

Richmond House, Crieff Care Home Service

Richmond House
Drummond Terrace
Crieff
PH7 4AF

Telephone: 01764 653 934

Type of inspection:
Unannounced

Completed on:
23 October 2024

Service provided by:
Richmond House, Crieff, a Scottish
Charitable Incorporated Organisation

Service provider number:
SP2015012632

Service no:
CS2015343348

About the service

Richmond House is a large Victorian style property which can provide care for up to 19 residents. The organisation is a "non-profit" residential care home operating within Crieff, Perth and Kinross. The care home is managed by a Board of Trustees who delegate day-to-day management to the manager.

Care is provided by a dedicated group made up of the management team, care assistants, catering and domestic staff. The care staff work on a 24-hour rota while other staff work more standard hours between 08:00 and 17:30.

The main building is stone built with an extension having been added to the side of the property. The property is a three-storey building with bedrooms located on the ground and first floor. There are offices on the first floor and a flat/residence space on the third floor/loft area.

A lift provides access to the first floor, where there are bedrooms, an office, toilet, and staff rest room.

Residents have access to a large lounge, with a small conservatory and an additional smaller lounge for residents to relax in. There is one dining room, which is also used for residents to enjoy structured activities that may require the use of tables. There is a main kitchen and small staff kitchen adjoining this, which residents and relatives/friends can access.

The home has a beautiful secure garden that can be accessed by residents from the small lounge. The garden includes sensory features and exercise stations. In addition, there are apple trees, a variety of plants, and vegetables.

About the inspection

This was an unannounced inspection which took place on 22 and 23 October 2024, between the hours of 09:45 and 16:45 hours. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about the service. This included information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with and observed staff interactions with nine people using the service.
- Spoke with three family members/representatives of people using the service.
- Spoke with six staff and management.
- Received feedback through electronic care standards questionnaires from six people using the service and one external professional.
- Observed care practice and daily life.
- Reviewed documents.

Most people identified that they were very happy with the care and support provided, and with the management of the service.

Key messages

- People experienced positive health and wellbeing outcomes because the service acted on meeting their physical, psychological and social care needs. A range of activities were provided within and outside the home.
- The service had made significant investments in the fabric of the building and had plans for additional development of indoor and garden areas.
- The service could further develop end of life and future/anticipatory care plans, and audit processes around nutrition. These matters were acknowledged by the service, and we understand that action will be taken to address them.
- The service had good access to external health professionals. This meant that people could get specialist healthcare resources when required.
- The service was staffed appropriately and had an effective leadership team in place.
- Staff worked well as a team and provided high standards of personal care, alongside time for regular social engagement and physical exercise.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our staff team?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were treated with dignity and respect by a motivated staff team who knew them well and understood their care and support needs. Individual health and social care needs were regularly assessed and reviewed. Care plans were also audited with actions to improve outcomes from people's care noted. This helped ensure that areas of risk, such as the potential for falls and development of pressure wounds, were suitably monitored.

Audit tools did not, however, always fully reflect key information contained in care plans. For example, monitoring of nutrition and weight management relied on the Malnutrition Universal Screening Tool (MUST). The MUST score generated from this tool identifies the level of risk of malnutrition. Whilst individual care plans included the MUST score, this was not present in the service's nutrition audit tool. Adding this to the audit process would allow for better analysis of individual and collective nutritional risk, including identification of causes and implementation of early prevention measures.

We noted that some body map documents, which identify the location of wounds and lesions, had been used repeatedly. Such documents should only be used for single assessments with dates and times clearly identified.

The service could also further develop end of life and future/anticipatory care plans by highlighting people's aspirations and wishes throughout their life's journey. It was positive to see that people's aspirations and goals had been discussed and displayed on a communal notice board. Adding this information to care plans would help ensure that individual wishes and preferences were recognised, reviewed and acted on.

The above issues were acknowledged by the service, and we understand that action will be taken to address them. We did not identify any concerns about direct care provision relating to people's nutrition, skin integrity, or ongoing care during the inspection.

Staff took time to reassure people when they felt worried or anxious. Where possible, stress and distress reactions were managed through reassurance and diversion, with medication used in accordance with medical prescriptions and administration protocols.

The service had good access to external health professionals, such as GPs, district nurses, community mental health practitioners, dentists, opticians, and dietitians. This meant that people could get specialist healthcare resources when required.

Where people's ability to make decisions was impaired, appropriate legal measures were in place. This helped ensure that people's rights and preferences were identified and respected. We saw that restrictions on personal freedom imposed by sensor mats were risk assessed and reviewed regularly to ensure that their use was necessary.

People living in the service experienced positive health and wellbeing outcomes because the service acted on meeting their physical, psychological and social care needs. A range of activities were provided within and outside the home.

These were mainly organised by a highly motivated wellbeing coordinator; however, other care staff were routinely involved in activities and used their initiative in keeping people active and meaningfully engaged. We saw evidence of activities such as gardening and housekeeping; chutney making; and visits to a pumpkin farm, horticultural show and a falconry centre. People had regular chair and lounge-based exercises, and the garden was used to good effect for walks and various events. There was also regular engagement with local schools and other care homes. Families and friends were welcomed into the home and encouraged to participate in activities if they wished to join in. People appreciated this.

We noted that the service had made significant investments in the fabric of the building and had plans for additional development of indoor and garden areas. This will likely further improve the experience of those living in the home.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service was staffed appropriately in terms of number and skill mix. There was an effective leadership team, where the manager was supported operationally by two part-time assistant managers and senior care staff. The strategic direction of the service was led by an active group of trustees.

It was positive to note that service had prepared for the introduction of the Health and Care (Staffing) (Scotland) Act 2019 in April 2024. An appropriate dependency assessment tool was used to identify staffing levels in accordance with people's individual needs. The manager stated that they were aware of people's changing and more complex needs and used their professional judgement to inform staffing requirements. This was not, however, recorded and it would be helpful for professional judgement comments to be added to the dependency assessment tool. This would make decisions around staffing more transparent.

Staff worked well as a team and provided high standards of personal care. Staffing arrangements allowed for people's personal care needs to be met and time was set aside for regular social engagement and physical exercise. Care staff were supported by an enthusiastic wellbeing coordinator. This helped ensure that people had a meaningful day with ample opportunity for a wide range of activities within and outside the home.

We were satisfied that suitable safe recruitment processes were in place and that regular fitness to practice checks were carried out. Staff attended appropriate online and face-to-face training activities and events. They also received regular supervision and appraisal from their line managers. As a result, people could be confident that staff had the relevant knowledge and skills to care for them.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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