Care Quality Commission

Crown Care IV Limited

The Richmond

Inspection report

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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

The Richmond is registered to provide nursing and residential care for up to 50 people who may be living with dementia, or have mental health needs. It is a purpose-built care home situated in Sprotborough, on the outskirts of Doncaster. The home is on two floors. At the time of our inspection 43 people were living at the home.

This comprehensive inspection was unannounced on the first day, which meant those associated with the home did not know we were coming. It took place on 31 July and 1 August 2018.

At the last inspection in June 2017 the service was rated overall as requires improvement. You can read the report from our last inspections, by selecting the 'all reports' link for 'The Richmond' on our website at www.cqc.org.uk.

At this inspection we found the service had improved to good.

The service had a relatively new registered manager, who had been registered with the Care Quality Commission since May 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements had been made to the guidance to help staff give medicines safely. Medicines were well managed and records showed people received their medicines as prescribed. The registered provider continued to make sure people were protected from the risk of abuse. Staff we spoke with knew the importance of reporting any incidents. Assessments identified risks to people and management plans were in place to reduce the risks. We received positive feedback from people who used the service and their relatives. The standards of cleanliness and maintenance in the home were good and there were sufficient staff to meet people's needs.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. We also found improvements had been made to the information available in people's records in relation to this. This helped to protect people who may not have the capacity to make decisions for themselves. Staff were aware of people's nutritional needs and they supported people to have a healthy diet, based on their choices with a good variety of food and drink. People told us they enjoyed the meals. People's physical health was monitored including people's health conditions and symptoms, so that appropriate referrals to health professionals could be made. There was an extensive programme of redecoration and refurbishment and good progress had been made with this, including new floor coverings in several areas. Staff received training and support to ensure that they could fulfil their role. Staff we spoke with told us they felt supported by their managers.

There was a strong, person centred and caring culture in the care and support team. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The vision of the service was shared by the management team and staff. The service had a friendly atmosphere. Staff approached people in a kind and caring way and encouraged people to express how and when they needed support. Everyone we spoke with told us that they felt staff knew them well, and their likes and dislikes.

People told us there were activities and entertainment they could be involved in. We observed the activity co-ordinators undertaking group activities and one to one activities with people. People were well supported in decisions regarding their end of life wishes. The complaints process was clear and people's comments and complaints were taken seriously, investigated and responded to in a timely way. People we spoke with did not have any complaints to tell us about and indicated they were happy living at the home.

Systems were in place which assessed and monitored the quality of the service, including obtaining feedback from people who used the service and outside agencies and these views were acted upon. The registered manager placed a lot of emphasis on listening to and involving people, those close to them, the staff and other professionals and on using opportunities for learning and improvement. People and their relatives praised the registered manager very highly and were happy with how the service was being run.

Further information is in the detailed findings of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service has improved to good.

There were enough staff available to keep people safe and to meet people's individual needs. People's medicines were well managed.

Staff knew how to recognise and respond to abuse. Individual risks had also been assessed and identified as part of the support and care planning process.

Very good progress was being made with the planned schedule of redecoration and replacement of furniture and carpets and the home was clean and fresh.

Is the service effective?

Good

The service has improved to good.

The team were aware of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and were following the code of practice. Records related to best interest decisions had been improved.

People's health was monitored and reviewed, and they had accessed healthcare professionals when needed. People were provided with a balanced diet. Snacks and drinks were offered throughout the day and people told us they enjoyed the food provided.

Staff received the necessary training to ensure that they could fulfil their role.

Is the service caring?

Good

The service remains good.

Staff knew people well and they were kind and caring. People's privacy and dignity, choice and involvement were promoted. People told us staff were very respectful.

We saw lots of positive interaction between people living at the home and the staff.

People and those close to them participated in their assessments and care planning.

Is the service responsive?

Good

The service remains good.

People had care plans in place which were relevant to their current assessed needs. These were reviewed on a regular basis, although some were more personalised than others. People were well cared for and supported when at the end of their life.

People had opportunities to be involved in activities, entertainment and trips.

