

**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,  
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Tel: 01623750620

Date of Inspection: 01 July 2014

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

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Blue Sky Care Limited
Registered Manager	Mr John Mervyn 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

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 July 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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A single inspector carried out this inspection. Five people were using the service at the time of the inspection, however due to their complex needs and limited verbal communication it was only possible to speak with two people. We observed the care being provided and people's reactions to the staff and the care they received. We looked at two people's care records. We talked with two staff and the manager and examined training records and documentation of quality audits.

This helped us to answer the questions below.

Is the service safe?

The environment was clean and hygienic and appropriate steps were in place to reduce the risk of cross infection. Environmental risk assessments had been completed and actions taken to reduce the risk where possible. Regular checks were made of key factors such as legionella prevention.

The Home had policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards to protect the rights of people using the service. It was clear from talking with staff that they had an in-depth understanding of mental capacity issues and capacity assessments for the people who used the service were sometimes complex. Steps were taken to maximise people's participation in decision making and a multi-disciplinary approach was taken to ensure best interest decisions were made.

Individual risk assessments had been carried out and care was planned in response to these. This meant care and support was planned in a way that was intended to ensure people's safety and welfare.

Is the service effective?

Full assessments of each person's care and support needs were undertaken. Care plans were reviewed regularly and updated as necessary to ensure the support provided was

appropriate to each person's individual needs.

We saw there was involvement from a range of professionals in each person's care, ensuring care was effective and specialist input obtained where necessary.

There was a structured approach to training and appraisal of staff to ensure staff were supported to function effectively in their job roles.

Is the service caring?

The staff knew the people who used the service well and had positive relationships with them. They were attentive to people's needs and gave them encouragement and support. Staff were able to recognise non verbal cues to indicate people's wishes. People's preferences, interests, and diverse needs were recorded and care and support was provided in accordance with their wishes.

People were encouraged to participate in activities they enjoyed thus promoting their well-being. People were able to choose whether or not to participate in activities and if a person indicated they would prefer to do something else this was listened to and acted on.

Is the service responsive?

We saw the service responded to the needs of individual people and tailored the service to take account of their changing needs and skills.

A number of methods were used to obtain feedback from people who used the service and we saw examples of improvements which had been implemented as a result of this feedback.

People told us they had not had any need to complain but they knew how to make a complaint if necessary and who to contact if they were not satisfied with the response. However, they told us they were confident their concerns would be dealt with by the staff and manager.

Is the service well led?

Policies and guidelines were in place to ensure safe services were delivered. These included policies covering health and safety, the Mental Capacity Act, whistle blowing and Adult Safeguarding.

Quality review systems were in place to assess the quality of the service and identify the need for improvement. Staff told us the results of audits and reviews were shared with them and discussions took place about actions being taken to improve. This meant that information gained from audits was used to improve the service.

There was a planned approach to education and training and staff had received the training they required to deliver safe and effective care. Staff received regular supervision and appraisal. They told us they felt well supported by the manager and encouraged to undertake further development.

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

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### 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

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

We looked at the care records of three people who used the service and saw they were well organised, with a profile and a photograph of the person at the front. They contained risk assessments for a wide range of personal risks such as weight gain, managing personal finances and road safety. These linked with the support plans which identified the aim of the plan and the action to be taken.

Care plans were updated monthly with full reviews every six months. Daily record sheets provided information on the care and support provided and activity logs recorded the activities offered and those the person had participated in. There were also logs of personal hygiene, food diaries and family contacts where relevant. This meant care and support was planned in a way that was intended to ensure people's safety and welfare.

It was clear from the support plans and from talking with staff, that people were encouraged and supported to engage in a wide range of activities both inside the home and in the local community, with careful consideration being given to the risks and benefits for the person. Skills for independent living were progressed over a long time period and this gave people a sense of achievement and pride in their abilities.

Staff responded to people's needs and wishes. For example, one person liked to go for walks and staff accompanied them when they asked, but if the person wanted to go on their own this was facilitated. Another person's risk assessment indicated they needed support so a member of staff went with them to the local shop.

There was evidence in the documentation and through talking with staff, of a multi-agency, multi-disciplinary approach to decision making in relation to the care and support of people who used the service. Mental capacity assessments had been undertaken when there were doubts about people's ability to make decisions about their care and support and their participation in decisions maximised. Therefore, we found where people were unable to give valid consent, the service acted in accordance with legal requirements.

We saw a there was input from a range of different professionals including, dieticians, psychologists, specialist mental health teams, social workers and general practitioners. This meant people were supported to access appropriate health and social care support.



**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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The environment of the home was visibly clean on the day of the visit and there were no unpleasant odours. We looked at the bathroom and toilet facilities and they appeared clean and tidy. We saw routine housekeeping activities taking place and staff were conversant with the requirements in relation to reducing the risk of infection at the service. There was a daily cleaning schedule for routine housekeeping duties. Most of the floors were hard floors and floors were wet cleaned daily. However, the provider may wish to note there was no schedule for cleaning carpets or routine laundry of soft furnishings such as curtains and blinds.

