Inspection Report

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

Richmond Lodge

off 35a Richmond Road, Kirkby-in-Ashfield, Nottingham, NG17 7PR

Tel: 01623750620

Date of Inspection: 21 October 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Blue Sky Care Limited
Registered Manager	Mr. John Carter
Overview of the service	Registered to accommodate up to five people, Richmond Lodge is a care home that specialises in the support and care for people who suffer from all levels of Learning Disability and low level challenging behaviour.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

	Page
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
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Management of medicines	9
Staffing	11
Records	12
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

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 21 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Due to the complex needs of the people who used the service we used a number of different methods to help us understand their experiences when we undertook our visit. Prior to our visit we reviewed all the information we had received from the provider. During the visit we spoke with one person who used the service and asked them for their views. We also spoke with two care workers and the registered manager. We also looked at some of the records held in the service including the care files for three people.

We found people gave consent to their care and received care and support that met their needs. A person who used the service told us told us they were asked for their consent. The person also told us, "I do the things I want to."

We found that suitable arrangements were in place to manage people's medication and ensure they received any medication they needed. A person told us, "They have never run out of my medication."

We found there were sufficient staff to meet people's needs and the provider maintained records that were accurate and fit for purpose. A person who used the service told us, "There are always enough staff around."

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

Reasons for our judgement

We found the provider had effective systems to involve people in planning their care, and obtaining people's consent for this to be provided. The manager completed care plans for all the people who used the service. The manager said he consulted with people when he prepared these. Staff told us people were involved in planning their care and a person who used the service told us they had discussed their care plans.

The manager said because the care plans were updated so regularly people who used the service did not sign these. The provider may find it useful to note there was no evidence in the care plans to show people had been consulted with about their care plans.

Before people received any care or support they were asked for their consent and the provider acted in accordance with their wishes. We found staff responded appropriately when people had the capacity to make decisions about their care and welfare. A person who used the service told us told us they were asked for their consent. The person also told us, "I do the things I want to." We saw another person's care plan stated, "Despite being non-verbal NAME can make choices." There was then a description how the person made their choices.

Staff told us they discussed with some people the risks they faced through the use of tobacco and alcohol. One staff member told us, "We can only advise them, they have the capacity to decide for themselves." It was recorded in one person's care plan that they, "May well make unwise decisions. This does not indicate a lack of capacity."

We saw people had signed some records to show they were in agreement and gave their consent. An example was people had given consent for staff to manage their medication and administer this to them. The manager had signed for one person who was unable to do so for themselves.

We found staff responded appropriately when people had the capacity to make decisions about their care and welfare. Each person had a monthly individual consultation meeting with a member of staff to find out the person's wishes. The manager told us they then used this information to provide the service people wanted. An example was one person had said they liked fish and chips so a trip out was arranged during the next month to the fish and chip shop. Another person had said they wanted to take their motorcycle theory driving test and the manager showed us how they were being supported to do this.

We found the provider protected the rights of people who did not have the capacity to consent, and they acted in accordance with the legal requirements of the Mental Capacity Act (2005). This is legislation used to protect people who might not be able to make informed decisions on their own about the care they receive.

Staff told us they had received training on the Mental Capacity Act (2005) and were able to describe the principles of this legislation. The manager showed us some mental capacity assessments they had completed and the decisions that had been made in people's best interest. We saw a capacity assessment had been completed for one person where there were concerns about the person's well-being. The assessment had been completed with input from a healthcare professional, and the person's relatives had been consulted. The manager told us they tried to ensure any decision taken in a person's best interest was the least restrictive option.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Care plans described how staff should respond to people's identified needs. We looked at three people's care files and saw these were well organised and easy to refer to. The care plans were reviewed each month to show any changes in people's needs. We saw the care plans described what support a person needed and explained how this should be provided.

We saw staff signed to show they had read and understood people's care plans. A staff member told us, "I think the care plans are good. They are altered straight away if anything changes."

We found staff responded to people's needs. We saw three people went out with three members of staff in a people carrier. The manager said these people needed to have a set routine so they planned to take them out at that time each day. One person attended a local college. Another person went for a walk on their own. The person told us when they returned, "I've been out for a walk." They also said, "I am happy with everything here."

Staff provided effective care. Each person had a health action plan where any health care needs were described and a record made of any appointments and treatment people received. We saw one person had recently had some dental treatment and another had met with a psychiatrist. We saw there were charts to monitor people's well-being. These included a record of personal care provided and fluid intake charts.

The manager showed us how they analysed any new activity people took part in. The manager said this helped them support people to develop new skills and improve their standard of personal care.

The manager described how they had responded to one person who sometimes pushed their food plate away. The manager said although the person could not tell them verbally they had managed to work out the person preferred to have cheese sandwiches rather than meat ones.

