

Richmond Care Villages Holdings Limited

Richmond Village Letcombe

Regis DCA

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This inspection took place on 14 September and was announced.

Richmond Village Domiciliary Care Agency (DCA) provides personal care services to people in their own homes. At the time of our inspection 35 people were receiving a personal care 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. 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. People were supported by staff who could explain how they would recognise and report abuse. However people were not always protected as people's care records did not always include up to date risk assessments.

The provider and the registered manager conducted regular audits to monitor the quality of the service. However these systems were not always effective. Staff told us they felt supported and had access to effective supervision. However records relating to staff supervision were not always completed.

Staff knew the people they cared for and people told us they received person centred care. However care records did not always evidence this. Care records were not always accurate or complete.

The service sought people's views and opinions and acted upon them. People and their relatives told us they were confident they would be listened to and action would be taken if they raised a concern.

People received their medicines as prescribed. Records confirmed where people needed support with their medicines, they were supported by staff that had been appropriately trained. People told us and staffing rotas confirmed there were sufficient staff to meet people's needs.

People were supported by staff who had the skills and training to carry out their roles and responsibilities. People benefitted from caring relationships with staff who had a caring approach to their work. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

The registered manager and staff understood the Mental Capacity Act (MCA) 2005 and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves.

Staff and the registered manager shared the visions and values of the service and these were embedded within service delivery. People were supported to maintain good health. Various health professionals were

involved in assessing, planning and evaluating people's care and treatment.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 not always safe. Some people did not have risk assessments in place to manage their risks.

Staff had been trained and understood their responsibilities to report safeguarding concerns.

People had their medicines when required

Requires Improvement ●

Is the service effective?

The service was effective. Staff had the training, skills and support to care for people.

People were supported by staff who had been trained in the Mental Capacity Act (2005) and applied it's principles in their work.

The service worked with other health professionals to ensure people's physical health needs were met

Good ●

Is the service caring?

The service was caring. Staff were kind and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate when providing support to people.

Good ●

Is the service responsive?

The service was responsive.

The service responded to people's changing needs.

Staff understood people they cared for and knew their preferences and personal histories.

People knew how to raise concerns and were confident action

Good ●

would be taken. Complaints had been resolved to the people's satisfaction in line with the provider's complaints policy.

Is the service well-led?

The service was not always well led. The systems in place to monitor the quality of the service were not always effective.

Records relating to staff support and person centred care were not always up to date or completed.

There was a whistle blowing policy in place that was available to staff. Staff knew how to raise concerns.

The service had a culture of openness and honesty.

Requires Improvement 

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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, 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 14 September 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. The inspection was carried out by one inspector and an expert by experience (ExE). 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 looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

We spoke with seven people who used the service and three relatives. We also spoke to the registered manager, one team leader and six care workers. We reviewed eight people's care files, six staff records and records relating to the management of the service.

Is the service safe?

Our findings

Some people's care plans contained risk assessments which included risks associated with; moving and handling, falls, pressure damage, dementia, incontinence, personal care and environment risks. Where some risks were identified plans were in place to identify how risks would be managed. For example, one person was assessed as being at high risk pressure damage. The person's care record gave guidance for staff to carry out frequent observations and report any changes of the person's skin viability directly to the person's G.P. Another person had been assessed as high risk of falls. This person's care record gave guidance for staff to ensure that walking aides were in reach and for staff to encourage the person to use them.

However, we saw that not everyone had up to date or complete risk assessments in place. For example one person required the use of a hoist to support them during transfers. This was not included in the person's risk assessment. We spoke with the registered manager about this and they told us "It should be in there, the honest truth is, I have forgotten to put it in".

Another person's care records highlighted that they used a walking aid and that they were at risk of falls. However this person did not have a risk assessment in place. We also noted that one person was at risk of falls during personal care but did not have a risk assessment in place.

The registered manager gave assurances that this would be addressed and provided evidence that a new risk assessment form was being introduced within the service. However due to these inconsistencies surrounding the management of risks associated with people's care we could not be satisfied the risks to people were managed appropriately and staff had access to up to date guidance to enable them to support people safely and in line with their changing care needs.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe. Comments included; "Yes I feel safe and the staff are very helpful", "Definitely, I feel safe", "Yes invariably do I feel safe, they are very kind and helpful", "Oh yes I do feel safe" and "I have always felt safe and never felt I was being discriminated against". One relative we spoke with told us "[Person] is safe, they treat him with great respect and they are always cheerful".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to the registered manager. Their comments included; "If I had a concern I would go to [registered manager]", "If someone was in danger I would get help from my seniors straight away", "I would go to my manager or their manager or even the provider if I had to" and "I would report it straight to [registered manager]".

