

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 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.

Richmond Court Residential 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 and one assistant inspector.

Service and service type
Richmond Court Residential Home 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 inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 five people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, senior care workers, care workers and the cook. 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 talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two 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.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● At the last inspection concerns had been identified in relation to the monitoring of people's fluid intake. At this inspection we found improvements had been made and there was a robust system in place to monitor how much fluids people were having and ensure any concerns were acted on.

● Risks to people had been assessed and care developed to ensure these risks were minimised as far as possible. Staff knew people's risks and knew how to keep them safe.

● Regular checks were made to the environment to ensure people were kept safe. This included checks on water temperatures and safety equipment within the home. Any issues identified were dealt with promptly.

● The provider had engaged with the fire service since the last inspection to address concerns. They had detailed individual risk assessments in place which gave guidance on how staff should support people in the event of a fire.

● The service had recently been awarded 'Care Home of the Month' by the Enhanced Care team for their commitment to deliver safe and caring services.

Staffing and recruitment

● The majority of people and all relatives told us there were sufficient staff to meet people's needs. One person told us, "If you press the bell someone comes straight away." A relative said, "There is always someone on the floor they are very competent."

● We saw there were enough staff to support people and people did not have to wait for assistance. One person required increased staffing and we saw this was in place.

● Staff were recruited safely. Robust pre-employment checks were carried out to ensure staff were suitable to work with people who may be vulnerable.

Systems and processes to safeguard people from the risk of abuse

● The provider had effective safeguarding systems in place. Safeguarding referrals had been made to the relevant authorities where incidents of concern had taken place.

● Staff had received training and understood how to recognise the signs of abuse and how to report. One staff member said, "I would go straight to a manager and senior in charge. I can also go to social services."

Using medicines safely

● People were supported with their medicines safely. People and relatives told us they were happy with how medicines were being administered. One relative said, "They have organised all their medicines, they are spot on with that."

● Staff received training in relation to the management of medicines and their competency was regularly

checked by the provider.
● The management team kept up to date with any new guidance or alerts in relation to medicines and reviewed any impact this could have on people.

Preventing and controlling infection
● At the last inspection it had been identified improvements were required to the cleanliness of the environment. At this inspection we found these improvements had been made and regular audits were carried out to monitor this.
● Staff received training on infection control and we saw them using Personal Protective Equipment (PPE) appropriately.
● People told us their bedrooms were kept clean. On the whole our observations confirmed this, although there was one bedroom which required further cleaning. We discussed this with the registered manager who advised there had been difficulties due to the person's complex needs and some improvements had been made but they would continue to address this.

Learning lessons when things go wrong
● The provider had robust systems in place to ensure lessons were learnt when improvements had been identified. For example, they arranged additional training for staff and improved how they used CCTV, after an increase in the number of falls had been identified.
● The provider had worked with other agencies to improve the safety and quality of care to address the concerns raised at the last inspection. This included working with the fire service, dietitian and enhanced care team.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed prior to the person moving in to ensure care was planned and reflected individual needs and preferences.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion and sexuality. For example, we saw one person used picture cards with a word description in their preferred language. This person was also supported to watch the films they enjoyed this language.

Staff support: induction, training, skills and experience
- People were supported by staff who had the skills and knowledge to do so effectively. Staff told us the provider would arrange additional training if they requested.
- The provider had arranged training to improve the safety and quality of the service. For example, when they had identified an increase in falls, one of their actions was to organise updated training for staff.
- Staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

Supporting people to eat and drink enough to maintain a balanced diet
- The majority of people and relatives were happy with the food provided. One person told us, "The food is very nice, you get a choice of two or three things."
- Staff had a good understanding of people's individual preferences. We saw one person enjoying a glass of beer and another person was offered their meal later in the day in line with their wishes.
- Staff had a good understanding of people's dietary needs and any risks and these were documented in people's care records. The service was proactive in making referrals to the dietitian where appropriate.
- Appropriate food and snacks were provided to meet one person's religious and cultural needs.

Adapting service, design, decoration to meet people's needs
- At the last inspection it was identified people did not always have access around the building due to key coded locks. At this inspection we found the provider had supplied people with the key codes appropriately. Where people needed support to access other areas of the building this was provided in a timely manner by staff.
- The provider had made some adaptations to the building to meet the needs of people living with dementia. For example, signage was on each door to help people orientate around the building and a quiet space had been made available. The operations manager was in the process of reviewing the environment

using a best practice tool to identify how further adaptations could be made.

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

● People had access to visits from external healthcare professionals such as district nurses and speech and language therapists when needed. A health care professional told us, "They are good at contacting people and will chase things up."

●People's oral health needs were assessed and staff received training in line with best practice guidelines. Care records showed evidence of ongoing support.

● Handover meetings occurred between each shift so staff could update each other on changes to people's care and support needs.

● Each staff member had an electronic device with immediate access to people's electronic care records so they could record any changes in need and take necessary action.

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.

● Where people were unable to make decisions for themselves, mental capacity assessments had been completed but it was not always clear what decision was being assessed. We discussed this with the management team who agreed to ensure this was put into place.

