

Richmond Care Villages Holdings Limited

Richmond Village Nantwich

Inspection report

St Joseph's Way
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Nantwich
Cheshire
CW5 6LZ

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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

The inspection visit took place on 02 August 2016 and was unannounced.

Richmond Village Nantwich is part of Richmond Care Villages Holdings Limited. They are registered to provide care and support to 42 people who require help with their daily lives. The home is located on a residential estate in Nantwich and is approximately one mile from the town centre. People who live at the home are accommodated in single rooms, each with ensuite facilities. Staff are on duty 24 hours a day to care for the people who live at the home. At the time of the inspection 40 people lived at the home.

A registered manager was in place. 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.

At the last inspection in September 2013 they met all regulations inspected at that time.

We found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Staff told us and records confirmed safeguarding training had been completed by staff and they understood their responsibilities to report any unsafe care.

Risk assessments had been developed to minimise the potential risk of harm to people who lived at the home whilst receiving care. These had been kept under review and were relevant to the care provided.

We observed medicines were administered to people in a safe and appropriate manner. These were stored in a secure, clean environment. All processes were regularly audited to assess and maintain the safe management of people's medicines.

We looked at how the service was staffed. We found sufficient staffing levels were in place to provide support people required. We saw the deployment of staff throughout the day was organised.

We found equipment used by staff to support people had been maintained and serviced to ensure they were safe for use.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

The management team understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Staff had received training and were knowledgeable about their roles and responsibilities. Staff told us access to training courses and opportunities to develop their skills was good.

We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. We observed the lunch time meal which was well organised. People who required support to eat their meals were supported by staff who were caring and patient. Comments were positive about the quality of food at the home, one included, "Nothing is too much trouble for the kitchen staff they are wonderful and all meals are very good."

We observed staff treated people with respect, patience and dignity. People we spoke with told us staff were caring and respectful. One person who lived at the home said, "Yes they definitely do respect my privacy and always knock before coming in."

Staff knew the likes and dislikes of people who lived at the home and delivered care and support in accordance with people's wishes. During the inspection we observed people were supported to carry out activities which they enjoyed.

Richmond Village had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were comfortable with complaining to staff or the management team.

The registered manager and organisation used a variety of methods to assess and monitor the quality of the service. We looked at a number of audits that had taken place. This ensured the service continued to be monitored and improvements made when they were identified. People who lived at the home and relatives had opportunities to feed back to the management team, this was about the quality of their care through surveys and meetings.

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.

The registered manager had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill of nurses and care staff to meet the needs of people who lived at the home.

Recruitment procedures required further checks to ensure all previous employment history information on potential staff was available.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had the knowledge of the procedure to follow if applications were required to be made.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities that were on offer at the home.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home.

Richmond Village Nantwich

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 visit took place on 2 August 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection visit we reviewed the information we held on Richmond Village. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also checked to see if there was any information concerning the care and welfare of people who lived at the home.

We spoke with a range of people about the home. They included 11 people who lived at the home the Head of Care and Quality, the village manager, deputy manager, nine staff members and three relatives. In addition we spoke with two visiting health professionals and a deacon from a local church.

We looked at care records of three people who lived at the home, training and recruitment records of staff members and records relating to the management of the service. We also contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

People who lived at the home told us they felt safe when supported with their care needs. Observations we made during the day confirmed this. For example two staff members safely supported a person with mobility difficulties to move with the aid of lifting equipment. One person who lived at the home said, "I feel safe when the staff move me about because I am fragile and unable to weight bear."

We had a walk around the building and found call bells were positioned in people's rooms close to hand. This confirmed people were able to call for assistance when required. We observed during the inspection visit examples of staff responding to call bells in a timely manner. One person who lived at the home said, "Always come straight away when I press it." A staff member said, "It is important to respond to people quickly because they may be in distress."

We looked around the building and found it to be clean and smelt pleasant. One relative said, "It never smells here no matter what time of day you come. The cleaners do an exceptional job." As well as policies and procedures in relation to infection control, the service had a designated 'infection control champion'. This person provided guidance on any Infection control issues such as hand washing and correct use of personal protective equipment. One staff member said, "It is good we have people who are knowledgeable about infection control issues."

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and was safe for use. Equipment including moving and handling equipment (hoist and slings) was safe for use. The fire alarm and fire doors had been regularly checked and visits from the fire department had found no concerns or issues with the fire procedures the management team had in place.

We walked around the premises and found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines. Maintenance records we looked at confirmed checks were made on a regular basis to ensure the premises were kept safe.

