

Richmond Villages Operations Limited

Richmond Village Nantwich

DCA

Inspection report

Richmond Village
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Nantwich
Cheshire
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Tel: 01270629080

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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

This inspection took place on 7 January 2016 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure that someone was available in the office as well as giving notice to people who used the service that we would like to visit them at home.

Richmond Village Domiciliary Care Agency (DCA) is part of Richmond Nantwich Limited. The (DCA) service provides personal care to retired people who are living in privately owned or privately rented apartments within the grounds of Richmond Village. The agency offers a range of care and support packages, depending on the person's needs. The village is built around its own bowling green and courtyard.

We previously inspected the service in October 2013 when we found they were meeting all the regulations we looked at.

The service had a registered manager who had been in post since 2009. 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.

At the time of our inspection the service was providing the regulated activity of personal care to 14 people.

On the day of our inspection we found the service to be safe as it had systems in place to safeguard people from harm. We spoke with knowledgeable staff who could tell us the signs of abuse and what they would do if they suspected any form of abuse occurring. Risks to people were managed well to give people freedom, whilst keeping them safe.

The registered manager assessed and monitored the quality of care; however the majority of the audits viewed included information concerning another registered service, the Richmond Village care home.

The service encouraged feedback from people, their relatives and staff, which they used to make improvements.

The service had a robust recruitment process in place and used a matching process to ensure that there was compatibility between people and the staff who provided them with support. We found staff had received an appropriate induction, supervision, appraisal and training which allowed them to fulfil their roles to their maximum potential.

There was a policy and procedure in place for the administration of medicines. We observed how people stored and managed medicines. In the main we found that the medication administering process was safe. We made the registered manager aware of one discrepancy which was rectified on the day of the inspection.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and was aware of the best interest process. People who used the service spoke highly of the staff that provided the service and said it was carried out to a very high standard.

Staff encouraged people who used the service to make decisions and choices in their lives to maximise their independence and enhance their life skills.

Clear information about the service, the management, the facilities, and how to complain was provided to people. Information was available in a format that met people's needs.

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 was safe.

Systems were in place for recording and managing risk, safeguarding concerns, whistle blowing and incidents and accidents.

Risk assessments were centred on the needs of the individuals and provided clear instructions for staff to follow.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with the differing needs of the people who used the service.

Is the service effective?

Good ●

The service was effective.

Staff had received a thorough induction, on going training, regular supervision and performance appraisal to ensure they were effective in their role.

Staff had an awareness and knowledge of the Mental Capacity Act 2005, which meant staff could make decisions in people's best interests if people did not have the capacity to make their own decisions.

Is the service caring?

Good ●

The service was caring.

People gave a very positive reflection of the care they received.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

Staff involved people in the support they received and maximised people's independence and life skills.

Is the service responsive?

Good ●

The service was responsive.

People received individualised and person centred care which had been discussed and planned with them.

People were able to raise any concerns and felt confident these would be addressed promptly through regular meetings with the registered manager or senior staff.

Is the service well-led?

Good ●

The service was well led.

The registered manager had been in post since 2009 and told us she was supported by a strong management team to support the leadership role.

The registered manager had informed CQC about events that had occurred.

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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 was undertaken by two adult social care inspectors. At the time of this inspection the registered manager confirmed 14 people were receiving the Richmond Village Nantwich (DCA) service. We were informed by the senior management team that Bupa were in the process of becoming the new provider for Richmond Village (DCA). At the time of our inspection Richmond Nantwich Limited was the registered provider.

Before the inspection we reviewed the information we held about the service including notifications and information received from members of the public. We also invited the local authority to provide us with any information they held about Richmond Village Nantwich (DCA). We used this information to help to plan our inspection.

The registered manager had not received a Provider Information Return (PIR) before our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However we gathered that information during our inspection.

We used a number of different methods to help us understand the experiences of people who used the service. We visited three people in their homes and we spoke with five people on the telephone who used the service. We offered to speak to the other six people who used the service but some declined and others were not available when we made our calls. We spoke with the registered manager, village manager, deputy manager, training coordinator and two care support staff.

Three care records were reviewed, as was the staff training programme. Other records reviewed included, safeguarding adult's policies and procedures and accidents and incident reports. We also reviewed three staff recruitment, induction, supervision and training files and staff meeting minutes.