Staff were also aware they could report concerns externally if needed. Comments included; "I would get the number for (The local authority safeguarding team) and phone them", "I would report it to the police if I had

to" and "I would contact social services or the CQC (Care Quality Commission) if I had to".

Records confirmed where people needed support with their medicines, they were supported by staff that had been appropriately trained. People's individual medication administration records (MAR) documented when staff had assisted people with their prescribed medicines. These were fully completed which showed people received their medicine as prescribed. One person told us "They give me the correct amount at the right time. They write it down and always sign the book". Another person told us "They give me my medication, it is important I have it at the right time and they always do". Staff records contained an up to date 'Medication competency tool'. This demonstrated that staff had their competencies to administer medicines regularly checked by the registered manager.

Staffing rotas confirmed, there were enough staff to meet people's needs. People we spoke with told us there were enough staff and they did not experience missed visits. People's comments included; "I usually can't fault them", "No missed visits", "No missed calls. They are very good and arrive certainly within five minutes" and "If they are running a little late, then they let me know". One relative told us "No missed visits, they are very rarely late and it's always within 15 minutes". The registered manager told us "The staffing levels are based on the needs of our service users".

People told us that they had regular carers and that any changes to the staff rotas were communicated with them. Comments included, "It's the same group most of the time", "We have five to six regular carers", "It is mostly the same staff who we are very much familiar with" and "They let me know whose coming" and "If a new carer is coming in, they come with an older carer who has been (with the service) for some time and introduce them".

Records relating to the recruitment of staff showed relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service checks (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. One member of staff told us "I had to have that (DBS) in place before I came in".

Is the service effective?

Our findings

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their care records. Comments included: "They know what they are doing", "They do a very good job in the circumstances", "(Staff) are well trained", "We have a laugh, there is a good rapport with them" and "They know me well, we often have a bit of friendly banter". One relative we spoke with told us, "The staff are excellent and well trained".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. Training included infection control, Mental Capacity Act, safeguarding, moving and handling, behaviour that may challenge others, health and safety, nutrition and hydration and pressure care.

Staff spoke positively about the induction and training they received. Staff comments included, "The induction was really good, they showed me around and I got to know people", "I had to do manual handling and medication training before I could go at it alone", "The training is good" and "Yeah the training's alright, I enjoy it".

Staff told us and records confirmed that staff had access to further training and development opportunities. For example, staff had access to national qualifications in care. One staff member told us, "I have got my NVQ two and my level three".

Staff told us they received effective support. Staff told us they received regular supervision (one to one meetings with their manager). Staff we spoke with told us they felt supported by their line managers. Comments included; "We talk about how I am getting on, if my training is up to date and where I would like to progress to", "[Registered manager] takes time out to support me, they are really supportive", "[Senior staff] is great support", "I am very well supported" and "If I need support then I can go to (senior staff) or [registered manager]".

Staff had their competencies regularly assessed to ensure their practices were safe and in line with the providers policies and procedures. The registered manager did this by carrying out "unannounced spots checks". These checks included medication, moving and handling and day to day staff practices. The registered manager told us "We do the checks to make sure the quality is there and that people are having their care needs met by staff who they have a good relationship with".

The registered manager was clear about their responsibilities relating to the Mental Capacity Act 2005 (MCA). 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.

People were supported by staff who had been trained in the MCA and applied its principles in their work. All staff we spoke with had a good understanding of the Act. Comments included, "It protects the person who we are looking after and protects their rights and wellbeing", "It's there to protect people who may lack capacity" and "Just because someone lacks capacity in one thing doesn't mean they lack capacity in everything". The registered manager told us, "Everyone has capacity until deemed otherwise or has been subject to a best interest decision. Just because one of our service users may be lacking capacity in one area it doesn't mean they lack capacity in all areas".

People told us they were supported to maintain good health. One person told us, "What they have done in the past is they have called doctors and an occupational therapist which was a help". Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, dentists, the care home support service (CHSS) and district nurses. Where healthcare professionals provided advice about people's care this was incorporated into people's care records. For example one person had been referred to the CHSS following a fall. The person's care records contained details of recommendations made by CHSS.

Is the service caring?

Our findings

People told us they benefitted from caring relationships with staff. Comments included; "The staff are very caring", "They are very nice caring people", "They always have time for a chat", "I cannot fault them, they really are good with me", "I am totally happy with how I have been looked after here" and "They have time for me". One relative told us, "The staff are very nice and pleasant and always ask how [person] is".

