Richmond Villages Operations Limited

Richmond Village Painswick

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

Richmond Village Painswick is a care home with nursing registered to provide accommodation for 24 people set within the surroundings of a care village. At the time of our inspection visit the service was being provided to 24 people. At our previous inspection the service was rated as Good. At this inspection we found the service remained Good.

We heard positive views about the service such as "Everything I want I have here", "as a family, have been very happy with the care at Richmond Village" and "we know we are extremely fortunate to have found such a happy place as Richmond Painswick".

People were protected from harm and abuse through the knowledge of staff and management. Sufficient staffing levels were maintained and staff were supported through training and meetings to maintain their skills and knowledge to care for people. The provider was putting in place improvements to staff recruitment procedures. Risks in respect of people's daily lives or their specific health needs were assessed and appropriately managed with plans in place to reduce or eliminate those risks. People's medicines were managed safely.

People were treated with respect and kindness and their privacy and dignity was upheld and they were supported to maintain their independence. People and their representatives were involved in the planning and review of their care and people took part in a range of activities. People received personalised care and there were arrangements in place to respond to concerns or complaints from people using the service and their representatives.

Staff received support to develop knowledge and skills for their role and were positive about their work with people. The registered manager was accessible to people using the service and staff. Systems were in place to check the quality of the service provided including surveys to gain the views of people and their relatives and to identify where improvements could be made.

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 remains 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 Painswick

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 inspection took place on 30 August and 13 September 2017 and was unannounced. The inspection was carried out by one inspector. We spoke with three people using the service, the registered manager, the deputy care home manager, three members of care staff, a registered nurse, the village manager, the head of activities and maintenance and administrative staff. We reviewed records for four people and examined records relating to the management of the service, staff recruitment, support and training. Following the inspection we received comments from two relatives of people using the 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 also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and confirmed they had received safeguarding training. They were confident any issues reported would be dealt with correctly. People told us they felt safe. How people felt safe was acknowledged and recorded such as "He feels safe with his call bell in reach."

People were protected against identified risks. For example there were risk assessments for falls, nutritional risks and the use of bed rails. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments were reviewed on a monthly basis. An overview of any clinical risks identified was displayed for staff reference in the staff office; these were reviewed on a monthly basis.

People were cared for in a safe and comfortable environment. They were protected from risks associated with legionella, fire and electrical systems and equipment. People had individual evacuation plans in place to ensure their safe evacuation if an emergency was to occur. Since our previous inspection refurbishment had taken place with the redecoration of the communal lounge and toilet. We observed the environment of the care home was clean and people confirmed it was always clean. One person told us "my room is always clean". The latest inspection of food hygiene by the local authority in May 2017 had resulted in the highest score possible.

Sufficient staffing levels to support people were maintained. The manager explained how the staffing was arranged to meet the needs of people using the service. There had been a recent increase in the number of staff. A registered nurse was always on duty in the care home.

Procedures were in place to gather information about the suitability of applicants to posts providing care and support to people using the service. We examined the recruitment documents for five members of staff. We found identity checks and health checks were completed. In addition Disclosure and Barring service (DBS) checks were carried out before staff started work with people. If information appeared on a DBS check then this would be subject to a risk assessment to determine if the person was suitable for employment. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Checks were also made on the suitability of applicants from overseas to work in the United Kingdom.

References had been sought about conduct in previous employment although with some of the staff files we looked at these did not cover all relevant previous employment. The registered manager informed us about improved guidelines introduced by the provider regarding seeking information about previous employment. We saw a copy of these guidelines and the registered manager assured us they would be checking these were followed.

People's medicines were managed safely and they received their medicines as prescribed. Guidelines were

in place for staff to follow to give people their medicines prescribed on an 'as required' basis. For example medicines to relieve anxiety and for pain relief. We saw a registered nurse ask a person if they needed any medicine for pain relief during a medicine round. The suitability of giving people domestic medicines known as 'homely remedies' had been checked with their GPs to ensure they would be safe to use. People's medicines were stored securely in a temperature controlled environment which ensured medicines were stored correctly. We also found all bottles of liquid medicine had been dated on opening to indicate the expiry date.

Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. There were records of medicines received and of medicines disposed of. Registered nurses had responsibility for administering people's medicines to them. They had received training and competency checks Assessments were undertaken to check if people were able and safe to administer their own medicines if they chose to, one person for example administered their indigestion remedy. A system was in place to respond to any errors with supporting people to take their medicines. Regular audits were completed on the management of people's medicines to ensure safe medicine systems remained effective.

