



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Richmond Hall

**81 - 83 Stonnall Road
Aldridge
Walsall
West Midlands
WS9 8JZ**

Lead Inspector
Mandy Beck

Key Unannounced Inspection
17th February 2009 09:30

The Commission for Social Care Inspection aims to:

- 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

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Richmond Hall
Address	81 - 83 Stonnall Road Aldridge Walsall West Midlands WS9 8JZ
Telephone number	01922 454 154
Fax number	01922 458 353
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Stonnall Care Limited
Name of registered manager (if applicable)	Karen Michelle Beale
Type of registration	Care Home
No. of places registered (if applicable)	64
Category(ies) of registration, with number of places	Old age, not falling within any other category (64)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:

Care Home with Nursing (Code N)

To service users of the following gender:

Either

Whose primary care needs on admission to the home are within the following categories:

Old age not falling within any other categories (OP) 64

2. The maximum number of service users to be accommodated is 64.

Date of last inspection New Service

Brief Description of the Service:

Richmond Hall is situated on Stonnall Road near to the town of Aldridge. The home is accessible by public transport and has ample car parking space for people to use.

The home provides accommodation and nursing care for up to 64 people. Each person's room has en suite facilities and is furnished to a high standard. There are regular activities for people to take part in and the home also provides hairdressing, relaxing therapies and a cinema for people to enjoy. Meals are freshly prepared on the premises and all diets can be catered for.

The home is set in its own grounds which are extensive and offer beautiful views.

The fees the home charges are included in the service user guide. They range from £595 to £675 per week. People are advised to contact the home directly for further information on fees.

SUMMARY

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

The quality rating for this service is **2 star**. This means that people who use this service experience **good** quality outcomes.

We looked at all the information that we have received, or asked for, since the last key inspection.

This included:

- The annual quality assurance assessment (AQAA) that was sent to us by the home. The AQAA is a self-assessment that focuses on how well outcomes are being met for people using the service. It also gave us some numerical information about the home.
- Information we have about how the home has managed any complaints.
- What the home has told us about things that have happened in the home, these are called "notification" and are a legal requirement.
- The previous key inspection and the results of any other visits that we have made to the service in the last 12 months.
- Relevant information from other organisations
- We also spent time talking to the people who use the service and to the staff who support them.
- We looked at the care of two people who use this service in depth. This is part of our case tracking process and helps us make judgements about the home's abilities to meet people's needs.

What the service does well:

People are supplied with all the information they will need to make a decision about living in the home.

People's needs will be assessed in full and an individual care plan will be drawn up based upon those needs.

Staff at the home are pleasant and have a good understanding of people's needs. We were told, "I am never rushed the staff always have time for you".

People told us there is plenty of opportunity to keep active and take part in activities. They also told us the meals on offer were of good quality and there was a varied choice on offer.

The home has good systems in place for dealing with people's concerns and complaints. One person said "I know who to speak to I needed to make a complaint. I wouldn't hesitate the manager and the staff always try and smooth things out for us".

The home environment is decorated and furnished to a very high standard. People said "The home is wonderful, my bedroom is exquisite, the furnishing are delightful".

What has improved since the last inspection?

This is the first inspection of this service.

What they could do better:

The home needs to improve its medication storage facilities. They need to do this so that medication is kept at recommended temperatures.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1,2,3,4,5,6

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

People are given all of the information they will need in order to make a choice about living in this home. They can feel confident their needs will be assessed in full prior to admission.

EVIDENCE:

The home has both a Statement of Purpose and Service User Guide that give people all of the information they will need to know about the service the home provides. It includes the range of fees people are expected to pay and the additional extras that will not be included in the weekly fee.

Each person moving into the home is given a contract and statement of terms and conditions. This document will highlight both the provider and the person's obligations whilst resident at Richmond Hall.

Before people agree to move into the home the manager will spend time with them completing an assessment of their needs. This is done to make sure the home is able to meet people's needs and that it will be the right place for them. We looked at the needs assessments of three people during this inspection and found that each one had been comprehensively completed and provided a sound basis for staff to be able to plan care for people.

People choosing to live here are given ample opportunity to sample the service before they agree to move in. The manager told us that people are encouraged to spend time in the home on trial visits. One person told us "I had been to several places but none of them compared to this one, it is four star".

The home does not provide intermediate care facilities at this time.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9,10,11

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

People living in this home have all the assistance they need in order to meet their personal and healthcare needs.

EVIDENCE:

We looked at the care records of three people during this inspection. This is part of our case tracking process. We found that each person had their own individual plan of care. The home has taken time to sit with people to discuss their needs and preferences and as a result care plans have been tailored to individual need.

The home makes sure that each person is assessed for their risk of developing pressure sores, being malnourished and falls. Where risks are highlighted the home completes a risk management plan and records what action they will take to reduce the risks to people. All care plans are kept under regular review and are updated to reflect any change in a person's condition.

