

Richmond Care Villages Holdings Limited

Richmond Village Northampton 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 Northampton DCA is a domiciliary care agency providing personal care to people living in their own apartments within Richmond Retirement Village in Northampton. At the time of inspection there were 24 people receiving personal care.

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

The registered manager had been absent from the service since April 2019. An acting manager had been appointed who understood the provider's culture. The acting manager was respected by staff and had continued to improve the service.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. People were supported to access relevant health and social care professionals.

People received their care at the agreed times. People's medicines were managed in a safe way. People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks.

People received care from staff they knew. Staff had a good understanding of people's needs, choices and preferences. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care.

People were involved in the planning of their care which was person centred and updated regularly. People were supported to express themselves, their views were acknowledged and acted upon. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Staff were recruited using safe recruitment practices. Staff received training to enable them to meet people's needs and were supported to carry out their roles.

The management team continually monitored the quality of the service, identifying issues and making changes to improve the care.

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

The last rating for this service was Good (published 5 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 Northampton 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 was undertaken by two inspectors on 23 July 2019.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own apartments within a retirement village. Not everyone using the service received the regulated activity 'personal care'. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission, however the registered manager had been absent from the service since April 2019. An acting manager had been appointed in the interim. 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the clinical governance manager, the manager of the residential services who is supporting the acting manager, the acting manager and three care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us staff helped them to feel safe. One person said, "I do feel safe here."
- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse. One member of staff said, "I would report any concerns to the senior carer or manager."
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.
- Safeguarding alerts had been raised appropriately and clear records were maintained.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. Staff were kept up to date with changes in people's care during handovers and team meetings.
- Staff promoted independence and encouraged people to use walking aids where they were at risk of falls. One relative told us, "[Name] has never accepted a walking stick but staff have been excellent, they gently guide [family member] along."
- People are provided with an emergency call system which can be attached to their wrist which enables them to contact staff in the event of an emergency, they then have ability to talk to staff over the phone. Staff ensured people had their call bells on their person before leaving their apartments. One person told us, "I am quite confident [using the call bell], no worries at all."

Staffing and recruitment

- There were enough staff deployed to provide people with their care at regular planned times.
- People received care from a regular group of staff who knew people well. Staff also worked in the Nursing Home which is located within Richmond Village where they gained additional care skills. Staff had the benefit of getting to know people as they recovered, before they commenced personal care when they went home.
- Staff were recruited using safe recruitment practices whereby references were checked and their suitability to work with the people who used the service.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention.

- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons. One person told us, "Staff usually wear aprons and gloves."
- The management team carried out spot checks on staff to check they were following procedures and using PPE.

Using medicines safely

- People were assessed for their abilities to manage their own medicines. Where people required support with their medicines, they received these as prescribed. One person told us, "I get mine [medicines] right all of the time, if I do ever run out they [staff] go out and get it."
- Staff received training in the safe management of medicines and their competencies had been checked. One member of staff told us, "We've had refresher training."
- Regular medicines' audits informed managers of any issues which were rectified in a timely manner.

Learning lessons when things go wrong

- The management team were pro-active in using information from audits, complaints, incidents and safeguarding alerts to improve the service. The managers worked with staff to understand how things went wrong and involved them in finding solutions.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 commenced using the service to ensure staff understood people's needs and preferences. The manager used a holistic assessment to understand people's needs and facilitated people's discharge from hospitals. One relative told us, "[The manager] has been the backbone of getting [relative] home."
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs.

Staff support: induction, training, skills and experience

- New staff received an induction which provided staff with a good foundation of knowledge and understanding of the organisation and their roles.
- New staff shadowed experienced staff to get to know people they would be caring for.
- Staff received additional training to meet specific needs, for example care of feeding tubes.
- Staff received regular supervision and guidance to support them in their roles. Staff told us their manager was very supportive.

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

- People living within the assisted living suites in Richmond Village had their meals prepared for them in the restaurant. People could choose if they had these meals delivered to their apartments. Staff knew people's dietary requirements and ensured people were served these. One person told us, "The meals are lovely, very good, very very good."
- People living in their apartments in the grounds of Richmond Village had their meals prepared in their homes. Staff had training in food hygiene and provided balanced meals that met people's dietary needs.

