



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Richard House
Address:	69-73 Beech Road Cale Green Stockport Cheshire SK3 8HD

The quality rating for this care home is:	two star good service
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A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Fiona Bryan	0 5 0 2 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Information about the care home

Name of care home:	Richard House
Address:	69-73 Beech Road Cale Green Stockport Cheshire SK3 8HD
Telephone number:	0161-4296877
Fax number:	01614740457
Email address:	
Provider web address:	

Name of registered provider(s):	Denmax Limited`
Name of registered manager (if applicable)	
Joyce McDonald	
Type of registration:	care home
Number of places registered:	33

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	33
Additional conditions:		
Service users to include up to 33 OP.		

Date of last inspection								
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Brief description of the care home
Richard House is situated in a quiet street across from a local school, close to public transport. The home can accommodate up to 29 older people.
Residents have the use of three main lounges with an additional sun lounge, conservatory and seating area at the entrance to the home. The home has been upgraded, redecorated and new fittings and fixtures are in place. Bedroom accommodation has been improved and the home offers 21 single and four double rooms for those who wish to share. A stair lift enables access to the upper floors.
To the rear of the home is a garden where a decked patio area has been created to

Brief description of the care home

offer further outside seating.

The accommodation fees range from 330 to 400 pounds. There are currently no top-up fees applied.

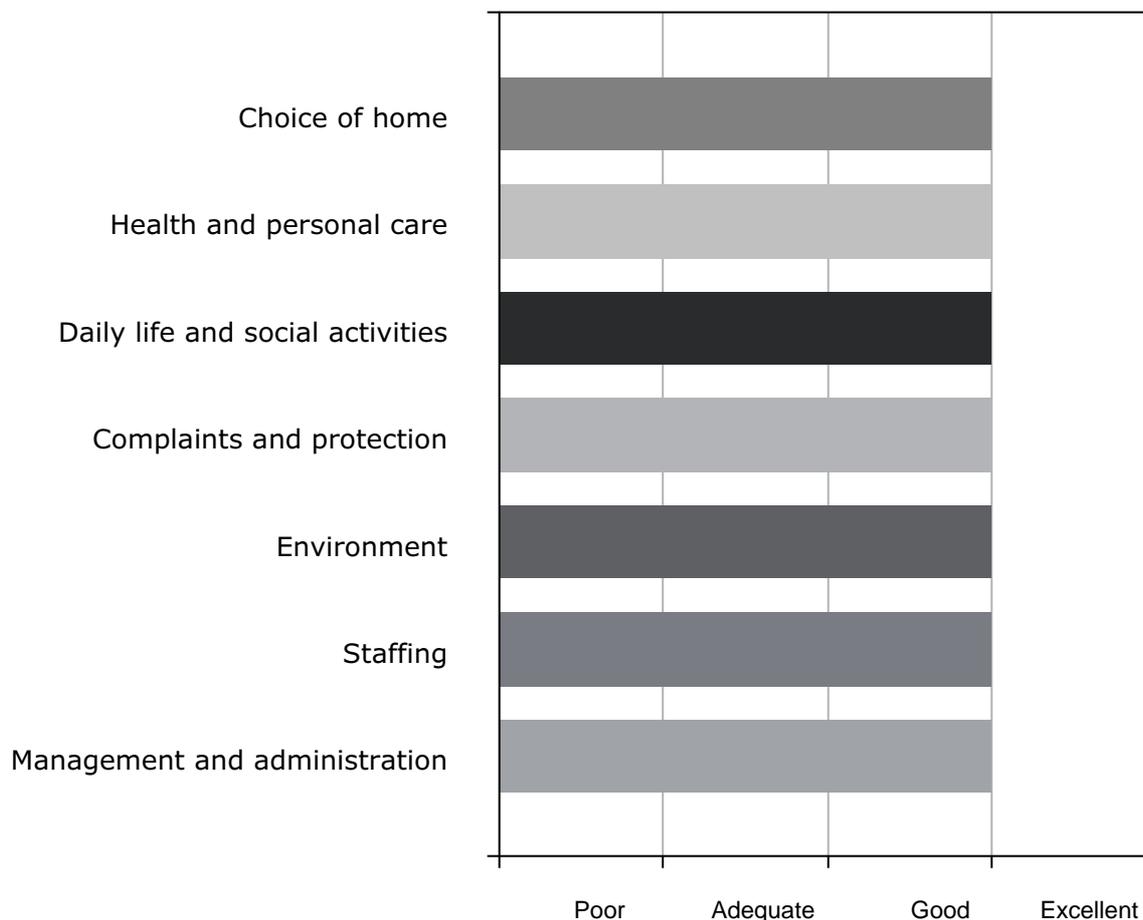
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This key unannounced inspection, which included a visit to the home, took place on Thursday 5th February 2009. The staff at the home did not know that this visit was going to take place.