The registered manager had a policy on safeguarding adults and a procedure to follow. Staff we spoke with were knowledgeable about the process to follow should they witness abusive practices. One staff member said, "We have had abuse training and it is regularly updated so I know the procedure." Training records confirmed safeguarding training courses were accessible for all staff to complete so they had the knowledge to recognise signs of abuse.

We discussed staffing levels with the management team and looked at staffing rotas. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who required support. People who lived at the home we spoke with felt there were sufficient staff deployed around the building to keep people safe. One relative said, "The home is well staffed we come quite a lot and always see staff around the place and spending time with people." Staff we spoke with all told us they were satisfied with the levels of

personnel on duty day and night. One staff member said, "[Registered manager] looks at staffing levels in line with occupancy. We are well staffed I feel."

The management team had completed regular assessments to minimise the risks of harm or injury to people who lived at the home. Risks assessments included falls, equipment use, pressure area care and the environment. Care records we looked at were detailed to manage risks, personalised to people's needs and we found they had been updated when changes occurred. This showed the management team and staff had systems in place to keep people safe and minimise risks.

Records were kept of incidents and accidents. Details of incidents demonstrated action had been taken by the management team following events that had happened. For example a 'falls trend analysis' was recorded. This aided staff to understand why a person was falling and identified actions to take to reduce the risk of further falls. The registered manager had fulfilled their regulatory responsibilities and submitted a notification to the Care Quality Commission (CQC) about a serious injury suffered by a person who lived at the home.

We looked at recruitment procedures and documentation for two staff members. Required checks had been completed prior to any staff commencing work. Records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, references and a medical declaration. We found the application form asked for a full employment history. However the application form needs to request any gaps in employment to be explained. This would support the registered manager to make an informed decision for suitable staff to be employed.

We recommended the provider seeks advice and guidance to ensure documentation for recruitment of staff requested any gaps in employment history be explained in line with national guidance.

We checked how medication was dispensed and administered to people and observed this was done in a safe manner. Staff concentrated on one person at a time and explained the purpose of each medicine. Records we looked at confirmed all morning and lunchtime medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed and on time. One person who lived at the home said, "I always get my medicine on time."

Medicines were stored securely and locked in the designated trolley when it was left unattended. There was a clear process of ordering, receipt, recording and disposal of all medication to ensure stock control was safely managed. Staff demonstrated a good awareness of medicines, including side effects, and their files contained evidence they received related training. The management team completed regular audits of all associated processes and we noted identified issues were addressed. This showed the registered manager had systems in place to protect people from unsafe management of their medicines. A recent audit by the 'South Cheshire GP Alliance' who visited the home found good overall management of medicines at the home.

There were controlled drugs being dispensed at the time of our visit. This medication was locked in a separated facility. We checked the controlled drugs register and correct procedures had been followed. The correct dosage of remaining tablets was accurate to the medication record of one person we checked.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team who received constant training and had a good understanding of people's needs. For example we found staffing personnel had not changed much over a number of years. One staff member said, "Once you come to work here you don't want to go anywhere else we have a great staff team." Another staff member said, "The core of staff have been here for such a long time which helps."

Staff undertake an induction training programme when they start their employment. This was an ongoing training programme that included, safeguarding adults, fire safety, moving and handling and infection control. The management team told us they employed a full time trainer to support staff on site to ensure they received regular updated training to support them in their role. One staff member said, "The management are very strong on training for us." We looked at the training programme for all staff and spoke with them about their training schedules. All staff we spoke with told us access to training courses was good and in-house training was always available to develop their skills.

Most staff members had achieved national care qualifications. This was confirmed by talking with staff. We found by looking at records staff had been encouraged to obtain professional qualifications. For example National Vocational Qualifications (NVQ) had been completed.

We looked at staff supervision records to check staff were supported to carry out their duties effectively. Staff told us these supervision sessions took place on a regular basis with the management team. Staff also had annual appraisals. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The management team demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the management team confirmed they understood when an application should be made and how to submit one. Where an application was made to deprive a person of their liberty, this was completed in order to safeguard them. Records included evidence people and their representatives were involved throughout the various stages. Staff had received related training in the MCA and DoLS to underpin their understanding. They had documented clear decision-making processes, mental capacity assessments, best interest decisions and application forms. We did not observe people being

restricted or deprived of their liberty during our inspection.