The registered provider had a complaints procedure in place and properly investigated and addressed people's concerns.

Is the service well-led?

Good

The service has improved to good.

Audits were carried out regularly and were effective in identifying required improvements. Further quality assurance systems had been introduced to ensure improvements were followed through and the senior management team had a good overview of the service.

There was a strong emphasis on engaging people, those close to them, staff and other professionals and listening to their views about the home. These were acted upon to improve the service.

Staff morale was improved and people gave very positive feedback about the registered manager and the current management team.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 July and 1 August and was unannounced on the first day. The inspection was undertaken by one adult social care inspector.

Before our inspection we reviewed all the information we held about the service. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered provider. The registered provider had completed a provider information return (PIR). This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make.

At the time of our inspection there were 43 people using the service. We spoke with six people and three visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spoke with the registered manager, the deputy manager, one nurse, two senior care workers; three care workers, an activity co-ordinator and two ancillary workers. We spoke with the area manager who was present throughout the inspection and the nominated individual who also visited. We spoke with one visiting specialist nurse to get their view of the service. After the inspection, we spoke with the local authority contracts monitoring officer, who also undertakes periodic visits to the home.

We spent time observing care throughout the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's written and electronic records, including the plans of their care. We also

looked at the systems used to manage people's medication, including the storage and records kept. We looked at staff personnel records, minutes of meetings and the quality assurance systems employed in the home.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe. One person said, "I'm safe enough. The staff are very good." One visiting relative told us. "The staff have been brilliant. They look after people properly and yes, people are safe."

There was thorough monitoring of accidents and incidents and the registered manager made sure there was a strong emphasis on learning lessons, adapting and improving the service to better meet people's needs. Screening tools were used by staff to monitor specific areas where people were more at risk, and these explained what action staff needed to take to protect them. For example, referrals were made to the falls team when this was identified as a risk for people. People's records demonstrated the service worked with other health professionals where risks were identified and this helped to reduce and manage such risks. The service obtained equipment, such as chair and bed sensors to alert staff about people's movements and reduce the risk of them falling. We observed staff helping people to move around the home, with and without the use of aids. In each case they assisted people in a safe way.

We found that some people's plans were very similar in the way that they were worded. We discussed the issues around the further individualisation of assessments and plans with the registered manager and members of the registered provider's senior management team. We were given assurances that further action was being taken to address this.

At the last inspection several people, relatives and staff told us additional staff would be beneficial at key times, such as mealtimes. At this inspection there were sufficient numbers of suitable staff to support people safely and to meet their needs. This took into consideration the numbers and needs of people living in the home. Our observations were that people received care in a timely way. The registered manager had reviewed the deployment of staff and we were told that a breakfast assistant had been employed to support people at mealtimes. It was evident the this had had a positive effect at mealtimes, as staff did not have to rush to meet people's individual needs. From our observations during the inspection, staff were able to spend time with people to meet individual needs and the people we spoke with felt there were enough staff available. The interactions we saw between people and staff were positive and meaningful.

The registered provider continued to make sure only suitable people with the right skills were employed by this service. Pre-employment checks were obtained prior to new staff began working for the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

At the last inspection we identified shortfalls in the guidance for staff in relation to the administration of some medicines. At this inspection these issues had been effectively addressed and all aspects of the storage, administration and recording of people's medicine were well managed. The system in place to make sure staff followed the home's medicines procedure had also been strengthened. Regular checks had

been carried out to make sure that medicines were given and recorded correctly, and remaining medicines tallied with the stock held. Actions identified from audits were included in action plans and signed off when completed.

One member of staff had become medicines champion and had undertaken a lot of work to improve the systems and processes involved in the management of people's medicines. The role of a medicines champion is to promote best practice in medicines management. This is done by supporting the registered manager in ensuring the safe, appropriate, cost-effective and legal use of medicines and by promoting adherence to medicines-related policies and procedures within the team. Medicines champions also act as the eyes and ears of the team to help inform policy and training needs and encouraging medicine-related incident reporting to promote improvement. They also disseminate pertinent medicines information and audit results to the team. It was evident that the medicines champion worked hard to fulfil all aspects of this role.

