

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 ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 29 June 2017 and was unannounced.

Richmond Village Northampton provides accommodation for older people requiring support with their nursing and personal care. The service can accommodate up to 31 people. At the time of our inspection there were 28 people living at the home.

At the last inspection, in July 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care. Staff were appropriately recruited and people were protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and ongoing professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

People developed positive relationships with the staff who were caring and treated people with respect, kindness and empathy. People had detailed personalised care plans in place which enabled staff to provide consistent care and support in line with people's personal preferences. End of life plans had been sensitively developed; people and their families could be assured that their wishes were followed.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive.

The service had a positive ethos and an open culture. The registered manager was committed to develop the service and actively looked at ways to improve the service. There were effective quality assurance systems and audits in place; action was taken to address any shortfalls.

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 remained good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	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 checked 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 unannounced inspection took place on 29 June 2017 and was undertaken by one inspector 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. In this instance our expert-by experience had cared for a relative and supported them to find an appropriate care setting to live.

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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we spoke with 10 people who used the service, five members of staff from the care team, the head of activities, a housekeeper, the deputy manager and the registered manager. We also spoke with six people's relatives. We spent time observing people to help us understand the experience of people who could not talk with us.

We looked at records and charts relating to six people and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas and arrangements for managing complaints.

Is the service safe?

Our findings

People were safe. There were risk assessments in place which gave staff clear instructions as to how to keep people safe. For example people who had been identified as being at risk of falling had an assessment in place which detailed the level of support they required and what equipment was needed to keep them safe. People told us that they felt safe within the home. One person said "Staff are all lovely and they do help me; the nurses in particular are smashing to me it helps make me feel safe."

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to meet the needs of the people. People told us they did not feel rushed with their care; however, some people did tell us they sometimes had to wait for their call bell to be answered. We spoke to the registered manager about this who advised us that they were in the process of looking to changing the call bell system to ensure that the system enabled staff to respond more efficiently. Throughout the day of the inspection people were responded to in a timely way.

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and when safeguarding notifications had been made these had been appropriately investigated. One member of staff told us "I would speak to [registered manager] if I saw anything."

Medicines were safely managed. The registered manager monitored the system closely and had taken action when any shortfalls had been found. People told us they received their medicines on time and we observed staff explaining the medicine people were to take and ensuring they had sufficient liquid to take it with.

The provider had ensured that environmental risk assessments were in place and there were effective systems in place to monitor the health and safety of people which included regular fire tests and maintenance checks.

Is the service effective?

Our findings

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and there was a programme in place to ensure all staff received specialist training in areas such as end of life care and living with dementia.

All new staff undertook a thorough induction programme; staff were encouraged to take relevant qualifications. We saw from staff training records that training such as manual handling and safeguarding were regularly refreshed. Staff received regular supervision which gave them the opportunity to discuss their performance and personal development. One member of staff told us "Supervision is helpful, you get to discuss things and look at whether you need more training; it's very good."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

People were encouraged to make decisions about their care and their day to day routines and preferences. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been requested.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. There was a variety of meal choices each day; most people felt the food was okay and enough; those who were not so happy had spoken with the registered manager and steps were being taken to address the concerns people had raised.

People had regular access to healthcare professionals and staff sought support from health professionals when needed. Any changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. One health professional told us "The registered manager recognises the vulnerability of the people and involves specialists eg Speech and Language Therapist and Palliative care at an early stage."

Is the service caring?

Our findings

There was a friendly and welcoming atmosphere around the home. People looked happy and relaxed around staff and we observed positive relationships between people and staff. One relative told us "The care staff are excellent; they all have a very good rapport with [name of relative] that is not always easy to manage." Everyone commented how nice the staff were and throughout the day of the inspection we observed family and friends welcomed as they visited their loved one.

People's individuality was respected and staff responded to people by their chosen name. In our conversations with staff it was clear they knew people well and understood their individual needs. Staff spoke politely to people and protected people's dignity; staff knocked on bedroom doors before entering and checked with people whether they were happy for them to enter. One person we spoke to said "They cover me with towels when they are helping me; they are really good in that way."

People were encouraged to express their views and to make choices. People confirmed that the staff involved them in decision making and allowed them to make choices. People told us that their wishes were respected and where appropriate end of life plans had been put in place which ensured people and their family's specific wishes would be followed.

Visitors were welcomed at any time and those who we spoke to said they always felt welcomed. We observed visitors being offered drinks and made to feel welcome. One relative told us "I come whenever I like and no matter what time it is the staff are very welcoming and keep me informed."

Is the service responsive?

Our findings

People's needs were assessed before they came to stay at Richmond Village Northampton which ensured that their needs could be met. Detailed individual care plans were developed from the information gathered.

Care plans detailed the care and support people needed which ensured that staff had the information they needed to provide consistent support for people. There was a 'My day, My life, My story' document for each person which ensured staff had an understanding of people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way. We saw that the staff had made a cushion out of a shirt for one person living with dementia to help and comfort them following the death of their partner. Relatives told us they felt the staff knew their loved one and responded to their needs. The plans were reviewed regularly and any changes communicated to staff which ensured staff remained up to date with people's care needs.

People were encouraged to take part in activities both as part of a group or individually. For example, an activity plan had been designed specifically to reflect the needs of a retired engineer who liked to use his hands in a creative way; he had fidget spinners and fidget cubes to use. One person told us "The activities are excellent; someone comes and sees me usually once a fortnight and they take me down to do other things from time to time." There were opportunities for people to take part in trips out such as going to a local cinema to watch a dementia friendly viewing of a film, watch entertainment or to do arts and crafts if they wished.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place. Relatives told us if they had any concerns they were happy to speak to the registered manager.

Is the service well-led?

Our findings

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There was a culture of openness and transparency demonstrated by the registered manager's proactive approach in encouraging people and their families to feedback about the service and listening to staff. There were also regular meetings with the people living in the home and their families which enabled everyone to contribute to the development of the home and address any issues of concern.

Staff attended regular staff meetings; minutes of the meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints.

People told us that they felt all the staff were approachable and we saw that the registered manager spent time speaking to people. One professional told us "[Name of registered manager] is excellent and is dedicated to improving the quality of people's life, particularly with the management of symptoms at the end of life." We read a comment from one family following the death of their relative 'Nothing was too much trouble for anyone; it was the little touches, a plate of sandwiches for us and staff visiting outside of their work hours.'

The provider had procedures in place which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing and safeguarding. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

There were effective systems in place to monitor the quality of the service. The provider visited on a regular basis and undertook audits which ensured that the systems in place to monitor the standards and quality of the service were being managed effectively and people's experience of the service was captured and acted upon.