Is the service safe?

Our findings

People told us that they felt safe when staff provided support. "I definitely feel very safe with the staff keeping an eye on me", "The staff make you feel safe and comfortable here, and I know who is coming to care for me". Another person told us "The staff are never far away if you need their help or want a little company". "They are never late on my visits and keep me informed of any changes, this is important to me".

The staff rota, our own observations and what people and staff told us confirmed that there were sufficient suitably qualified members of staff on duty to provide the agreed level of support to the people who used the service. Staff said there was "enough staff on duty" and one commented, "We tend to have free time on our rotas, so we will sometimes visit some of the people to socialize with them or go for walks around the village". People confirmed they always received care as planned. People said "I have never known the staff to be late; if they did get held up they would always let you know in advance". Another person said, "I can count on the staff here, they always come to see me".

Staff told us their workload was manageable and they were able to support people safely. The provider covered absences with personnel from other schemes. There was no use of agency staff.

The three staff recruitment files we looked at confirmed that a safe recruitment process was followed. Prospective members of staff completed an application form with their full previous employment history and character references. Photographic and documentary submissions had been obtained to confirm the applicants identity. An enhanced Disclosure and Barring Service (DBS) check had been completed. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions.

Staff had received up to date safeguarding training and had a good understanding of the procedure to follow if they witnessed abuse or had an allegation reported to them. Staff were able to describe the signs of abuse and what actions to take to ensure people remained safe. We reviewed the safeguarding log and found that the provider did not have any safeguarding incidents in 2015.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce the risks to people and appropriate guidance for staff to follow. Risks were scored to alert staff when people were at high risk of particular harm. Risk assessments took account of people's environment, history of falls, levels of pain, balance, cognition, skin integrity and equipment in place. There were appropriate risk assessments in place when people were at risk of falls.

Systems were in place to record incidents, accidents and falls and to maintain an overview of incidents. We noted that the monthly summary records did not provide any evidence of lessons learnt and actions taken to minimise the potential for reoccurrence. The manager acknowledged this observation and assured us she would update records to ensure this information was included to ensure best practice.

Staff we spoken with said there were systems in place to report any accidents or incidents; they said that these were acted upon very quickly by the office.

As part of our inspection we looked at how the service managed people's medicines. We found that the service had a medication policy and procedure in place entitled 'Handling medicines and drugs procedure', dated September 2015. We saw that people's medicines were stored safely in their homes in a locked box.

We reviewed two people's medicines. We found that one person was supported by care staff with the administration of their medicines after referring to their care plan. However when we looked at this person's medication administration record (MAR) it stated that staff only needed to prompt the person with their medication. This was misleading and a potential risk to the person. If a member of staff followed the instructions on the MAR, there was a possibility that the person would not be assisted to take their medicines, resulting in the person missing their prescribed medicines or taking the wrong medication. We discussed this concern with the senior management team. They confirmed staff have been following the care plan and have administered the medicines to this person. The senior management team rectified the MAR chart for this person which confirmed that staff were to administer medicines as stated in the care plan.

Staff told us they had received training in prompting and administering medicines and the staff training matrix which we looked at confirmed this.

The provider ensured that the office premises were secure. All fire protection equipment was regularly serviced and maintained. Office staff were aware of the location of an assembly point and of the evacuation procedures.

Is the service effective?

Our findings

People told us they felt the service was effective. One person told us that they felt their needs were fully met by the staff. Comments included "The staff know me very well and know what support I need. They don't rush me and appear to enjoy what they do." Another person told us, "If I needed extra care I can easily arrange this with the manager."

Staff told us that they were trained and supported to meet the needs of the people who used the service. Comments included "It's a good organisation to work for; the training is excellent and you are always supported if you require assistance."

People had access to their own GP and appointments were arranged privately by the people who used the service or their relatives. People said they were confident that staff would support them if needed. One person we spoke with said, "My son arranges doctor appointments, but if I needed the doctor the staff would arrange it if I asked them."

Records showed that essential training was provided annually, there was a programme of training available. Staff told us they received the necessary training to meet people's needs such as moving and handling, medication awareness and infection control. The training coordinator explained the majority of training was given face to face by the person employed to provide the training. The training coordinator showed us the systems in place that highlighted when staff training was due for staff so this ensured staff would not miss any role specific mandatory training.