Good

Is the service effective?

Our findings

People using the service were supported by staff who had received training suitable for their role. Records showed staff had received training in such subjects as infection control, people moving and handling, nutrition and hydration and first aid. Registered nurses could access clinical training which included falls prevention and management, skin integrity and wound management and basic life support. Care staff told us they felt the training provided by the service was enough for their role and received regular training updates. One staff member told us they "felt confident" following their training. Staff had regular individual and group meetings called supervision sessions with the manager as well as annual performance appraisals. People commented on the effectiveness of staff. One person told us they thought staff were "well trained". Another said, "The staff work jolly hard." A relative stated, "The place itself is of course smart, but the staff are what stand out."

Registered nurses were very positive about the support they had received from the registered provider to prepare them for revalidation of their registration with the Nursing and Midwifery Council. Appropriate checks were made to ensure registered nurses had maintained their registration.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Assessments had been completed of people's capacity to consent to receive care and support such as personal care and support with taking medicines. People's right to make choices about day to day decisions was respected, one person's care plan stated, "Staff describe choices about day to day issues so (the person) can make informed choices." Decisions relating to resuscitation had been recorded following appropriate consultation with people or and their representatives. An application for authorisation to deprive one person of their liberty had been made and approved. We checked and there were no conditions in place with this approval. Staff had received training in the MCA and demonstrated their knowledge of the subject.

People were supported to eat a varied diet suitable for their needs. Food and drink preferences were recorded for reference, such as "likes tea and coffee plus apple juice". We heard varied opinions of the meals provided such as, "could be better, adequate", "They do very well and attempt to cater for tastes", "Like good home cooking" and "It's not like home cooking but pretty good." People had the choice of the care home dining room or the care village restaurant. One person told us. "I go to the restaurant mostly, I've got to know people up there." Menus included a choice of four main dishes for lunch plus a vegetarian option. Special diets were catered for with one person receiving a gluten free diet. In order to monitor the provision of meals and related issues, care home food meetings were held on a monthly basis with relevant staff.

People's healthcare needs were met through regular healthcare appointments and liaison with healthcare professionals. We saw records of contact and appointments made with people's GPs and other health care

professionals such as opticians, chiropodists and dental services. One person was receiving falls prevention work by a physiotherapist. Another person had an additional plan of care for when they had a chest infection. Nurses had the responsibility of checks on people's health through physical observations and liaison with healthcare professionals if required. They also maintained one person's PEG (Percutaneous endoscopic gastrostomy) this is a tube where a person is fed directly into their stomach.

Good

Is the service caring?

Our findings

People had developed positive caring relationships with staff. The Provider Information Return (PIR) stated, "The staff build a supportive, collaborative relationship with the resident and their relatives." One person told us, "Staff at night are very nice." Another person described staff as "pleasant" and told us how they appreciated, "A mixture of young and older ladies in the staff team." We also heard, "Staff are caring, helpful and respectful." and "staff are very pleasant, always very nice". Throughout the inspection we observed staff communicating with people in a respectful and caring way and responding to people's requests and needs. Feedback we received from a relative told us the person had, "an extremely good relationship with all his carers and nurses".

People and their representatives had been consulted about plans for their care. One person told us "You can have input into your care plan." A 'Resident of the day' check took place on a monthly basis and ensured regular a review of people's needs to ensure these were being met. The PIR stated, "The Care Home uses "Resident of the Day" as a tool to make sure that care plans are reviewed at least monthly with residents and relatives are invited to attend if they wish. On this day we check various health issues, including weights and observations to enable us to have an up to date baseline."

People's privacy and dignity was respected. Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. When supporting someone with personal care they would ensure doors were closed and people were covered appropriately. This was the practice we observed and people also confirmed this as their experience. One person told us, "Staff always knock on the door". People's care plans reflected their wishes for privacy such as, "Sometimes (the person) likes privacy and solitude and staff do not interrupt him unless convenient for him."

People's independence was promoted and areas of independence recorded for staff reference in people's care plans under a section titled, "What can the person do for themselves". People were able to keep in touch with family and friends and received visitors without unnecessary restrictions. The PIR stated "The care home does not have restricted visiting hours to help make keeping links with friends and family as easy as possible." One person told us, "Visitors can come in when they like."