At the last inspection there were a few isolated areas where there were unpleasant smells. At this inspection the home looked and smelled clean and fresh throughout and we saw that staff followed good hand hygiene procedures. Protective equipment such as aprons and gloves were readily available for staff.

The registered provider made sure the systems, processes and practices in the service continued to safeguard people from abuse. Staff were aware of the safeguarding policies and procedures and of their responsibility to protect people from abuse. They knew who to inform if they witnessed abuse or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and incidents were managed well. Staff had a good understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were not reluctant to share concerns or raise issues. They had a good understanding about the service's whistle blowing procedures.

Good

Is the service effective?

Our findings

People we spoke with confirmed that staff tried very hard to make sure their needs were met. People also told us the food was good.

There remained a good emphasis on the importance of people eating and drinking well. For instance, one person said, "The food is good." Everyone confirmed there was plenty of choice. We observed lunch being served. The choice and presentation of the food was good and the dining tables nicely set, showing respect and care for the people who used the service. During lunch people were afforded choices and were supported to maintain a good diet that was suitable for their cultural experiences. The mealtime was sociable, people were relaxed and staff chatted with them as they supported them with the meal.

If people were at risk of poor nutrition or dehydration their records included screening and monitoring tools to reduce or manage the risks. We saw records had been maintained to monitor people's food and fluid intake, as well as their weight. People's needs and preferences were clearly documented, as were any food allergies. Staff were aware of people's dietary needs related to their culture, religion and health and their particular preferences relating to food.

People told us they received good healthcare and that other professionals were involved when needed. Relatives said they were kept informed of any changes in their family member's health and wellbeing by the staff, in a timely way. People's records showed they had access to a range of healthcare services such as GPs, opticians, district and community nurses, psychiatry, chiropody, dentistry and dieticians.

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. At the last inspection we found a need for improvement in the way some information was recorded in relation to the MCA. This included records in relation to the involvement of people's relatives in making decisions on people's behalf and covered information about best interest decisions made about the covert administration of medicines, the use of bed rails on beds and lap belts on wheelchairs. At this inspection we found that the registered provider had improved the system of recording this information and it was more clearly and consistently recorded in people's records.

We saw examples that the registered provider continued to make sure people were supported to make decisions in accordance with the MCA. People told us staff asked for their consent to any care and treatment offered, and respected their choices. We also saw evidence of this in people's records.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the registered provider was meeting the requirements of the Act. The registered manager was aware of

the correct procedures to follow under the DoLS process. There was a DoLS authorisation in place for five people and further applications had been made to the managing authority and these people were awaiting outcomes. We saw that if people disagreed with restrictions placed upon them via the DoLS process the registered manager made sure they had access to advocacy and legal advice and support.

The registered provider continued to make sure staff received appropriate training and support to enable them to meet people's needs. Staff told us they completed an induction when they first started work in the home, which included the core training necessary for the safety and care of people using the service. New staff also worked alongside and observed more experienced staff until they were deemed to be competent. If new staff did not have prior experience in care they were registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily work.

Staff we spoke with were knowledgeable about their roles and responsibilities. They undertook refresher training via online e-learning. There was an effective system that flagged up when staff needed training and updates, so that this could be planned for. The registered manager told us they assigned one afternoon each week to provide training support to assist staff, if they need help in areas such as online and vocational training. They said the home supported staff in career development and senior care staff were undertaking clinical support training, which would enable them to undertake a range of nursing responsibilities, under the guidance of the qualified nurses. They added that three members of care staff were moving and handling assessors and trainers.

Staff confirmed they had formal supervision and annual appraisals and the records we saw also confirmed this. The service continued to promote the use of champions. These were staff who had shown a specific interest in particular areas. They received training in their area of interest and played a role in bringing best practice into the home, sharing their learning, acting as role models for other staff, and supporting them to ensure people received good care and treatment. For instance, there were champions in various areas such as dementia, medication, and infection control.