We looked to see how new members of staff were supported in their role and found that they had an induction and were supported by a 'buddy' for the first month or until staff had agreed their competence or they themselves felt confident enough to work alone. Staff were encouraged to study and gain qualifications while in employment. All staff either held diplomas in health and social care or had enrolled to follow relevant courses. Study time was taken in consideration when their rota was planned to allow staff time to complete the relevant courses. The provider was following the Care Certificate induction programme for new staff. This meant the provider was following good practice as part of staff induction for social care.

All staff received regular one to one supervision and were scheduled to receive an annual appraisal. All the staff we spoke with told us they felt well supported to carry out their role. They told us, "We get a lot of informal one to one support whenever we need it" and, "We can speak to the manager and talk about any problems with her."

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests.

The registered manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was done to ensure a person was not deprived of their liberty.

All of the staff we spoke with demonstrated an understanding of the MCA and its principles. They were able to describe such areas as 'best interests', not restraining people and ensuring that people had a say in the care they received. Comments from staff included, "We understand the importance of gaining consent from the people who use the service, where someone lacks capacity we would ensure a mental capacity assessment is undertaken."

We spoke with one person who used the service about consent. They told us that "the staff always respect your choices and allow you to make your own decisions."

People told us they sometimes used the restaurant at Richmond Village which they paid for and were complimentary about the food provided. Some people preferred to have the restaurant food delivered to their home at key meal times rather than accessing the restaurant. People said they were given a choice of two meal options for each course, for example lunch, evening meal and dessert. People who used the service confirmed that there was a four week rolling menu plan available at Richmond Village. One person said "There is always something on offer, if you don't like what is on the menu they will change it to suit your preference." Another person said "the food is superb here." People told us that staff supported them with shopping and would have a small amount of meal preparation done as part of the care package provided.

People who received the (DCA) service said they were entitled to use many of the facilities on offer at Richmond Village, such as the hair salon, bowling green, therapy room, village transport and the laundry service.

Is the service caring?

Our findings

People told us they were satisfied with the way staff supported them. When asked how they found the support, people's comments included, "The staff do care about people here, it is refreshing to see the staff smile while they are doing their jobs and it appears to me that they enjoy what they are doing." "The care staff are brilliant, if I want anything all I need to do is just ask." "The care workers are always on time; they never rush me, and understand the care I need." Another person said, "The staff make my day when they visit, they do appear to know what they are doing", and "the staff are very caring and genuine here."

Positive caring relationships were developed with people. Staff told us they valued the people who they supported and spent time talking with them while they provided this support. Two members of staff said, "It is a little community here, and we all look out for each other" and another said, "We have enough time to build up positive relationships with the people and we respect the boundaries."

The support plans we saw demonstrated that people were involved in making decisions about the support they received. People we spoke with explained they felt involved in the support of their care and how they wanted it delivered by the (DCA).

People's preferences regarding their daily care and support were recorded and reviewed. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided, for example people's preferences about the way their personal care should be provided and how they liked to spend their time.

We observed interactions between two staff members and a person who used the service whilst walking around the courtyard of Richmond Village. We noted the relationship was one of mutual trust and rapport. The staff member fully engaged with the person and used appropriate language to provide any information the person requested

We asked the person who was walking with the staff whether they felt their care plan reflected their needs. They said "I love my walks with the staff, these walks have been built into my daily programme. I feel they have very good systems here."

Without exception, everyone we spoke with said staff maintained their dignity and privacy. We could see privacy and dignity had been discussed during spot checks and reviews with people. Staff described how they would ensure people were given privacy and how their modesty was protected when providing personal care, for example ensuring doors were closed, and not discussing personal details in front of other people.

Richmond Village had a number of daily activities, such as trips out, coffee mornings, quiz afternoons, indoor bowls and guest speakers. People who used the service were encouraged by the staff and management to join in the activities. This was evident when speaking to people, one person said, "There are plenty of things to do at the village, the staff don't forget you here." Another person said, "I love doing the

outdoor bowels in the summer, and I like to go on trips out to Nantwich."

Is the service responsive?

