

Hamberley Care 3 Limited

Richmond Manor

Inspection report

14 Dunstable Street
Amphill
Bedford
MK45 2JT

Date of inspection visit:
19 October 2021
27 October 2021

Date of publication:
11 November 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Richmond Manor is a care home providing personal and nursing care to 30 people aged 65 and over who may be living with dementia, a physical or sensory impairment at the time of the inspection. The service can support up to 69 people.

The home is built over three floors with all bedrooms containing an ensuite wet room. In addition, there were shared lounges on each floor, a cinema room, spa style bathrooms, a hair dressing salon, a café and outdoor garden and courtyard area.

People's experience of using this service and what we found

People and their relatives spoke positively about the service. One relative told us, "It is a cross between a care home and a hotel. A place where there is an element of freedom and choice. We have not found anywhere better."

People told us they felt safe and the staff were kind and caring. Staff used information recorded in care plans to support them in providing care to meet people's preferences. People and their relatives were involved in the care planning process.

There were enough staff to meet people's needs. People and their relatives told us they found all staff to be caring. One person told us, "Staff are excellent, they do so much. There are plenty of staff around and I am not left waiting if I need help."

Staff had received training and had the skills and knowledge to provide safe care. Trained staff managed medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Effective monitoring systems were in place and these helped develop the service and drive change and improvements.

People told us the management team was approachable and felt confident they would address concerns appropriately.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 23 June 2020 and this is the first inspection.

Why we inspected

This was a planned inspection as a newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Richmond Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Richmond Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 19 October 2021 and ended on 27 October 2021. We visited the service on 19 October 2021.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give us key information about the service, what the service does well and improvements which they plan to make. We took this into account when we inspected the service and made judgments in this report.

During the inspection

We spoke with 12 people who used the service and three relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, head of operations, quality support lead, nurses, homemakers (care staff), members of the catering department and members of the lifestyle and wellbeing department.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visits the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to reduce the risk of harm. Staff had received training and were confident in reporting and raising safeguarding concerns.
- People told us they felt safe. One person told us, "I feel safe. There is nowhere like home, but I know I am being cared for here." One relative told us their family member was safe and they received care and treatment when needed.

Assessing risk, safety monitoring and management

- Risk assessments had been completed. These provided information on measures in place to safely support people.
- Risk assessments were reviewed regularly and updated where required.
- Staff told us the electronic care planning system in place enabled them to have immediate access to updated information. This meant risks to people were acted on promptly.

Staffing and recruitment

- There were sufficient numbers of staff on each shift to meet people's needs. One person told us, "Staff are alright, they come when I call them."
- One relative told us, "Generally there are enough staff. There have been more agency staff recently, but these are okay."
- A process was in place to ensure staff were recruited safely. Pre-employment checks had been completed to ensure staff were suitable for their role.

Using medicines safely

- Medicines were managed and administered safely. Medicines were stored securely and disposed of safely. A process was in place to identify the safe life of opened medicines which included the date of opening.
- Staff had completed training in the safe administration of medicines. Checks had been conducted to ensure staff demonstrated the skills and knowledge required to administer medicine safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Lessons learnt were discussed with staff at handover, daily meetings and team meetings.
- Records demonstrated that staff were open in reporting incidents such as falls.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans and risk assessments were in place. These contained information relating to a person's medical condition, health, likes, dislikes and preferences. People and their families told us they had been involved in the care planning assessment process.
- Care plans and records were stored on an electronic care planning system. Staff were familiar with using the system and told us information was accurate, reflective of people's needs and accessible at all times.

Staff support: induction, training, skills and experience

- Staff completed a robust induction when they started. This included reading policies, shadowing of experienced staff and a mixture of on-line and face to face training. Staff told us the induction prepared them for their role but felt able to request additional training to enhance their confidence.
- People and their relatives told us they felt the staff had received the appropriate training and had the required skills for their role. One person told us, "Staff have been well trained. Care comes naturally to them." A relative told us, "The staff are great. They are well trained."
- The registered manager monitored the quality of care by undertaking unannounced checks of staff practice during the day and night. Findings of these checks were discussed with staff during supervisions and team meetings and actions to make improvements agreed.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were detailed in their care plans. Where required associated risk assessments had been completed and measures put in place to manage these. This included provision of special diets such as soft or pureed food and food and fluid charts.
- People and their relatives told us the food was appetising and people were supported to maintain a healthy weight. One relative told us, "[Family member] has put weight on since moving in and looks great. [Family member] enjoys the food and the offer of a glass of wine at mealtime."