Staff were enthusiastic about supporting people. Comments included; "I love supporting the residents", "The great thing about working here, is that because everyone lives in close proximity, it means we get to spend more quality time with our residents", "It's important we look after the older generation, after all its going to happen us all at some point", "I just really enjoy this job, it makes me feel that I am doing something worthwhile" and "I absolutely love my job". The registered manager told us, "We don't have anyone working for us who wouldn't treat someone the way they wanted to be treated".

People told us staff were friendly, polite and respectful when providing support. One person told us, "They are polite and they listen to what I say". Another person told us, "The staff always have a conversation with you and they always accept what you are talking about".

People and their relatives told us staff treated people with dignity and respect. One person told us, "Very much so do they respect my dignity". One relative told us, "Oh definitely they treat [person] with dignity and respect". We asked staff how they promoted people's dignity and respect. Staff comments included; "I make sure doors and windows are closed, I ask people about their care preferences and what they want done", "You always close curtains and knock on the door before you enter", "You should make sure you use a towel to protect peoples modesty" and "It's about making people feel comfortable".

People told us they felt involved in their care. One person we spoke with told us, "They come around and every so often, we discuss how things are". A relative told us, "We feel involved in the care and reviews".

People told us staff promoted their dignity by letting them know what was going to happen before supporting them with personal care. One person told us, "They discuss things with me first before they do anything". One relative told us, "The staff always let [person] know what's happening".

Staff we spoke with told us the importance of informing people of what was going to happen during care. Comments included; "It's about putting people at ease", "We do it so people know exactly what is going on and what's going to happen", "Its courteous and polite" and "Just because you see someone everyday doesn't mean it's still not important to let people know what you're there to do".

People were supported to remain independent. Staff we spoke with told us how they supported people to do as much as they could for themselves. One staff member described how they frequently encouraged a person to maintain their independence by encouraging the person to put their cereal bowls away. The staff member told us, "Even getting people to do little things supports long term independence". Staff we spoke with recognised the importance of promoting peoples' independence. Comments included; "It's about

encouraging people to get out more", "Sometimes I will take them out for a walk to get them away from the same four walls, we sit and have a chat its lovely", "Its supports wellbeing, mobility and general health", "It's about encouraging people to do what they can without taking over" and "It's also about choice, what they want to do and what they want to wear".

Is the service responsive?

Our findings

People we spoke with told us the service was responsive to their changing needs. Comments included: "I get them to put my appointments on a big calendar because I can't see them. I can't see very well. They help me by telling me what time and where (the appointments) are. If I forget I ring them to ask. I say what did you say and they tell me again, they are very helpful", "I am confident they would get me help if necessary, as they did it for my husband", "A lady came with me to the hospital, she was very helpful I wouldn't have been able go on my own" and "They are particularly useful when I have had falls, they will call the doctor they are concerned about me and very helpful".

A relative we spoke with told us, "They have been quite accommodating. We had to change the times when [person] came out of hospital, because he wanted to go to bed earlier. They did this for us, they were very good". Another relative told us, "What they have done in the past, is called the doctors when we had an emergency, they even contacted the occupational therapist once which was really helpful".

Staff we spoke with knew the people they cared for, including their preferences and personal histories. For example, we spoke with one staff member who was supporting a person and they were able to tell us the person's likes, dislikes and preferences. Another staff member was able to tell us things about people that were important to them. This included significant family members, people's previous employment and the favourite football teams of the people they supported. Staff we spoke with were able to tell us people's preferences in relation to their care. For example, one staff member explained the importance of maintaining a person's preferred routine whilst delivering personal care.

Staff were responsive to people's changing needs. For example, one person had bruised their foot prior to care staff arriving to deliver personal care. The carer noticed this when they arrived and appropriate action was taken by the staff member to support this person in contacting their G.P. We spoke with the staff member about this and they told us, "[Person] told me (incident), I suggested that [person] needed to contact their G.P, but they became quite upset and anxious. So I said that I would contact the G.P and we got an appointment sorted for that afternoon and I was able to support [person] to the appointment".