Some people were living with dementia. Some adaptations had been made to the home to suit their needs. The home was light and airy and contrasting colours and pictorial signs were used to help people to find their way around. There were various lounges, as well as small areas where people could sit quietly and a pleasant cafe area had been created where people could sit with their visitors. Areas of the garden provided places to sit and people told us that they enjoyed using the outside space. Some areas were being redecorated and the registered manager had made sure this caused as little disruption to people as possible.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were kind and caring. For instance, one person who lived at the home told us; "The [staff] are always kind and do their best to look after us" and another person said, "I don't mind being here. I need care and they [staff] are very caring."

Everyone we spoke with said there was a strong, person centred and caring culture in the care team. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The service gave staff the time, training and support they needed to provide care and support in a compassionate and personal way. The rotas and practical arrangements were organised so that staff had time to listen to people, answer their questions, provide information, and involve people in decisions. People said they were involved in making decisions about their care and support. The relatives we spoke with said they often discussed the care their family members received with the staff and the registered manager.

We observed staff interacting positively with people who used the service throughout our inspection. We heard people expressing affection for staff and more than one person told individual staff they loved them. As part of the inspection, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. During this observation we saw that the nurses and the care staff were warm, friendly and engaging in their interaction with people who used the service. We saw that while providing support and assistance to people, staff enabled people to be as independent as possible.

At the last inspection people told us that staff were caring and respected their privacy and dignity. Our observation during the inspection also confirmed this, with staff knocking on people's doors and helping people in a discreet way. The staff we spoke with were knowledgeable about people's needs and knew their personal histories and preferences. Staff spoke about people with warmth and it was clear that they cared for people. Using SOFI, we saw that staff did take the time to engage with people in a meaningful or enabling manner, and often engaged people in conversation.

We looked at how the service met people's needs around their cultural and spiritual beliefs. Although the records we checked included information about people's religious beliefs, there was room to improve the information for staff about how they should support people in upholding and practising their beliefs, such as attending religious services. Staff had a good understanding of people's individual needs and preferences, and could speak with knowledge and in detail about the history, likes and dislikes of the person they were caring for.

At the last inspection we saw people's rooms were personalised to meet their needs and preferences. This included family photos, mementos and small items of furniture. We found this to be the case at this inspection and we saw that people spend time in their rooms with their family and friends.

Good

Is the service responsive?

Our findings

People who used the service and their visiting relatives told us the service was responsive to people's needs and preferences. One person told us, "The staff and manager are very good. They are always asking if we are alright and if we need anything." One person's relative said; "The staff have been marvellous. Anything [family member] wants or needs they have gone out of their way to oblige."

We checked people's electronic care plans and found that, although improvement had been made, there remained room to further improve the level of personalisation in some people's plans. Most people had personalised information in their electronic care plans and assessments, setting out their preferences in relation to their care. However, because the electronic system included the use of pre- populated information, some people's plans were very similar. This meant that some parts of people's care planning were more generic. This failed to reflect the very person-centred ethos displayed by all the managers and staff we met in the service.

Care plan information was updated or added to monthly, or when there were changes in people's needs or conditions. This made sure information was up to date and relevant. Staff had daily handovers, so any changes in people's needs and new information was passed to staff when they started their shift. This meant staff were aware of people's wellbeing and the care they needed. The people we spoke with told us the standard of care they received was good.

People told us they had access to a range of activities in the home. People also said they had opportunities to get out into the community and entertainers regularly came into the home. We observed activities and games taking place and people chatted. People's artwork was displayed as well of photographs of parties and outings that had taken place. Activities were advertised on notice boards around the home and the service employed activity coordinators. whose role included organising and providing social and leisure opportunities for people as well as spending one to one time with people, some of whom spent more time in their bedrooms. The home had provided a hand held computer so that people who used the service could keep in touch with their loved ones over the Internet, using voice calls or video calls.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the service to be used if necessary to keep people comfortable. Where appropriate people had an end of life care plan which outlined their preferences and choices. Staff consulted with the person and, where appropriate, their representatives about the development and review of this care plan. At the time of our visit there was one person receiving end of life care. The registered manager said there were good links with GPs and the district nursing service to ensure people received suitable medical care during this period of their lives. One relative we spoke with told us, "The staff have been great, with asking and understanding what [our relative] wants and with us as well."

