Richmond Villages Operations Limited

Richmond Village Witney

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?	Requires Improvement

Summary of findings

Overall summary

We inspected Richmond Village on 4 December 2018. This inspection was unannounced.

Richmond Village 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.

The care home accommodates up to 63 people in an adapted building. At the time of the inspection there were 43 people living at the service.

There was no registered manager in place. 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. A clinical lead had been recruited and was managing the service. A new manager had been appointed and scheduled to in January 2019.

People told us they were safe living at Richmond Village. There were enough staff to meet people's needs. Staff demonstrated they understood how to keep people safe and we saw that risks to people's safety and well-being were managed through a risk management process. There were systems in place to manage safe administration and storage of medicines. People received their medicines as prescribed.

People had their needs assessed prior to living at Richmond Village to ensure staff were able to meet people's needs. Staff worked with various local social and health care professionals. Referrals for specialist advice were submitted in a timely manner.

People were supported by staff that had the right skills and knowledge to fulfil their roles effectively. Staff told us they were well supported by the management team.

People living at Richmond Village were supported to meet their nutritional needs and maintain an enjoyable and varied diet. Meal times were considered social events. We observed a pleasant dining experience during our inspection.

People told us they were treated with respect and their dignity was maintained. People were supported to maintain their independency. The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights. The provider had processes in place to maintain confidentiality.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. Staff had a good understanding of the MCA and applied its principles in their work. We saw people were supported without breaching their rights.

People knew how to complain and complaints were dealt with in line with the provider's complaints policy. People's input was valued and they were encouraged to feedback on the quality of the service and make suggestions for improvements. Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible. People had access to a wide range of meaningful activities.

People, their relatives and staff told us they felt inconsistences in leadership had affected how Richmond was run. However, they also commented on recent positive changes. We also found staff supervision records were not always up to date. The village manager and clinical lead promoted a positive, transparent and open culture. Staff told us they worked well as a team. The provider had effective quality assurance systems in place which were used to drive improvement. The management team had a plan to further develop and improve the home. The home had established links with the local communities which allowed people to maintain their relationships.

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.

Staff understood safeguarding procedures.

Risks to people were assessed and risk management plans were in place to keep people safe.

There were enough staff to keep people safe.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to meet people's needs.

The MCA principles were followed and people were cared for in the least restrictive way.

People were supported to access healthcare support when needed.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were involved in their care.

People were treated with dignity and respect and supported to maintain their independence.

Staff knew how to maintain confidentiality.

Is the service responsive?

Good

The service was responsive.

Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed.

People's records were not always up to date. However, the provider had already identified this and were working through them.

People had access to activities.

People and their relatives knew how to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Inconsistences in leadership affected improvement of the home.

Staff supervision and appraisals records were not up to date.

The leadership created a culture of openness that made people and staff feel included and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

Richmond Village Witney

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 was planned to check 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.

This inspection took place on 4 December 2018 and was unannounced. The inspection team consisted of two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We received feedback from two social and health care professionals who regularly visited people living in the home. This was to obtain their views on the quality of the service provided to people and how the home was being managed. We reviewed the previous inspection report. We also obtained feedback from commissioners of the service.

We spoke with 14 people and seven relatives. We looked at six people's care records and medicine administration records (MAR). The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the home and getting their views on their care. During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with the village manager, the clinical lead and seven staff which included, care staff, activities coordinator, domestic staff and catering staff. We reviewed a range of records relating to the management of the home. These included six staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

Good

Is the service safe?

Our findings

People told us they felt safe living at Richmond Village. One person said, "I am prone to falling out of bed and they have put pressure mats around my bed for me". Another person told us, "Yes, very much so. There is always someone about and they are very anxious to make sure everything is ok". People's relatives equally told us their family members were safe at the service. Comments included; "We just know that this is the best place for her" and "We know that she is safe and we can book an extra holiday without worrying".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding vulnerable people and had good knowledge of the service's safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. One member of staff said, "Anything untoward must be reported through internal routes but, would if necessary go to higher management then CQC (Care Quality Commission) or police if still not happy".

Risks to people were identified and risk management plans were in place to minimise and manage the risks and keep people safe. Some people had restricted mobility and information was provided to staff about how to support them when moving them around the home. Risk assessments included areas such as nutrition, falls, fire and moving and handling. Risk assessments were reviewed and updated promptly when people's needs changed. For example, one person was diabetic and at risk of having low blood sugar. The person had risk management plan which guided staff to check the person's blood sugars and offer snacks before bed and in between meals. People had Personal Evacuation Emergency Plans in place (PEEPs). These contained detailed information on people's mobility needs and additional support required in the event of a fire.