One person we spoke with told us that they had sustained an injury whilst on holiday. As a result the service increased the number of visits. In addition to this when staff had time in between other care visits they would 'visit just to check on her and make sure she was safe'. As a result this person became able 'to take back control of some of the tasks' that carers were supporting them with. The service then gradually reduced the level of care visits it provided for this person which led to the person regaining their confidence and independence. We spoke with the registered manager about this and they told us, "It is great to see that [person] is back to joining in activities and swimming". This person told us, "As a result of the accident I couldn't do anything, I was incapacitated for four months. They responded to my needs and supported me to regain my independence. I only have one visit a day now, but they still popped in this morning to check on me".

People told us they received regular reviews of their care needs. One person told us, "My care plan is in my

apartment, It is available for me to look at any time. We review it together and the carers update it every time they come". A relative we spoke with told us, "I have signed it (Care plan). It has been reviewed by us all and the carers follow what's written in it".

People knew how to raise concerns and were confident action would be taken. The service's complaints policy was available to all people, their relatives and staff. Staff told us they knew how to assist people to raise a concern. One person we spoke with told us, "We were given all the information in an official letter from the care manager at the beginning on how to complain to the manager and other organisations if need be, but I've never needed to complain".

Records showed there had been six complaints since our last inspection. These had been resolved to the people's satisfaction in line with the provider's complaints policy. One person told us, "The (registered) manager is cordial and responsive to criticism".

The service sought people's views and opinions through a yearly satisfaction survey and a quality assurance questionnaire. We observed that the responses to the survey were positive. People also had access to suggestion boxes that were situated throughout the communal areas of the retirement village.

Is the service well-led?

Our findings

The provider and registered manager conducted regular audits to monitor the quality of the service. These were carried out by the registered manager and the provider. Audits covered all aspects of care including, care plans, risk assessments, medication and the day to day management of the service. Some learning from these audits and systems had taken place. For example the registered manager had highlighted that existing care plans needed to be more aligned to a domiciliary care setting. The registered manager had raised this with the provider and we noted that action had been taken to introduce a new care planning document. However, the services quality monitoring systems were not always effective. For example recent audits had not identified the concerns that we found in relation to incomplete and inaccurate risk assessments as well as supervision records.

Some people's care records did not contain completed care plans and some care records did not always contain a person centred approach to care planning. People and their relatives told us people had regular care reviews. However, records did not always demonstrate this. We spoke with the registered manager about this and they told us, "We discuss things all the time it's just not being written down all the time, it's not an excuse but I don't believe there is a single staff member that doesn't know our clients inside out".

Staff records did not demonstrate that staff were receiving supervision meetings. For example, one staff member had been in post for 12 months. However, there were no supervision records in their personal file. One staff member did not have a supervision recorded since November 2015. We also noted that another staff member had no record of supervision taking place during 2016.

Following our conversations with staff, relatives and professional we were satisfied that staff were receiving supervision and people were receiving person centred care and that these concerns related to the services approach to recording keeping. An effective quality monitoring system would have identified these concerns and supported the registered manager to continuously improve the service.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoke positively about the registered manager and working at the service. Comments included; "[Registered Manager] is very friendly and approachable", "[Registered Manager] always says good morning when I see her", "This is the best service I have ever worked", "The team are supportive" and "I like the residents, but it's having a good management team that keeps me here". We noted that following a recent staff meeting the registered manager wrote within the meeting notes 'Thank you all for making my job easier by being such a great team'.

The registered manager told us their visions and values for the home were, "It is to be the best caring team we possibly can be and to build on training and knowledge and to be the best and deliver the best to the people we look after". There was a positive and open culture in the office and the registered manager was available and approachable. Staff who visited the office spoke with the registered manager in an open and

trusting manner.

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One member of staff we spoke with told us, "I would feel very confident, because any concerns that anyone has she fixes it straight away. She would be a good person to go to because she would definitely do something".

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

Accidents and incidents were recorded and investigated. The registered manager used information from the investigations to improve the service. For example, following an incident that involved a person having a fall the service increased observations on this person and put in place additional care visits. The registered manager also completed an 'incident tracker' following any incidents. They told us, "It's a way of looking at patterns and trends, but it also aids our referrals to the falls team".

The service was continually looking to improve. For example, following a recent meeting staff concerns were raised surrounding the need for effective communication. As a result the registered manager introduced a "handover book". We spoke with the registered manager about this and they told us, "We don't always see each other and everyone needs to know what's going on, therefore we introduced the handover book". We noted that the handover book contained details of staff communication and evidenced further that the service worked in partnership with visiting agencies and had links with G.P's, district nurses and support services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not everyone who was receiving personal care had an up to date or complete risk assessments in place.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to monitor the quality of the service were not always effective. Record relating to staff support and person centred care were not always up to date or completed.