

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

Richmond Court Care Home

94 Richmond Road, Compton, Wolverhampton,
WV3 9JJ

Tel: 01902421381

Date of Inspection: 30 October 2012

Date of Publication:
November 2012

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

Respecting and involving people who use services ✓ Met this standard

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

Safeguarding people who use services from abuse ✓ Met this standard

Staffing ✓ Met this standard

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

Details about this location

Registered Provider	Rosecare Limited
Registered Manager	Ms. Carolyn O'Brien
Overview of the service	Richmond Court can provide accommodation for up to 30 people who require personal care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Staffing	9
Assessing and monitoring the quality of service provision	10
<hr/>	
About CQC Inspections	11
<hr/>	
How we define our judgements	12
<hr/>	
Glossary of terms we use in this report	14
<hr/>	
Contact us	16

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 30 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We carried out this inspection to check on the care and welfare of people. There were 25 people living at the home on the day of the inspection. We spoke with seven people, one relative, five staff, the deputy manager, and the home manager.

We saw that people were well presented and wore clothes that reflected their own preferences, style, and gender. We found that people were encouraged to be independent in different ways. One person said, "I am quite independent and I have complete freedom to do what I like."

We found that people's care records were not always detailed, although staff delivered care that met people's needs and preferences. One person told us, "They are very caring, I am happy here."

We found that arrangements were in place to ensure that people were safeguarded from abuse.

We found that there were enough staff to look after people on the day of the inspection. One staff said, "It is manageable at the moment."

We found that systems to monitor the quality of services were effective at identifying shortfalls in the home and action was taken to make improvements.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People were supported in promoting their independence. People we spoke with told us that staff helped them promote their independence in different ways. One person said, "I chair the resident meetings and bring the agenda to each meeting." We saw minutes for 'resident meetings' which showed that people were involved in the running of the home and in making decisions about activities, food, and care.

We found that people at the home were encouraged to walk around the home, make decisions, and spend time as they chose to. We saw that women in the lounge carried their own handbags and personal belongings. The manager told us that one person self administered their medicines.

People expressed their views and were involved in making decisions about their care and treatment. We found that some people had completed information about their choices and preferences within their own care records. Records showed that discussions were held with people about who they wanted involved in their care planning.

People were given appropriate support regarding their care or treatment. We observed staff interacting with people and found that people were being supported to carry out their needs in an appropriate manner. We saw that staff spoke with people in a discreet manner to maintain their dignity. One person said, "They always knock on the door." We saw that some people chose to spend time in their own rooms, which staff respected.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered appropriately. We looked at three people's care records. We found that people had a detailed assessment prior to living at the home. This meant that arrangements were in place to ensure that staff could meet people's needs if they chose to live there.

We found that people's care records lacked details about their health conditions and how staff should manage this. Staff we spoke with were able to give us a detailed overview of people's needs and health conditions. Staff knew how care needed to be delivered and how often, although this was not always recorded clearly. We observed staff delivering care, which met people's needs. One relative we spoke with said, "My dad is always telling me how good they all are." The provider may find it useful to note that people's care records should reflect the planning and delivery of care that staff provided to minimise the risk of inconsistent care.

We saw that people spent time in their own rooms, watched television, carried out chair exercises, knitted, and read books. We saw a library of different books and a computer, which the manager told us some people used to play games. One person said, "They have the books in large print, so I can read them." This meant that people had opportunities to be involved in a wide range of activities to have a stimulating and meaningful lifestyle.

The manager told us that arrangements had been made to join a pilot scheme, where a dietician would visit the home. The manager told us that this would improve staff understanding of nutrition and work towards minimising the number of food supplements people were offered. We spoke with the home cook who said, "We always offer people alternatives, whenever they want." People we spoke with told us that they were happy about the food. One person said, "You can ask the cook for anything at any time the food is brilliant."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We found that risk assessments were completed for different aspects of people's care. We found that people had access to other health professionals in a timely manner. One person's care plan stated that the person had poor vision. We observed staff interacting with the person and found that care was delivered in a way that met the person's needs. We spoke with the person who told us, "I pressed the buzzer today and one of the staff came straight away to help me."