All the key standards were assessed at the site visit and information was taken from various sources, which included observing care practices and talking with residents, visitors, the deputy manager and other members of the staff team. Key standards refers to those standards we feel are particularly important in ensuring the health, safety, welfare and quality of life of people living at the home.

The care and services provided to three residents were looked at in detail, looking at

their experience of the home from their admission to the present day.

A selection of staff and care records was examined, including medication records, training records and staff duty rotas.

Before the inspection, we asked for surveys to be sent out to residents and staff asking what they thought about care at the home. Ten residents and 7 staff returned their surveys. Comments from these questionnaires are included in the report.

We also asked the manager of the home to complete a form called an Annual Quality Assurance Assessment (AQAA) to tell us what they felt they did well, and what they needed to do better. This helps us to determine if the management of the home see the service they provide the same way that we see the service. The manager completed the form well and told us what she had done to meet the requirements we made at the last inspection.

What the care home does well:

People living at the home said they liked the manager and staff and thought they were well looked after. All the people that returned surveys thought they received the care and medical support they needed. Comments from people we spoke to on the day of the inspection included "staff are helpful", "All the staff go out of their way to help" and "they can't do enough". One person had just returned from hospital and was very relieved to get back home. She said the staff were like a "second family as they look after me so well". Another person said the manager was "absolutely fantastic" and said "you'd have to go a long way to find a place as good as this".

We spoke to 2 health care professionals who were visiting people living at the home. One of them said staff always acted on any advice she gave and the other was pleased with the progress of the person she had been to visit. This person had needed a lot of care when they lived in their own home and when they first came to live at Richard House but had improved a lot as the staff were managing them well.

Everyone we spoke to said they liked the food provided at the home. We saw lunch being served and the two choices of meal offered both looked appetising. People said they enjoyed them and that the food was hot and tasty. We noticed that staff were aware of individual preferences and were able to cater for these, for example one person did not like mashed potato and told us the cook always made boiled potatoes for her instead and another person wanted to have their main meal later in the day so was offered a sandwich at lunchtime.

The home was clean and welcoming and people had the choice of a number of lounges and conservatories in which to sit and watch television or chat.

In the AQAA the manager reported that 76% of the staff had successfully completed National Vocational Qualifications (NVQ). This qualification is obtained following training in providing personal care. This meant that staff had a good basic knowledge of the care they needed to provide and the reasons such care was needed.

What has improved since the last inspection?

At the last inspection we made 4 requirements and 7 recommendations and these had all been acted on.

A new care planning and assessment system had been implemented, which ensures staff have much clearer and more detailed information about the care they need to provide and how they must monitor peoples' progress. Care staff were more involved in writing and reviewing care plans which meant that had a better understanding of peoples' needs.

Staff had increased the range of social activities within the home and the menu had been reviewed to offer people more choice.

There had been an increase in the amount of training provided and an improvement in the records provided better evidence of what training staff had received and what was planned.

