

Richmond Care Villages Holdings Limited

Richmond Village Letcombe Regis DCA

Inspection report

South Street
Letcombe Regis
Oxfordshire
OX12 9JY

Tel: 01235773970
Website: www.richmond-villages.com

Date of inspection visit:
11 July 2017

Date of publication:
17 August 2017

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

We undertook an announced inspection of Richmond Village (DCA) on 11th July 2017. We told the provider one day before our visit that we would be coming. Richmond Village provides personal care services to people in their own homes. At the time of our inspection 33 people were receiving personal care from the service.

At the previous inspection in September 2016 we found the provider had not taken the necessary steps to mitigate the risks associated with people's care in that not everyone had appropriate risk assessments in place. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We also found that the services quality monitoring systems were not always effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the service had made significant improvements to address the areas of concern and bring the service up to the required standards. People's care records contained up to date and accurate information and guidance for staff to mitigate the risks associated with people's care. The manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

The service had a registered manager. 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. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff had completed safeguarding training. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

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 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.

People were supported by staff who had been trained in the MCA and applied it's principles in their work .

Staff spoke positively about the support they received from the registered manager. Staff had access to effective supervision. Staff and the registered manager shared the visions and values of the service.

The service sought people's views and opinions. 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 were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment.

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. People told us they felt safe.

Where people were identified as being at risk, assessments were in place.

Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

People received their medicines as prescribed.

Is the service effective?

Good 

The service was effective.

People were supported by staff who had been trained in the MCA and applied its principles in their work.

Staff had the training, skills and support to meet people's needs.

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

Is the service caring?

Good 

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

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

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed to ensure they received personalised care.

Staff understood people's needs and preferences.

The service was responsive to peoples changing needs.

Is the service well-led?

Good ●

The service was well led.

The manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

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.

Richmond Village Letcombe Regis DCA

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 was 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 11th July 2017 was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. This inspection was conducted by one inspector.

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, three relatives, seven care staff, one team leader and the registered manager. We looked at six people's care records, six staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Is the service safe?

Our findings

At the previous inspection in September 2016 we found the provider had not taken the necessary steps to mitigate the risks associated with people's care, in that not everyone had up to date or complete risk assessments in place. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the service had made significant improvements. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, People's care plans contained risk assessments which included risks associated with moving and handling, pressure damage, falls, medication and environmental risks. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at risk of experiencing negative symptoms of a medical condition if they did not take their medication. The person's care record gave guidance for staff to encourage conversations with the person about the benefits of taking their medicine.

One person was at high risk of 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 to healthcare professionals. Another person was at high risk of falls. The person's care record gave guidance for staff to ensure that mobility and walking aids were within reach of the person. People we spoke with told us staff followed this guidance.

People told us they were safe. Comments included; "I feel safe having them around", "They are nice people", "They look after me really well", "I trust my carers 100%", "They look after the both of us well" and "We love having them in here, they are lovely".

Staff were aware of types and signs of possible abuse. Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff we spoke with told us that if they had any concerns then they would report them to the registered manager. One member of staff told us, "I would go straight to [registered manager]. If [registered manager] wasn't available then I would go higher". Another staff member said, "I would first inform [registered manager], if I did not feel that it had been dealt with appropriately then I would go higher or consider using the whistle blowing policy".

Staff were also aware they could report externally if needed. One staff member said, "I would report it to the CQC (Care Quality Commission) and the Oxfordshire safeguarding team". Another staff member said, "I would raise it with social service, the person's G.P and you (Care Quality Commission)".

Staffing rotas confirmed, there were enough staff to meet people's needs. People told us there were enough staff to meet their needs. Comments included; "They are always on time", "I have regular carers that are always on time" and "If they are running five minutes late then they let me know". A staff member we spoke with told us, "I think the staffing levels here are good".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised in people's homes. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

Where people needed support with taking their medicines we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicines had been appropriately trained and their competency had been regularly checked. One person we spoke with told us, "There's no fear of not getting my medication".

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 support plans. One person told us, "They are knowledgeable about (medical conditions) and what that means for me and my wife". A relative said, "They certainly seem to know what they are doing".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff completed training which included; medication, moving and handling, infection control, dementia, nutrition and hydration, pressure care, safeguarding, fire safety and the Mental Capacity Act.

Staff told us that the training supported them in their roles. Comments included; "The training is really good. You can ask for refresher training even if your training's not out of date yet", "They are pretty good when it comes to training", "They are always offering you training, it's really good" and "The training is brilliant, [staff] the trainer makes you feel at ease and delivers the training in a way that's easy to understand".

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 we spoke with told us, "I'm doing my NVQ two". Another staff member said, "I am currently doing my care certificate". The registered manager told us, "I am currently doing my NVQ level five. [Provider] is very good at supporting us with our training and qualifications".