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

- People were supported to make healthier life choices such as diet and exercise.
- Staff supported people to attend health appointments and referred people promptly to their GP or other medical services promptly when they showed signs of illness. One relative told us staff were very vigilant and understood their relative's needs, they said, "When [name] was unwell, [the manager] recognised this to be

a symptom of their frequent chest infections, [the manager] contacted the GP and asked them to check for a chest infection, which [name] had."

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 were being met.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed the staff always asked their consent before providing their care.
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care.
- The manager confirmed no people using the service were currently subject to any restrictions to their liberty under the Court of Protection.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- People received care from staff who knew them well. They had formed good relationships which people told us were invaluable. One person said, "They [staff] really care." A relative said, "[Name] can relate to all of them [staff]."
- People told us staff were kind and friendly. One person told us, "[Staff] are always friendly." A relative told us, "They [staff] are all lovely, that is so important, a happy environment."
- Staff took pride in people's progress and spoke positively about the people they cared for. They shared examples of people learning to cope and remain in their homes with care. One member of staff told us, "People are getting very good care."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

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

- People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care.
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity. One person told us, "Staff usually close the doors." A member of staff explained, "We maintain people's dignity when we support them to wash by only exposing the areas you need."
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. One person demonstrated how staff encouraged them to carry out their personal care themselves and only assist where required. A relative said, "They [staff] promote independence with humour." One member of staff said, "We encourage people's independence."
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 and where appropriate, their relatives had been involved in creating and updating their care plans. One relative said, "We worked things [care planning] out together."
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred. For example, the timings of their visits.
- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and took into account their personalities and previous lives. One member of staff told us, "You have to get to know people, know their lives before they were here." A relative told us, "[Name's profession] it was a huge part of their life, they [staff] have picked up on that."
- People were included in all activities available within Richmond Village, this enabled people to take part in hobbies, pastimes and new experiences which enhanced their lives and their well-being. The manager showed photographic evidence of many social gatherings. One member of staff told us, "[Name] used to be a dance teacher, they like to attend the seated ballet."

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 provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place whereby complaints would be addressed in accordance with the provider's policy.
- There had not been any written complaints in the last three months. One person had made a verbal complaint which had been dealt with sensitively and resolved through mediation. Staff told us, "[The manager] was very responsive, they dealt with the situation sensitively."

End of life care and support

- People were given the opportunity to record what was important to them at end of life. Staff followed people's wishes.

- Staff worked closely with people's GP and district nurses to ensure people were assessed for their symptoms and kept comfortable.
- Some people chose to be admitted to the Nursing Home within Richmond Village for end of life care; where staff knew people as they rotated between the services.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- The acting manager promoted person centred care in all aspects of the service. Relatives told us the positive can-do attitude of the manager had helped people to receive prompt and professional care. One relative said, "[The manager] has been a star throughout, she has been good at keeping me informed." Another told us, "[The manager] is nice, pleasant, understanding and accepting."
- The whole staff team was supported by the acting manager. Staff told us, "[The manager] is so supportive" another said, "[The manager] is very good, if I have to talk to them about anything, she will deal with it straight away."
- Staff told us they were happy working at the service 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 acting manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The management team supported staff to learn from incidents and actions taken.

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

- The management team carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the managers acted to improve the service.
- The acting manager recognised there were areas of record keeping required improvement. The governance team had identified the areas that required attention and they worked together to complete the action plans.
- The acting manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Policies and procedures were in place containing current and supported best practice.
- Staff attended meetings to discuss updates in policies and refresh knowledge.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked for their feedback through formal surveys and at group meetings. Issues and suggestions were acted upon.
- People's equality characteristics were considered when sharing information, accessing care and activities.

Working in partnership with others

- The acting manager was developing their relationship with people's GP, district nurses and health teams.
- There was a close working relationship with the care team within Richmond Village, sharing training, policies and interlinking staff rotas to ensure continuation of care when people moved in and out of the village care ward.