

Richmond Villages Operations Limited

Richmond Village Witney

DCA

Inspection report

Village Centre, Coral Springs Way
Richmond Village
Witney
Oxfordshire
OX28 5DG

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07 November 2017

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Tel: 01993894000

Website: www.richmond-villages.com/witney

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Richmond Village Witney DCA on 7 November 2017. This service is a domiciliary care agency that provides personal care to adults living in their own flats and apartments within the retirement village. At the time of our inspection 9 people were supported by the service under the registered regulated activity of personal care. People's support was provided on a scheduled visit basis and a rapid response in the case of emergency was also available. Other people were receiving other support such as help with housekeeping tasks, but their experiences were not included in our inspection.

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. 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.

People told us they were safe. There were sufficient staff to keep people safe. Appropriate checks were carried out before staff started to work to make sure they were suitable to work with people. The provider had safeguarding procedures in place and staff knew how to escalate any concerns. No people received support with their medicines at the time of our inspection, however staff had received training should they need to assist people with taking their prescribed medicine.

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. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice. People told us staff respected their decisions.

People's needs were assessed prior to commencement of the service to ensure these could be met. People's care records were current and contained details of people's personal preferences, wishes, life histories and support required. Risks to people's well-being were assessed and guidance was available to staff how to minimise these risks. People's care plans outlined people's dietary preferences and needs and people were supported to access health professionals when required.

People complimented the staff and their caring nature. People's dignity, privacy and confidentiality were respected. Staff respected ways in which people wanted to be supported. Staff were positive about their work and told us they enjoyed their roles. Staff received relevant training and told us they were well supported.

The provider's complaints policy was available to people and concerns and complaints were managed appropriately. People had opportunities to feedback their views and the information received acted upon.

The provider had quality assurance systems in place to monitor the service people received. The team worked well with other professionals including local health professionals to ensure people received support

that met their needs. The registered manager met their legal statutory requirements to inform the relevant authorities of notifiable incidents.

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.

Risks to people's well-being were assessed and recorded.

Staff knew how to keep people safe and free from abuse.

There were enough staff to keep people safe.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed and care records outlined the level of support they needed.

Staff received training relevant to their roles and were well supported.

People were supported in line with the Mental Capacity Act (MCA) 2005.

People were supported to meet their nutritional needs and access health services if needed.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring.

People's dignity, confidentiality and privacy was respected.

People were supported to be independent.

Is the service responsive?

Good ●

The service was responsive.

People received person centred support in line with their assessed needs.

The service was flexible to meet people's changing needs.

Concerns and complaints were managed appropriately.

Is the service well-led?

The service was well-led.

The registered manager had processes to monitor the quality of service provided to people.

Staff were aware about whistleblowing policy and knew how to report concerns if needed.

There was a positive approach, open and transparent culture demonstrated by the registered manager and the staff.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and 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 7 November 2017 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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 contacted a number of external professionals to obtain their views about the service. We also 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.

On the day of the inspection we spoke with three people who used the service and their relatives. We also spoke with the village manager, the registered manager, one care staff and one team leader. We looked at three people's care records and three staff files that included their recruitment, supervision and training records. We also viewed a range of records about how the service was managed.

Is the service safe?

Our findings

People told us they were safe with staff. One person told us, "Occasionally we used emergency bell and the response was very good". A relative said, "I am sure [person] does feel safe with them (staff)".

Risks to people's well-being were assessed and recorded. For example, one person was assessed as at risk of falling. Their risk assessment reflected the risks associated and action to manage this risk, such as involvement of the occupational therapist and doctors. Another person's file contained a risk assessment around their food allergy. People's care records also contained the assessments of people's environment and any risks associated with these. People were protected from risks surrounding infection control as staff had received appropriate training and adhered to guidelines.

The provider had a safeguarding policy and staff knew what to do if they had any safeguarding concerns. The registered manager was aware of the Local Authority's safeguarding procedures. Staff told us they would not hesitate to report any concerns to the management. One member of staff said, "Report to manager, I'd never promise a person to keep a safeguarding concern a secret. We've got a form in the office that tells us how to report to other organisations (if needed)".

There were sufficient staff employed to keep people safe. People told us they saw the same staff and praised the punctuality. Comments from people included; "They (staff) stick to times agreed" and "We see the same carers". Staff told us being a small team they saw the same people regularly and were able to get to know their routines. One staff member said, "Our residents like things done in a certain way, that's why they appreciate the continuity (of staff) they get".

On the day of our inspection no people received support with taking their prescribed medicines. Staff however received training around medicines management should they be needed to support people. One member of staff told us, "We do not assist anyone with medicine; I had level one medicine training. If I was to see people forgot to take their medicine I'd report to the manager".

The registered manager followed safe recruitment process when employing new staff. Staff files contained a completed application form outlining their employment history and previous experience. The registered manager ensured they obtained copies of staff identification and a Disclosure and Barring Service (DBS) check had been undertaken. This allowed the registered manager to make safer recruitment decisions.