● We found DOLS applications had been submitted to the local authority as required by law to deprive people of their liberty in order to protect their health and wellbeing.

● Staff had received training in MCA and DoLs and understood the principles of the MCA.

● At the last inspection, concerns had been raised about people's consent to the CCTV used in communal areas. At this inspection we found the provider had completed a survey with people, relatives and staff to gather views. They also ensured new people were made aware and gained their consent.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care
- At the last inspection it was found people had little opportunity to provide feedback about their care. At this inspection we found improvements had been made and people told us they were supported to make choices about their care. One person told us, "I'm my own boss."
- People and their relatives had been involved in developing their care plans and reviewing them and care records confirmed this.

Ensuring people are well treated and supported; respecting equality and diversity
- Most people and all relatives spoke positively about the kind and caring nature of staff and we observed caring interactions. One person told us, "They really look after you, they are very kind." A relative said, "All of them are always very caring and discreet."
- We found people's equality needs were respected. For example, one person spoke another language and we saw staff talking to them in their chosen language. We also saw a Pasteur from the church visiting and spending time with people.
- The atmosphere was friendly and welcoming. People and relatives were made to feel comfortable. One relative told us, "They have supported [person] and me, they have looked after the both of us."

Respecting and promoting people's privacy, dignity and independence
- People's privacy was respected. One person liked to spend time in their room and we observed staff knocking their door and waiting for the person to invite them in.
- People were supported in a dignified way. One person told us, "They always treat me with dignity." Staff explained how they ensured curtains were closed and people were covered appropriately when supporting with personal care.
- Staff encouraged people with their independence where appropriate. For example, one person was supported to go out and do their own shopping.
- Staff knew the importance of keeping information confidential and people's care records were stored securely.

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 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

- Care plans included personalised information to reflect people's preferences, life history and likes and dislikes. Staff were knowledgeable about people's choices and respected them. One relative told us, "In a short time they knew [person] and what they were comfortable with."
- People and relatives were involved in planning and reviewing support needs.

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 assessed and care plans included guidance for staff about how to enhance people's communication.
- Photographs were used to support meal choices and pictures to display the activities timetable.
- The provider had produced easy read guides which were on display in the lounge, for example how to make a complaint and falls prevention information.

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

- At the last inspection concerns were raised about the lack of activities for people. At this inspection we saw improvements had been made. There were a range of activities on offer including arts and crafts, wine and cheese tasting and a visit from the local school to do a baking session. We also observed people enjoying playing dominoes and singing songs with the staff.
- Two people had participated in infection control training alongside the staff and had enjoyed this.
- People were supported to use technology to keep in touch with family members who lived far away.
- The provider used a digital therapy system which could be used for leisure activities, for example games, films and music. This was also used to support people living with dementia and one relative had recorded a message on the system, so staff could play it to the person if they were becoming distressed.

Improving care quality in response to complaints or concerns

- The provider had robust oversight of complaints and concerns. Each concern was logged, investigated and action put in place. Complaints was analysed to identify lessons learned and we saw improvements had been made to systems to prevent further concerns arising.

● People and relatives felt comfortable to raise concerns. One person told us, "I let them know if I'm displeased, they do listen."

End of life care and support

● People and their relatives were asked about people's individual wishes regarding end of life care and this was recorded in their care plans.

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 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure there were effective governance systems in place to identify concerns and drive timely improvements. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

- At the last inspection it was identified that competency checks were not recorded. At this inspection we found two of the management team had attended training on competency checks and they were regularly carried out with staff and recorded to ensure safe and quality care.
- The management team had robust audits in place to oversee the quality and safety of the service. Where concerns were identified, timely action was taken to address this.
- The provider had worked hard to address the concerns found at the last inspection. They had sourced support from appropriate health care professionals and other agencies to improve the quality of care and this had been effective.
- There were clear systems in place to learn from concerns and improve care. For example, in response to an analysis of a complaint the accident forms were updated to ensure staff contacted relatives in a timely way.
- The management team were committed to continuous learning. They had attended workshops and training to improve the quality of the service and encourage best practice.
- The provider had met the legal requirement to display the current inspection rating within the home and on their website.

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

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

- People told us they were able to approach management or staff and would be listened to.
- Staff we spoke with felt supported by the management team and said they could approach them with concerns. One staff member told us how their training had been individually provided to meet their own learning style and how positive this had been.
- Relatives were positive about the care and support and how the service was led. One relative told us, "It's

a well-run service, the door is always open. You see regular management presence."

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 was aware of their responsibilities under the Duty of Candour and had a policy in place. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

● People and relatives were encouraged to be involved in the service through questionnaires and meetings. An action plan was drawn up in response to a recent questionnaire and displayed within the service.

● The provider held regular staff meetings and also sought their feedback through questionnaires. '

Working in partnership with others

● Since the last inspection the provider had developed relationships with a number of health care professionals to ensure quality and safe care. For example, the dietitian visited to provide malnutrition training and to share their local guidelines. After this they emailed feedback which said, "You have all been eager to understand and implement the suggestions I have made."

● The provider had established a relationship with the Wolverhampton University and was working with them on a project to further improve the quality of care. Staff would also be able to benefit from training and seminars to develop their skills and knowledge.