Recruitment procedures had been strengthened to make sure that all the necessary checks were carried out before people started working at the home to make sure they were suitable to work in a care setting.

People living at the home had been asked for their ideas about social events and meals etc. This is an area that can now be further developed and expanded.

What they could do better:

Because care staff now have more involvement in record keeping, the manager now needs to develop a system to check that the records continue to be kept up to date and that staff continue to follow the policies and procedures she has implemented, for example in respect of medicine management. This will help her identify when there are shortfalls that need addressing and will ensure the service continues to improve.

We noted that work was still outstanding on the lift, which needs to be completed to reduce the risk of it breaking down.

Care records were kept in the dining room but were not locked away. Under the Data Protection Act this type of information should be kept securely to maintain confidentiality.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.csci.org.uk. You can get printed copies from enquiries@csci.gsi.gov.uk or by telephoning our order line -0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are given information, and have their needs assessed before deciding to move into the home so they know that their needs can be met.

Evidence:

A statement of purpose and service user guide were available that had been updated in March 2008. In the AQAA the manager said a copy of the service user guide was provided in each person's bedroom. A copy was also available in the reception area of the home, together with a copy of the last inspection report.

We sent surveys to 10 people living at the home. All 10 people replied and they all said they had received a contract on admission to the home and eight said they had been given all the information they needed to make a decision about living there. One person said their admission had been decided by a family member and another person could not remember the circumstances of their admission. One person wrote "I

Evidence:

decided to move to Richard House as I had been a visitor on a number of occasions and found the home and staff very warm and welcoming".

We looked in detail at the care provided to 3 people living at the home. All 3 people had been assessed by the local authority and copies of these assessments were available at the home. Details from these assessments had been used to develop care plans for each person. The manager had also undertaken her own assessments. Staff said that each new person who was admitted to the home was assigned a key worker. The key worker had the responsibility of settling in the new person and writing their care plan. Staff said that since the last inspection they had become more involved in writing the care plans and they felt this had given them a greater understanding of peoples' care needs.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Peoples' health and personal care needs were being met by staff that respected their privacy and dignity.

Evidence:

At the last inspection we recommended that staff wrote more detail in peoples' care plans so it was clear exactly what care they needed and how it should be monitored. Since the last inspection a new care planning system had been introduced. We looked in detail at the care needs of 3 people living at the home. All 3 had care plans in place that provided specific information about their abilities, preferences and the care each person needed staff to provide. Risk assessments for nutrition, falls and moving and handling had been undertaken to identify and reduce any risks to each person. Care plans and risk assessments had been reviewed monthly.

Records showed that people had seen their GPs, opticians, district nurses and chiropodists. One person said the manager took her to the hospital for out patient appointments.

Evidence:

All ten people that returned surveys said they always received the care and support they needed and that staff listened and acted on what they said. All of the people returning surveys said they always received the medical support they needed. People we spoke to during our inspection said they were well looked after. One person said "Staff are very good, they treat us well, they are helpful". Another person said "All the staff are lovely - they go out of their way to help".

We spoke to two health care professionals who were visiting people living at the home. One of them said staff followed any instructions or advice they gave and let them know if they had any concerns about individuals. The other health care professional was pleased with the progress of the person she was visiting. This person had needed a lot of care when they were living in their own home and when they were first admitted to Richard House, but they had become much more settled and the health care professional was no longer having to visit as often.

We spoke to one person living at the home who had just returned from hospital and who was being nursed in bed as they were still unwell. This person looked warm and very comfortable, with everything they required close at hand. They said they were very glad to return to the home and felt staff were their "second family, they look after me so well". They told us staff were regularly popping in to check they were alright and said staff were "wonderful - they can't do enough".

We looked at how medicines were managed for a small number of people. Medicine records were up to date and showed that staff had followed the correct procedures when storing, administering and disposing of medication.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are provided with activities and a variety of home cooked food, which they enjoy.

