Richmond Painswick Limited

Richmond Village Painswick DCA

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced. We gave the manager 48 hours' notice of the inspection because the service is small and the manager is often out of the office. We needed to be sure that they would be in.

Richmond Village Painswick DCA provides domiciliary care services to people who live in their own home. They currently only provide services to people who live within

Summary of findings

the Richmond Village complex. The village consists of 42 apartments within the main building or flats and houses on the same site. At the time of this inspection 18 people were receiving personal care support from the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt safe when receiving care and because they could call for help if needed. Staff on duty responded to these calls. Systems were in place to protect people from harm. Staff were recruited following robust recruitment procedures and received training to be familiar with safeguarding issues. Where risks had been identified management plans were put in place to manage that risk.

People received the service they expected and had agreed upon. Staff were knowledgeable about the people they were supporting and received the appropriate training and support to enable them to undertake their roles effectively. Where required people were supported to eat and drink. People were supported to access health care services if needed.

People told us they had good relationships with the staff who were supporting them, were treated with kindness and respect. People were involved in having a say about the support they received and how their service was delivered.

Assessment and care planning processes ensured that each person received the service they needed and met their individual needs. Their preferences and choices were respected and they were provided with copies of their plans and timetables so they knew what service was provided.

People told us that the service was well-led and they were encouraged to provide feedback. The quality and safety of the service was regularly monitored and used to make improvements. The service had a clear vision of where improvements were required.

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?

Good

The service was safe.

People were protected from abuse or being looked after by unsuitable staff. Staff had been recruited following safe recruitment procedures. They had a good awareness of safeguarding issues and their responsibilities to protect people from coming to harm.

Risk assessments had been completed to ensure people could be looked after safely and staff were provided with guidance about how to keep people safe.

Staff had a sufficient understanding of the Mental Capacity Act (2005). They knew of the importance of gaining people's consent before providing a service.

Is the service effective?

Good

The service was effective.

People said they received the service they needed and had been agreed upon. They said that the staff were competent in their roles.

Staff received the appropriate training and support to enable them to do their job.

Where appropriate people were provided with the agreed level of support to eat and drink and maintain a balanced diet. The support people required was detailed in their intervention plan.

People were supported where necessary, to access the health care services they needed.

Is the service caring?

Good

The service was caring.

People told us that the staff were kind and caring. They said they were polite and respected their views, and cheered them up when they visited.

People were involved in saying how they wanted to be cared for and the service provided was regularly reviewed. The support people were provided with was adjusted as required.

Staff spoke well about the people they were supporting and knew the importance of good working relationships.

Is the service responsive?

Good

The service was responsive.

People were provided with a service that met their needs and wishes. The assessments and intervention plans were personalised to each person and included a timetable of the support that had been agreed. Plans were reviewed on a monthly basis.

People were encouraged to have a say about the service they received, either during the care plan process or the general meetings held within the village. People were provided with a copy of the complaints procedure if they needed to raised concerns.

Summary of findings

Is the service well-led?

Good

The service was well-led.

People were complimentary about how the service was managed and staff said that the deputy manager and the manager were both approachable.

There were clear visions and values of the service and high standards were expected from the staff. Feedback from people who used the service was actively sought and where improvements were needed remedial action was taken.

Regular audits were undertaken to monitor the quality of the service and plan improvements. Learning took place following any accidents, incidents or complaints to prevent reoccurrences.

Richmond Village Painswick DCA

Detailed findings

Background to this inspection

The last inspection of Richmond Village Painswick DCA was completed in March 2013. At that time improvements were required with the way that records were kept. We revisited in July 2013 and the required improvements had been made.

This inspection team consisted of one inspector. We visited the office and people who used the service on 13 August 2014.

Prior to the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider was required to send to CQC to tell us about events that had happened within the service. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enables us to ensure we were addressing potential areas of concern.

We sent out survey forms to each person who was receiving a service. We received four completed forms. We asked people to tell us about the service they received and whether the service met their needs. We also asked people about the staff who provided their care and support and how the service was run. We contacted the practice manager of the local surgery and asked for feedback from the GP and the district nurses.

During the inspection we spoke with five people who received a service, three members of the care staff and the manager. We looked at the care records for four people, six staff recruitment files and training records, staff rotas and other records relating to the management of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People told us they felt safe in their homes: "I don't really have to worry about a thing. And if I am worried at all I can just call the girls and they come and help", "The staff are very polite and courteous", "Before I lived here, if I got into trouble (fell), there was no one to come and help me. It makes me feel safe knowing there are carers about I can call on" and "I moved here so I would be safe".