We asked people if there were enough staff and they commented on recent improvements and high staff turnover. One person told us, "The staff get on reasonably with what they need to do. Sometimes they are working up to their neck and sometimes they cannot help immediately but they keep you up to date with when they can come". Another person commented, "There has been a big turnover of staff and there was a time that many of them were temporary". People's relatives said, "Yes we have noticed the high turnover of staff and at one stage there were not a lot of permanent ones" and "Things have improved dramatically during the last few months but when, or if, there are too many agency staff, they are almost invariably not so good".

Staff told us they were enough staff to meet people's needs. Comments included, "Currently agency staff use is limited. Awaiting a new member of staff who will have full induction. We do not have agency staff today" and "Of late we have had enough staff. We also use the same agency staff".

On the day of the inspection we saw staffing levels had improved. Throughout our inspection we saw people were attended to without unnecessary delay. Call bells were answered in a timely way and staff took time to engage with people. Staff rotas showed there were enough staff on duty to meet people's needs and confirmed that planned staffing levels were consistently maintained. The home had staff vacancies and the

clinical lead told us they were continuously recruiting. The home used regular agency to cover staff shortages and this allowed continuity of care. The number of agency staff used had significantly reduced.

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable potential employees from working with vulnerable people.

People received their medicines as prescribed and the home had safe medicine storage systems in place. The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or, if not taken the reason why. People understood the reason and purpose of the medicines they were given.

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to people were documented, thoroughly investigated and actions were followed through to reduce the risk of further incidents occurring. The management team audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. For example, records of falls analysis showed the number of falls had reduced. Staff knew how to report accidents and incidents.

The service learned from mistakes. Staff told us and records showed shortfalls were discussed with the aim of learning from them. For example, staff told us a lot of learning and changes had been implemented following our last inspection.

The home looked clean and equipment used to support people's care, for example, weight scales, wheelchairs as well as moving and handling aids were clean and had been serviced in line with national recommendations. People's bedrooms and communal areas were clean. Staff were aware of the providers infection control polices and adhered to them. One person commented, "They seem to be cleaning all the time".

Good

Is the service effective?

Our findings

People told us and records confirmed that people's needs were assessed before they came to live at Richmond Village. This allowed gathering of the necessary information that formed the base of care planning process and ensure the home was appropriate to meet people's needs and expectations.

People received care from knowledgeable staff who had the right skills. Records showed staff had the right competencies and qualifications to enable them to provide support and meet people's needs effectively. One person commented, "Yes, they appear to know what they are doing".

Records showed new staff went through an induction training which was linked to the Care Certificate standards. The Care Certificate is a set of nationally recognized standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. This included training for the role and shadowing an experienced member of staff. One member of staff commented, "Induction was very good, prepared me for the job".

Staff told us and records showed staff received the provider's mandatory training before they started working at Richmond Village. They were also supported to attend refresher sessions regularly. Mandatory training included; fire safety, food hygiene, MCA, safeguarding and dementia training. One member of staff told us, "Training was absolutely brilliant. Dementia training taught me a lot".

Staff told us they had access to supervisions with their line managers, however, this had not been consistent. We found staff supervision and appraisal records were not always up to date. However, staff felt supported and they could ask for extra support whenever they needed it.

Throughout the inspection we observed people had access to food and drinks of their choice. Where needed, people were encouraged to drink fluids and staff recorded on food and fluid charts. People told us they enjoyed the food and were able to make choices about what they had to eat. Comments included; "I like it but I have rather too much food and I have a job to eat it all, they tell me to leave what I don't want", "On the whole the food is very good and if there isn't anything you like on the menu you can have something else like sandwiches. They come around the day before and ask what you would like from the menu" and "The food is quite good here and it's lovely just to have it put in front of you". One person's relative commented, "Mum went on and on about the soup being nice and tasty".

During the inspection we observed the midday meal experience. This was an enjoyable, social event where most people attended. There was conversation and chattering throughout. A three-course meal was served hot from the kitchen and looked appetising. People were offered a choice of drinks throughout their meal and, where required, received appropriate support. People were encouraged to eat and extra portions were available. We observed staff sitting and eating with people and talking to them whilst supporting them to have their meals at a relaxed pace. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience where ever they chose to eat their meal.

