

Richmond Care Villages Holdings Limited

Richmond Village Letcombe Regis

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 inspection was carried out on 30 October 2018 and 1 November 2018 and was unannounced.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Richmond Village Letcombe Regis is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Richmond Village Letcombe Regis is a retirement village and the care home forms part of the main building. The care home accommodates up to 53 people in two units. The service supports older people with a range of needs and includes support for people living with dementia. At the time of our inspection there were 50 people using the service.

There was a person-centred culture that valued and respected everyone in the service. This culture was driven by the management team who were visible in the service. People were treated with dignity and respect and valued as individuals. There was a range of activities available and people enjoyed links with local schools.

There was a calm and welcoming atmosphere throughout the inspection. Staff showed kindness and compassion when supporting people. Staff were busy, however, staff ensured people's needs were met in a timely manner. The registered manager was reviewing staffing levels to ensure there were sufficient staff deployed to ensure people's needs were met.

Staff were supported and had the skills and knowledge to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were effective systems in place to manage the service.

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 improved to Good.

Risks to people were assessed and there were plans in place to manage risks.

Medicines were managed safely.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Richmond Village Letcombe Regis

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 checked whether the provider is 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.

The inspection took place on 30 October 2018 and 1 November 2018 and was unannounced.

The inspection was carried out by two inspectors and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held about the service. This included previous inspection reports and notifications. Notifications are information sent to CQC about incidents that are notifiable in law.

Throughout the inspection we observed care practice. We 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.

During the inspection we spoke with 13 people, two relatives, one visitor, the registered manager, the clinical governance manager, the training manager, the village manager, three nurses, two senior care staff, six care staff, the chef, three activity staff, an employed companion and one member of the housekeeping staff. We also spoke with two visiting health professionals. Following the inspection we spoke with two further health professionals who visit the service.

We looked at six people's care records, six staff files and other records relating to the management of the service.

Is the service safe?

Our findings

At the previous inspection in December 2016 the service was rated requires improvement in Safe. At this inspection on 30 October 2018 and 1 November 2018 we found improvements had been made and the service is rated Good.

People told us they felt safe. Comments included; "Safe here because people listen to you" and "Safe because reassuring. Know if anything happens there are people around". Relatives were also confident that people were safe. One relative told us, "Absolutely safe, came here and found that I don't worry anymore".

Overall people were supported by sufficient numbers of staff. However, we received mixed views from people in terms of staffing levels. Some people told us that staff were sometimes busy and that it could take some time to answer call bells. One person said, "Response times vary. When you ring the bell, you don't know how long it will be before you get help, there is nothing to tell you. Times varies between minutes and up to an hour". Other people told us there were enough staff. One person said they got "Attention when I need it". During the inspection we saw that call bells were usually answered within five minutes.

We spoke to the registered manager who told us that call bell response times were monitored and this had resulted in a review of the staffing levels in the afternoon. As a result, there had been an agreed increase in staffing for a 'twilight' shift for the afternoon. The registered manager also advised that an increase in staffing levels was to be discussed with the provider as part of the annual operating plan.

People told us staff were always busy. One person told us, "All the girls [staff including males] who work here so busy rushing around like maniacs. Always give their best". However, other people felt staff had time to meet their needs and said staff were always available.

Staff told us that they had sufficient time to offer residents good personal care. However, they said they would like more quality time with people. One member of staff said, "We're really good and try to spend time but we just don't have enough time". Staff numbers reduced in the afternoon and staff told us this had an impact on the quality of care people received. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support. Staff were busy but available. There were other members of the staff team who spent time with people. For example, activity staff and a companion spent time with groups and individuals providing social interaction

People and the relatives were concerned about the amount of agency staff used. Relatives recognised that the same agency staff were used where possible but they felt that the regular use of agency staff had an impact on people. We spoke to the registered manager who told us that agency staff were being used to cover current vacancies and they worked with regular agencies to improve the consistency of staff. The village manager, who was new in post, told us that their priority was the recruitment of permanent staff and that a recruitment campaign was being launched in December 2018.

