Care Quality Commission

Richmond Care Villages Holdings Limited

Richmond Village Northampton

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

Overall summary

This inspection took place on the 13 and 14 July 2015 and was unannounced. The service is registered to provide nursing and personal care to 31 older people who require nursing and personal care; there is a small unit providing care for people living with dementia. At the time of our inspection there were 27 people living there. The premises are purpose built and provide facilities for people with disabilities.

There was a registered manager in post at the time of our 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.

Systems were in place to ensure people were protected from abuse; staff had received training and were aware of their responsibilities in raising any concerns about

Summary of findings

people's welfare. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

The provider had robust recruitment systems in place; which included appropriate checks on the suitability of new staff to work in the home. Staff received thorough induction training to ensure they had the skills to fulfil their roles and responsibilities. There were enough suitably skilled staff available to meet people's needs.

Peoples' care was planned to ensure they received the individual support that they required to maintain their health, safety, independence, mobility and nutrition.

People received support that maintained their privacy and dignity and systems were in place to ensure people received their medicines as and when they required them. People had opportunities participate in the organised activities that were taking place in the home and were able to be involved in making decisions about their care.

There was a stable management team and there were robust systems in place to assess the quality of service provided. Records were maintained in good order and demonstrated that people received the care that they needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Systems were in place to promote peoples' safety and they were protected from avoidable harm.

Risk was well managed and did not impact on peoples' rights or freedom.

There were sufficient staffing levels to ensure that people were safe and that their needs were met.

There were systems in place to administer people's medicines safely.

Good

Is the service effective?
The service was effective.

People received care from staff who had the knowledge and skills they

needed to carry out their roles and responsibilities efficiently.

Staff sought consent from people before providing any care and were

aware of the guidance and legislation required when people lacked capacity to provide consent.

People were supported to eat and drink enough and to maintain a varied and balanced diet.

People were supported to maintain their health, received on-going healthcare support and had access to NHS health care services.

Good

Is the service caring?
The service was caring.

Staff demonstrated good interpersonal skills when interacting with people.

People were involved in decisions about their care and there were sufficient staff to accommodate their wishes.

Peoples' privacy and dignity was maintained.

Good

Is the service responsive?
The service was responsive.

People were supported to maintain their links with family and friends and to follow their interests.

People were supported to maintain their equality and diversity.

Staff were aware of their roles and responsibilities in responding to concerns and complaints.

Good

Richmond Village Northampton

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 13 and 14 July 2015 and was unannounced. The inspection team comprised two inspectors and an expert 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, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted a local GP and three nurse specialists to obtain their views about the service. We also contacted the health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service. We also contacted Healthwatch Northampton which works to help local people get the best out of their local health and social care services and Total Voice Northamptonshire, an advocacy service which supports people who use adult mental health services.

During our inspection we spoke with 11 people who used the service, three relatives and seven staff, including care staff. We also looked at records and charts relating to two people, we viewed three staff recruitment records and we observed the way that care was provided.

We used the 'Short Observational Framework Inspection (SOFI); SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and they looked relaxed and happy in the presence of the staff which indicated they felt safe.

Staff were aware of their roles and responsibilities in protecting people from harm and had access to appropriate policies and procedures. Staff had received training in safeguarding and were aware of the various forms of abuse and the action they would take if they had any concerns. One member of staff said "If someone was being abused I would tell the person in charge immediately so that they could take the right action."

Safeguarding records showed that allegations had been reported to the appropriate authorities and appropriate investigations had been conducted when referred back to the manager to investigate. Where necessary action had been taken to address the concerns raised; this included increased observation for people in the lounge area on the dementia unit and additional support to enable a person to increase their fluid intake. The management also sent us notifications to tell us about any incidents or serious injuries that occurred in the home.

Accident records showed that there were no accidents or injuries relating to the environment or equipment. Individual plans of care also contained individual personal emergency evacuation plans for use in an emergency situation.

Peoples' individual plans of care contained risk assessments to reduce and manage the risks to people's safety; for example people had movement and handling risk assessments which provided staff with detailed instructions about how people were to be supported. People also had risk assessments in place to reduce and manage the risks of other complications such as pressure damage to the skin and falls. When people had falls or other accidents they received prompt attention and were followed up at regular intervals in case of delayed signs of injury. People were also referred to other health professionals; for example people with a history of falls were referred to the GP and NHS Falls Prevention Service to reduce the risk of further falls. Individual plans of care and risk assessments were regularly reviewed and updated as people's individual needs changed.