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Staff were provided with the leadership they needed to safely manage people's medication. Staff told us they had to be assessed as competent before they could administer people with their medication. One staff member told us, "I have just started the training so I don't give medication out yet." Another staff member told us they did administer people their medication and said they were in the process of completing a refresher medication training course.

Staff told us before they could administer medication they had to complete an on line (ELearning) medication training course and attend a taught course with an external trainer. Staff said they were then observed administering medication by a senior member of staff at the home and by an external manager, from another home belonging to the provider, who assessed them to see if they were competent. The manager showed us the records of the medication assessment for a member of staff who had recently been assessed as competent to administer people their medication.

We found appropriate arrangements were in place in relation to obtaining medicine. The manager told us two staff checked all new medication in when it had been delivered to the home by the pharmacist, and we saw a record of this. This was to make sure people would be able to receive their medication when they needed it. A person who used the service told us, "They have never run out of my medication."

Appropriate arrangements were in place in relation to the recording of medicines. We saw the medicine administration records (known as MAR sheets) were completed as required. There was an information sheet with a photograph of each person at the front of their MAR sheet to help staff administering medication identify the correct person. We looked through the completed MAR sheets and found they had been completed as required.

The manager showed us a recent internal medication audit check, which included a check of all the drugs held. This showed everything had been well managed. We also saw an audit completed by the pharmacist who supplied medication to the home. This also showed there were good arrangements for managing people's medication.

No one had any medication during our visit so we could not observe how this was administered. A staff member described how they gave people their medication safely. A person who used the service told us, "Staff give me my medication." We saw there was a controlled drug book in use, and this showed the stock of controlled drugs was regularly checked. We also saw two staff were involved in each administration of a controlled drug to check these were administered correctly.

Medicines were kept safely. There was a large medication cupboard in a locked room where all medication was stored. There were temperature checks carried out of the room to ensure medicines were kept at their most effective temperature.

Medicines were disposed of appropriately. There was a system for staff to follow to record all medication that had not been used, which needed to be returned to the pharmacist to be destroyed. This included completing a returned medication book so a record was kept of all medication that had not been used.

Staffing ✓ Met this standard

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

There were sufficient staff to respond to people's health and welfare needs. The rota showed there were three care staff on duty each early and late shift every day of the week. There was an additional member of staff on duty who covered a middle shift from 10 am until 8 pm. At night there was one staff member awake and another sleeping in. Staff told us the staff member on the middle shift normally did the food preparation and housekeeping duties each day.

Staff told us they thought there were sufficient staff on duty for the work they were required to carry out. A person who used the service told us, "There are always enough staff around."

Staff were effective and met people's health and welfare needs. We saw a weekly planner on a chalk board in the dining room was used to show which member of staff was responsible for administering medication on each shift. There were also details of any appointments that staff would need to attend. It was also identified which member of staff was responsible for supporting which person that day.

Staff told us they tried to cover any unplanned absences from work by staff picking up extra shifts. Staff also said the provider employed some relief workers they could use to cover any absences or contact staff who worked at other homes owned by the provider.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and support.

Reasons for our judgement

Records kept were accurate and fit for purpose. This showed the home was well led. Staff told us they had received guidance on how to complete records, including ensuring they were factual, legible, accurate and objective. The records we saw had been completed following this guidance. The manager said records kept had a purpose and showed what they had done with any information they received.

We saw people's care files were well organised. They contained the current information staff needed on a daily basis, and other information was held in a backup file. A staff member told us, "We keep the files slimmed down so they are good to work with."

Records were kept safe and secure, and could be located promptly when required. Staff were aware of the legislation about the safe keeping of information and said they complied with this. Staff also understood the need to respect people's confidentiality. The majority or records were kept in the manager's office which was in a separate building in the grounds of the home. Staff kept a few records for the running of the shift in the dining room. The provider may find it useful to note staff did not have a lockable facility to keep these records secure. Staff were able to produce all the records we asked for during the inspection.

Effective records were kept of people's care and the management of the service. Staff told us they were responsible during their shift for keeping a number of records up to date. These included daily records about the people, and other records required for the running of the service. We were asked to sign the visitor book when we arrived and saw some carpet fitters at the home had also signed this.

People were protected against the risk of unsafe or inappropriate care. Care records included risk assessments which identified what risks people may face, and ways these could be reduced. We also saw details of how people should be cared for safely. We also saw care records were kept up to date so they showed the most recent information about people.

We saw records were kept of any money held for people who used the service. These included recording all money received for each person. When a person was given some of

their money they signed to show they had received this and each transaction was witnessed by two staff.

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.

Contact us

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