

***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

Date of Inspection: 11 December 2013

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2014

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	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 11 December 2013, observed how people were being cared for and talked with people who use the service. We 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.

We found evidence that there were procedures in place to assess the capacity of people to consent to their care and treatment. We found that people's decisions about how they wished their support to be provided were respected.

We saw that care plans clearly identified the needs of the person and had been reviewed on a regular basis. One person told us, "The care I receive is excellent. I always get what I need when I need it."

We looked around the premises and found it was clean and welcoming. People's bedroom's were individualised with their personal items and people could choose where to spend their time.

We observed support staff were friendly towards people and enabled them to be as independent as possible.

We found evidence that there were systems in place for the safe administration of medicines.

We saw evidence that there were effective recruitment procedures in place to ensure that people who used the service were protected from inappropriate staff.

We found that suitable arrangements were in place to manage an effective complaints process for identifying, receiving and handling complaints for people living at Richard House.

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.

Reasons for our judgement

We looked at three people's care plans and saw evidence that people were involved in decisions about their care and treatment. We found information recorded in the care plans relating to people's personal preferences and choices. This ensured people's care, treatment and support needs were met in accordance with their wishes. In each person's care plan, we saw a consent to care and treatment form signed by the person who used the service.

During the inspection we saw that staff explained to people the care they were giving. Staff we spoke with told us how they encouraged people to make choices when their communication was limited. We observed the interaction between care staff and people who used the service. We saw that before people received any care or treatment they were asked for their consent and care staff acted in accordance with their wishes. This meant people's rights were protected because staff understood the need for people give consent to care and treatment.

We discussed consent, the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards with the senior carer who was aware of how the law and guidance related to people who used the service. This included the requirement to support a person to access an independent advocate and hold best interest meetings if the decision a person made needed to be considered in relation to their mental capacity. Records we looked at showed staff had received training in this area.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Where people were not able to give consent regarding a particular issue, people who knew and understood the person had been consulted about the person's best interests. This meant that the service was aware of the implications of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty safeguard (DoLs) in relation to promoting the rights of people who used the service.

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

We saw that a pre-admission assessment had been carried out and was retained in the care plan of each person who used the service. The care plans we looked at described the care required by people and appropriate risk assessments had been completed. For example, we saw dependency assessment charts, risk assessments for pressure sores and nutritional assessments in the care plans we examined.

We looked at three care plans. We found that care plans and risk assessments were reviewed and updated monthly or more often if needed. We saw that the people who used the service were involved in planning their care. People's individual choices were recorded. This meant people were protected from receiving inappropriate care because people's needs were reassessed and the instructions to staff changed if required. Because care plans were updated with the person who used the service and they reflected people's opinions and preferences. This meant staff had individualised information about how to promote people's needs effectively and safely.

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 required to ensure that they remained as healthy as possible. We saw that professional visits and appointments were recorded in care plans. We saw from the record of visiting professionals, that people who used the service received routine health screening such as eye tests, foot care, and dental examination. We saw that people wore their glasses as prescribed.

We saw that staff approached people with respect and in a sensitive way. The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and preferences. The support provided was documented for each person and was appropriate to their age, gender, cultural background and disabilities. We saw positive interaction between the people using the service and the staff. The people we spoke with told us they were well looked after and liked living at the home.

We toured the home which was warm and homely. There was a pleasant relaxed atmosphere in the home. We saw that people had been supported to individualise their

rooms which were clean and well furnished. Also all the areas used in respect of personal care such as toilets and bathrooms were clean, warm and pleasant to use. This meant that personal care needs were being met in private and in a comfortable environment.

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

We saw there were policies and procedures in place for the management of medicines. These were available for staff reference. We saw evidence that relevant staff had received training in the management of medicines and the competency of staff to administer medication was assessed before they were able to carry out this task without supervision. Following training their ability to administer medication safely to people using the service was checked to ensure that their competency to administer medication safely and appropriately was maintained.

Suitable arrangements were in place for the safe storage, recording and administration of medication, including controlled drugs. Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These are called controlled drugs. Stricter legal controls apply to controlled medicines to prevent them from being misused. We also noted medicine trolleys had been secured to the walls whilst not in use. We checked the medicine fridge which had been kept at the appropriate temperature and records showed temperatures had been checked every day. These meant medicines had been stored appropriately and securely.

A check of the medication held in stock corresponded accurately to the records. A robust documented system for re-ordering and disposing of medicines was in operation.

Each person using the service had their own medication administration record. We looked at the medication administration recording (MAR) sheets and we saw these did not contain any gaps in staff's signatures. This indicated people had had their medicines as prescribed by their doctor.

We looked at the controlled drugs cabinet and saw that it was in accordance with controlled drugs regulations and guidance from the Royal Pharmaceutical Society of Great Britain legislation.

We looked at the controlled drugs recording book. We checked the recorded amounts against the actual amounts of controlled drugs in stock and found these to be correct. We also noted two staff members had signed each entry. We also saw records indicating

regular controlled drugs audits had been completed. This meant there was a robust system in place for checking controlled medicines.

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

The provider had a number of policies in place which provided staff with guidance relating to staff recruitment, conduct and disciplinary and grievance procedures. We reviewed the recruitment and selection procedure for the home and found that it met the requirements which ensured people were protected from inappropriate staff.

Staff completed an application form prior to interview and people were required to provide a full employment history. Applicants had signed a health declaration to state that they were fit to carry out the role.

During our inspection we viewed the employment records for three members of care staff. Records showed that the required checks had been carried out before they had started to work at the service. These included a criminal records check, a check against the list of people barred from working with vulnerable adults and at least two written references. The references and criminal record checks had been received before staff had been allowed to work with people who used the service. Staff were required to provide evidence of identity and proof of qualifications.

We found evidence that a structured induction programme was in place for new staff. We were told that new staff were closely supervised by senior staff until it was determined that they were confident and competent to work independently.

We found evidence that staff had undertaken relevant training including health and safety, safeguarding, management of medicines and end of life 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

The home had an appropriate complaints policy in place which clearly outlined the steps people should take if they wanted to raise their concerns. This included the timescales for responding to people's complaints and also details of other organisations they could contact if they were unhappy with the response they received. The first point of contact for concerns remained the manager of the home. We saw the manager had a positive approach to the management of complaints and concerns and used them to improve standards where needed. Minor issues and suggestions were said to be addressed as soon as they arose. We saw thank you cards sent to the home from relatives

A record of complaints and compliments was kept by the provider and we viewed details of three complaints that had been received in 2013. We noted that each complaint had been recorded in detail, as well as the action that had been taken, the outcome and any follow up action required. People's complaints were fully investigated and resolved, where possible, to their satisfaction.

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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