Evidence:

Of the 10 people that returned surveys, 9 said there were always or usually social activities arranged that they could join in with, although 4 said they preferred to entertain themselves reading or listening to music. One person said, "I enjoy all the activities I attend: - bingo, card making, cake making, quizzes, sing alongs, Christmas party and pantomime and I go out on birthday lunches".

People we spoke to during the inspection told us about some of the activities they took part in such as bingo, quizzes and card games. Art work was displayed on the walls that some people had created. Some people went out of the home independently or with family and one person said she had a phone in her room so she could keep in touch with friends.

Staff had improved the daily records for people to show more clearly how they spent their day.

Evidence:

In the main, people we spoke to during our inspection told us they were able to choose how they spent their day and felt routines within the home were fairly flexible. One or two people said they would prefer to get up later but seemed to think it helped staff if they got up early and said they were used to doing this. Everyone we spoke to confirmed they could go to bed when they wished.

Everyone that returned surveys said they liked the food provided at the home. One person wrote "I enjoy all the meals and if I don't like any of the choices the kitchen staff will prepare something I do like". We recommended at the last inspection that the lunchtime menus were reviewed to ensure that people had a choice of meal and in the AQA the manager said a second choice had been introduced.

Menus were displayed on the tables in the two dining rooms and staff were overheard during the morning asking people what they would like for dinner.

Lunch on the day of the inspection was either beef stew and dumplings or fish cakes. Lunch was served at mid day. One person asked if her meal could be saved until later and staff readily agreed and offered her a sandwich to eat instead. Staff knew the likes and dislikes of people and accommodated them, for example one person did not like cabbage and the deputy manager checked with her that she only wanted carrots. Another person said staff knew she did not like mashed potato and the cook always made some boiled potatoes for her. Staff offered orange or blackcurrant juice and tea or coffee throughout the meal.

People said both the stew and the fish cakes were very tasty. One person said the stew was "10 out of 10" and then said the dessert, bakewell tart and custard was "11 out of 10!"

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People using the service were protected by the complaints and safeguarding procedures, which were understood by staff.

Evidence:

The complaints procedure was displayed in large print on the wall near the reception area of the home. People we spoke to during the inspection said that if they had any complaints they would speak to the manager and she would deal with it. All the people that returned surveys said they knew how to make a complaint and who to speak to if they were unhappy. All seven staff that returned surveys confirmed they were aware of the complaints procedure.

A record of complaints was maintained. This showed the actions that had been taken to rectify any concerns or complaints that had been made.

Since the last inspection the majority of staff had attended training in safe guarding adults. The staff we spoke to were aware of the procedure to follow and also knew where to get further information if they needed to seek advice.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A clean, pleasant and comfortable environment is provided.

Evidence:

A tour of the home was conducted. The home was warm and clean and there were no smells. A comfortable, homely atmosphere was noted, with artwork created by people living at the home displayed on the walls.

Several communal rooms were provided that offered a choice for people of where to spend their time. One person did say he thought the lounge he was sitting in could be warmer. This room had doors open at either end to aid the passage of wheelchairs so may have been draughty. The fire did not seem to be working so we suggested this was looked at and repaired if necessary so extra heat could be provided at peoples' request.

A number of peoples' bedrooms were nicely personalised with photographs and mementos.

Since the last inspection the manager reported that a patio area had been created in the rear garden and that a new washing machine had been bought.

Evidence:

A voluntary infection control audit had been carried out by the Primary Care Trust (PCT) and the home had satisfactorily met the standards required.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Improvements in recruitment and training mean that people receive care and support from suitable staff who have the skills to support them correctly.

