

Richmond Villages Operations Limited

# Richmond Village Cheltenham

## Inspection report

Care Home  
Hatherley Lane  
Cheltenham  
GL51 6PN

Tel: 01242474333  
Website: [www.richmond-villages.com](http://www.richmond-villages.com)

Date of inspection visit:  
25 May 2021  
26 May 2021

Date of publication:  
13 July 2021

## 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 Cheltenham is a care home with nursing for up to 60 older people and people living with dementia. At the time of this inspection there were 13 people living at the service.

Richmond Village Cheltenham is part of a care village. The care home contained a range of lounges, with a dining room on each floor. The home also had access to facilities shared with the village including an activities room, a restaurant, gym and wellness facilities. There is also a roof top garden as well as large garden that people living in the home can enjoy.

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

People felt safe and at home at Richmond Village Cheltenham and spoke positively about the care and support they received. Relatives had peace of mind regarding their loved one's care.

Nursing and care staff understood people's needs and how to assist them to protect them from avoidable harm. Detailed person-centred care plans and risk assessments were in place, which provided staff with clear guidance on how to meet people's needs.

People's medicines were managed safely and appropriately. Staff were responsive to people's changing medical needs.

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.

People were supported by staff who had been trained and supported to meet their needs. People and their relatives spoke positively about the caring nature of staff.

Staff spoke positively about people and meeting their care needs.

People were supported with activities and engagement from dedicated activity and lifestyle staff. Staff had time to spend with people, including supporting them accessing the village grounds. Staff and management understood people's needs and interests and used the environment creatively to meet these needs.

Alongside Richmond Village Cheltenham DCA, which is located on the same site of the care home, the services worked collaboratively to provide a pathway of care which supported people to stay within the village if and when their needs changed. The service worked alongside healthcare professionals to reduce unnecessary hospital admissions.

People's individual dietary needs were met. People were supported to make choices regarding diets. Where people were at risk of malnutrition, staff took appropriate action to ensure their needs were met.

Richmond Village Cheltenham was a new purpose-built care home. The home was clean and well decorated. There were clear plans in place to maintain the building and equipment.

The service had infection control processes and systems in place to reduce the risk of people contracting COVID-19.

People, their relatives and staff spoke positively about the management of the home. The management team and provider had systems in place to assess and monitor people's health and wellbeing. The manager reviewed all incident and accident records to ensure appropriate action had been taken and to identify trends to reduce the risk of recurrences.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 13 March 2020 due to a change in ownership. This is the first inspection.

#### Why we inspected

This was a planned inspection based on the service being newly registered.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will 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.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

### 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 Cheltenham

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Richmond Village Cheltenham is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A manager was in place who was in the process of applying to become the registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection took place on 25 and 26 May 2021 and was unannounced.

#### What we did before the inspection

We reviewed all the information we had received about this service since the last inspection. This included

information of concern, information from the provider and feedback from commissioners of the service and healthcare professionals. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people and with two people's relatives. We spoke with 11 member of staff including, a hostess, three agency care staff, one agency nurse, three care staff, a kitchen assistant, the manager and the village manager (who is also the registered manager for Richmond Village Cheltenham DCA). We reviewed the care plans and risk assessments of four people. We reviewed records relating to infection control and how the service supported people.

# Is the service safe?

## Our findings

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

This is the first inspection for the service which was registered with CQC in March 2020. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe at Richmond Village Cheltenham. Comments included, "I feel very safe here" and "The staff keep me safe." One relative told us, "I don't worry about my parents, they are in really good hands. I know my dad will be looked after."
- Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and the contact details for reporting a safeguarding concern were available.
- The manager and villager manager were aware of their responsibilities in reporting any concerns or incidents of abuse. Safeguarding processes had been followed appropriately where necessary.

Assessing risk, safety monitoring and management

- People's needs were assessed, and staff knew how to protect people from avoidable risks. One person was at risk of falls. Staff worked with the person to reduce the risk of falls, including reviewing the equipment they used and seeking the advice of external professionals. The person was supported to make decisions and take positive risks to maintain their independence.
- One person was being cared for in bed. There were clear care plans in relation to supporting the person to protect and maintain the health of their skin. Staff understood the support this person required, including support to reposition the person to reduce pressure on their skin. Records showed that staff assisted the person to change their position in accordance with their plan of care.
- Staff had guidance on how to assist people who were at risk of choking. One person who was at risk of choking had made decisions which were outside of healthcare professional guidance. There were clear plans in place personalised to the person on how staff should assist them. The person had been supported to take positive risks regarding their risk of choking.
- People could be assured that the building, and equipment used to meet their needs were safe. Maintenance staff ensured the building was maintained and that all equipment was serviced and fit for use. There were clear fire safety processes in place, including personalised emergency evacuation plans for each person.