The provider had robust recruitment systems in place to protect people from the risks associated with the appointment of new staff. Staff told us that required checks and references had been obtained before they were allowed to start working in the home. Staff files were in good order and contained the required information.

People had mixed views about the staffing levels in the home and some were concerned about the increased use of agency staff in recent months. One person said "Most of the staff know what they are doing, maybe one or two are not as good as the others."

Staff told us that in general that they were adequately staffed and that unexpected staff absences were covered by staff working extra shifts or via bank or agency staff. Bank staff are staff who are recruited and trained by the provider but do not work a regular pattern.

The management team confirmed that they continually assess staffing needs and make adjustments to staffing levels where required. They explained that when they needed to use agency staff that they tried to use staff who were familiar with the home and that where they identified that staff did not have the right skills that they asked the agency not to send that person again.

Robust systems were in place for ordering, storage, administration, recording and the disposal of medicines. We observed a medicine administration round and saw that staff administered medicines safely and as they were prescribed, and staff had accurately recorded this on the medicine administration records. Medicine systems were safe and people had sufficient supplies of their prescribed medicines. Nursing staff told us they were trained in the administration of medicines; staff training records confirmed this and that they received regular checks by the management to ensure their competence.

Good

Is the service effective?

Our findings

People were provided with effective care and support. One person spoke about one of the care staff and said: "She'll do anything for you, you know. She's wonderful, she just knows what I like and how I like it."

Staff received formal induction training that had provided them with the required skills and knowledge to meet people's needs. The induction training was followed by a period of supervision where new staff worked alongside more experienced staff. A new member of staff told us that their induction training had provided them with the skills and information they needed in order to fulfil their role and responsibilities.

The provider had a staff training programme in place to enable staff to maintain their skills and receive timely updates relating to current best practice in a range of care related subjects such as infection control. A senior member of staff told us "Staff can choose how they do the training, we do classroom based training but there is also on line training and training with work books on a wide range of subjects."

Training records showed that staff had received training in subjects relating to health and safety, such as fire safety and movement and handling. Staff were skilled in movement and handling techniques and the use of equipment. Training records also showed that staff had training specific to the needs of the people who lived there such as training in the care of people living with dementia. Staff received training in the skills needed to support the people they cared for. One member of staff said the dementia training 'Person First' was very good, it included a person centred approach and gave staff insight into what it's like for people living with dementia. Our observations confirmed that staff had good interpersonal skills and understood the people's individual needs. Staff were attentive to people's needs and supported them effectively when they became unsettled or distressed.

Staff received regular staff supervision from their line managers to ensure they were supported in their roles and in their development and that they had an annual appraisal of their performance. The staff we spoke with confirmed this and their files and other supervision records demonstrated that this was being done.

Staff sought people's consent before providing any support; they offered explanations about what they needed to do to ensure the person's care and welfare. Staff told us how they sought consent and involved people in decisions about their lives whilst they were providing their support for example decisions about their personal routines and how and where they spent their time. One person said "Nothing is too much trouble for them – they'll do anything you ask of them." Individual plans of care demonstrated that people's formal consent was obtained relating to a range of circumstances for example people at risk of falls from their bed had provided consent for the use of bedrails and others had consented to the use of wheelchair safety belts.

The manager was knowledgeable about the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). The required documentation was in place to demonstrate that the appropriate process had been followed and that we the commission (CQC) had been notified. A robust system was in place to monitor the progress of applications and the dates when they were to be reviewed.

People had enough to eat and drink and the majority of people were complimentary about the food provided. One person said, "You don't go hungry here, we have plenty of food." Nutritional meals were served four times a day and with additional snacks available throughout the day. One person said "I can have a drink if I want to and I have choices about what I eat and drink."

Meals were ordered on the same day that they were due to be served. Pictorial menus were displayed in lounge areas to remind people of their choice. A member of staff said "If someone changes their mind about their order we can offer them another choice, we are very flexible." Staff said "The residents can choose where they eat, some like to eat in their room most people like to sit either in the upstairs or downstairs lounge at the tables."

