

Richmond Care Villages Holdings Limited

# Richmond Village Northampton DCA

## Inspection report

Bridge Meadow Way  
Grange Park  
Northampton  
Northamptonshire  
NN4 5EB

Tel: 01604432600  
Website: [www.richmond-villages.com](http://www.richmond-villages.com)

Date of inspection visit:  
02 March 2016

Date of publication:  
09 May 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

This announced inspection took place on 2 March 2016. This domiciliary care service is registered to provide personal care to people living in their own homes. People lived in Richmond Village which provides a range of accommodation and integrated services within a village community – including independent living and assisted living. At the time of the inspection the service supported 23 people.

There was a registered manager in recently in post at the time of our inspection. 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 new manager had recognised that the service required improvement in areas such as supervision of staff, additional and enhanced training in medicines management and more permanent staffing. They had identified the issues we found on inspection and had the support of the provider to implement their improvement plan.

People were safeguarded from physical harm or psychological distress arising from poor practice or ill treatment as staff understood their responsibilities to respond to allegations of abuse and protect people from harm.

People's care plans were individualised and reflected the support they needed and that had been agreed with them. They benefited from receiving care from staff that listened to them and acted upon what they said. Staff encouraged and enabled people to retain as much independence as their capabilities allowed.

People who required help with their medicines were supported to order, store and take their medicines, however staff required further training to do so safely.

Appropriate risk assessments related to people's support needs were in place and were acted upon by staff.

People's quality of care was effectively monitored by the audits regularly conducted by the registered manager and the provider. People knew how and who to complain to. They were assured that they would be listened to and that appropriate remedial action would be taken to try to resolve matters to their satisfaction.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

There was not always enough skilled staff deployed to meet people's needs.

Staff required further training in medicines to ensure people were supported to take their prescribed medicines safely.

People felt safe and comfortable in their own home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff were not suitably supported to carry out their roles.

Staff did not always gain verbal consent to enter people's properties.

Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People had access to relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

### Is the service caring?

**Good** ●

The service was caring.

Staff had developed good relationships with people.

People's privacy and dignity were maintained during personal care.

People felt listened to.

People were involved where possible in their care planning and reviews.

Staff understood the need to respect people's confidentiality.

### **Is the service responsive?**

**Good** ●

This service was responsive.

People were assessed for their suitability for the service before care was commenced.

People received their care as planned, and care plans were updated when people's needs changed.

Care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint. The complaints system was effective in responding to complaints appropriately.

### **Is the service well-led?**

**Good** ●

This service was well-led.

A registered manager was in post and they were active and visible in the service.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

People using the service, their relatives and staff were confident in the manager. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

# Richmond Village Northampton 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 March 2016 was announced and was undertaken by one inspector. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection we contacted health and social care commissioners who place and monitor the care of people living in the home. We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with four people who used the service and three of their relatives, five members of staff including three care staff, the activities co-ordinator and the registered manager. We reviewed the care records of four people who used the service and four staff recruitment files. We also reviewed records relating to the management and quality assurance of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

People felt safe where they lived. One person said "I feel safe, I trust them [staff]." One relative told us "I am confident with the care [my relative] receives."

Although there was a system for regular fire safety checks staff did not have access to people's individual evacuation plans. The new manager had recognised that staff needed to know people's mobility needs in the event of an evacuation of the village and was in the process of collating the information staff would require in the event of an emergency.

People thought there were sufficient staff available to provide their care and support and we saw that the rotas provided enough staff on each shift to meet most people's needs. Where agency staff were deployed alone at night, we found that they were not permitted to administer medicines which left one person's relative providing their medicines at midnight. The manager had recognised that this was unsatisfactory and was recruiting to provide permanent staff on all shifts.

The service had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. One member of staff said they had reported their concerns in the past to the manager, and all staff we spoke with said they would not hesitate to report abuse if they saw or heard anything that put people at risk. Staff told us they had received training on protecting people from abuse and records we saw confirmed this. They were aware the 'speak up' policy, the whistle-blowing procedure for the service and said that they were confident enough to use it if they needed to.

People were enabled to take risks and staff ensured that they understood what measures needed to be taken to help keep people safe. A range of risks were assessed including environmental risks to minimise the likelihood of people receiving unsafe care. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. Staff demonstrated their knowledge of people's risks and what they had to do to mitigate these risks.

When accidents did occur the manager and staff took appropriate action to ensure that people received safe treatment. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks. People had emergency access to carers via a call system and we observed that people were wearing their call pendants.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff were checked for criminal convictions and satisfactory employment references were obtained before they started work.

Staff had received basic training in the safe administration, storage and disposal of medicines. The provider

had a system where staff could only prompt or administer medicines that were supplied by pharmacists in a monitored dosage system. The new manager had recognised the need for staff to have a greater understanding of the medicines and have their competencies tested which was being implemented. The manager had identified that the quality monitoring of the management of medicines was very basic and were not detailed enough to identify potential issues, and was in the process of updating this.

