

Richmond Care Villages Holdings Limited

Richmond Village Northampton DCA

Inspection report

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Date of inspection visit:
21 December 2016

Date of publication:
05 January 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

Richmond Village Northampton DCA provides personal care for people living at 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 our inspection there were 22 people receiving personal care. This unannounced inspection took place on 21 December 2016.

There was a registered manager 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 registered manager had values and a clear vision that was person centred and focussed on enabling people to live at home. All staff demonstrated a commitment to providing a service for people that met their individual needs. People had positive relationships with staff.

People were actively involved in decisions about their care and support needs. Staff provided people with information to enable them to make an informed decision and encouraged people to make their own choices.

People received safe care and support. Staff understood their role in safeguarding people and they knew how to report concerns. There were enough staff with the right skills and attitudes to meet people's needs.

Staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Staff received updates to their training and had access to regular supervision and appraisal. Staff were clear about their roles and responsibilities in caring for people and received regular support from the registered manager.

Care records contained risk assessments and risk management plans to protect people from identified risks. They gave information for staff on the identified risks and informed staff on the measures required to minimise any risks. Staff were vigilant regarding people's changing health needs and sought guidance from relevant healthcare professionals.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that if they had any concerns they would be listened to and any concerns would be addressed.

The provider monitored the quality and safety of the service and staff regularly monitored the support people received. People and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

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 felt safe and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed regularly.

Staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People received care from staff that had received training and support to carry out their roles.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care.

People were supported to access 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.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people using the service and staff.

Staff had a good understanding of people's needs and

preferences.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Is the service responsive?

Good ●

This service was responsive.

People were involved in the planning of their care which was person centred and updated regularly.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Is the service well-led?

Good ●

This service was well-led.

A registered manager was in post.

The provider offered regular support and guidance to staff.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Quality assurance systems were in place to review the quality of the service.

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 21 December 2016. The inspection was unannounced and was undertaken by one inspector.

We 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. We contacted the local commissioners of care for feedback about the service.

During this inspection we spoke with three people who used the service and three relatives. We also looked at care records and charts relating to six people. In total we spoke with seven members of staff, including four care staff, the registered manager, the village manager and the provider. We looked at four records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

Is the service safe?

Our findings

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. People and their relatives told us they were treated well by staff and felt safe when they were around. One person told us "I feel safe and supported." Staff demonstrated how they would identify signs of abuse and they understood their responsibility to report any concerns or allegations in a timely way. One member of staff told us, "I report any concerns to the manager, if I wasn't happy about their response I would tell their manager, and I also have the whistleblowing hot line to call." We saw that the registered manager had taken timely action to report and investigate any allegations of abuse or issues of concern.

People were assessed for their potential risks such as moving and handling, falls and medicines. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety.

There was enough staff to keep people safe and to meet their needs. People told us that they had the same staff most of the time; and when staff came to provide their care, they were on time and stayed for the allotted time. One person told us "The staff come to me regularly, they are reliable." People were allocated staff who had received the appropriate training to meet their individual needs.

People could be assured that appropriate recruitment practices were in place; checks had been made to establish that staff were of a suitable character to provide people with care and support. Checks undertaken by the provider included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

People's medicines were safely managed. Staff had received training in the safe administration of medicines and their competencies had been assessed. One member of staff told us "the medicines are well organised, and we have assessments to check the way we give them." Staff recorded when they gave prescribed medicines on medicine administration records. They followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits where actions had been taken to improve practice.

Is the service effective?

Our findings

People's needs were met by staff that had the required knowledge and skills to support them appropriately.

New staff underwent an induction which included spending time with other experienced staff; shadowing them to enable them to get to know the people they were to support. One member of staff told us "The induction was good; I learnt more about manual handling techniques, there was a lot of support."

Staff completed a set of mandatory training courses which included safeguarding, manual handling and food hygiene. Staff competencies were checked to test their knowledge and skills. New staff undertook the Care Certificate; the Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

People's needs were met by staff who had received training to meet their specific needs, for example where people had a Percutaneous endoscopic gastrostomy feeding tube (PEG) staff had specific training to manage their care. Staff received yearly updates to their training. One member of staff told us "the dementia training was excellent; it helped me to understand more."

Staff were supported to carry out their roles through regular supervision that provided them with opportunities to discuss their training needs and be updated with key policies and procedures. The registered manager carried out spot checks which looked at all aspects of the care provided, including the level and quality of interaction with people receiving care and the use of personal protective equipment and handwashing as a means of infection prevention. Staff told us they received regular supervision and they felt supported, one member of staff said "I can talk to the manager any time I need, she is very supportive."

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.

The registered manager and staff were aware of their responsibilities under the MCA code of practice. Staff gained people's consent before they entered their homes and before providing any care. One person told us "The staff are very polite; they make sure I am warm and covered when I have a wash."