We talked with the chef and kitchen staff during the inspection visit. We found the kitchen was clean and staff had recorded food and appliance checks to maintain effective food safety management. Richmond Village had been awarded a five-star rating following their last inspection by the Food Standards Agency. This graded the service as 'excellent' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. One staff member said, "We are a big kitchen so we are proud of the rating." Training records we looked at confirmed all kitchen staff had completed 'food and hygiene' training.

People who lived at the home and relatives told us they enjoyed their meals. People told us they were offered an additional alternative meal if they did not like what was on the menu. For example we noted one person did not like anything that was on offer and so chose an omelette. The person said, "Nothing is too much trouble for the kitchen staff they are wonderful and all meals are very good."

Care records of people who lived at the home contained nutritional risk assessments and support requirements to protect people from the risk of malnutrition. In addition records included fluid and food charts, regular weighing of individuals and special diet plans. A staff member said, "It is important to monitor food and drink intake to ensure people are kept healthy." There was a 'hospitality manager' connected to the service. They arrange nutritional meetings on a quarterly basis where residents and families can discuss anything in relation to food and drink. A staff member said, "It works really well and gives people a chance to say what they like."

At breakfast and lunch time we carried out our observations in the dining room and surrounding areas. We saw lunch was a relaxed and a social experience with people talking amongst each other whilst eating their meal. We observed different portions to suit individuals and choice of meals were provided as requested. People who required support with their meals were assisted by staff. A relative said, "The whole lunch experience is very good. There is plenty of staff around to help people and [relative] loves the homemade food."

Where people's health needs had changed, staff worked closely with other health providers to ensure they received support to meet their ongoing needs. For example evidence in care records confirmed visits to the service from doctors when people required treatment. Documentation was updated to reflect the outcomes of professional visits and appointments.

Is the service caring?

Our findings

We arrived at breakfast time and we found from our observations staff were attentive towards people whilst breakfast was served. Staff showed patience and understanding whilst people ate their breakfast. For example staff supported people who required assistance in a timely manner and one person who lived at the home said, "We just take our time there is no rush."

We observed staff spent time chatting with people who lived at the home. We observed staff to be caring and attentive in ways they supported people. They had a good awareness of each person's needs and how best to support them. For example we witnessed a staff member support a person from the dining room to a specific chair in a lounge. The person was relaxed and smiled and talked with staff member throughout the process. We spoke with the person who lived at the home who said, "I love this chair and the staff know I do they are so caring."

We observed staff maintained people's privacy and dignity throughout the day of our visit. For example, we saw staff knocked on all doors before entering, also announced themselves before entering peoples bedrooms. One person who lived at the home said, "Yes they definitely do respect my privacy and always knock before coming in."

Staff spoke with people in a respectful, polite manner and demonstrated an excellent awareness of their support and care needs. For example we observed people who lived at the home always came first. This was confirmed by talking with staff and comments included, "The management team always wants us to sit and chat with residents. It is not a problem to spend a large amount of time just sat with residents. The seniors encourage that." Staff always stopped what they were doing to take time out if a person wanted them to spend some time with them. One person who lived at the home said, "That is what I like the staff don't rush and will sit and chat for ages."

All the people who lived at the home told us their privacy and dignity were respected. We asked how this was done. One person who lived at the home said, "Whenever I need help with washing and toileting they do it discreetly and in private."

Daily records completed were up to date and maintained. These described the daily support people received and activities they had been involved with. The records were informative and enabled us to identify how the registered manager and staff supported people with their daily routines. There was evidence in care records of people's care plans being reviewed with them.

The village manager told us they were continuously looking to improve people's end of life care. We noted hospital admissions were reduced as a result of staff training and care planning. The service had an 'end of life champion'. This meant staff were provided with any information in terms of end of life care and training to ensure people received the best care possible.

Relatives visited the home during the day of our inspection visit. We spoke with relatives who told us they

were welcomed at any time. Comments included, "We come often and the staff are brilliant. They always offer us a cup of tea and are so friendly." Also, "We have had meals here they are so welcoming. Nothing is too much trouble for the staff and nurses."

The management team informed us the staff team had been recognised in the 'Great North West Care Awards' and had attended the finals in London. This recognition was due to the care and support the service provided for people who lived at the home. One person who lived at the home said, "I am not surprised this home has won awards it is the best."

We spoke with the management team about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. They had no concerns in the way the service provided care and supported people.

Is the service responsive?

Our findings

People who lived at the home and relatives told us they felt care provided met their individual needs. People also told us they responded to any changing needs that may occur. Staff also had an understanding of people's individual health and social care needs. We spoke with health professionals who visited the home and all spoke positively about the care provided. A staff member said, "We are a good team and respond to any emergencies and incidents that may occur. This is because we know each other and the residents well."

