

Richmond Villages Operations Limited

Richmond Village Wood

Norton

Inspection report

Evesham Road
Wood Norton
Evesham
Worcestershire
WR11 4TY

Tel: 01386879399

Website: www.richmond-villages.com

Date of inspection visit:

13 April 2021

14 April 2021

Date of publication:

19 May 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

About the service

Richmond Village Wood Norton is a residential care home providing personal and nursing care to 31 people aged 65 and over at the time of the inspection. The service can support up to 60 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The home has two wings, one to support people living with dementia, and another for people who require nursing care. The provider also offers respite care breaks for people.

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

People and relatives spoke positively about the service and all of the staff team. People told us they felt safe.

Staff understood how to protect people from harm. Staff had received training and understood how to recognise different types of abuse and how to report it.

People's individual risks had been identified and measures were in place to keep people as safe as possible. There was enough staff to meet people's care and support needs in a timely manner.

People's medicines were managed safely. We saw medicines being administered to people in a safe, respectful and caring way. Safe practice was carried out to reduce the risk of infection. We saw staff followed good practice in relation to wearing personal protective equipment (PPE).

People's care and support continued to be monitored and reviewed. Staff worked well with other professionals, any guidance and advice given was followed to achieve the best outcomes for people.

People's choices were respected by staff. All staff were kept informed of any changes to people's care needs. Staff supported people to maintain their independence. People were encouraged to continue with their hobbies and interests. An activity coordinator provided a variety of activities within the home. People had access to information on how to raise a complaint.

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.

The registered manager completed a variety of audits which meant that any shortfalls were quickly identified and used to drive improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10/04/2019 and this is the first inspection.

Why we inspected

This inspection was prompted in part due to concerns received about safe care and treatment for people. A decision was made for us to inspect. We inspected to gain assurances about the care provided to people and to provide a rating for the service.

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.

We found no evidence during this inspection that people were at risk of harm from this concern.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Richmond Village Wood Norton

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.

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

The inspection team consisted of two inspectors.

Service and service type

Richmond Village Wood Norton 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 had a manager registered with the Care Quality Commission. 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 was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the registered manager, provider representative, senior staff, nurses, care workers, and a domestic staff member. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. These included four people's care records and multiple medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with four people's family members about their experience of the care provided. We spoke with one professional who regularly visit the service.

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 this newly registered service. 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 spoken to told us they felt safe with the care they received from staff. Comments included, "I'm happy and feel safe" and "I'm happy living here...they [staff] look after me"
- Relatives told us their family members were kept safe.
- Systems were in place to protect people from harm and abuse. Where concerns had been raised the registered manager had acted on these, recorded the outcomes and reported to the appropriate authorities.

Assessing risk, safety monitoring and management

- People were protected from risks in relation to their health and care needs.
- Risks were assessed, monitored and regularly reviewed and updated to reflect any changing needs. Care plans were detailed and provided staff information on how best to support people safely.

Staffing and recruitment

- There was enough staff to meet people's needs. One person told us, "I never have to wait for care there is always enough staff."
- Staff were recruited safely. The providers recruitment systems were robust and appropriate employment checks were carried out as standard practice.

Using medicines safely

- People were supported to have their medicines safely by trained staff that regularly had their competency checked.
- Medicines were received, stored and disposed of safely.
- Administration records were completed accurately and regularly audited.

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.

Learning lessons when things go wrong

- The registered manager took action to implement any required learning from accidents and incidents and shared these with the staff team.

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.

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

- People's needs were assessed prior to moving into the home to ensure their care and support needs could be met.
- Senior staff kept detailed care records which they kept under regular review to make sure people's changing needs were known to staff.
- There was a person-centred approach to assessing, planning and delivering care and support. One relative told us, "They [staff] ask what [person's name] likes and wants..."

Staff support: induction, training, skills and experience

- People spoken to told us staff had the right knowledge and skills to care for their family members effectively.
- Staff received training and ongoing support to understand individual's needs. Staff told us they were supported by the registered manager and seniors to provide good care.

