Inspection Report

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

Richmond House

31 Richmond Street, Heamoor, Penzance, TR18 3ET

Tel: 01736331005

Date of Inspection: 04 November 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Royal Mencap Society
Registered Manager	Mrs. Deborah Waller
Overview of the service	Richmond House provides care for people who have a learning disability. The home can accommodate up to five 5 adults.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 4 November 2013, 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 staff and reviewed information given to us by the provider.

What people told us and what we found

We spent a day at the home and spoke with two people who used the service. We also spoke with the registered manager and three members of care staff. People told us they were happy with the care they received and that staff were kind and helpful. One person told us, "I am happy here".

We found there were suitable arrangements in place for obtaining, and acting in accordance with, the consent of people who lived at Richmond House Care Home in relation to the care and treatment provided for them.

We saw there was appropriate referral and care planning documentation used at the home in respect of people who lived at Richmond House.

Richmond House had appropriate arrangements in place to ensure the safe management of medicines at the home. We saw there were appropriate arrangements for obtaining, recording, administration and safe disposal of medicines used at the home.

People who lived at the home were safe and their health and welfare needs were met by staff that had been appropriately recruited and were appropriately qualified, skilled, experienced and of good character.

Richmond House operated an effective complaints system which ensured that all feedback was dealt with appropriately and in a timely manner. People were supported to make complaints where necessary and were assisted by their key worker and/or advocacy services or other third party services who advocated on their behalf.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We spoke with two people who lived at Richmond House. Their comments did not relate to this outcome area. We also spoke with the registered manager and three members of the staff team. We saw that people were happy with the care they received from the home and it was clear that people were adequately consulted about providing consent for the care that was provided to them.

The home had a policy and procedure for gaining consent and acting in accordance with consent. This was not available to the inspector on the day of inspection. A copy was requested for review and was subsequently received.
The home had suitable arrangements in place for obtaining, and acting in accordance with, the consent of people who used the service in relation to the care provided. We looked at documentation for two people who lived at Richmond House. We saw there was an initial contract of care and full assessment of care carried out by the home and both were signed by a representative from the home and also by the person who received the care package and/or their representative.
Management at the home told us consent was mainly gained verbally. Where it was clear a person did not have the mental capacity to understand what they were consenting to, the manager told us a family member or a person's representative would be called upon to provide consent to care and/or a meeting with other agencies involved in providing the care package would be called upon to have a 'best interest' meeting to consider the best way forward for the individual. We reviewed the minutes of a multi-disciplinary meeting and discussed an instance when this had happened in relation to a decision about whether a person required a medical intervention. It was clear the management at the home understood and effectively discharged their responsibilities to ensure consent was gained for care, support and treatment for people who lived at the home.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare

Reasons for our judgement

The atmosphere in the home was warm and welcoming and there was a sense of fun. We saw in the way people interacted with each other and with staff that people felt involved and safe at Richmond House.

We spoke with two people who lived at the home. We were told the staff were kind and helpful and people were satisfied with the care they received. One person commented, "I am happy". Everyone we spoke with told us they were happy with the care provided to people who lived at the home. One person told us they "liked it" at the home. People reported staff were "nice" and told us they liked living at the home. We saw interactions between people throughout the day and observed people were friendly and tolerant of each other.

We observed staff were patient and kind in their interactions with people. We saw the staff took time to sit with people who lived at the home to talk with them and assist them in any way they could. We observed many interactions between people and the staff who supported them and saw that great emphasis was put upon empowering people to be independent. People were encouraged to do as much for themselves as they were comfortable to do. We saw one person was encouraged to make their lunch and a pudding for everyone who lived at the home for the evening. This they did happily with support from a staff member.

Care plans were in place for every person who lived at the home. These are essential to plan and review the specific care needs of a person and are a tool used to inform and direct staff about each person and their individual care needs. We looked at two care plans for people who lived at the home. We saw people who used the service were involved in making decisions, as much as possible, about their care and had signed their care plans to confirm they were in agreement with them.

Care plans covered all aspects of the person's physical, emotional and psychological care needs. We saw care plans were person centred. There was a system in place to regularly update and review people's care plans to ensure they were relevant and up to date. Risk assessments were completed for people who used the service. Risk assessments are a tool used to identify hazards and action staff must undertake to reduce the risk from the

hazard.
We saw records that showed the involvement, when necessary, of external professionals, for example, community nurses, general practitioners, optician and chiropodist. This demonstrated the provider took appropriate action to ensure people's care needs were met by appropriate professionals. The staff completed daily records for people who used the service. These records were signed, dated, factual and legible. We saw detailed records of the care provided to people and the activities people participated in. The records also evidenced clearly how staff supported one person to make choices regarding their own care.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

People we spoke with who lived at the home did not specifically comment on this outcome area.
We spoke with the registered manager about how the home managed the ordering, storage, administration and disposal of medications for people who lived at the home. We were told the home used a pharmacy based medication system for administration, recording and disposal of unused medications.