We saw evidence staff had recently accessed specialist dementia training. The training involved the use of a bodysuit which simulates mobility issues that people living with dementia face by restricting movement with weights and straps. The impact of this is that the service supported staff to build a greater insight into the experiences that people with dementia face. We spoke with one member of staff who had recently attended the training. They told us, "You actually get to feel what it is like for someone living with dementia. It was really, really, really good training".

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and to report our findings. The 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.

The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. They told us, "Just because a person lacks capacity in one thing does not mean the lack capacity in other areas" and "Everyone has capacity until deemed otherwise". The registered manager also told us, "Person first, dementia second. That's what we teach staff".

People were supported by staff who had been trained in the MCA and applied it's principles in their work. All

staff we spoke with had a good understanding of the Act. One staff member we spoke with told us, "Everyone has capacity until deemed otherwise". Another staff member said, "If a person lacks capacity then any decisions must be in the person's best interest".

Newly appointed care staff went through an induction period which was matched to a national certificate in care. This included training for their role, shadowing an experienced member of staff and having their competencies assessed prior to working independently with people. One staff member told us, "I did all my induction training and then I shadowed other carers for two weeks".

Staff told us, and records confirmed they had effective support. Staff received regular supervisions. A supervision is a one to one meeting with their line manager. Supervisions were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. One staff member told us, "We have regular supervision where we get to discuss the residents or any concerns we have". Another staff member said, "I don't feel that I have to wait for supervision. If ever I have a problem or a question then there is always someone in the office or at the end of the phone".

Staff were also supported through spot checks to check their work practice. The registered manager and senior staff observed staff whilst they were supporting people. Observations were recorded and feedback to staff to allow them to learn and improve their practice. Observations were also discussed at staff supervisions. One staff member told us, "I have had a spot check, they help you to recognise what you are doing well or what you need to improve on".

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People who did need support told us they received appropriate support. One person we spoke with told us, "They do a good job helping me with my meals".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, occupational therapists, podiatrists, dentists, CHSS (Care Home Support Service), and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans. For example, where people had been identified as having swallowing difficulties referrals had been made to Speech and Language Therapy (SALT). Care plans contained details of recommendations made by SALT. People we spoke with told us staff followed this guidance.

Is the service caring?

Our findings

People were complimentary about the staff and told us staff were caring. People's comments included; "The carers will do anything for you", "The girls are brilliant. My mobility is getting worse, so I can't get out as much. They will pop out and grab me a packet of biscuits if I ask", "The carers are fantastic", "I am very satisfied with the care", "They do a good job", "The carers are very good" and "I like all of them". A relative we spoke with told us, "The care is very good".

Staff told us they enjoyed working at the service. Comments included: "I love this job", "I have always been caring, so this seemed like the right job to do", "I really enjoy my job and helping people", "I like going home at the end of the day knowing that I have helped someone" and "I love coming into work".

People told us staff were friendly, polite and respectful when providing support. One person told us, "They are very polite and respectful". Another person said, "They are always cheerful, polite and happy to have around".

People told us they were treated with dignity and respect. Comments included; "100% they protect my dignity", "They always make sure I'm covered up properly after I have had a bath or a shower", "They always close the doors and windows" and "I have no concerns about my dignity when I am with them".

We asked staff how they promoted people's dignity and respect. Staff comments included; "Make sure curtains are closed and no one can see into the room", "Use dignity towels during transfers" and "I try and do as much as I can with the client in the security of their own bathroom",

Staff we spoke with told us the importance of informing people of what was going to happen during care. One staff member told us, "It good practice so people don't become alarmed". Another staff member said, "It would be horrible if someone just started to do something to you without telling you. For me this is a key aspect of showing dignity and respect to people".

People told us they felt involved in their care. One person told us; "They always do their utmost to include us in everything". Another person said, "They include us in everything". A relative told us, "We often discuss how things are".

Staff we spoke with told us how they supported people to do as much as they could for themselves and recognised the importance of promoting people's independence. One staff member told us, "By supporting people to remain independent we help people stimulate the brain activity and support them to remain in control". Another staff member said, "It helps people feel in control of aspects of their life".

People's care plans guided staff on promoting independence. For example, people's care records gave guidance for staff on supporting people to be independent during personal care tasks that matched their individual wishes and needs. Staff were aware of this guidance and told us they followed it.

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice.

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care plans contained a document called 'important things you need to know about me'. This document captured person specific information that included people's personal histories, personal care preferences, food preferences, cultural and spiritual needs, favourite pastimes and people who were important to them.

One person's care records included a care plan for their pet dog. The care plan contained a picture of the pet alongside important information that included the dog's nutritional needs, medication regime and the emergency contact detail for a veterinary practice. This demonstrated that people were cared for by a service that recognised the importance of person centred care.

Staff we spoke with were knowledgeable about the person centred information within people's care records. For example, one member of staff we spoke with told us about how a person liked to spend their time and what their hobby was. Another staff member told us about a person's military and academic background. The information shared with us by the staff members matched the information within people's care records.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's care records highlighted what aftershave the person liked to wear following personal care. Another person's care record gave guidance on the person's nutritional needs and how they liked to take their medication.

