

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

Richard House Care Home

69 - 73 Beech Road, Cale Green, Stockport, SK3
8HD

Tel: 01614296877

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

Respecting and involving people who use services ✓ Met this standard

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

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

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

Details about this location

Registered Provider	Denmax Limited
Registered Manager	Mrs. Joyce McDonald
Overview of the service	Richard House offers accommodation to 29 people who require assistance with personal care and support. The home is a two-storey building with bedrooms and bathrooms on both floors.
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 27 September 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

The people we spoke with said that they liked living in Richard House and could make choices about how they spent their day. They said that staff treated them well, were very good and they were all very positive about living there.

People said "this is a lovely place to live and I can go in to any room or stay in my bedroom." "I have not been here long and the staff are good they do talk to me about my care plan," "there are activities but I don't take part you can choose if you want to join in." "Another said "we play board games and really have a good laugh."

People said they felt well cared for by the staff that supported them. Everyone we chatted to was positive about the support provided.

People told us that they felt safe and have no concerns about the care and treatment they receive from staff. People said they could talk to the manager at any time and she would sort anything out. They said she spoke to them each day and that all of the staff would listen if they had any concerns.

Relatives spoken with were happy with the care their relative received.

Comments such as "the staff are marvellous;" a great team of girls" "the staff are second to none" "the staff treat me very well and we have a good laugh" were made.

People we spoke with said that the staff asked for their views on the routines at the home and they have meetings with the manager to discuss anything they wanted to.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We looked at records for people who live in Richard House and saw that each person had a full assessment of their needs before living there so that the home would know that they can care for them.

The files showed that people, their families and any health care professionals such as social workers had been involved in this assessment.

The care plan contained a short profile as to how the person liked to spend their day and any hobbies, interests and relationships with family and friends was recorded. People expressed their views and were involved in making decisions about their care and treatment.

There is an established staff team at the home so they and the people who live at the home know each other well.

There was a pleasant, relaxed and friendly atmosphere throughout the day as people talked freely with each other, visitors and staff. The staff were observed to speak with people in a respectful manner and treated them with dignity and respect at all times. There was also a lot of pleasant banter between residents, staff and visitors. Staff always knocked on people's doors prior to entering their rooms.

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

Our judgement

The provider was meeting this standard.

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Reasons for our judgement

The care plans we looked at described the care required by people and appropriate risk assessments had been completed. People's individual choices were recorded and the care plans had been reviewed monthly. The daily records made by staff were detailed. We saw that people had been referred to other health care professionals such as dieticians or district nurses when they need it so they stay as healthy as possible.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During our visit we had a discussion with the home manager. She was able to demonstrate that she was aware of the relevant process to follow if there was a safeguarding issue. She had notified us of any relevant incidents and had reported them to the safeguarding coordinator at the local authority.

Richard House had a safeguarding policy in place and all members of staff had undergone safeguarding training as part of their induction programme at the home and had received updated training each year. This was confirmed by the staff members on duty during our inspection and on discussion they were aware of how to recognise and report suspicions of abuse.

Staff were aware of the provider's whistle blowing policy.

We checked the staff files of the four most recently employed staff and saw that evidence of identity was checked. We saw that a Criminal Records Bureau Disclosure and references had been obtained before they began working in the home. This was to make sure people receiving services were protected. Any gaps in employment history had been explored before they started working in the home.

One file looked at did not have copies of references that had been requested. The provider may find it useful to note that evidence of references should be kept in the personal file of each new staff member.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We saw training records which showed that all staff had completed their mandatory training. This included training on fire safety, food hygiene, COSHH [Control of substances hazardous to health], health and safety, safeguarding, infection control, nutrition, medication safety, moving and handling, dementia customer services and wound care. Some 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.

Records demonstrated that all of the staff had completed a recognised NVQ (National Vocational Qualification) for their role.

We saw that staff had regular supervision sessions. This is a process where a more experienced member of staff has a meeting with a staff member to discuss how they are carrying out their role and any problems that have arisen.

All of the staff who we asked said that they felt supported in their role. Staff spoken with said that the manager was very approachable. One staff member said "I love my job it is great." Another said "this is a lovely place to work."

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

As part of our visit the manager of the service supplied us with recent audits carried out in and around the home which enabled her to monitor the quality of care provided to the people who live there. Detailed audits had been carried out of the service in relation to all areas of care and support in the home such as care plans, medication management, complaints, catering, resident finances, infection control, pressures sores and weight loss. An action plan is produced if any errors are highlighted.

The provider visits the home monthly or bi-monthly and had completed audits of the service to monitor their progress. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The manager had kept us notified of any accidents or incidents that had occurred in the home and the actions taken to prevent further occurrences. Complaints were effectively managed. Information on how to make a complaint was displayed in the reception and provided within the service user guide. People we spoke with said they know who to complain to should they need to.

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, 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 dentists, primary medical services and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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 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.

 **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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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