We saw there were completed Medication Administration Records (MAR) in place for each person who was assisted with their medication. We reviewed these records and saw each one was personalised with the name, date of birth and photograph of the person they were for.

Records recorded what medications had been prescribed for each person and provided details of how much should be taken and when. Each person had a medication pen picture completed in their support plan. This included a list of all medicines that were required to be taken, what they were used for and any potential side-effects of the medications. We saw that any changes to medication needs were recorded under a health monitoring section within the support file.

We saw the home had a medication policy and procedure in place. We were shown that all medication is stored in a locked cabinet in the office at the home which is also kept locked unless being used. Medications were stock checked daily, before and after administration.

We looked at the results of a medication audit that was undertaken by a recent external pharmacy visit. We found that all of the issues identified by the audit had been resolved by the home. This included ensuring photographs were used to assist with identification of people who were administered medications.

All staff who assisted with medication administration were up to date with their medication e-learning modules and demonstrated a good knowledge of this area.

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

We spoke with two people who lived at Richmond House about their experience of the care staff. People did not specifically comment on this outcome area but did tell us they were happy with the staff and we saw there was genuine respect and kindness shown towards the people who lived at the home.

We spoke with two members of staff about how they found working at Richmond House and they told us they "loved" their job. Another staff member commented, "I'm exceptionally proud of the support that is given here. It is individualised and staff find ways to make time for everybody. It feels very much like anyone's' home which is a great thing".

During our inspection we checked if Richmond House was operating an effective recruitment procedure in order to ensure people they employed were of good character and suitably qualified, skilled and experienced.
We saw Richmond House had a robust recruitment policy and procedure in place. We looked at two staff records and saw recruitment records which included interview records, two reference checks which included one from the previous employer and contracts of employment for each staff member. In addition, the manager had ensured there were suitable pre-employment checks prior to new employees commencing employment. These included Disclosure and Barring Service checks (DBS) which are a mandatory process undertaken by any health and social care provider to ensure prospective employees are of suitable character.

We saw evidence that demonstrated that once employed, staff completed formal induction training in line with the Common Induction Standard (CIS). The CIS is a national tool used to enable care workers to demonstrate high quality care in a health and social care setting. We examined the home's training records and found that all staff had achieved or were currently working towards the equivalent of NVQ level 2 in Health and Social Care.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

We spoke with two people who lived at Richmond House; their comments did not specifically relate to this outcome area. We spoke with the registered manager and three members of support staff who showed us the policy and procedure used by the home to handle complaints.

We saw the home had a policy which outlined how Richmond House handled complaints. The registered manager told us they tried to resolve a complaint immediately, without the need to engage the official complaints procedure wherever possible. Where this occurred staff recorded comments on a 'representations/feedback' sheet which were kept in the complaints log book to enable the manager to identify and review issues which had arisen and identify any common themes.

We were told people who lived at the home attended monthly resident meetings at the home. This was corroborated by notes highlighting that meetings had taken place in the house communication diary. These meetings provided a regular opportunity for people to meet together and discuss issues relevant to their lives at Richmond House, such as activities and menu ideas. It was also a way to informally handle potential disputes which could turn into future complaints.

Staff told us where a complaint was received if staff were unable to resolve the issue immediately, an investigation would be held. Complaints were aimed to be acknowledged within one week and resolved within three weeks where possible. Where required, people were offered support to follow the complaint process via the use of an external Advocacy Service. People were also supported by their key worker and/or a family representative in the process.

We were shown details of a complaint that was raised by one person who lived at Richmond House regarding the behaviour of another person resident at the home. We saw that every opportunity was taken to resolve the situation amicably and informally to the satisfaction of both parties. When this was not possible the complaints process allowed for a more formalised meeting between all parties to take place which resulted in an agreed action plan which was followed through and resolved the issue amicably.

In order to gather the views of other interested parties such as family representatives, medical professionals and social services, the registered manager used an annual survey

system. The provider may like to note, the last survey results were dated July 2012. The registered manager told us a repeat of the survey was due to take place.

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.

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