Using medicines safely.

- People's prescribed medicines were managed safely. There were robust systems in place for the safe storage, administration and disposal of people's prescribed medicines. Where people were prescribed time specific medicines, to manage their condition, these were administered appropriately.
- Staff kept a clear record of people's medicine stocks. These were checked daily and audited by nursing and care staff. These audits also identified any errors or instances where people had not received their medicines as prescribed. This enabled staff to take effective action to maintain people's health and wellbeing and to reflect on their own practice.

### Staffing and recruitment

- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and Barring Service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with at risk groups.
- People were supported by enough staff who had been recruited safely. We observed staff spending time with people throughout our inspection. People and their relatives told us there was enough staff deployed to meet their needs. Comments included, "If I need the staff they do come quickly" and "There are always staff around."
- Staff told us there were enough staff and time to meet people's needs in the way they liked. Comments included, "The staffing is fine. We are sometimes let down and then it can be busy, but we get it all done. [Management] tend to get agency and bank staff in which makes the situation better" and "I've worked here a few times. I like that there are enough staff and things don't get left."
- The manager audited how long people waited for assistance using the home's call bell system. This enabled them to identify if there were any times where more staff may be required.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents and/or incidents. The manager worked with healthcare professionals to assess and manage people's risks.
- The manager and staff used observations and supervisions to identify and follow up on any shortfalls. Staff were supported to reflect on their own practice and identify actions or support they required to develop their personal skills. Staff spoke positively of the support they received from the manager, village manager and provider.



# Is the service effective?

## Our findings

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

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

Staff support: induction, training, skills and experience

- People and their relatives spoke positively about the nursing and care staff. Comments included: "The quality of staff has been good. The quality has been phenomenal" and "The staff are lovely; they know how to help me. I'm spoilt."
- Staff spoke positively about the training they received and told us they had the skills required to meet people's needs. Staff comments included: "The residents have some complex needs; however, I have had all the training and support I need" and "I have the skills I need. We get training to meet people's individual needs, including new equipment."
- All staff had access to effective and frequent supervision (one to one meetings with their line manager). Supervision was used to discuss staff professional development as well as reflect on staff practice. One member of staff told us, "[Manager] is very approachable, I know I can discuss my needs with them."

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

- People's needs were fully assessed with ongoing involvement of their close relatives and where necessary based on their assessed needs from healthcare professionals. One relative told us, "The staff are always keeping me informed and involved."
- Universally recognised assessment tools were used to assess people's needs, including their mobility needs and the use of specific equipment. For example, staff at Richmond Village Cheltenham used recognised systems which identified the deterioration in people's healthcare needs to ensure their support remained effective. Staff delivered evidence based-practice and followed recognised and approved national guidance.

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

- People had access to a varied and balanced diet. People spoke positively about the food they received. Comments from people included: "The food is lovely, there is lots of choice." and "There is always something I like. I never go without."
- The support people needed with their dietary needs was recorded in their care plans, including any specific dietary arrangements and textured diets. Staff were aware of people who required a texture altered diet, including pureed food or thickened fluids. Staff understood and followed Speech and Language Therapist (SALT) guidance to ensure people were protected from risks associated with choking or inhaling their food or drink.
- Where people were at risk of malnutrition this information was shared with all staff and a record of the support people required and received was clearly documented. The chef was fully aware of people's needs and discussed the use of calorie enhanced food and protein rich diets.

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

- Care and nursing staff made appropriate referrals and worked alongside GP's and other associated healthcare professionals to meet people's needs and respond to any changes in their health.
- Advice from healthcare professionals helped inform people's care plans and enabled staff to meet people's needs effectively. This included guidance in relation to mobility and speech and language therapy.
- Each person's oral care needs had been assessed. Where necessary people were referred to specialist dental services.
- Staff told us they understood the importance of promoting people's oral health, including assisting people to do as much for themselves as possible, such as using a toothbrush.