People were supported to have sufficient food and drink. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed. Staff were aware of people's nutritional needs, for example one person required a soft diet and supervision whilst eating their meal. One member of staff told us "I sit with [name] at mealtimes, I make sure his food is moist and he has the right spoon. He is lovely, at the moment he is not drinking much so we are all encouraging him to drink." Staff received training in food hygiene and prepared food to people's preferences. Staff ensured that people

were encouraged to eat and drink regularly.

Staff had information about who to contact in an emergency. Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals where they appeared to be unwell. People were supported to attend health appointments where family were not available to assist.

Is the service caring?

Our findings

People received care from staff that were kind. People spoke positively about the quality of the staff that supported them. One person told us "the carers are excellent, I am one satisfied customer." One relative told us "the staff know [my relative] well, it's wonderful, they really care"

People received care from a regular group of staff, which helped form positive relationships. One person told us "they [staff] are kind." One member of staff told us "I like all the residents, I get on with them, I'm really happy here." Staff were knowledgeable about the people they cared for; they were able to tell us about people's interests; their previous life history and family dynamics. One member of staff told us "We are a proper community here; we all have people's interest at heart."

People's care was person centred. People described how the care they received met their individual needs. People told us they felt they had a voice, they told us of examples where they had been listened to and their care had been changed. One person told us "When I go out at night the staff arrange to come in later to see to me [to provide the care]." People had their individual routines and preferences recorded and carried out by staff. For example one person wanted support to attend the Sunday service, which was carried out.

Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent. One person told us "they [staff] know I like to wash as much of myself as I can."

There were arrangements in place to gather the views of people that received personal care during care reviews and supervision of staff. People had provided positive feedback about the kindness of staff, one person had recorded "It's lovely here, the staff are so nice." A relative had recorded "I am impressed with the standard of care and staff are knowledgeable, it's so comforting to know that she [relative] is in the best place possible."

Is the service responsive?

Our findings

People were assessed before they received care to determine if the service could meet their needs. Initial care plans were produced before new people began to use the service; these were then monitored and updated as necessary.

Care was planned and delivered in line with people's individual preferences, choices and needs. People told us the staff understood their needs, one person told us "The staff help me wash and dress, they know how I like to be cared for." Staff followed the care plans; they were clear about how to provide people's care, for example, one care plan stated that one person should not get their lower legs wet due to their fragile skin; records confirmed that staff complied with this.

People were involved in planning their care; during their assessments they discussed how they wanted to receive their care and the timings of their calls. People had signed to say they had taken part in their reviews and agreed to their care plans. Staff demonstrated they were aware of the content of people's care plans. Staff told us that they knew people they cared for well and were involved in people's reviews.

Staff informed the registered manager of any changes in people's needs, such as fluctuations in mobility. People's care plans were updated and staff were notified of changes to care during handovers. Staff were involved checking the rotas and care sheets to ensure that the care people received was current. One relative told us "The staff communicate well with each other they know when [name's] care is changed." Detailed care plans provided staff with specific instructions about people's preferences which staff followed. For example staff were aware of the names people preferred to be known by.

People said they knew how to complain and felt confident that their concerns would be listened to. One relative told us "The manager is very approachable and deals with issues as they arise." There was a complaints policy and procedure in place and we saw that complaints had been dealt with in a timely way. The manager used the information from complaints to make improvements in the service, for example changing the regular timings of calls and improving communication.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection that had the skills, experience and knowledge to manage the service competently. They understood their responsibilities which included notifying the commission of incidents or changes to the service.

The manager demonstrated commitment to providing a good service for people. They had a clear vision of providing person centred safe care with clear communication between people who used the service, their relatives and staff. The manager ensured that staff had clear communication channels with each other and herself. The manager was proud of the staff and told us "I have a good team."

People told us "the care is well organised" and "the manager is very good." One relative told us "This manager has changed all the systems and it all works now. I am chuffed to bits. [Manager] is wonderful; she always makes time for [my relative] and looks out for her".

The culture of the team was described by care staff as one of close team work, a community and good communication. Staff told us "the manager is really supportive and approachable" and "the morale is lovely, everyone works hard, it's well run." One member of staff told us "[manager] is open; she is easy to get along with. I feel that if I had a problem I could go to her and I would get good feedback."

There was a clear system of communication between staff on all shifts; staff recorded where people's needs changed and staff signed to say they had read the information and done the action they took. Staff ensured that handover included information required to update staff that worked part time to ensure they understood people's current needs. One member of staff told us "I am kept in the loop even when my shifts are spread apart by days."

People who used the service and their relatives told us they had confidence in the service. The manager listened to the feedback they received from people and used this information to improve the service they provided.

Staff team meetings were used to inform staff of any changes in people's needs, and of new people joining the service. Team meetings were used to relay feedback from people who used the service and the results of audits, for example findings from the medicines audit.

There were arrangements in place to consistently monitor the quality of the service that people received, as regular audits had been carried out. Where issues had been identified the registered manager had taken action to improve the service and continued to monitor the quality. The provider also monitored the quality monitoring and provided guidance and support where required.