Records showed that checks were completed prior to staff working at the service to ensure they were

suitable to work with people using the service. Checks included employment references and DBS (Disclosure and Barring Service) checks. This enabled the provider to make safe recruitment decisions.

Medicines were managed safely. Medicines were stored in locked medicine trolleys which were kept in a locked clinical room. Medicine administration records (MAR) were accurately and fully completed. Where people were prescribed 'as required' (PRN) there were protocols in place that provided guidance to staff to ensure people received their medicines when needed. Some people were prescribed medicines that were administered through a patch applied to the skin. There were records to show when and where on the body the patch had been applied in line with good practice guidance.

Medicines were administered by nurses who had completed training in line with the provider's medicine policy and their competency had been assessed.

Nursing staff spent time with people when administering medicines to ensure people understood what the medicines were for. Nurses ensured people had taken their medicines and were comfortable before signing the MAR to evidence the medicines had been administered.

People were supported to stay as safe as possible in their daily life because risk assessments were comprehensive, fully completed and used nationally recognised assessment tools. For example, people had received a dependency assessment, falls assessment, pressure damage assessment, nutritional assessment, moving and handling assessment, and pain assessment. Where risks were identified there were plans on how risks would be mitigated and reduced. Risk assessments were regularly reviewed to ensure care plans were up to date and accurate.

Where people were at risk of displaying behaviour that may be seen as challenging to themselves or others there was detailed guidance for staff in how to manage those risks. During the inspection we saw staff using the guidance to effectively support people and manage behaviours.

People were supported by staff who had a clear understanding of their responsibilities to identify potential harm or abuse. One member of staff told us, "I would report to [senior nurse] or [registered manager]. I could also use the 'speak up policy' if I needed to".

Staff completed training in relation to safeguarding adults at risk. The provider had a safeguarding policy and procedure in place which included their responsibilities to safeguard children and adults. The process for reporting concerns was displayed in staff areas of the service.

Records showed that where concerns were raised the registered manager took effective action to investigate and address issues to ensure people were safe. This included staff training and development.

Accidents and incidents were recorded and reported into a central system to enable the registered manager and provider to analyse the data for trends and patterns. The outcome of the analysis was used in the quality improvement plan which identified actions needed to reduce the risk of reoccurrence.

The service was clean and there were no malodours. Housekeeping staff worked from cleaning rotas, which detailed daily cleaning tasks. Staff used personal protective equipment (PPE) to reduce the risk of cross infection. Staff had a clear understanding of good hygiene practice and knew what action to take in the event of an outbreak of infection.

Is the service effective?

Our findings

The service was rated Good at the inspection in December 2016. The service remains Good.

New people to the service were provided with the appropriate care and support because their needs were assessed prior to accessing the service. Assessments took account of good practice guidance and legislation. For example, Equality and Diversity, Accessible Information Standards and General Data Protection Regulation.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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. Staff had a clear understanding of how to apply the principles of the act in their daily work with people.

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 found that where people lacked capacity to consent to aspects of their care that resulted in restrictions, the registered manager had ensured legal authority had been applied for.

People were supported by staff who had the skills and knowledge to meet their needs. One person told us, "I find that staff are perfectly adequately trained to deal with people. No problems at all".

Staff told us they had access to training and development opportunities to ensure they kept their skills and knowledge up to date. The in-house trainer had introduced a range of competency assessments that enabled them to monitor staff and identify any development needs.

People were complimentary about the food and drink they received. One person told us, "I enjoy the food. It is hot, well cooked and looks good". Where people had specific dietary requirements, we saw that they received food and drink to meet these needs.

People had access to health professionals to ensure they were supported to lead healthier lives. Records showed people had access to GP, district nurses, tissue viability nurses, diabetes specialist nurses, podiatrists, physiotherapists, audiologist, opticians and speech and language therapy (SALT). A "care home support team" made up of NHS professionals supported the service. Health professionals we spoke with told us the service referred people appropriately to them. The G.P supporting people who used the service visited weekly and reviewed people who required review. Following the G.P visit a clinical risk meeting was held that involved nurses and the management team to discuss any concerns raised and any actions that were required to support people's changing need.