Care records contained details of people's medical histories, allergies and on-going conditions. Care plans had been developed from the information people provided during the assessment process. People's care records also included national guidance of areas of their specific care needs. For example, pressure care, diabetes and Parkinson's disease. Care plans were updated regularly to ensure the information was accurate. People we spoke with told us their care was regularly reviewed by the service. One person we spoke with told us, "At least once a year we get out the folder and go through things".

People told us the service was responsive to their changing needs. Comments included; "They have helped me on a few occasions and they keep records of everything they do", "They have often supported me with making appointments" and "I once had to go to hospital quickly and they came with me".

We saw evidence of how the service responded to people's changing needs. For example one person needs had change in relation to their hearing. This person's care records had been updated to include clear guidance for staff on how to support and encourage the person with their new hearing aid. Staff we spoke with were aware of this guidance and told us they followed it.

The home sought people's views and opinions through satisfaction surveys. We noted that the results of the

satisfaction surveys were positive. People we spoke with told us they felt confident in giving feedback on the service and that they would feel listened to. One person told us, "Once a year we get asked for feedback on how things are going, we always fill it in".

People knew how to raise concerns and were confident action would be taken. The service's complaints policy was available to all people, and a copy was kept within people's care records. Records showed there had been no complaints since our last inspection. One person we spoke with told us, "I have no complaints but if I did I would just ring the manager".

Is the service well-led?

Our findings

At the previous inspection in August 2016 we found the provider did not have an effective system in place to monitor the ongoing management of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the registered manager had made significant improvements to address the areas of concern and bring the service up to the required standards. Regular audits were conducted to monitor the quality of service. These were carried out by the registered manager. Audits covered all aspects of care including, care plans, risk assessments medication and the day to day running of the service. Information was analysed and action plans created to allow the registered manager to improve the service. For example a recent audit of medication records had identified inconsistencies in people's MAR charts. We saw evidence that initially the information from the audit was cross referenced with people's daily records to ascertain that people had received their medicines as prescribed. Once the registered manager was confident that people had received their medicines, they then addressed this with staff at a team meeting. We also saw evidence that this was followed up in individual staff supervisions. As a result the standard of records improved.

Since our last inspection the registered manager had introduced an additional system to complement the services 'visit log'. The additional system captured important information about visits that had not taken place due to circumstances that were out of the control of the service. For example, if someone had gone out for the day and not cancelled their care visit. We saw evidence of how this system had supported the services other quality assurance systems. For example, a recent audit of care records had identified missing entries in people's communication sheets. The registered was able to cross reference this information with the new system to establish a legitimate reason as to why the care visit had not taken place.

The registered manager had also introduced 'peer led auditing'. This involved carers auditing each other's notes and records. We spoke with the registered manager about this and they told us "We felt that it would support staff in understanding the need for good note recording and why it is important to record the things we do. It can also demonstrate the potential impact of other people actions".

People spoke positively about the registered manager and the service. One person told us, "I am very satisfied with the overall service". Another person said, "I have met [registered manager] on a few occasions and she is a very pleasant person who is willing to help you".

Staff spoke positively about the registered manager. Comments included; "[Registered manager] is really good", "It doesn't matter if you have concerns at home or work. She always has time for you", "You can be open and honest with her. She is a really good manager" and "[Registered manager] is amazing, she is approachable".

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.

Team meetings were regularly held where staff could raise concerns and discuss issues. The meetings were recorded and made available to all staff. One member of staff told us, "We discuss our concerns and what improvements we can make".

The registered manager had introduced an 'employee of the month award' to highlight good practice within the staff team. Each month a staff member received the award. The registered manager told us, "I feel it's important to acknowledge the hard work they do".

In addition to this the provider also had in place 'carer's week' which identified an individual carer for every day of the week and the contribution that they had made to supporting people. Staff were awarded a small gift in recognition of their services. We spoke with one member of staff who had recently been awarded with an 'employee of the month'. They told us, "It made me feel really appreciated". A staff member who had received recognition during carer's week told us, "It was amazing". Another staff member showed us a letter where the director of the organisation had recently written to them thanking them for their service and hard work. They told us, "I couldn't believe it, it made me feel so appreciated. It was really thoughtful".

Accidents and incidents were recorded and investigated. The registered manager used information from the investigations to improve the service. For example, following a number of incidents that involved a person having a number of falls, the registered manager highlighted patterns associated with the falls and used this information to support a referral to the CHSS (Care Home Support Services). Although the service is not a care home it is located within the same grounds as a care home owned by the provider. Therefore the registered manager approached the service and asked if they would be willing to give some recommendations to mitigate the risk of future falls. CHSS agreed and as a result the person quality of life improved. This demonstrated that the service was continually looking to improve the quality of care it provided.

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 staff member told us, "I would use our 'speak out policy' to whistle blow if I had to".

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.

The service worked in partnership with visiting agencies and had links with G.P's, district nurses and healthcare professionals.