Adapting service, design, decoration to meet people's needs

- The environment was well maintained and decorated. People were able to access different areas in the home to spend time with friends and family, or alone should this be their preference.
- People were encouraged to personalise their rooms with pictures and personal furniture when they moved in.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to healthcare services. One person told us the staff had been prompt in scheduling a doctor's appointment for them to discuss pain they were experiencing.
- Staff made referrals in a prompt and timely manner to health professionals. One professional told us, "The service is very pro-active in following up concerns and making referrals."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported by staff to make choices and decisions about their care. This support was based on the MCA and its key principles of always assuming people could make decisions.
- Staff were knowledgeable in applying the principles of the MCA and understood their responsibility in providing choice and gaining consent.
- Staff used techniques to help people make decisions, such as offering a variety of clothes or food.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives felt the staff were kind and caring. One person told us, "Staff are kind and polite." A relative told us, "Staff are genuine and care. Nurses have rung when there are any concerns and update us with changes."
- Staff were skilled in communicating with people, such as those with dementia or with a hearing impairment.

Respecting and promoting people's privacy, dignity and independence

- Staff and the management were passionate about supporting people in a way which they preferred.
- Staff spoke with knowledge of people's needs and preferences. One staff member said, "[Person's name] is a quiet person who enjoys watching the football and sport in their room."

Supporting people to express their views and be involved in making decisions about their care

- People were comfortable in approaching staff and expressing their view. Staff were observed offering people choices.
- People were involved in making decisions about their care. Where a person was unable to make a decision about their care, families were involved.
- One relative told us they had not been contacted as part of the care plan review process. The registered manager told us a 'resident of the day' system was being reviewed to ensure involvement and communication relating to this process was improved.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Assessments had been completed to identify people's needs, likes, dislikes and preferences. The information obtained through assessments and discussions with people and their relatives, was recorded in care plans.
- Technology including sensor mats and sensor lights were used to respond promptly to people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information advising of people's preferred form of communication. One person was not a verbal communicator and used picture prompts to support them in communicating their wishes.
- The registered manager told us they were developing a pictorial aid to support people with menu choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were available in the home. There was a mixed response from people and their relatives to the availability of activities, with some people feeling these were limited. The registered manager told us a questionnaire had been sent to people and their families to obtain additional information relating to hobbies and interests which would be used to review what was on offer.
- One person told us, "The staff took me out to the pub the other night which I really enjoyed."
- People and their families had been supported to maintain relationships throughout the COVID-19 pandemic. This included support with telephone and video calls as well as implementing a booking system to use a designated visitation suite. One relative told us, "There is a process in place to support visiting and if we wish to take [family member] out. The staff supported us with this process so that we could enjoy a family celebration together."

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt confident in raising concerns and felt these would be listened to and dealt with appropriately.
- A complaints record showed complaints which had been raised had been effectively addressed.

End of life care and support

- The registered manager confirmed there was nobody in receipt of end of life care at the time of the inspection, however, records demonstrated discussions held and wishes and preferences expressed.
- Staff told us they had received end of life training.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager provided training and guidance to staff regarding the importance of choice and personalised care.
- People, relatives and staff told us they felt the registered manager was approachable. One staff member told us, "The registered manager is passionate that people have good care." One relative told us, "The staff have taken time to get to know [family member] and support them as they wish."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to apologise to people, families and staff when things went wrong.
- The registered manager had reported notifiable events where required to the CQC and maintained records of actions which had been taken. This was to help ensure changes made were effective.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to monitor the quality and standard of care provided. A range of audits were completed and the findings of these were analysed and used to drive change and improvement.
- The registered manager was supported by the provider's quality team and operational department who visited regularly.
- Staff spoke with passion about their role. They understood the vision of the service and how to apply this whilst at work. One staff member told us, "The people are at the heart of all we do."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to express their views and opinions at residents' and relatives' meetings. People and their relatives told us they felt listened to and their opinions were considered.
- Relatives' meetings had taken place throughout the pandemic via video calls. Not all relatives spoken with advised they had been made aware of these meetings and had not received minutes of what had been discussed and agreed. The registered manager acknowledged that communication required improving and was taking action to address this.

Continuous learning and improving care

- There were systems and action plans in place to support making improvements.
- The registered manager recognised the importance of progressing the home and those who worked there. One staff member told us they had been supported by the registered manager in exploring additional training to enhance their skills and knowledge.

Working in partnership with others

- The registered manager and staff had a good relationship with health professionals and were confident in requesting referrals and reviews when required.