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

- Staff were aware of people's individual dietary needs and preferences.
- Staff protected people from the risk of dehydration and malnutrition.

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

- Senior staff had developed good working relationships with external health professionals and organisations to support them in providing effective care and support.
- We heard positive examples of how people had managed to reduce the amount of medication they needed to take since coming to live at the home.

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

- People's private spaces were personalised and decorated to their taste.
- People had access to communal spaces and outdoor areas. Staff had supported people and their relatives to meet safely through the provision of a dedicated area for visits.

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.

- Relatives said they were involved in mental capacity assessments and best interest meetings with their family member. Records reflected this. Where the person lacked capacity, staff supported in the least restrictive way.

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 spoke positively about the service they received. One person said, "It's lovely here, all the staff are kind... I've made friends with other people at the home."
- Relatives told us staff were kind and respectful of people's wishes and preferences. Relatives comments included, "They [staff] really do care...very impressed" and "They've got it all right, lovely mix, they [staff] are all utterly charming. We cannot speak highly enough of them [staff]."

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

- Staff had good relationships with people's relatives. One relative told us, "We are kept informed on how [person's name] health is...they [staff] recognise their [person's name] needs...they [staff] are approachable and work well with families."

Respecting and promoting people's privacy, dignity and independence

- People felt staff respected their privacy, dignity and independence. For example, one person told us, "They [staff] walk with me at my own pace which gives me confidence." A relative told us, "Everything I've said has been listened to, and with respect."
- We saw staff respecting people's privacy and supporting people in a dignified way. For example, knocking on the person's bedroom door seeking person's permission before entering and informing the person before carrying out any task.

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; 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

- The care plans we reviewed set out people's individual needs and wishes in a detailed and person-centred way.
- Staff understood people's social needs and provided them with care which encouraged them to live fulfilled social lives. One person told us, "The best thing about living here is the companionship."
- Staff supported people to take part in activities and encouraged people to continue individual interests such as photography.

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 registered manager ensured information was given in a way people could understand. For example, we saw infection control information was in a pictorial format to aid people's understanding.

Improving care quality in response to complaints or concerns

- People and their relatives told us they were happy with the care and had no reason to complain. One relative told us, "Better than imagined...cannot praise highly enough...we were recommended, and it is the best place and best care."
- Any complaints recorded were handled appropriately in line with the provider's policy.

End of life care and support

- Staff were passionate that people's individual wishes and preferences were met as they approached the end of their life.
- The service worked collaboratively with healthcare professionals to ensure people received a dignified pain free death.

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.

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

- People we spoke with told us the management and staff team empowered them to feel included about any decisions regarding their care and support. Relatives were equally complimentary. Comments included, "I can't speak highly enough of the team" and "Attitude of all staff seems first class."
- Staff told us there was a positive and open culture at the home and they strived to get the best outcomes for people.

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

- Relatives told us they were kept involved and informed of any incidents or accidents to their family member.
- The registered manager understood their responsibilities to be open and honest with people when something goes wrong.

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

- The registered manager and staff understood their individual roles and responsibilities, and the importance of working together as a team to ensure the best outcomes for people.
- The registered manager understood their responsibility to notify the CQC and other agencies of any significant events. Notifications had been submitted appropriately which meant the CQC could check appropriate action had been taken.

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

- People told us they were encouraged to be involved in their care and staff took time to make sure people's choices and preferred routines were maintained.
- Staff told us communication in the home was good. For example, they received monthly newsletter with updates. There was also a board illustrating actions taken in the form of 'What you said, and we did action'.

Continuous learning and improving care

- The registered manager and provider had effective systems of quality checks in place to monitor the service people received. This included regular checks on people's health and safety arrangements, people's

care plans and medication.

Working in partnership with others

- The registered manager and staff team worked closely with other agencies to ensure positive outcomes for people. This included health and social care professionals.