People who answered our surveys told us “we always get the care and support we need”, “the staff here are wonderful and nothing is ever too much trouble for them”, “I am never rushed by them, they always take their time and give me the support I want”.

We spent time talking to staff during this inspection and they were able to give us a detailed account of people’s needs and the support they wanted. They told us “I know there aren’t many people in at the moment but it feels like one big family and we know if someone is not feeling well”.

The home is also supported by community services such as doctors, psychiatrists and community mental health nurses. People also have access to dentists, chiropractors and opticians, as they need it. People told us “if I feel under the weather there is no hesitation in calling for the doctor”.

We looked at the systems in place for safe storage, administration and return of medication. We found areas for improvement, in particular the medication storage room. The excessive high temperatures mean that medication is not being stored as recommended. We have said the home must address this promptly and reduce the temperature to 25oC or below. The home should keep daily records of the temperature in this room. We looked at the Medication Administration Record (MAR) sheets and found that staff are not always recording two signatures when making handwritten entries on the MAR. It is a good practice recommendation that two staff sign handwritten entries, as this will reduce the risk of errors in transcribing occurring.

We saw areas of good practice such as the use of care plans for “as required” and “PRN” medication. These care plans outline when it is appropriate for nursing staff to administer this type of medication to people.

The home has good storage facilities for controlled drugs and records show that nursing staff are recording and signing for each administration.

We spoke to some of the people living in the home during this inspection. They told us “staff here are very good”. We asked if staff paid particular attention to their dignity and need for privacy. They said, “Oh most definitely they are very caring”. We saw staff talking to people in a polite manner and when they were giving assistance to people they did so sensitively and did not rush people.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14,15

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

People are encouraged to take part in activity and to lead active lives. Meals are prepared freshly on the premises and are varied and nutritionally balanced.

EVIDENCE:

There are plenty of opportunities for people to take part in activity in this home. There are board games, magazines and arts and crafts freely available for people to make use of. The home also has a cinema room which is popular with people. The room has a projection screen and surround sound and makes watching films a very enjoyable experience. One person said "it is the best thing I have seen, we are getting used to watching films in there now". The home is currently in the process of recruiting an activity coordinator for the home but until then staff are finding time to do activity with people. Each person's interests are recorded and staff make efforts to meet those requirements.

People are encouraged to have visitors when they want them. The home has an open visiting policy. During this inspection there were plenty of visitors and

there was a relaxing atmosphere throughout the home. People have commented, "staff try very hard to please my mother, they do a good job".

We had the opportunity to visit people's bedrooms, the rooms we saw were beautifully decorated and people had been encouraged to bring in items from home to make them feel more personal to them.

Meals are freshly prepared each day. The home does have a four weekly menu but at the present time people are given plenty of choices. The home is also able to cater for people who require specialised diets. We were told, "the food is lovely and there is a lot of choice", and "the food could be better I would like to see more fresh fruit and vegetables on the menu". We had the opportunity to taste some of the food on offer. It was well presented, hot and tasted very nice. We spoke to staff that work in the kitchen they told us "the nurses keep us informed of all the new diets, we plan for birthdays and people can have a cake if they want one".

The dining room is well equipped and is a relaxing place for people to eat their meals. People do have the choice to eat their meals in the privacy of their own rooms if they choose to do so.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16,17,18

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

People using this service should feel confident their views would be listened to and acted upon. Staff have the knowledge and skills to keep people free from harm and abuse.

EVIDENCE:

The home has a complaints policy that is available to all people. A copy of the complaints policy is in the service user guide and in each person's bedroom. Since the home opened in October 2008 there have been no complaints recorded. The manager told us that she is always there to talk through any concerns that people have and will always act upon them. The commission has been made aware of one complaint about the home and this has been passed on to the manager to investigate under their complaints procedure. Those people who answered our surveys told us "I would always speak to the nurse in charge" and "I know who to speak to I needed to make a complaint. I wouldn't hesitate the manager and the staff always try and smooth things out for us".

The home has policies in place for dealing with allegations of abuse and keeping people safe from harm. We call this safeguarding vulnerable adults. We spoke to staff about this. All of the staff we spoke to were able to tell us what different types of abuse there were and how they would recognise the signs of abuse. Generally most of the staff knew who to refer to if an

allegation was made to them or they had witnessed an act of abuse. The manager of the home understands what is expected of her in relation to reporting of incidents and allegations to the safeguarding team. There have been no referrals to the safeguarding team since the home has been opened.

The home does not use restraints at this time. Each person who has been assessed as having nursing needs has their own specialist bed with built in bed rails. These rails are padded with bumpers for people's added protection.

We looked at recruitment practices and found the home is taking steps to prevent unsuitable people from working with vulnerable adults. This includes required checks against the Protection of Vulnerable Adults list (PoVA) and a Criminal Records Bureau disclosure (CRB).

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19,20,21,22,23,24,25,26

Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

The home is clean and very well presented. It is equipped to meet the needs of the people living there.