The kitchen was visibly clean and on the day of the inspection, the food stored in the fridge was appropriately covered and dated. Temperature checks on the fridges had been recorded daily and were within an acceptable range. The food hygiene policy was available within a file with the temperature checks and therefore was readily available for staff.

Clinical waste was stored in a locked compound in locked bins and the provider had a contract for the removal of clinical waste. Cleaning equipment was stored appropriately and information about the control of hazardous substances was available within the cleaning cupboard.

We observed staff cleaning their hands prior to providing care and serving food. Hand wash and hand gel was available at all hand wash basins. The staff we talked with were able to describe the steps they would take if a person had an infection to reduce the risk of spread to others. Personal protective clothing was available in the bathrooms, kitchen and we observed staff wearing appropriate protective clothing during care activities.

The policies related to infection control were found within the health and safety policies and procedures. As a result, it was difficult to locate policies on some aspects of infection control and staff may have had to refer to several different policies to locate the information needed. The possibility of bringing these together was discussed with the manager at the inspection and it was agreed that this may make them more accessible for staff. Infection control training was provided annually for staff as part of mandatory training. This indicated that systems were in place to prevent and control the risk of infection.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises

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**Reasons for our judgement**

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During the visit we saw that the premises appeared to be in reasonable decorative order, and we were told the opportunity had been taken to re-decorate whilst the people who used the service were away on holiday. Floors were mostly covered with laminate or linoleum flooring, enabling them to be hard cleaned. We were told the flooring in the communal areas was about to be replaced. It was a light bright environment with adequate lighting and ventilation. There were no obvious trip hazards. The communal areas and kitchen were pleasantly furnished and seating was appropriate to the needs of the people who used the service.

Each person had their own bedroom which was decorated in line with their wishes and contained storage and space for their personal belongings. The bedrooms had en-suite facilities with toilet and shower. This meant the environment was suitable for the people who used the service.

There was access to a garden and this had a swing and bouncy castle for the benefit of one of the people who used the service. During our inspection, we saw the garden being used for activities.

We saw there were locks on external doors to ensure security of the people living at the home. The people who used the service were encouraged to undertake activities outside the home environment with the support of the staff. Security arrangements were in place to protect people who used the service whilst enabling people freedom to use the facilities and enter and leave the premises as appropriate.

There were procedures in place for the identification and management of risks and environmental risk assessments had been completed. Water temperature checks had been carried out monthly and we saw these indicated the water was running at appropriate temperatures and shower heads were cleaned regularly. There were plans in place to deal with a major supply or facilities failure.

There was a plan in each person's care records for evacuation in an emergency. Evacuation drills were held monthly. We were told the days of the week these were being

held were to be varied to avoid complacency. This meant there were plans in place to keep people safe in the case of an unexpected evacuation of the premises.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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We talked with two staff and they told us the service was a good place to work and said they felt well supported. One said, "Management listen to you." "It's a good team." Another said, "I love it. I really do. Every day is different." They told us when the manager was not on site or not available they always had someone to call who would attend on site if required.

We saw induction training covered the mandatory topics required and was delivered in a number of ways appropriate to the subject area. There was a training matrix which identified the dates of attendance at each of the mandatory training topics for each staff member. We were told the provider had taken the decision to recruit additional staff to enable staff to be released more readily for training. Training provision had recently been reviewed and a plan for enhanced face to face training had been developed. We looked at two staff files and saw staff had attended a range of additional training and gained nationally recognised qualifications. This meant staff were provided with the training necessary to provide safe and effective care.

We saw there was a planned approach to preparing staff to move to more senior roles. Staff were enabled to take on additional responsibilities in a staged manner to ensure they had the confidence and skills to undertake the new roles.

The manager, and the staff we talked with, told us they had supervision every two months and this was very helpful and constructive. We saw records which indicated appraisals were carried out annually and records of supervision. This meant staff had access to support and appraisal to enable them to further develop their skills.

## 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

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### Our judgement

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The provider was meeting this standard.

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

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service.

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### Reasons for our judgement

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We asked the manager about the steps taken to monitor and assess the quality of the care and service provided. We saw records of the manager's monthly monitoring of a range of issues including support plans, medicines records and supervision sessions. We were also shown records of the quality audits which were carried out independently by the provider. These were based on the CQC outcomes framework. We were given examples of changes which had been implemented as a result of the audits, such as improvements to the environment. This meant that systems were in place to monitor and assess the quality of the service.

Individual 'resident's consultation meetings' were held monthly to obtain feedback from the people who used the service and discuss future plans and activities. These were recorded and signed by the person using the service and the manager. We were shown an example of a "Quality Tree", which was an approach to obtaining feedback on an individual basis which was accessible for people with communication difficulties. We were told of changes which had been put into place as a result of feedback, such as changes to the menu. This showed the views of the people who used the service were listened to, and where possible, acted on.

Staff told us they felt confident to identify any concerns they might have in regard to the care and support provided. They were aware of the provider's whistle blowing policy and they told us they were confident the manager would act on any concerns they raised and would take action to address the issues. This meant that processes were in place for people to raise concerns and for the provider to act on them.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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