People's care records showed relevant health and social care professionals were involved with their care. People were supported to stay healthy and their care records described the support they needed. Where referrals were needed, this was done I a timely manner. The home facilitated weekly GP visits to review residents as needed. One person said, "Yes, they get a Doctor if I need one". One healthcare professional told us, "All staff were receptive to suggestions I made and worked well together when drawing up a care plan. We managed any subsequent needs via telephone. Family were also kept informed of our joint workings and reported to me the staff at Richmond Village were very caring and compassionate".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. People were supported in line with the principles of the MCA. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "It's about allowing people to make their own decisions and giving them choices".

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the home met the requirements of DoLS. People who had DoLS in place were being supported in the least restrictive way.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Staff sought verbal consent whenever they offered care interventions. Throughout the inspection we saw and heard staff seeking permission and explaining care to be given. For example, when people were supported with personal care.

Richmond Village was a purpose-built home which had been decorated to a very high standard. People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences. The general outlook of the home allowed free access to people who used equipment like wheelchairs. There were several sitting areas where people could spend their time. People could move around freely in the communal areas of the building and the vast gardens.

Mulberry unit was a dedicated dementia unit. We found the environment could be improved to make it more dementia friendly. The corridors were all decorated with the same colour which could easily confuse people living with dementia, making it difficult for them to navigate their way through the home. The village manager told us they had plans to improve the environment to fit the people's needs.

Good

Is the service caring?

Our findings

People were very positive about the care they received and told us staff were caring. People's comments included; "I was worried at first about having females doing my personal care but now I know that all those that know their jobs do it efficiently and it does not matter what sex or age they are", "Yes, they are very kind and take their time with me" and "They talk to me and listen to what I have to say. They are so caring and gentle". One person's relative said, "They talk to us and get to know us". One healthcare professional commented, "My impression of all staff I had dealings with is one of high standards of care and a pride in how this is delivered. I witnessed members of staff engaging with residents and they seemed genuinely interested in what they were doing. This has draws me to a conclusion they are well led as a team".

We observed staff talking to people in a polite and respectful manner. They interacted with people as they went about their daily work stopping to talk to people as they passed by. People were given options and the time to consider decisions about their care. Throughout our inspection, we observed many caring interactions between staff and the people they were supporting. It was clear people were comfortable in the company of staff. People's preferred names were used on all occasions and we saw warmth and affection being shown to people. The atmosphere was calm and pleasant.

It was clear staff knew people very well. Staff had a calm approach and made sure people were comfortable. People told us staff treated them respectfully and maintained their privacy. One person said, "Yes, they always knock on my door before coming in and ask me if I'm ready to have a wash". People received care in private. We saw staff knocking on people's doors and asking if they could go in. Staff told us how they protected people's dignity when giving personal care by making sure doors were closed, covering people appropriately and explaining what they were doing.

Records showed people's independence was promoted. For example, one person's record emphasised staff to offer 'gentle encouragement and help to load his fork with food if needed'. We saw staff supporting this person as indicated in the care plan. Staff spoke with us about promoting people's independence. One member of staff said, "We do not take over care. We give residents time to do what they can, however long it takes". People told us they were supported to be independent. One person said, "They encourage me to do as much as I can for myself and help me when I need it".

People's care plans contained information and guidance on how best to communicate with people who had limitations to their communication. For example, one person was very hard of hearing. The care plan guided staff to 'speak clearly and record important messages'. We saw this person had some recorded messages in their room.

Throughout the inspection we saw staff were discreet and respected people's confidentiality. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Some personal information was stored within a password protected computer. Staff were aware of the implementation of the GDPR. From May 2018, GDPR is the primary law regulating how companies protect information.

The provider's equality and diversity policy was available in the home. This stated the provider's commitment to equal opportunities and diversity. This included cultural and religious backgrounds as well as people's gender and sexual orientation. Staff spoke to us about how they supported people. One member of staff told us, "We support people and treat them just like we would want to be treated despite their age, gender or faith".

Good

Is the service responsive?

Our findings

People's care records contained detailed information about their health and social care needs. The care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to get up or what food they liked to eat. People's abilities and hobbies were considered.

People's care plans were not always complete and some had not been reviewed. However, the providers quality audits had identified these shortfalls and staff were working through the action plans. Staff knew people well and these shortfalls posed minimal risks to people's on-going care.

Records showed and people told us they were involved in the planning of people's care. One person said, "I am involved in my care planning, but my son lives in America, so he isn't". Another person told us, "When I came in, we sat down and talked about it".

The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress. Staff shared information about any changes to care needs and generally how people had spent their day.