## Is the service effective?

### Our findings

Staff had not received regular supervision or received an annual appraisal. The new manager had identified this issue and had planned appraisals for all staff that had been in employment for 12 months. We saw that supervision meetings were also planned and two had been carried out already, these had covered staff understanding of people's needs and promoting good communication skills.

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. Staff received an induction and mandatory training such as moving and handling and health and safety. Additional training relevant to the needs of people were also included such as people living with dementia. There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed.

Staff did not always seek verbal consent to enter people's property. People told us that staff did not always knock before they entered their home; they told us "some staff just walk in." We observed that one member of staff did not knock and introduce themselves before entering another person's home. We informed the manager who stated they would address this with staff during their supervision.

Records showed that people had provided written consent for staff to access their properties to provide care and in an emergency.

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.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. Staff were supported by appropriate policies and guidance and were aware of the need to involve relevant professionals and others in best interest and mental capacity assessments if necessary. Staff recorded where people had a lasting power of attorney in the event that people may not have capacity to make decisions about their health in the future.

People were supported to maintain a healthy diet. Staff prepared meals in people's homes. Staff were aware of people's dietary needs and where people did not eat and drink well; people were referred to their own GP and dietitian for health care advice. Care plans provided staff with guidance on who needed encouragement and prompting to drink or eat.

People had access to GPs and community nurses; and people were referred to specialist services when required. One relative told us they were kept informed of changes in their relative's condition and told when health professionals were due to visit. Care records detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

## Is the service caring?

### Our findings

People were cared for by staff that were committed to providing good quality care. Staff showed compassion for the people they cared for and gave examples of how they empowered and encouraged people in their daily lives. Staff had developed good relationships with people; one person said "the [staff] are brilliant, always polite." A relative told us "Staff have a good rapport with [my relative] I'd give them ten out of ten."

People's privacy and dignity were maintained during personal care, we saw that staff had closed people's curtains to maintain their privacy. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know.

People felt listened to. A member of staff told us how they helped to reassure people when they were anxious by taking time to talk with them. We saw that staff helped one person by writing daily activities in their diary and talking through their appointments for the day to relieve their anxiety.

Relatives were kept informed of people's well-being. One relative told us "I am confident with the care [name] receives, when I phone up I am always able to speak to the manager and get feedback on [my relative] every day."

People were involved where possible in their care planning and reviews. Care records showed people's wishes had been incorporated such as when they wanted to receive care. People and their relatives had the opportunity to feedback about the service during their reviews and in formal surveys.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know.

## Is the service responsive?

### Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. The assessments formed the basis for individual plans of care developed specific to the person concerned and these contained information about their previous lifestyle so that their values and interests could be supported.

Care plans contained detailed information for staff about how people liked to be supported and how to meet people's assessed needs. These included people's preferences such as the time people liked to receive their care. People told us they received their planned care, one person said that staff were "always very willing." Their daily records demonstrated that staff provided the support according to the care plan and people's wishes.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. We saw that people and their relatives reviewed their plans of care with staff. The manager told us when any changes had been identified this was recorded in the care plan. This was confirmed in the care plans we saw.

People were encouraged and supported to follow their interests and people had a variety of social opportunities that they were involved with within the village. The service supported people with planning day trips ensuring appropriate staffing was available and risks had been assessed. The activities co-ordinator told us how staff facilitated people who received personal care to join in with activities such as opera appreciation.

When people started using the service they and their families were provided with the information they needed about what to do if they had a complaint. One person said "I have not had to make a complaint, but I know that I can approach the manager with any concerns." There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. There had not been any complaints made since the new manager came into post in November 2015.

## Is the service well-led?

### Our findings

The service had undergone a recent change in management that had impacted positively on the quality and standards of care people received. One member of staff told us the service was "more organised now."

There was a registered manager who understood their responsibilities in ensuring the service met the regulations and had a clear vision on how they intended to improve the service. They had identified the areas that required improvement such as the need for permanent skilled staff to meet people's needs and supervision and support for staff. They had plans and the support from the provider to implement these changes.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. One relative told us "the management are doing a good job, they are actually improving." The manager had responded to people's feedback by improving the level of information given to them such as the user guidance and statement of purpose. People told us they were generally happy and content with the service and they would recommend the service to other people.

Staff meetings were planned monthly, and the format included updates on the improvement plan and changes in people's needs. The registered manager demonstrated how they were going to develop these meetings to keep staff updated and encourage a team spirit.

Where staff had been included in implementing improvements to the service, staff said they felt they had been listened to and supported by the registered manager. One member of staff said "the new manager always asks after staff well-being, and if we are not sure about anything we can always ask."

Quality assurance audits were completed by the manager to help ensure quality standards were maintained and legislation complied with. There was an improvement plan in place to make the quality monitoring process more robust in identifying where care could be improved. Where audits had identified shortfalls action had been carried out to address and resolve them, for example in updating people's care plans and staff training.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment were fit for purpose.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.