People's decisions relating to the end of their life were recorded. Information from the provider about end of life care was available as a resource for staff. End of life training was included in the induction of staff. We saw a care plan for a person who had received end of life care at the care home. The registered manager described how discussions about people's wishes for the end of their life would be part of their initial assessment. Positive comments had been received from a family of a person who had received care at the end of their life.

Good

Is the service responsive?

Our findings

People received care and support which was personalised and responsive to their needs. People's care plans described actions staff should take to meet people's individual care needs such as "Staff allow (the person) to set his own pace for the day." In order for staff to understand the people they were caring for, information about people's life histories, hobbies and interests was readily available for staff to consult at the front of people's care plan files in documents titled "This is me". There were descriptions of people's lifestyle such as, "(the person) likes to watch and listen to the television, he also likes to be part of simple activities and going for lunch with his family." A member of staff described personalised care as, "All the care we give is dependent on the needs of the person."

A range of activities were provided both in the care home and the care village. These were provided on a group and a one to one basis. Activities were detailed in the "care home social diary" made available to people. These included arts and crafts, bingo, baking, flower arranging and talks, with a recent talk held about the air ambulance service. Trips out included shopping trips, local attractions and trips out for lunch were organised for the whole care village to take part in. The head of activities described how suitable activities had been provided to one person with a visual impairment. A rabbit was kept in the care home with people involved in caring for this, a fish tank had also been set up within the care home and plans were made to stock this with suitable fish. People from the care home had been involved in making decorations for a 'cruise ship' competition where the care village won second prize.

One person acknowledged, "There is a lot to do if you are prepared to do it." They told us how they enjoyed playing Bridge. Another person said, "There is a wide range of activities with something on every afternoon." We also heard, "I am quite happy not to do anything". People's religious beliefs were recorded during their initial assessment for staff reference. The Provider Information Return (PIR) stated "The residents are able to follow their own faith and beliefs and we hold non-denominational services monthly and support residents to attend if they wish or if wished hold a service in their room."

There were arrangements to listen to and respond to any concerns or complaints. There had been two complaints since our previous inspection. Records showed, complaints were recorded, investigated, meetings held with complainants and responses provided. Relevant remedial action had been taken as a result of a complaint or concern. For example advising care staff on how to approach a person with certain needs. Regular meetings were held with people and their relatives to discuss general issues about the care home such as meals, housekeeping, activities and staff issues.

Good

Is the service well-led?

Our findings

Richmond Village Painswick had a registered manager in post who had been registered as manager since 31 March 2017. 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. The rating from our previous inspection was prominently displayed near the entrance to the care home.

Staff demonstrated an awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves. The registered provider had a whistleblowing initiative called 'Speak up' which included a dedicated telephone number for staff to report any concerns.

We heard positive views about how the care home was managed from staff, such as "really good" and "good values and communication". The registered manager maintained a presence in the care home where they were accessible to people using the service, their representatives and staff. On a day to day basis in the absence of the registered manager, registered nurses including senior nurses would take charge of the care home.

The vision and values of the service had been written by the registered manager and included, "To provide the best high quality care, comfort and safety" and aiming to promote "independence through person-centred care". The registered manager reported no major current challenges to running the service. Recent developments included increasing the staff hours, raising the profile of the night shift by appointing a senior nurse to night duties. The registered manger ensured they kept up to date with current practice through a local care forum, attending clinical training, updates from the provider and meetings with other care services operated by the provider.

People benefitted from quality assurance checks to ensure a consistent service was being provided. A range of audits were carried out such as health and safety, infection control and care plans. In order to monitor the provision of meals and related issues, care home food meetings were held on a monthly basis with relevant staff. Night visit audits had been completed with a senior member of staff visiting the care home at four in the morning on one occasion to make checks. No issues were found.

Other quality checks were in place. Visits by a manager from another care village operated by the provider took place. In addition the village manager also carried out a monthly audit and attended quality meetings with the registered manager to examine areas such as pressure area care, weight loss and falls. An internal unannounced inspection had been completed by the provider's care and compliance team. Surveys were carried out of the views of people using the service and their representatives. The results were analysed and an action plan produced. Areas for action on the most recent completed survey were changes to how meals were presented and served and changes to activities including more one-to-one activities. Staff views were

also surveyed and the registered manager described actions taken to improve communication with the staff team as a result of the findings of the most recent survey.