

Richmond Villages Operations Limited

Richmond Village Wood

Norton DCA

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Richmond Village Wood Norton domiciliary care agency provides personal care and support to people within their own homes within Richmond Village Wood Norton. It provides a service to older people, people living with dementia and younger adults. At the time of our inspection there were three people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People received safe care and support from staff who were trained and understood how to promote people's safety. Risks to people were identified and well managed.

The provider followed safe recruitment processes when employing new staff.

Safe practices were followed to reduce the risk of infection. Staff wore personal protective equipment (PPE) in line with current guidance. The registered manager reviewed any accidents and incidents ensuring any lessons learnt were acted on and shared with the staff team.

People's needs were assessed and care was delivered in a timely way.

People were cared for by staff who were passionate and caring. Staff treated people in a dignified and respectful way.

People's care plans were detailed and identified individuals' preferences so staff could deliver care in the way they preferred.

People were supported to maintain their health and had access to professional medical advice.

The registered manager undertook regular checks to make sure people received good quality care.

People had access to information on how to raise any concerns.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 22/03/2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Richmond Village Wood Norton DCA

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with the registered manager, senior care worker and care workers.

We reviewed a range of records. This included two people's care records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were given information about what safeguarding meant including how they could report concerns.
- Staff could describe different types of abuse and what action they would take if they had any concerns.

Assessing risk, safety monitoring and management

- People's needs were assessed and care planning was personalised and tailored to meet people's individual safety needs.
- Risk assessments were in place and gave clear guidance for staff to follow to promote people's safety.

Staffing and recruitment

- People told us there were enough staff to care for them.
- The provider's recruitment processes were robust which helped to ensure only appropriate staff were employed to work with vulnerable people. All relevant checks were carried out prior to staff being employed.

Using medicines safely

- People were independent and did not require any support with medicines. However, systems were in place should this be required.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff understood how to record and report any accidents and incidents.
- The registered manager reviewed any accidents and incidents, shared these with the staff team and improvements were put in place to prevent further occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. People told us staff knew them well and understood their individual needs.
- Staff told us people's initial assessments and care plans accurately reflected people's choices and needs.

Staff support: induction, training, skills and experience

- People told us they were cared for by staff who were skilled and had the experience needed to support them.
- Staff told us the training provided was appropriate and relevant to their roles and they received ongoing support from senior staff and the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people's dietary needs when required. For example, staff ensured people had plenty of fluids to stay hydrated.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported to obtain healthcare. One person told us, "They [staff] will phone the GP for me if I need them to."
- Staff identified any need to liaise with other organisations such as health professionals and followed any advice given.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA.
- People told us they were involved in decisions about their care. One person told us, "They [staff] respect my decisions...they [staff] talk to me about my safety but they [staff] never tell me I can't do something I choose to do."
- Staff had a good understanding of the MCA and gave us examples of how they supported people to make their own decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and relatives spoke highly of the staff team. One person told us, "Staff are excellent, they [staff] are so patient."
- Staff knew people's support needs and gave us examples of how they tailored people's care. This included promoting dignity and independence by meeting people's preferences. For example, by meeting people's dignity needs during personal care.
- People and their relatives told us staff worked in ways which encouraged people to maintain their independence.

Supporting people to express their views and be involved in making decisions about their care

- People said they were encouraged to let staff know what care they wanted. A person explained to us how staff involved them in decisions about their care and said, "They [staff] ask before they leave if there is anything else they can do."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place which reflected how they wished their care and support to be provided.
- People told us they had input in reviewing their care plans to ensure their likes and preferences were known and changes they required were made.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had a range of communication tools and aids to support people's communication, should these be required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People support needs were considered during the care planning process. For example, one person told us staff helped them to access the local community through shopping trips.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint.
- One person told us, "I have the confidence to complain if not happy. I'm confident they [staff] would sort it out. There's nothing to complain about."

End of life care and support

- At the time of our inspection no-one was receiving end of life care. However, staff gave us examples of how they had previously supported good end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us their choices were listened to ensure care was delivered in the way they preferred.
- Staff were very positive about the provider and felt supported by the management team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager and staff understood the importance of being open and honest when things go wrong. There was an open and transparent culture within the staff team. Staff told us they felt the management team was supportive and they were able to approach them if they had any concerns.
- Regular audits were carried out by the registered manager to ensure the service was being delivered safely and any shortfalls identified were used to drive improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their responsibilities for reporting events and incidents to the Care Quality Commission (CQC) and other agencies.
- Staff were clear about their roles and responsibilities. The registered manager monitored staff performance through spot checks and regular supervisions.

Working in partnership with others

- The service worked closely with external health professionals in order to ensure the best possible outcomes for the people.