Staff had a good understanding of safeguarding issues and what constituted as abuse. They told us they would report any concerns they had about a person's safety to the registered manager, the village manager or the nurse in charge in the nursing home on the same site. They also said there was an on call duty manager available in the evenings, overnight and at weekends. With prompting staff said they would report concerns directly to the police, Gloucestershire County Council safeguarding team or the Care Quality Commission if need be. Staff understood their responsibilities for safeguarding people. The registered manager had completed enhanced level safeguarding training with Gloucestershire County Council and was fully aware of their responsibilities to act if safeguarding issues were raised.

Staff talked about the importance of gaining people's consent before starting to provide a service. The Mental Capacity Act 2005 (MCA) was included as part of the safeguarding training all staff completed. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The manager and staff said that although some people who were being supported had short term memory loss, none lacked the capacity to make day to day decisions. People told us they were always asked to agree that they were happy with the support to be provided.

People were given a copy of the service user guide. This contained information about what to do if they were unhappy about the way the carer responded to them or treated them.

People all lived within the Richmond Village therefore there was no problems with carers arriving late for their duties as they were always on site. There was a scheduling system for visits to each person and these were worked out on a daily and weekly basis. The staff told us they sometimes needed to stay with people for a longer period of time but there was good communication in place to let the staff team and people know what was happening. There was a system in place that ensured risks to people were factored in when changes to staff schedules had to be made. The records that were maintained by staff highlighted significant details that had to be considered during planning of the work rotas. Where people time specific visits (because of medicines or activities they had) this was made clear on their care intervention plans.

Staff were expected to report any safety concerns, for example the malfunctioning of equipment, to the registered manager or deputy manager so that action could be taken to prevent a further reoccurrence. The registered manager and staff told us about their responsibility to maintain not only their safety but that of the person they were supporting. Staff were also clear on how to report and record any accidents and incidents.

Risk assessments had been completed in respect of the person's home. This ensured that the person and the staff who were supporting them were not placed at risk. Staff had guidance about how to keep people safe. Care plans informed staff how to reduce the risk of injury to themselves and to people. The moving and handling risk assessment for one person required more detailed information about what equipment was used to help the person have a bath. However, the staff were very clear about what equipment they used to support the person. Staff told us the information in the assessments and care plans was sufficient to ensure that they knew how to undertake tasks safely.

Information provided by the registered manager before the inspection (the PIR) detailed the staff recruitment process. Staff recruitment files evidenced that the appropriate checks had been completed in all cases. Criminal Records Bureau (CRB) checks, now called Disclosure and Barring Service (DBS) checks had been carried out for all staff.

A business contingency plan was in place for the whole Richmond Village complex. This set out the arrangements in place in the case of adverse weather conditions, or any events that disrupted the safe delivery of the service. Staff told us they had been provided with good support and guidance when they had asked for guidance. However they raised concerns about the limited mobile phone signal if

Good

Is the service safe?

they had to contact the main building from some of the flats. The manager was aware of these concerns and said the Richmond Village manager was already working on a plan to address this.

The numbers of staff on duty were based upon the agreed numbers of hours support arranged with people who were receiving a service. At the time of our inspection two staff members worked between 7am and 2pm and one between 2pm until 10pm. During their shifts each staff member had a timetable of scheduled visits to complete. People told us that the staff were available to support them with the tasks stipulated on their plans. Staff said it could be difficult to adhere to the schedules if there were many 'emergency calls' or they were supporting people who were in receipt of a temporary service whilst having a trial in one of the apartments. The registered manager adjusted the staffing numbers when people were being temporarily supported however acknowledged that there had been occasions when a person's needs were greater than had been assessed. We questioned why this had been and were told that the problem was not with the assessment process but with people being clear about the level of support required in order to have a trial in the village complex.

Good

Is the service effective?

Our findings

People told us "I get the help I need", "I get the help that I told the manager I needed and we agreed upon", "The staff not only do the things that I need help with but also check that I am coping with other things" and "The service I am provided with is second to none. The staff are very accommodating if I have to make some changes to the times of my visit because of other appointments, they sort this out". One person made a comment in the CQC questionnaire form and we discussed this the staff team. They told us they had worked hard with this person to resolve this specific issue. This showed that the staff listened to what people said about the way they helped and supported them.

Staff were able to talk about people's individual preferences and daily routines. Staff were knowledgeable about the people they were supporting this showed that people were looked after by staff who were familiar with their needs.

Staff told us they received training to help them do their job. They told us that they had completed an induction training programme when they first started working for the service. One member of staff said it was their first care job and the training programme had prepared them for the role. All new staff had to complete their training during the first three months of their probationary period.

People were supported by staff who were appropriately trained. There was then a programme of refresher training each staff member had to complete in order to update their skills in line with current. Staff training records showed that staff had received a range of training appropriate to their role. Some training was delivered by an e-learning programme with workbooks to be completed to reinforce the training. In the PIR the manager told us about additional training that they planned to introduce, using a specific piece of equipment to assist people who had fallen. Staff were encouraged to complete diplomas in health and social care at level two or three (formerly called a National Vocational Qualification (NVQ)). Of the six staff members, three staff had level two NVQ, one had level three, one was working towards level three and another was just about to start the qualification.