Adapting service, design, decoration to meet people's needs

- People were supported to make full use of the home and could orientate themselves around the home and access facilities including a range of communal lounges and dining rooms. As part of the wider care village people could access a restaurant area, a wellness spa and gym, a library, activities room and a rooftop garden as well as a large garden.
- One person had been supported to move rooms to a room which had access to an enclosed balcony area. Staff had identified the person was a keen gardener and this room would enable them to follow their interests, whilst enabling them to be safe and comfortable.
- Areas of the home had been decorated dependent on the people the home were catering for. For example, one floor had dementia friendly flooring and lighting. One relative told us the home and the wider village was beautiful and well thought out.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff supported people to make informed choices regarding their care. We observed staff supporting people to make choices throughout the day, including what they would like to eat and the activities they wanted to enjoy. People spoke positively about how staff offered them choice.
- The registered manager and provider ensured Deprivation of Liberty Safeguards (DoLS) had been applied for people whose liberties were being restricted. DoLS applications had been supported with comprehensive mental capacity assessments and best interest assessments.
- People's legal representatives (those who held Lasting Power of Attorney for Finances and/or for Health and Welfare) were included in decisions regarding the person's care.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy living at Richmond Village Cheltenham and that all staff were kind and caring. Comments included: "I am so spoilt here, the staff are lovely", "The staff are great. All very kind and they look after us."
- People were comfortable and content in the presence of staff members and benefitted from friendly interactions with staff. One relative said, "When Dad moved in the home it was seamless. I know Dad is looked after. I have been given so much support from the staff too."
- Staff were passionate and committed about the care they provided. This was delivered in an empowering and thoughtful way. One member of staff told us, "I am happy working here, I feel we are able to provide good care."
- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognising and respecting their differences. Staff spoke about people in a caring and respectful way.
- Consideration was given to the Equality Act 2010. Staff ensured that people's human rights, lifestyle choices, religious and cultural diversity were respected and reflected in the care they received. People's views were clearly sought on how they wanted to live their lives, including accessing specific television channels, to watch sports, how they wish for their family to be involved and being supported to vote in elections.

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

- People were supported by staff who had time to listen to them and fully involve them in decisions about their care. One agency staff member said, "The staff really talk with people. They listen to them and act on their requests. They offer appropriate choice and involve people as much as possible."
- People were offered choice and involved in decisions about their care. One person had been supported to move into a room which had access to an outside patio, where they could carry on gardening. They explained that this was something they wanted and had been discussed with the village manager. The person was positive about their new room.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained by staff. One relative told us, "Dad is always lovely and clean. I never go in and he's not as it would be. I can't praise the staff enough, they are so patient, polite and respectful."
- People were encouraged to be as independent as possible and staff supported people to attend to their own care where possible. One staff member spoke about independence and said, "Some people may come to live in the home, and we can see they can do more for themselves, and with support could live in the

apartments (part of Richmond Village Cheltenham DCA) or the community. We don't want to take people's independence away; we want to focus on the right care and support for them."

- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the selection and processing of personal information of individuals. Records were stored safely in paper form and online which maintained people's confidentiality.

# Is the service responsive?

## Our findings

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

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

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

- People received person-centred care according to their individual needs and wishes. People's likes, dislikes and preferences were recorded in their care plans and reviewed and updated when needed. A relative spoke positively about the personalised care, "Everything we request they deal with it. As a family we have been given so much support."
- People's needs were assessed prior to moving to Richmond Village Cheltenham. Assessments were undertaken and care plans were developed around people's individual support needs.
- Staff and managers worked with people and their families to decide and review how they received care. Richmond Village Cheltenham and Richmond Village Cheltenham DCA worked together providing a clear pathway of care for people, which included supporting people to move to the home when there needs change or move to more independent accommodation if they were able to.

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.

- People's communication needs were identified, assessed and recorded in care plans. They referred to how people communicated their needs and any support they required. Clear guidance was in place in relation to how staff should communicate with people, including people's preferences on how to acknowledge them.

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

- People's relatives were able to visit them at Richmond Village Cheltenham in accordance with COVID-19 safe visiting guidance. One relative said, "Initially we visited using the visiting pod (a COVID-19 safe room for visiting). Now I do the LFD (lateral flow COVID-19 test), staff managed our expectations, we have the LFD every day and its managed well."
- People were supported to engage in interests and activities within their home. Staff provided stimulation and engagement for people tailored to their needs and preferences. People were supported to access the home's grounds, and village areas, including a restaurant and roof top garden. One person was cared for in bed, however enjoyed watching sport, staff engaged with this person and took time to sit with them.
- Staff were committed to providing meaningful activities to keep people stimulated. Staff understood people's interests and ensured they had the support to follow their interests independently and with support. The service had recently appointed more activity staff who would provide activities throughout the

home and the wider village. This would also include excursions and trips.