We looked at care records of three people to see if their needs had been assessed and consistently met. They had been developed where possible with each person and family, identifying what support they required and how it would be delivered. This was confirmed by the person who lived at the home where possible signing they agreed to their plan of care and support. A relative we spoke with said, "We were all involved at the care planning meeting to make sure the manager had all the information." Care records we looked at were informative and identified how staff supported people.

Care plans of people were regularly reviewed and changed when required. Staff we spoke with told us care records were easy to follow and contained sufficient information for them to carry their caring duties responsively. Staff we spoke with told us any care needs had been documented and reviewed in response to changes. Records we looked at confirmed this. Care Plans documented people's choices and how they wished their needs to be met. Information we found in care records told us how staff may need to be responsive in broader situations such as resuscitation wishes and fire evacuation. This showed the management team recognised what action should be taken when situations required responding to. A staff member said, "It is good [registered manager] keeps us aware and up to date of actions to take when situations arise with residents."

People told us they were happy with the activities arranged to keep them entertained. There was a bowling green in the grounds where people from the village played. Staff encouraged people who lived at the home to join in or to watch. A staff member said, "The village have their own club and the residents join in sometimes it is a great activity for them." A person who lived at the home said, "Yes some join in but I like watching." A relative said, "They go above and beyond, [relative] is very well entertained."

The management team have introduced innovative ways to encourage people participation in activities. For example they have formed a choir and people who lived at the home have joined. A relative said, "[Relative] has just joined the choir and they do concerts its lovely." Also within the building there is a purposely designed restaurant. Relatives can book a table. One relative said, "It is a great social restaurant occasion."

The registered provider had a complaints procedure which was made available to people on their admission to the home. We saw the complaints procedure was on display in the reception area of the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

We found complaints were audited by the management to ensure the process had been followed in a timely manner and action taken. There had been a complaint made by a relative who told us the management team responded quickly. An investigation took place and the family was responded to. The relative said, "We are very the way things were done and sorted out."

People who lived at the home and relatives told us they were comfortable with complaining to staff or the management team when necessary. One person who lived at the home said, "I have no need to complain but know the procedure to follow."

Is the service well-led?

Our findings

Comments received from people who lived at the home, staff members, relatives and visitors were positive about the way the home operated. For example one relative said, "This is the best place, the manager is really helpful and everybody respects her." A person who lived at the home said, "[Registered manager] is always around the place and chatting to everyone." A staff member said, "Nothing is too much trouble for [registered manager] always supportive."

Although the registered manager was on annual leave at the time of the inspection visit, people told us she was part of the staff team and always walking around the home involved in people's care. Comments from people who lived at the home confirmed this. One person said, "She is known to everyone and is just one of the staff members to me. A lovely person."

There was good visible leadership shown by the management team. They had a good knowledge of staff roles and responsibilities. We discussed people's care with the deputy manager and senior management. They demonstrated an understanding and an awareness of the people who lived at the home. For example we discussed people's care needs with senior management and they were able to explain the support and care individuals received. One of the management team said, "It is important we as management know the residents so we are aware of the needs of people. Also we can change the way the home is run to suit the residents." This demonstrated the management team understood people's support needs and what care was required.

We discussed with the village manager and deputy manager how they monitored the way the home was run. They told us audits were completed to identify if improvements were needed and what they were doing well. Audits included medication, the environment, accidents/incidents and care records. Analysis of these audits would be completed by the management team and any identified concerns or issues would be discussed and acted upon. One of the management team said, "We would always analyse any audits discuss any issues and take action to address them." This demonstrated the management team were committed to continue to monitor, develop and improve the service for the benefit of the people who lived at the home.

Staff and resident meetings were held on a regular basis. We confirmed this by looking at minutes taken of meetings. Meetings took place every two to three months. A person who lived at the home said, "Yes I think we do have meetings. We normally discuss meals and things they are quite useful."

We were shown a copy of a residents 'newsletter' that was produced monthly. This was compiled by people who lived in Richmond Village and contained up and coming events and views of Richmond Village and what was done well. A person who lived at the home said, "We have our input into the newsletter and it gives us information about the place."

Information we received from the local council informed us the management team worked closely with the local authority contracts team, in providing good consistent care for people who lived at Richmond Village. The service was required to meet standards as care providers and staff engaged with this team in auditing

all related processes. The local authority told us Richmond Village was a good service. They told us the care provided and documentation to support that were good. They said the management team and staff were committed to improving people's lives.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.