Staff said they were well supported and received most of their day to day support from the deputy manager. They told us they had regular individual support meetings with the deputy manager and also had practical support sessions where their work practice was assessed. Records confirmed these arrangements. They said that either the manager, the deputy manager or "one of the nurses from the nursing home" was available for support and advice if needed. Individual support meetings were arranged six times a year including an annual performance appraisal. During these meetings it was checked that training was up together with their training.

People told us that the times of calls had been agreed and there was sufficient time for the staff to complete their tasks. Staff told us there was enough time allocated to care visits to enable them to deliver care safely. At the time of our inspection the domiciliary care packages provided ranged from one hour per week to three hours per day. People had a call bell system in their apartments and were able to call for assistance if required. The frequency of these calls were monitored and if people had increased needs the length of visits or number of visits were adjusted. Staff were expected to report incidents to the manager that occurred outside of care visit times so they were informed of changes in people's care needs.

The level of support a person requires to eat and drink would have been agreed during the assessment process and detailed in their intervention plan. Some people were supported to go over to the restaurant in time for their meal or supported to have their meal in their apartment. People may also be provided with support to prepare meals at breakfast time, tea time or at supper times. In one person's intervention plan it stated that the person needed to be prompted to go over to the restaurant at lunch time and was later supported to have their supper time food in their apartment.

People were registered with the local GP surgery. Staff told us they may contact the surgery to request a home visit if a person was unwell, or support a person to get ready when they had a GP appointment. We contacted the local surgery before our inspection to ask for their views and opinions about how their patients were looked after. They did not have any concerns that they wanted to share with us and felt their patients were "very well cared for". Where people were also supported by other health and social care professionals, the staff team worked alongside them to

Good

Is the service effective?

make sure people were well looked after. Staff told us about how they had worked with the district nurse to ensure that one person was ready to have their dressings changed by the nurse.

Good

Is the service caring?

Our findings

People told us “The staff are excellent, very polite and respect my views”, “Everyone is very kind and caring”, “The staff are so good to me. I sometimes get very muddled but they don’t seem to get flustered”, “The staff are fabulous, kind and caring” and “I enjoy the staff coming in to my home and cheering me up”.

People were asked how they wanted to be looked after whilst the arrangements for their service was being set up. The support they were provided with was reviewed on a monthly basis to ensure they received the service that met their needs. One person told us “During a discussion with the manager, I said that I was feeling more able, therefore the service was reduced from twice a day to just once. I was listened to and my views were respected”. Another person said that when the staff were helping them with intimate personal care tasks, this was done with sensitivity and compassion.

During our visit we observed that people had positive relationships with the staff who were supporting them. One staff member said “It is very important to have good working relationships with the other staff and with the people we are supporting”. Some people were provided with companion visits and this enabled the staff member to sit down and chat with the person, whilst having a cup of tea. One person told us “This is my best time of day. My daughter does this too but cannot come every day. I get very anxious and find this makes me forget for a while”.

People were treated as an individual, with respect and dignity. Staff knew the people they were looking after well and we heard them addressing them in an appropriate manner. The majority of people were called by their first name and this preference had been recorded in their care plan. Others were called by their formal names.

The service provided to each person was person-centred and based upon their specific needs. Service planning took full account of what the person wanted. The views of the person receiving the service were respected and acted on and where appropriate family, friends or other representatives were involved in planning the care delivery arrangements. People told us “I get the exact service I expect and the staff are very caring” and “I could not be any better looked after, the staff are so kind and friendly to me”.

Staff communicated effectively with every person who used the service. People told us that they always knew who was going to support them and communication with the staff team was “very good”. One person said that the staff made them feel “important”.

Good

Is the service responsive?

Our findings

Each person said they received the service that had been agreed upon during the initial meeting they had with the manager. People told us "I get the help I need, when I need it", "Before the service started the manager came to see me and we had a discussion about what help I wanted" and "There have been a few changes made to the service I receive at my request. Everything works very well". We spoke to one person who had received a service temporarily whilst they were recuperating from surgery. The service "The service supported me whilst I was less able, but as I improved, the service was gradually reduced until I could manage again".

We looked at a sample of care records. A full assessment of the person's needs had been carried out. These assessments were used to develop a personalised care plan for each person. People had signed an individual service contract and this included a weekly timetable of when support was to be provided. The timetable provided information for the person on what support had been agreed. The care plans were well written and informative and detailed how the planned care was to be provided. People were provided with copies of their intervention plans and timetables so they knew what service was being provided.