EVIDENCE:

The home was registered with us in October 2008. As part of that process a full inspection of the premises was conducted. There were no outstanding requirements from that inspection.

Most of the home was seen during this inspection. The home is decorated and furnished to a very high standard. People said "The home is wonderful, my bedroom is exquisite, the furnishing are delightful. I was given the choice about bringing my own furniture here but why would you when you look at this".

There is ample seating and dining facilities for people to use. Accommodation is provided on three floors but at present only one floor of the building is being used because of the small number of people living there. There is a selection of communal areas both inside and outside of the home, this means that people living in the home have a choice of place to sit quietly, meet with family and friends or be actively engaged with other people if they choose to.

The home has sufficient aids and adaptations in place to meet people's needs. There are also sufficient toilets to enable people immediate access.

The home has a therapy room with specialist lighting, relaxing music and therapy bed. It is currently not in use but the manager said that she hoped it would be in the near future.

There is an in house hairdressing facility and the hairdresser visits the home at least once a week.

The laundry is more than equipped to meet the needs of the people living there at this time. Some people have commented that very occasionally clothing can be mislaid but staff make every effort to find it. Each of the communal bathrooms and toilets have liquid soap and paper towels for people's use. Staff have access to gloves and aprons. All of these measures will help reduce the risk of cross infection to people. The manager has also told us that dates have been set for the formal infection control training for all staff.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27,28,29,30

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

People living in this home are supported by sufficient numbers of staff on duty. Staff are recruited safely and have training on a regular basis.

EVIDENCE:

The home has a skill mix of both trained nurses and care workers on duty to meet people's needs. In addition to the care staff there are housekeeping, kitchen, laundry and maintenance workers all working hard to keep the home running smoothly. One person said "The staff are wonderful there is never anything that is too much trouble".

The home needs to improve upon the numbers of care staff with an National Vocational Qualification (NVQ) at present only 2 out of 11 staff have achieved this according to the information we were supplied on the Annual Quality Assurance Assessment (AQAA).

We looked at the recruitment processes in the home. We saw the staff files of four people. All of them contained the required information and security checks such as previously mentioned Protection of Vulnerable Adults (PoVA)first, and CRB's. We have recommended that when staff do commence employment with only a PoVAfirst check in place, the home completes a written risk assessment to show how they intend to safeguard people in the

home. The home should also designate a senior worker on the staff rota to supervise the new worker until the return of a satisfactory CRB disclosure.

We looked at the training records for some staff; the home has supplied us with information of training that has been arranged. It is clear that staff will be trained as required. New workers are supported through an induction that meets the Skills for Care common induction standards. This induction will provide staff with the basic skills needed for completed their NVQ training.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31,33,35,38

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home is managed well and run in the best interests of the people who live there.

EVIDENCE:

The home is managed by Karen Beale she has both the required experience and qualifications to run the home. Staff said "Karen is very supportive and I would feel happy to tell her anything". People answering our surveys said "the manager is very approachable and willing to help".

The manager has a good understanding of where the service is going and is working hard to develop it further. Throughout this report we have said that there are good systems in place for dealing with complaints, allegations of

abuse, managing healthcare needs and activity. The manager keeps these systems under scrutiny and good standards are being achieved as a result.

The home is developing its quality assurance system but is making good progress. There are planned monthly audits looking at a different aspect of service provision each time. For example, medication, meals and accidents. The home has also completed the Annual Quality Assurance Assessment (AQAA) that we asked for. The AQAA gave us the information we needed about the service the home provides. It also tells us about the improvements the home plans to make over the next twelve months. In order to find out how the home is meeting the needs of the people living there regular meetings are held with residents. These meetings give people the chance to air their views and thoughts.

People are supported to manage their own money where possible. Where this is not possible there is a clear reason why. People can have access to their money at any time. We looked at the records and balances of some of the people during this inspection. We found them to be in balance and there is a record of transactions. We have recommended the home obtain an individual receipt for all transactions for audit purposes.

The home has a clear health and safety policy. There are good systems in place to make sure the staff have regular training and updates. Safety certificates were seen as part of the homes registration process and are still in date. Accidents are recorded by the home appropriately and we are notified as required using Regulation 37 notification processes.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	3
3	3
4	3
5	3
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	3
11	3

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	3
18	3

ENVIRONMENT	
Standard No	Score
19	4
20	3
21	3
22	3
23	3
24	3
25	3
26	3

STAFFING	
Standard No	Score
27	3
28	2
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	3
33	3
34	3
35	3
36	3
37	3
38	3

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	OP9	13(2)	The home must take action to reduce the temperature of the room where medication is stored. They must do this to make sure medication is being stored at recommended temperatures.	31/03/09

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP9	The home must make sure that two staff sign handwritten entries on the Medication Administration Record (MAR) sheet. This will reduce the risk of errors occurring when transcribed.
2	OP35	The home should make sure it obtains receipts for all transactions for people. This will help provide a clear audit trail and show where people have spent their money.

Commission for Social Care Inspection

West Midlands

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