People had access to a full programme of activities which included seated exercises, Time for Tea sessions on, Christmas fayres. Some outings have been arranged to Tea Dances to Witney and these were also open to the public. The home had a team of activities coordinators who were flexible in their hours and days of work. This ensured there was coverage for the majority of each days and weekends as well as to allow variety of activities.

People told us they enjoyed the activities. People's comments included; "Yes there are things going on here at the weekends, mostly downstairs but there are jig saws and things", "I enjoy going to most of the activities, we have made our own Christmas cards to send" and "We get a list of activities each week. I choose not to attend any, but they come and take my wife down to the ones she wants to go to". One person's relative told us, "She goes to singing and has made a couple of friends. She went to the Christmas fayre last weekend and was surprised how many people she knew that were there". Some people chose not to participate in group activities and staff respected that and offered 1:1 interactions to prevent social isolation. On the day of the inspection we observed a balloon tennis session as well as the monthly Christian Fellowship. These were both well attended and people enjoyed them. We also observed a session on making Christmas crafts and decorations. Families and small children came to be involved at what seemed a light-hearted event.

The home celebrated people's special occasions, such as birthdays with them. These were made to be special, social occasions and people told us they loved them. Staff understood the needs of people and delivered care in a way that promoted equality and diversity. People's spiritual needs were respected and people were supported to practice their religion.

The provider was following the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. Activity schedules, Village Newsletters, and resident memos could be disseminated in large print to those who required it. Staff read through these with those residents who struggled, but still liked to take part. The complaints process was available in large print, Braille and widget format.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. People told us they knew who to complain to if they had any concerns. One person said, "Yes, as I explained I have raised complaints and the manager came and sat down and we discussed it. Then a solution was found to my satisfaction".

People's preferences relating to end of life were recorded. This included funeral arrangements and preferences relating to support. People and their relatives, where appropriate, were involved in advanced decisions about their end of life care and this was recorded in their care plans. For example, one person had an advance end of life care (a plan of their wishes at the end of life) and a do not attempt cardio pulmonary resuscitation (DNACPR) order document in place. We saw the person and their family were involved in this decision. The home had established close links with a local hospice. At the time of the inspection no one was receiving end of life care.

Requires Improvement

Is the service well-led?

Our findings

Richmond Village had no registered manager in post. 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. The provider had appointed a manager who would be starting in January 2019 and would register with the CQC to become the registered manager.

Prior to the inspection we had received concerns around inconsistence in leadership and management. The registered manager had left in the last month. The home was being led by a newly appointed clinical lead who had the support of the village manager. It was clear the clinical lead and the village manager worked very well together and were making positive changes.

We found people's records were not always complete or up to date. However, the provider's quality audits had already identified these shortfalls and they were working through the action plans. We also found staff supervisions and appraisals records were not up to date and had not been completed in line with the provider's policy. The clinical lead had started planning and completing these. Staff told us they felt supported and could approach the management team at any time.

The provider had quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits including medicine safety, catering, infection control and care plans. Quality assurance systems were operated effectively and used to drive improvement in the service.

People told us they were aware of the inconsistences in leadership, however, they complimented on the changes. People's comments included; "Upper management is very good he really wants to get things right for us", "At the moment there have been lots of changes, it' getting better" and "They need a general manager to pull it all together". One person's relative told us, "I think they have got some problems with no manager in place".

Staff told us the management were supportive and made themselves available. The clinical lead was visible around the home and staff appreciated their hands-on approach. Staff said, "The village manager and clinical lead are very good and supportive" and "Senior managers make a point of giving positive feedback, very supportive".

Richmond Village had a positive culture that was open and honest. The provider had a no blame 'speak up' policy which valued staff and treated people as individuals. Staff told us they enjoyed working for the provider. One member of staff said, "Support is brilliant. They want to help you and see you succeed. They listen to you and give good feedback on performance, both good and bad."

During the inspection we observed effective team working. Staff worked so well together and respected each other's skills and abilities. This interlink of staff and good communication had a positive impact on the

care people received. One member of staff commented, "There's not such a heavy atmosphere now. More of a sense of teamwork between departments. Housekeeping and activities are more integrated with care".

People's views and feedback was sought through residents' and relatives' meetings as well as surveys. Records of family meetings showed that some of the discussions were around what changes people wanted. For example, in one meeting there were discussions around activities and menu choices. One person commented, "There are residents' meetings that I go to and I have had a questionnaire to fill in".

Records showed the service worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought and referrals were made in a timely manner which allowed continuity of care. The home was transparent and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The management team was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. They also understood and complied with their responsibilities under duty of candour, which places a duty on staff, the managers and the provider to act in an open way when people came to harm.