Care plans were reviewed on a monthly basis to ensure they remained up to date and people received the support they needed. The care plans reflected people's care needs as they had been described to us and provided an accurate picture of the person's needs. People were asked about their preference for the gender of staff who supported them. One person said "I only want females to help me with a bath and this is respected". Another person said "They asked me whether I preferred male or female carers and I said I didn't mind as long as I was supported properly".

A call bell system was in place in each of the apartments. Staff had pager systems that linked into the call bell system and were able to respond to calls for assistance. The manager monitored the frequency of these calls as they were not part of the agreed package of care and support provided. Where the calls were regular occurrences, a review of the person's support package was held. People told us if they had used the call bell system, the staff had responded promptly. Staff were concerned that the 'emergency calls' impacted upon their scheduled work. In the PIR the manager told us about the plans to increase the number of bank staff so the service could be more responsive. An on-going recruitment process was in place for the whole of the Richmond Village complex.

Meetings were held within the Richmond Village complex on a monthly basis. Those people who received a domiciliary care service were able to attend these and had an opportunity to have say about the service they were provided with. Minutes from these meetings evidenced that there was discussions about both the care home and the domiciliary care service.

People were given a copy of the service user guide, information about the domiciliary care service. This contained information about the complaints procedure. People told us that they felt able to raise any concerns they had with the staff and that they were listened to. People told us "I have never had a reason to complain. Everyone is so committed to providing a good service" and "Everyone does their very best to help you".

Good

Is the service well-led?

Our findings

People said "The service runs very smoothly", "We get a top class service here", "All the staff are very professional and everything is of a high standard" and "The Village is exceptional and I feel that everything is about me. About what I want".

Staff commented that the service was well-led and that the registered manager was approachable. They said that the day to day work was organised and managed by the deputy manager who was also approachable and available. There was an on-call system for management support and advice out of hours and staff said this generally worked well. Some of the out of hours management support was provided by the care home staff. One staff member said that not all the nurses in the care home were as helpful as they could be but this conflicted with what we were told by other staff. Staff told us that they were able to question the managers about matters and could raise concerns if need be. Staff said that there was a whistle blowing policy and there was an expectation that they would report any bad practice.

Staff meetings were held every two or three months. The next scheduled meeting was due to take place on 29 August 2014 but was for domestic and care staff who worked in the care home and the domiciliary care service (DCS). Staff told us they found the separate DCS meetings to be more beneficial and there had been two held in 2014 so far. The registered manager said that meetings for the domiciliary care service would be separated from other meetings as the service grew in size. Feedback from staff about how things were going and suggestions about meeting people's needs was encouraged. Staff said they were listened to and any suggestions they made about how best to work the rotas was listened to.

In the PIR, the registered manager told us they had clear visions and values at both corporate and village level. All staff were expected to work within these values. These included that staff displayed warmth and friendliness at all times, completed their roles competently, treated people with respect and dignity and were involved in problem solving and decision making. Our observations concluded that the staff worked very much in line with these values.

The service had a clear plan of improvements and this included provision of a service to people who lived in the nearby community, an increase in the number of bank staff and a "staff member of the month" initiative.

The registered manager was aware when notifications had to be sent in to CQC. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled. Since the beginning of 2014 no notifications had been sent in regarding events to do with the domiciliary care service.

All policies and procedures were due to be reviewed and updated by the end of the year. The registered manager explained the service was currently working with the previous owners policies and procedures but the new care providers policies were to be introduced. Key policies were to be introduced first and examples of these included the safeguarding, mental capacity and consent policies.

There was a programme of regular audits. Management quality audits were completed of the whole Richmond Village on a three monthly basis. Where improvements were highlighted a remedial action plan was drawn up. The registered manager for the DCA fed in to this audit process and provided information about care plan reviews, feedback from people, staffing issues and work schedules. Health and safety audits were completed by the maintenance team. The manager audited falls, accidents and incidents and complaints and analysed the results for trends. This enabled them to make improvements and prevent reoccurrences.

In the PIR we were told that monthly provider visits by the operations director were to be introduced as the service was now growing and developing. This would improve the monitoring of the quality and safety of the service. The registered manager also told us they were registered with skills for care, the local stroke club and the Gloucester Council providers association. This enabled them to keep abreast of best practice and to deliver a caring service.

A village apartment satisfaction survey had been completed in 2013 by an external company. People were asked about the staff, the DCA, the response and help provided when using the emergency call system, whether they were treated with dignity and respect and whether any concerns they had were addressed. The survey had produced positive results. Where improvements were

Good

Is the service well-led?

identified these had been fed in to the continuous improvement plan. In respect of the domiciliary care service, improvements had been identified with the domiciliary care files. It was identified that not all intervention plans contained the required level of detail. The registered manager had addressed this issue at the end of April 2014.

No complaints had been received since the last inspection in March 2013. The registered manager explained that information from any complaints made would be analysed and used to improve the service provided.