Our findings

Everyone we spoke with said the staff had enough time to meet their needs in the way they wanted them met. Comments from people included; "The staff know me very well, sometimes I have bad days and I can be feeling quite low, the staff can tell, and always try and perk me up." Another person said, "You cannot fault the staff here, they all know your needs and are very diligent when they carry out their care duties."

The registered manager assessed people's needs before the support was provided. These assessments identified what people wanted their care package to achieve. Two people told us, "The manager discussed in depth what was needed and how she could provide it" and, "The manager came and asked me what support I required so we could work together towards it." As soon as support began, people's assessments of their needs were developed into individualised care plans. These plans provided the information needed by staff to ensure people's individual routines and practical needs were met.

People described how the support was tailored and reviewed to their needs. Everyone we spoke with said they were involved in reviewing their care on a regular basis and were able to describe their care plan as being "the folder" which contained all the information about the agency and their personal records. People confirmed that staff recorded all interventions and activities on a daily basis. We found in the people's homes we visited that the care records were written in detail and were person centred, written from the point of view of the person receiving support.

Records showed that staff carried out regular care reviews to ensure people could give their perceptions of the services provided

They included information about the person's care needs, client contract and records of staff visits. Records showed us that staff supported and encouraged people to express their views so they received care and support which met their individual needs and personal preferences. Care and support plans also held signed agreements from people who used the service. For example, details of how people preferred to be helped with moving around, the food they preferred to eat and specific routines regarding housework and outings. Staff followed these instructions to deliver care and support in a way that was personalised.

Records showed that staff carried out regular care reviews to ensure people could give their perceptions of the services provided.

We discussed complaints with the registered manager. As part of the service introduction the complaints policy and procedures were explained to people and their relatives and they were encouraged to speak to the registered manager at any time. The provider had a complaints procedure entitled 'The right to voice comments, suggestions and compliments', this was last updated in June 2015. There was a complaints log at the service which showed that one complaint had been recorded in 2015. This one complaint had been addressed in accordance with the provider's procedure.

Is the service well-led?

Our findings

People told us they knew the staff well at the service and were aware of the management structure. People told us the registered manager and senior staff were approachable and were always available. One person commented, "[Deputy manager name] is always here, I see her almost every day." Another person said, "I see her [registered manager] checking on things making sure things are as they should be." They then said, "My family have raised little problems on my behalf and they have resolved it straight way."

Staff told us that the management was open and transparent and the registered manager was most approachable with an open door policy. Comments included "The manager is approachable and will listen to you if you have concerns", "Manager understands the needs of the people" and "It's a good service to work for".

The registered manager had been in post for over six years at the time of our inspection. The registered manager told us they expected high standards from themselves and from their staff. Their vision was to ensure that the service was open and transparent with the focus on engagement, involvement and inclusion.

Richmond Village Nantwich (DCA) had a variety of quality assurance systems available to assess the quality of the service it was providing to people. These included speaking with people who used the service and giving them the opportunity to make comments about how the service was delivered and to make suggestions for any improvements for the future. People's feedback was captured by using a satisfaction survey. At the time of our inspection the results of the survey had not yet been returned from the 'service science' who collated the feedback. We found evidence of a report in 2014, confirming the satisfaction survey was carried out for people using the service, including the development of a summary report and action plan for the domiciliary care service. It was evident that the service did take on people's views and opinions to improve the (DCA) service.

Records showed that the provider had developed a programme of quality assurance audits throughout the year; however the majority of the audits included information concerning another registered service, the Richmond Village Care home. The audit included the standard of the environment, activities, care documents, risk assessment and medication. The senior management team acknowledged this issue and confirmed the provider was in the process of developing a range of new audits specific to the domiciliary care service for 2016. Upon completion of the inspection we received details of the new quality assurance framework which was to be rolled out immediately. This new programme, outlined a plan to audit different areas of the (DCA) service, such as medication, care documentation, staffing, recruitment and training, safeguarding, and MCA.

We checked a number of test and / maintenance records at the office relating to: the fire alarm; fire extinguishers; gas installation; electrical wiring; portable appliance tests; water quality checks and hoisting equipment. All records were found to be in satisfactory order.

We noted that meetings with staff and people using the service or their representatives had been coordinated periodically to share and receive feedback on the service provided.

A statement of purpose and service user guide had also been developed. Both documents were accessible to people who used the service and their representatives.