The registered manager had a system to record accidents and incidents. We viewed the log and noted seven accidents occurred this year, these were recorded and where required the incident was investigated further. For example, one person had fallen more than once within a short space of time and staff spoke to the person's relative who requested the doctor to review the person's medicines. The review had been arranged and the person had no further falls since.

Is the service effective?

Our findings

People were assessed prior to commencement of the service to ensure their needs could be met. People and where appropriate their relatives were involved with assessments. People's records contained copies of people's assessments that outlined the support required on each visit. The provider used technology to ensure people's good quality of life. For example, people benefitted from personal call bell alarms they were able to use in an emergency should they need any urgent assistance from staff between the scheduled visits.

We asked people and their relatives if they felt staff were skilled and confident in their roles. Comments received included, "I think so" and "They're absolutely amazing". Staff told us and records confirmed staff received training relevant to their roles. The training was in line with the Care Certificate standard. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is a nationally recognized standard that should be covered as part of induction training of new care workers and reflects a good practice as set out by Skills for Care. The registered manager told us the provider recently employed a new in-house trainer who was going to work with the team to ensure their training was kept updated.

Staff received regular supervision. We saw an example of staff supervision and it was meaningful and included areas such as staff work practices, professional development and training. The records showed the service's expectations of staff in promoting people's 'longer, healthier, happier lives' was included. Staff's probationary period was monitored and signed off when successfully completed. Staff spoke positively about training and supervision received. One member of staff said, "Really good training, class room based. (I feel) really supported, regular supervision with manager". Staff also told us they could request additional training if they wanted. One staff member said, "I've requested to develop as a mentor and I am being supported with this".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked if the provider worked in line with these principles and we saw people's rights to make their own decisions were respected.

People told us the staff ensured people's decisions were respected. Comments included: "They (staff) do offer choice" and "Yes (staff) respect us and our decisions".

Staff knew about MCA and told us how they ensured they applied the MCA in their work. One member of staff told us, "Everybody has capacity unless it's been assessed that they can't make certain decisions, and people (even then) should still be given options to make 'small', day to day decisions such as regarding food or what to wear". Another staff member said, "Unless it's been proven otherwise we must assume that the individual has got capacity, people should be able to make (own) decisions even if we think it is an unwise decision".

People did not require assistance from staff to help them with their meals. People's nutritional needs, allergies and preferences were outlined in their care plans. For example, one person's care plan stated, 'my eating and drinking – light breakfast, cold lunch and cooked supper'.

People were supported to access health services when required. One member of staff told us, "We'd ring GP or 111 when people are not well". One person told us, "I could ask the staff to ring district nurse and they would do".

Is the service caring?

Our findings

People were cared for by compassionate staff. Comments from people and relatives included, "They (staff) are kind and caring. Staff here are very, very nice", "They're all nice" and "Each one is wonderful, they're more like grandchildren, they're very understanding".

People and their relatives told us people benefitted from positive relationships with staff. Staff told us how they ensured they knew people and their life histories well. One staff member told us, "We've been doing 'This is me', we've also written these about ourselves on the training". We saw staff profiles and these listed their hobbies and interests. The registered manager told us, "As we grow we will be able to match people better with their key carers". They said this would strengthen positive relationships between staff and people. Staff were enthusiastic and positive about their jobs and told us they enjoyed working at the organisation.

People told us staff promoted their independence. One person's relative told us, "They (staff) waited and worked out how much [person] could do and only help with what's needed". Staff appreciated the importance of promoting people's independence. One member of staff told us, "Always let (them to do) whatever people can do themselves, lot of people here are more independent that I find in community". Another person said, "We've got one person that we supported initially every morning and because we were actively encouraging them, they reduced the support to three times a week. Ethos of domiciliary care is that we encourage people to try first to do as much as they can for themselves".

People's dignity and privacy was respected. One person said, "(Staff) shut the door and draw the curtains". Staff told us how they ensured people's dignity was respected. One member of staff said, "Treat everyone how I'd like to be treated, always ask the person first, before touching them, or their belongings. Knock at their door, respect their property". We saw staff respected people's privacy, for example, we saw staff ringing one person before we were scheduled to visit them and staff told us they always let the person know first by phoning them that someone was coming.

People were involved in decisions about their care and support. One relative told us, "They (staff) do involve [person], no complaints at all". People's care plans highlighted the importance of involving people. One person's care plan read 'Assist me with shower if that's what I choose to have'.

The provider ensured service provided to people ensured their equality and diversity was respected. People's personal, cultural and religious needs were assessed and clearly noted in their care plans. For example, one person's 'religious, spiritual and cultural practices' care plan stated 'I'd like to attend church with [relative]'.