Is the service caring?

Our findings

The service was rated Good in caring following the inspection in December 2016. The service remains Good.

People and relatives told us staff were caring. One person told us, "Carers [staff] are very conciliatory and kind. They are doing this because they want to".

Visiting health professionals told us staff were caring. Comments included: "They are very compassionate about their residents" and "They are nice to the residents. Always polite. It is patient first here, which I like".

Staff were passionate about their role and spoke with genuine affection when speaking about people. One member of staff told us, "I adore working with our wonderful residents every day".

Throughout the inspection we saw many kind and caring interactions. People were treated with kindness and compassion.

People were treated with dignity and respect. We saw staff knock on doors and staff ensured people were included in decisions about their care. For example, at lunchtime staff enabled residents to choose food by bringing the menu and spending time with them to ensure they were able to make an informed choice. Staff encouraged independence. For example, one person was being supported using a hoist. Staff encouraged the person to be independent and involved. By offering choices; "Would you like to stand now", "Can you manage the next bit to push back in your chair".

People were involved in decisions about their care and where appropriate relatives were also included. One relative told us, "I was involved in the care planning at the beginning. If issues come up do tell me. I refer to the care plan and keep pretty good tabs on things and what is happening".

Is the service responsive?

Our findings

The service was rated Good in Responsive following the inspection in December 2015. The service remains Good.

People received person-centred care from staff who valued people as unique individuals. One member of staff told us, "We are here to provide effective and person-centred care, we are here for our residents, they are our priority here".

Care records identified people's likes and dislikes. Staff were knowledgeable about people's lives and histories and used the knowledge to support them in a personalised way. For example, one member of staff told us they engaged a person in the life of the home as they liked to contribute and feel valued. This had a significant impact on the person and their behaviours.

The service was responsive to people's changing needs and ensured people's rights were protected. One relative told us, "I have had a review of the care plan. When an out of hours doctor wanted to send [person] to hospital the nurse said no because [person] has said that they do not want to go to hospital in the care plan".

There was a range of activities organised and delivered by a team of activity staff. People were positive about the activities available. People's comments included; "Like the talks and quizzes they have here, interesting" and "I go to some physical lessons. They help with my mobility".

There was a spa located within the village and trained spa professionals visited the service to offer specialised exercise classes and treatments.

There were links with local community groups. For example, through the inter-generational programme, links have been established with local schools which enabled pupils to gain experience of working with older people and in turn enabled people to remain in contact with younger pupils. Children from a primary school came in to talk with people and perform for them.

People and relatives knew how to make a complaint and were confident that action would be taken. One person said, "Complaint? Depends what it is about. Anything serious I would put it in writing and hand it in to the office. I mentioned about the vile cutlery and that was changed and did say about the stained and worn chairs in the lounge. Those have been replaced".

Records showed that complaints were responded to effectively to ensure issues were resolved. This included meeting with people and relatives to discuss the issues and seek a resolution.

Is the service well-led?

Our findings

The service was rated Good in Well Led following the inspection in December 2016. The service remains Good.

There was a registered manager in post who had joined the service since the last inspection. 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.

There was a person-centred culture that was promoted by the management team. People enjoyed living at the service and told us it was well led. Comments included: "A nice friendly atmosphere here"; "Think it is very well managed" and "See the manager as the captain of the ship. Run like a hotel. Every morning the manager passes by. Very personable".

Staff were supported by the management team and were positive about working in the service. Staff comments included; "I love working here" and "This organisation is great".

There were effective systems in place to monitor and improve the service. The registered manager and clinical governance manager had oversight of the quality of the service through regular audits. Audits included, infection control, care plans, medicines and staff supervision. Records showed that action had been taken as a result of issues found and further audits identified improvements made.

People and relatives were involved in the running of the service and felt listened to. There were regular meetings and a newsletter that kept people informed about developments in the service.

The service worked closely with other agencies to ensure people received effective care. For example, there were regular governance meetings with the GP which enabled learning and development in the service.