

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

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 38 people using the service.

Peoples experience of using this service and what we found

Relatives told us people received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs and staff recruitment was on-going. Medicines were managed safely, and people received their medicines as prescribed.

The manager successfully created an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivered good care for people. The systems in place to monitor the quality of care within the service were effective.

Rating at last inspection

The last rating for this service was Good (published 20 November 2018).

Why we inspected

We identified concerns in relation to the length of time since we last inspected the service and the absence of a registered manager. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains the same. We found no evidence during this inspection that people were at risk of harm from our concerns.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Richmond Village Letcombe Regis

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector

Service and service type

Richmond Village Letcombe Regis Care Home 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 service had a manager registered with the Care Quality Commission. However, the manager had submitted an application to become the registered manager and was awaiting their interview date. Registered managers and providers are legally responsible for how services are run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection to ascertain to Covid status of the service and make sure the

manager was available to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. 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 used this information to plan our inspection.

During the inspection

We spoke with six relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, assistant manager and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at six staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people were safe living at the service. One relative told us "I am confident that (person) is 100% safe living there".
- People were protected from the risk of abuse and avoidable harm because staff knew how to identify and respond to allegations of abuse. One staff member told us "I would report to my manager, I could go externally to CQC and if needed I would call the police".
- The provider had safeguarding policies in place and the manager and staff reported concerns accordingly.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe.
- People's risk assessments included areas such as mobility, falls, choking, pressure care and specific health conditions. Staff were familiar with and followed people's risk management plans and appropriate action had been taken where necessary.
- People's safety was maintained through the maintenance and monitoring of the environment, systems and equipment.

Staffing and recruitment

- We observed, and staffing rotas showed that planned staffing levels were being achieved.
- The manager and provider had robust contingencies in place to support shortfalls during the pandemic. For example, staff from other parts of the home had been re trained and allocated to support during the pandemic and increase capacity for delivering personal care.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- There was accurate recording of the administration of medicines. The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.
- Staff had been trained in administering medicines and their competency was checked regularly to ensure they followed best practice.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The manager ensured they reflected on occurrences where lessons could be learnt. The team used this as an opportunity to improve the experience for people.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning resulting from incidents at team meetings and on an individual basis.
- We saw an example where a person had experienced a number of falls. The manager used this information to identify patterns and trends. They then used this information to make a referral to the appropriate healthcare professionals and put in place a plan to prevent re occurrence.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were given opportunities to contribute feedback and ideas regarding the running of the service. Relatives and staff told us the leadership team got involved in the day to day running of the service.
- Staff were extremely complimentary of the support they received from the manager. One staff member said, "(Manager) is great manager and very approachable".
- There was a positive open culture at the service that valued people as individuals and looked for ways to continually improve people's experience. Relatives told us the service was extremely well run.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The manager understood what their obligations and responsibilities would be, should they be successful in their application to become registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care.

- The manager was supported by the provider. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The provider had quality assurance systems in place. These included, safeguarding, medicine records and accidents and incidents. These provided an oversight of these areas of care to ensure improvements were made where necessary.
- The manager and assistant manager promoted continuous learning, they held meetings with staff to discuss work practices, training and development needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff morale was good, and they told us that they were involved in the development of the service, through discussions at staff meetings and individual meetings with the manager.
- People and their relatives had opportunities to provide feedback through surveys and raise any comments via an open door policy at any time.

- From speaking with staff and the manager we noted that the manager and staff demonstrated a commitment to providing consideration to people's protected characteristics.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider 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 ensured there was continuity of care.
- The service was managed in a transparent way by a manager who had a positive approach to partnership working.