Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Richmond Residential Home

80 Penkett Road, Wallasey, CH45 7QW

Tel: 01516393050

Date of Inspection: 21 May 2014

Date of Publication: June 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Milecertain Ltd
Registered Manager	Ms Annette Susan Moore
Overview of the service	Richmond Residential Home is registered to provide accommodation for up to 20 people who have a mental illness. The home is set in its own grounds in a residential area of New Brighton.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 May 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with commissioners of services.

What people told us and what we found

The name of the registered manager on page 2 of the report refers to the previous manager of the service who is no longer in this post.

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led? Below is a summary of what we found. The summary describes what people using the service and the staff told us, what we observed and the records we looked at.

Is the service safe?

People were protected against the risks of unsafe premises because regular safety checks were carried out and an up to date fire detection system was in place.
People were protected against unsuitable staff because appropriate checks were carried out before people started working at the home.

Is the service effective?

People experienced care, treatment and support that met their needs and protected their rights. Monitoring systems were in place to ensure that people received the medical and personal care that they required.

Is the service caring?

People were encouraged and supported to take part in social and recreational activities of their choosing. People told us: "I have lived here for 17 years, it's a smashing place." and "We get well looked after."

Is the service responsive?

We saw evidence that people who lived at the home were consulted about issues that

were important to them, for example what they would like to eat and where they would like to go, and satisfaction questionnaires had been completed in 2013.

Is the service well led?

The provider took an active part in the day to day running of the home. He was present in the home most days and spoke with people who lived there and staff who worked there. A new manager was appointed in March 2014. She had previous experience working as a team leader and was working well with the provider and the administrator to improve the quality of life of the people who lived at the home.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People who lived at the home required care and support due to mental illness and they had all lived at Richmond for a number of years. People were all mobile and most did not require daily support with personal care. Some people were prompted by staff to encourage them to maintain their personal care, and some people required supervision with bathing or showering. One person we spoke with said "I have lived here for 17 years, it's a smashing place." Another person said "We get well looked after."

People were supported to have an annual health check by their GP and to use local health facilities including podiatry, dentist and optician. Transport was provided for people to attend health appointments for example diabetic clinic and medication monitoring. Three people had been assessed by the continence service and received appropriate aids. District nurses also provided support as needed.

We saw that consideration was given to meeting people's social and recreational needs and people we spoke with told us that they now had more opportunities to go out. The manager told us that people had been supported to apply for free transport passes and they were waiting for these to arrive. On the morning that we visited, seven people had gone out with staff. Other people were able to go out on their own. One person had one to one support for a number of hours each week to meet their social needs. One person was outside working in the garden and staff had bought hand tools for him.

The manager was updating care plans for each person and had set a target of completing one each week. We looked at a sample of the new care plans that had been completed and found that they contained relevant and up to date information about the person, their needs, and any identified risks. The manager told us that there were no deprivation of liberties safeguards in place at this time.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

Since our last visit to Richmond, a chef had been employed at the home. He told us that he worked five or six days a week and a designated member of the care staff covered his days off. He had been finding out what people liked to eat and adapting the menus to accommodate people's choices. He told us that he was planning further development of the menus to ensure that a balanced diet was on offer. People we spoke with said "The meals are lovely"; "smashing meals" and "The new chef is very nice, he has asked us what we would like."

We saw that a menu board had been put in place in the dining room and people who lived at the home were asked to choose what they would like for each meal. The manager had put a system in place to monitor what meals people had as she was concerned that some people went out and missed meals. People's weights were recorded monthly, with their consent, and the manager told us that there were currently no concerns about people's appetites or about weight loss.

A 'tea bar' had been created so that care staff did not have to go into the kitchen and could make drinks for people at any time, and people who were able could make their own drinks.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We looked all around the premises with the manager. Two housekeeping staff were on duty and the home was clean, with no unpleasant smells in communal areas. Two bedrooms had a smell of urine and these belonged to people who had continence issues that could not always be controlled. Two bedrooms had a smell of smoke. The manager told us that people were not permitted to smoke in their bedrooms, but individuals did not always comply with this rule. Following our inspection we discussed this issue with a local fire officer who had visited the home. He told us that the provider had taken appropriate precautions by installing a new fire alarm system that provided early detection and by staff training. The provider may find it useful to note that a fire prevention officer may be able to recommend further measures that could be put in place to protect individuals from the risk of fire in their bedroom.

We found that most bedrooms were in need of redecoration and had shabby furniture and fittings. At our last inspection the provider told us that he intended to refurbish one bedroom per month, with the agreement of the occupant. This had not been achieved, although some areas had been improved, and people we spoke with did not raise any complaints about their bedrooms.

The provider may find it useful to note that there was a lot of clutter in the corridors and in the residents' lounge, for example old pieces of furniture and large artificial plants. These did not enhance the appearance of the environment and made it more difficult for the housekeeping staff to keep the home clean and fresh. They also reduced the amount of space available for people to move around.

We spoke with the maintenance person who worked full-time between Richmond and another care home under the same ownership. We saw records of the regular safety checks he carried out which included a monthly door alarm check, weekly fire alarm test, weekly door guard check, and weekly emergency lighting test. Contracts were in place for testing, service and repair of all plant and equipment.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Two new staff had been employed since the new manager took post earlier this year. We looked at recruitment records which were neat and well-maintained. Application forms had been completed in full giving details of the person's past employment. Disclosure and Barring Service disclosures had been applied for and for one person a copy was on file. An 'Adult first' check was in place for both members of staff. This showed that they were not barred from working with vulnerable adults.

Two references had been obtained for each person, however we noticed that, for one candidate, a reference had not been requested from their most recent employer and the manager addressed this immediately. The provider may find it useful to note that interview notes had not been kept on file and it is good practice to keep these records.

A record of induction training had been started for each person and one person had previous experience in a similar role. At the time of our visit the manager was looking at information from external training providers and was intending to book a full programme of training updates for all of the staff who worked at the home.

Since our last inspection we had been informed that two members of staff, who had been found unsuitable to work with the vulnerable people who lived at the home, were no longer employed.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Over the last two years the previous manager had updated and, where necessary, rewritten the home's policies and procedures with support from the local authority. This process was almost complete, and staff were required to sign to confirm that they had read the new documents. We contacted the local authority's quality monitoring officer who told us that the action plan they had agreed with the home was almost completed and continued to be monitored.

We saw evidence that people who lived at the home were consulted about issues that were important to them, for example what they would like to eat and where they would like to go, and satisfaction questionnaires had been completed in 2013.

During our visit we spoke with the provider, who took an active part in the day to day running of the home. He was present in the home most days and spoke with people who lived there and staff. Staff were able to go and see the provider confidentially in his office and some of the people who lived at the home also did this. We saw records to show that regular staff meetings and supervisions took place.

A monthly medicines audit was carried out, the most recent being on 1 May 2014. A monthly accident audit was carried out using a tool provided by the local authority. Complaints policies and procedures were in place and forms were available for staff to use should they receive a complaint. The new manager had introduced a weekly meals monitoring form, and weekly hygiene records to check when people had a bath or shower or if they refused a bath or shower. We saw that detailed records of people's finances were maintained and audited regularly.

A new manager was appointed in March 2014. She told us that she had previous experience working as a team leader supporting people with mental health needs. She was working well with the provider and the administrator to improve the quality of life of the people who lived at the home. She was working towards a management qualification and had started the process to apply for registration with CQC.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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