- Alongside people living in the wider village, activity staff were promoting people using the village space as they chose, in accordance with COVID-19 guidance. Self-directed engagements were promoted, which people could be supported to attend.

Improving care quality in response to complaints or concerns

- People could raise concerns with the managers or staff at any time. The home had clear complaints policies. People and their relatives were encouraged to provide feedback, both positive and negative. One relative spoke positively about how the managers and staff listened to them to resolve any issues. They said, "They listen. I would recommend it here."

End of life care and support

- People were supported at the end of their life by nursing staff, care staff and other healthcare professionals where required. There were arrangements in place to ensure necessary medicines and additional healthcare support was readily available for people to remain in the home (rather than go to hospital), maintaining their comfort, at the end of their life.
- People's care files contained a ReSPECT (Recommended summary plan for Emergency Care and Treatment) form. These forms detailed people's wishes regarding their care and treatment, such as if they wished to attend hospital for active treatment. Where this information was not already recorded, staff were following this up.

# Is the service well-led?

## Our findings

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

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

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

- There wasn't a registered manager in post. A manager was in post who was in the process of registering with CQC. They worked alongside the Village Manager, who was also the registered manager for Richmond Village Cheltenham DCA.
- Staff were supported by the manager, a management team and provider and understood their individual roles in supporting people. Comments included: "I am happy working here. I feel supported and I know I can do my role. I can also go the managers [head of care and village manager]" and "Even as agency, I feel (Richmond Village Cheltenham) is better than a lot. I get lots of support, I am always kept updated."
- The provider and manager had a clear overview of the training needs of all staff. There was a clear log of the training staff had completed and where additional support was required. The manager kept a clear record of where staff competences had been completed. Each month training statistics were reviewed to identify areas of developmental focus.
- The manager, clinical lead and provider was fully aware of their legal responsibility to notify CQC of notifiable events. The provider understood their responsibility to be open and honest when an incident had occurred. They had demonstrated this when following up concerns; they had ensured people and their representatives, as well as appropriate authorities, had been informed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives spoke positively about the management, the ethos and the caring culture of care staff. Comments included: "The staff are really good, we are really kept informed and involved" and "The competency and culture of care staff has kept [relative] alive and well."
- Care staff were encouraged and supported to reflect on how they supported people. Staff spoke positively about how training and support had been tailored to the needs of people living at the home. The provider supported staff to reflect on people's care and events in the home to help improve the quality of care people received. This included reflecting on medicine management errors and identifying what improvements could be made.

Continuous learning and improving care

- The manager, village manager and provider had comprehensive systems to monitor and improve the quality of care people received, as well as assessing people's care to ensure it was effective. This included

monthly audits in relation to clinical practices, complaints as well as any key changes in the home. The service also operated a Quality Improvement Plan which the management team reviewed monthly, to ensure actions were being completed.

- The management carried out a range of audits in relation to people's prescribed medicines, people's care plans, health and safety and accidents and incidents. These audits and incidents were discussed in weekly and monthly clinical governance meetings. The management team reflected on incidents and actions to see where changes could be made to the service.
- The provider employed an regional manager who supported the home and carried out their own quality and regulatory checks of the service. Other key staff had responsibilities for managing their own audits, such as environment audits and catering audits. These were then reviewed by the management team and any actions addressed.
- The village manager had implemented daily heads of department calls. These calls ensured information on any concerns, events or new admissions were discussed and shared throughout the wider staffing team. These calls were carried out seven days a week and were recorded. The provider had identified this as a positive approach and was looking to roll this out throughout their other homes.

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

- The views of staff, people and their relatives were sought in relation to the home. Since the service has opened a survey has been carried out of people and staff. The results of these survey were positive with staff appreciating staff appreciation schemes like employee of the month.
- Relatives told us the management were approachable and listened to their views. One relative told us, "The personal support has been amazing. There are two very good managers here." It was clear that people and their relatives knew the manager and the village manager and were comfortable talking to them.
- Care and nursing staff were provided with clear information about people's needs, the providers expectations and changes in the home, through meetings, memos and staff handovers. Staff told us the manager listened to them and respected their ideas. Agency staff told us they always received a detailed handover and knew the support people required.

Working in partnership with others

- Staff worked with a range of services aimed at supporting care homes in Gloucestershire, including a rapid response. Staff used recognised systems to assess people's needs and take appropriate action to enable people to stay safe in the home.