Evidence:

On the day of the inspection four carers and the deputy manager were on duty to care for 23 residents. In addition, three ancillary staff were on duty. It was reported that this was the normal staffing levels during the day until 5pm and that there was usually 1 senior carer and 2 carers between 5pm and 10pm then 2 carers on duty overnight with a senior carer sleeping in. All 10 people living at the home that returned surveys said there were always staff available when they needed them. Of the 7 staff that returned surveys, 6 said staffing levels were sufficient to meet peoples' needs and 1 said there was usually enough staff.

People that we spoke to during the inspection felt there were enough staff provided to meet their needs and said staff attended promptly when they asked for help.

In the AQAA the manager said that recruitment procedures had been improved. We looked at two staff personnel files and these showed that all the information and documents required for new employees, to check their suitability to work in a care home, had been obtained before they started working there. We saw that one person

Evidence:

had previously worked in a care setting several years before. This was not their most recent job so a reference had not been requested. However we would recommend that in such instances a reference be obtained from that employer as this would be relevant in determining how the employee performed when carrying out care duties.

Both personnel files contained a record of the employee's induction training, which included the Common Induction Standards specified by Skills for Care.

In the AQAA the manager reported that of 21 care staff 16 had successfully completed NVQ level 2 training and 8 staff had completed NVQ level 3. Training and development records had greatly improved since the last inspection and certificates were available for each staff member to verify what training had taken place over the past year.

Staff had received training in a range of topics including safe guarding, food hygiene, first aid, moving and handling, safe handling of medicines and infection control. Some staff had attended an introduction to palliative care and 2 staff were attending a training course run by one of the consultants at the hospital covering common conditions found in old age and associated treatment and care. One of the staff who was involved in this said they had found it very useful and was she enjoying the course. The manager had started to produce a staff newsletter to provide information about training courses available.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The manager and staff ensure Richard House is run in the best interests of people living there and that their safety and welfare are promoted and protected.

Evidence:

On the day of the inspection the manager was on leave and we were assisted with the inspection by the deputy manager. The deputy manager told us that since our last inspection the manager and her had undertaken a lot of work to meet the requirements and recommendations we made.

People living at the home said they regularly saw the manager around and about the home. People said they would go to the office and speak to her if they needed to and she always had time to see them. One person said, " I'd have to go a long way to find a place as good as this" and said the manager was "absolutely fantastic".

Evidence:

Residents' meetings had been held in April, May, August and November 2008. The minutes for one held on 23/8/08 showed that people had suggested trips out such as a trip to Blackpool and to the theatre. The manager had produced a newsletter in September 2008 which included details of what was discussed at the residents' meeting, for those that did not attend. It is recommended that where suggestions from people are acted on this is recorded for quality assurance purposes, so the manager can demonstrate how she is using feedback from people to deliver the service they requested.

Since the last inspection staff have been given more responsibility in writing and updating care plans and risk assessments for people and the deputy has extended her role. The deputy manager felt this had been beneficial to the home and the manager, as it meant systems continued to run well in her absence, for example when she was on leave. A discussion was held with the deputy about now developing a system of audit (checks) so the manager can ensure that records etc are maintained properly and that staff are correctly following policies and procedures.

The deputy manager said that all the residents were able to manage their own money, or their representatives were invoiced for any goods or services that were purchased on their behalf, so no money was held in safekeeping at the home.

The care files for people living at the home were kept in the dining room so that the carers could regularly update them. However, to comply with the Data Protection Act 1998 they need to be kept securely.

Records were available to show that health and safety checks had been carried out in the building and equipment had been regularly serviced. However, it appeared from the records that work that had been urgently recommended on the lift in July 2008 was still outstanding.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
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Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	25	The manager should review the temperature of the lounge discussed during the inspection and make arrangements for extra heating if necessary.
2	33	The manager should develop a system to audit care practices and records to ensure that staff work in accordance with policies and procedures and to highlight areas for improvement.
3	37	Care files containing personal details should be kept securely so that data is protected and confidentiality maintained.
4	38	The manager should ensure that lift repairs are carried out as advised by the servicing company.

Helpline:

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Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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