The registered provider made sure the service was following the Accessible Information standard (AI). The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss are given the communication support they

need and given information in a way they can understand. We saw that people's assessments included details of their communication needs, including if people used aids, like hearing aids and spectacles. Where people required this support care records included guidance for staff about communication methods to ensure people could understand, contribute and agree to their care and support. Several people were wearing glasses, which were clean and in good condition, helping them to see properly, and therefore, to engage in activities and conversation. Most information on notice boards for people using the service was written in an accessible way, often including pictures to support the communication and engagement of people living with dementia.

The service continued to make sure there was an effective complaints policy and procedure and this was explained to everyone who received the service. It was written in plain English and displayed on the notice board in the home. We saw from the record of complaints that people's comments and complaints were taken very seriously, investigated and responded to in a timely way.

The people and their relatives we spoke with on the day said they had not raised any complaints. They said this was because the new registered manager made a point of being around, talking to people and was good at drawing out any concerns people might have. They told us any concerns were dealt with prior to them becoming more formal because the registered manager was so responsive.

Good

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the home have a registered manager in place. The service had a relatively new registered manager, who was registered with the Care Quality Commission in May 2018. The registered manager was present on the days of our inspection. He told us he was well supported in his role, by the deputy manager and the area manager.

At this inspection we saw significant improvement in the way the service was being managed. At the last inspection we found there was room to improve the quality audit system. At this inspection we saw improvement in the systems of audit and governance. The audit system in place was being used effectively with a range of daily, weekly and monthly checks carried out by the management team, including the area manager. This included looking at areas such as the care people received, the standard and accuracy of records, the environment, the medication system and infection control arrangements.

The nominated individual visited during the inspection and showed us evidence that under the registered provider's performance framework a further, comprehensive audit had been introduced. This had been designed to make sure quality performance, risks and regulatory requirements were understood and managed. The audit system was more person centred, as it placed a real emphasis on observing people's lived experience of the service. It also provided better oversite of the quality of the service to senior managers in the organisation.

The registered manager told us people's feedback was key to how the service was run and how it was developing. People and their relatives told us they were actively encouraged to give their views and their ideas for improving the service and they felt the current management team and staff listened to and respected their opinions. They were asked to fill in surveys and were invited to attend meetings and often had their opinions sought when they visited. It was evident that where issues were identified, action was taken to address them. For instance, several people commented on how pleased they were with the improvements to the décor and on the improvement in mealtimes since the introduction of the hostess.

The staff we spoke with told us staff morale had improved, as they felt the registered manager listened to and valued their views. They felt they were part of a good, caring and supportive team. Staff meetings and supervision were held so staff had forums to discuss any issues. Staff felt communication was good and the registered manager and area manager promoted an open culture, so staff were actively encouraged to bring any concerns to the attention of the management team.

The home's statement of purpose contained values covering dignity, independence and involvement and these values were understood by staff. The registered manager told us they carried out daily walk-arounds of the home, so that they could keep under review the attitudes, values and behaviours of staff. Staff supervision records also showed us that supervisions took place where constructive feedback was given, so staff knew any actions they needed to take.

People's care records were kept securely and confidentially, in line with current legal requirements. We

asked for a variety of records and documents during our inspection. Registered services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.

The feedback we received from the local authority that funded several people's placements at the home was that very positive improvements had been made to the service. The registered manager showed us evidence that the service had scored highly in a recent council performance and quality assessment. It was also evident the service worked well with health care services to ensure they followed best practice guidance. For instance, we spoke with a visiting specialist nurse. They told us the new registered manager and staff had worked very hard to improve the service since the last inspection. Staff worked well with them, following their guidance and their communication was good. There had been a significant improvement in the promotion of people's continence and this had been reflected in the high scores attained by the service in the annual audit of the service the specialist nurse had undertaken.