Individual plans of care showed that all of the people living at the home were assessed for their nutritional risk; these included regular checks on people's weights. When people were found to be at risk they were referred to their GP and the NHS dietician; they were also assessed more frequently and had their food and fluid intake closely monitored. Food and fluid records were well maintained and showed that vulnerable people were offered sufficient food and fluids within a 24 hour period. Staff were knowledgeable about

Good

Is the service effective?

people's individual needs and preferences including the special diets that people required and staff offered patient and sensitive support for people who required their assistance.

People had access to NHS services; prior to the inspection we spoke to a local GP who told us they had no concerns about the service, that the staff liaised with the surgery appropriately and they followed medical advice. Visiting professionals told us that they had no recent concerns about the care provided at the home; they told us the staff contacted them appropriately and knew the needs of people who used the service. Records showed that people also had access to a range health professionals; including specialist nurses, podiatrists, speech and language therapists and opticians.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and compassionate towards them. People told us that staff employed by the service were kind and concerned for their welfare. For example one person said "The nurses here dress and bandage my leg, they are ever so kind and gentle." Another person joked "They have wonderful patience – they must have, to cope with me!"

We witnessed several acts of kindness towards the people who lived at the home. For example when people became unsettled or distressed staff were swift to respond; they comforted them and took time to understand the cause of their distress. Staff were skilled in communicating with people for whom they cared. For example staff approached people from an angle they could be seen; they also approached people with smiling faces, provided good eye to eye contact and open body language. They also addressed people by their preferred name and used touch to engage and reassure people, this provided people with a calm environment and people were contented.

People felt listened to and their views were acted upon. For example one person said "Some of the staff are absolutely wonderful." Staff treated people as individuals, listened to them and respected their wishes. For example one person spoke about the kindness of one of the care staff and said "She is just great, she knows my little ways."

People looked well cared for and were also supported to make decisions about their personal appearance, such as their choice of clothing. People had access to an in-house hairdresser who also provided manicures and other therapies. Peoples' privacy and dignity was respected, staff were swift to adjust people's clothing and to maintain their personal hygiene during their activities of daily living. Staff referred to people by their preferred name and personal care was provided in the privacy of people's own rooms. Staff knocked on people's doors before entering their rooms and bedroom doors were fitted with appropriate privacy locks. There were quiet areas where people could spend time alone if they wished or to receive their visitors.

Visiting times were flexible and people were able to choose whether to receive their visitors in the communal areas or in their own rooms. One relative said: "I come and visit regularly, the staff make us welcome and we sometimes have parties for celebrations such as people's birthdays." During the inspection we saw visitors were coming and going freely.

Good

Is the service responsive?

Our findings

People were involved in planning their care if they wanted to be and were able to make decisions about their care. For example people were able to choose how to spend their time, whether to engage in the planned activities and make decisions about their personal care routines.

Many of the people we spoke with could recall being involved in the care planning process; some remembered the manager visiting them at home or hospital to talk through their needs. People told us they were involved in their care planning, however others told us they relied on their family members to participate in the care plan reviews on their behalf. The individual plans of care were tailored to meet people's individual needs and contained life histories so that the care provided and their personal routines could support their previous lifestyles.

Individual plans of care were developed specific to the person concerned and these contained detailed instructions to staff about how people were to be supported. These were reviewed on a regular basis or as people's needs changed. People's daily records and charts demonstrated that staff provided the care to people as specified within their individual plans of care. Staff were responsive to people's needs and call bells were answered promptly during our inspection.

People told us that there were planned activities that they could engage with if they wished. There was a comprehensive programme of activities that was circulated with the monthly newsletter. The programme comprised visiting musicians, physical and mental exercises, shopping trips, card games and board games and social activities such as tea dances. There was a non-denominational service held every Sunday as well visiting clergy who provided pastoral care for those who wished to receive it. One person told us that they had been on an outing to a pub and another told us he was supported to maintain his independence and said "I go out on my motorised scooter, for hours sometimes!"

People told us they were able to raise concerns about the service and had confidence that they would be listened to and that action would be taken to address their concerns. One person said "I know who to talk to if I have any concerns, I speak to the manager." Staff were aware of their roles and responsibilities in listening to people's views and reporting any concerns through their managers. Another person showed us a leaflet they had received telling them how they could make a complaint. A copy of the complaints procedure was included within the service user's guide, a booklet that is given to people who use the service and their representatives when they moved into the home. Relatives also told us they know how to raise their concerns with the management. We reviewed the complaints file and the investigation process surrounding a recent compliant; we found that a full investigation was being conducted by the regional head of care and quality and that opportunities for learning and service improvement were being sought.