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We found that there had not been any safeguarding concerns reported in the last 12 months. This would take place if there was an allegation of abuse or if a person was unsafe.

Records indicated that all staff had received training in the safeguarding of vulnerable adults. Staff were able to tell us about abuse, what they would do in the event of an allegation of abuse, and who they would escalate the matter to in the event that the manager was unavailable. People we spoke with told us that they felt safe at the home. One person said, "Most definitely."

We spoke with four staff who were unable to tell us what the Mental Capacity Act (MCA), and Deprivation of Liberty Safeguards (DoLS) meant. Staff told us they had received this training. Records indicated that all staff apart from one had received this training. We found that a DoLS assessment had been made by the home manager to protect a person at the home, which was authorised. Staff were unaware whether the person was on DoLS, although they explained how they would protect the person. The manager told us that this would be discussed at the next staff meeting as staff had received the training. The provider may find it useful to note that although the home manager had followed processes appropriately, it was important for staff to understand how they may need to act in people's best interests.

The home looked after small amounts of money for people. We looked at two people's money records and balances. We found that money balances were accurate. We found that there was an effective system and all debit transactions were accompanied with receipts. This meant that suitable arrangements were in place to ensure that people's money was safeguarded appropriately.

Records showed that checks were carried out to ensure that only suitable staff who can work with vulnerable adults were recruited.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The manager told us there was a deputy manager, four senior care staff, nine care staff, five night staff and separate auxiliary staff.

One the day of the inspection, we found that there were enough qualified, skilled, and experienced staff to meet people's needs. We found that staff were attentive to people's needs and carried out care in an appropriate manner. Staff we spoke with told us that staffing levels were sufficient. Two staff we spoke with told us that although levels were sufficient with the number of people living at the home, this may need to be reviewed if more people went there. We discussed this with the manager who told us that in this instance, she and the deputy manager would support staff to provide care. One person said, "Staff are very good, they always help out."

We looked at electronic training records for staff and found that staff had different opportunities to receive training. One staff who had recently been appointed as care staff told us that they were supported to get training to ensure they were competent and comfortable to provide care. They said, "I have even completed end of life level three." We found that the manager and the deputy manager had recently received training in the administration of insulin. We spoke with one person who received insulin who said, "It is better now that they can do this for me." This meant that staff had opportunities to ensure that they improved their skills and gained experience to meet people's needs.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People and their relatives were asked for their views about their care and treatment and they were acted upon. We saw minutes for 'resident meetings' which were held regularly. Records showed that action was taken to address issues or meet people's requests. One person said, "The manager goes round to every single person to ask if they want to say anything at every meeting." One person told us that they had raised a concern at the meeting, which had been resolved by the manager.

We saw that surveys had been given to people, relatives, and stakeholders. Where shortfalls had been identified, we found that action had been taken. For example, relatives had fed back that they were not always aware of the complaints procedure. Records indicated that the manager sent relatives the complaints procedure and explained where they could find this information.

There was evidence that learning from incidents took place and appropriate changes were implemented. We saw that there was a clear system to report incidents and accidents at the home. We found that these records were analysed on a monthly basis with information about the actions that were taken. We found that systems were in place to identify risks and action was taken to minimise these risks. For example, alternative bed arrangements were tried to minimise the risk of a person falling out of their bed.

The provider took account of complaints and comments to improve the service. People we spoke with told us they had no concerns, but knew how to report these if they did. We found that there was one complaint recorded in the complaints book, which had been made verbally. This was responded to in a timely manner and also discussed at a staff meeting to make improvements. This meant that people's comments were taken seriously. One person told us, "I have no concerns at all."

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 dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We 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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