People's confidential information was kept safe. People's personal files were kept secure, locked in the office. Staff received training about handling information and knew about confidentiality. The provider had a 'Speak Up' policy that included guidance around raising concerns in case of information security breaches.

Is the service responsive?

Our findings

People's care records reflected people's preferences, interest and choices and how to support them during the care call. People's care plan reflected how people liked to relax and how a good day looked for them. The care plans also detailed how people wished to be addressed. For example, one person's care plan stated what their preferred name was and the person confirmed they were referred to accordingly to their wishes. People and where appropriate their relatives were involved with writing care plans. One person told us, "We worked out the expectations before the service started".

People told us they received support that met their needs and said the service was flexible to their requirements. One person said, "We know we can always change frequency (of visits) and increase when needed. We arranged for additional help when (a relative) is away".

People benefitted from social opportunities offered by the village's team. There were plenty of impressive communal areas, a café and a restaurant for people to use. Staff told us how this setting contributed to the sense of community. One member of staff said, "It's all here under one roof, all our residents are lovely and it's a lovely environment. If people are sat in communal areas they often ask us to join for a cup of tea and it's nice we can give that social time to people, that wouldn't be possible in a traditional agency operating in the community".

People knew how to complain and details of how to make a complaint were available to people. One person said, "We've got no complaints about care. We know who to go to if needed". They also told us they raised concerns about additional services they purchased from the village team, such as housekeeping. We spoke with the newly appointed village manager who told us they held meetings with people in order to seek their feedback and address their concerns.

The records showed there was ten complaints received and logged in the complaints file since the service started operating. All except one related to the environment issues such as lights or grass and all had been investigated and responded to by the registered manager in accordance with the provider's policy. The registered manager also introduced a 'Grumbles Book' to record the minor concerns. We also viewed the compliments book and saw the service received several thank you letters and cards.

Is the service well-led?

Our findings

The service was led by an experienced registered manager who was supported by a team leader and a team of care staff. The registered manager worked closely with the village management to ensure people were safe and well cared for. They attended daily village heads of department meetings to aid communication and ensure people's needs were met. The registered manager praised the support from the provider's senior management. They said, "100% supported, there's always someone to go to". The registered manager attended provider's managers' meetings that allowed them to share ideas and good practices.

The registered manager and their team promoted an open, positive and transparent culture. The team spoke positively of working at the village and staff demonstrated a positive outlook that was in line with the service's aim statement 'To give our residents the best possible quality of life'. Staff praised the positive working relationships and good communication within the team. One staff member said, "I prefer tiny team, it's nice, working here you've got so much support, so much safer (than working in 'community')". Another member of staff told us, "We're a small team; we're a strong team as everybody brings different qualities. Manager leads by example; she wouldn't be asking us to do something she wouldn't be prepared to do herself".

Staff were involved in the running of the service and were encouraged to attend staff meetings. One staff member told us, "We have team meetings and we type the minutes and agenda and always offer staff to bring and raise any concerns they may have". We viewed samples of the minutes and saw areas such as 'Speak up' policy and duty of candour were discussed and staff feedback sought. 'Speak up' policy encouraged staff to report any concerns should they be worried about any issue, wrongdoing or risk which affect others. The registered manager ensured people's feedback was sought. People had opportunities to complete surveys and attend residents meeting. One person told us, "We have questionnaires, only arrived last week, I've been to meetings with the village manager who was asking for feedback". Another person told us, "They do listen to feedback, they do not leave things, (they) deal with them today".

People complimented the service and the benefits of having an on-site support. One person told us, "We have that privacy of living independently but having onsite support". Another person said, "We were the least likely people to want to live in an 'establishment' and all our fears were groundless and it's been amazing".

The registered manager audited the quality of the service provided to people in a number of ways. They worked hands on with people which gave them the opportunity to gather people's views. The registered manager told us, "I'd start with people's visit myself to ensure people are comfortable". They added this also allowed them to ensure people's care plans were current. The registered manager ensured accidents and staff files were audited. They monitored staff training compliance and worked with village management to carry out audits that were designed to review whether the service was safe, effective, caring, responsive and well led. The registered manager was aware about the recent changes to our inspections and told us they worked with the quality team to update their audits to ensure they were delivering good quality care. The registered manager ensured the team continuously learned and improve to maintain sustainability. For

example, they ensured their policies, procedures and key documents were up to date. We saw they were in a process of updating the statement of purpose to reflect the changes to the village management and a line management to them.

The provider had a whistle blowing policy in place and staff were aware of the process. Staff were confident that any concerns raised with the management would be followed up and were also aware how to report externally. One member of staff said, "We've got Oxfordshire Safeguarding Adults Board information in the office, (or) speak to village manager".

The registered manager ensured they met their legal statutory requirements to inform the relevant authorities including Care Quality Commission (CQC) of notifiable incidents. They worked closely with the local health and social care teams such as district nurses and other professionals to ensure people were kept safe.