

Richmond Villages Operations Limited

# Richmond Village Cheltenham DCA

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Richmond Village Cheltenham DCA provides domiciliary care and support for people who live in their own apartments within the Richmond Village Cheltenham building. At the time of this inspection there were four people living at the service who received care and support.

Richmond Village Cheltenham DCA is part of a care village, which also includes a care home. The care village has facilities included an activities room, a restaurant, gym and wellness facilities. There is also a roof top garden as well as large garden that people can enjoy.

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

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

The service worked collaboratively alongside Richmond Village Cheltenham (a nursing care home). The services worked to provide a pathway of care which supported people to stay within the village when their needs changed. The service worked alongside healthcare professionals to reduce unnecessary hospital admissions.

Care staff understood people's needs and how to assist them to protect them from avoidable harm. Clear and concise person-centred care plans and risk assessments were in place, which provided staff with clear guidance on how to support people and support them with their independence.

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 and the care and support they provided.

People and their relatives received care and support from a consistent staffing team. Staff spoke positively about the time and support they received and how this promoted person centred care.

People were supported by staff, who were training to meet their individual needs. Staff spoke positively about the support they received from the registered manager and provider.

People and their relatives were informed of any changes and were involved in their loved ones care and support.

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 registered manager and the management of the service. The registered manager and provider had systems in place to assess and monitor people's health and wellbeing.

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 4 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.

#### 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Richmond Village Cheltenham DCA

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Richmond Village Cheltenham DCA is a domiciliary care agency. It provides personal care to people living in their own apartments, which are contained in the Richmond Village Cheltenham village. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for domiciliary care. This inspection looked at people's personal care and support.

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 announced. We gave a short period of notice for the inspection to ensure that people and their relatives would be available to be contacted by the inspection team via telephone and that the registered manager would be available during the inspection. Inspection activity started on 25 May 2021 when we started the inspection for Richmond Village Cheltenham (the care home which is contained within the same care village) and concluded on 26 May 2021.

#### What we did before the inspection

We reviewed all the information we had received about this service since the service became registered. This included information of concern, information provided by the provider and feedback from commissioners of the service and involved 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person and three people's relatives. We spoke with two members of staff which included, one care worker and the registered manager. We reviewed a range of records. This included four people's care and risk assessments and associated records. We reviewed a variety of records relating to the management of the service, including policy and procedures.

#### Following the inspection

We spoke with one person's relative and reviewed further information we received from the registered manager in relation to 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 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 living at and being supported by staff from Richmond Village Cheltenham DCA. People's relatives told us they felt the service was safe. Comments included, "I can go abroad and I know we'll all feel comfortable" and "I don't worry about my parents."
- 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 registered manager was 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 had been assessed by trained staff when Richmond Village Cheltenham DCA provided care. This assessment included people and their relative's views on the care. Where necessary, guidance from healthcare professionals had been sought and acted on.
- People's care plans contained detailed information on their individual risks and the support they needed to protect them. This included guidance for care staff on using mobility equipment and support needed to keep people's skin healthy and intact.
- Communal areas of the service were maintained by maintenance staff employed by the provider. The registered manager worked with people and their staff to make adjustments to the village to promote people's independence to access the village without support.

Staffing and recruitment

- People were supported by enough staff who had been recruited safely.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment of new staff 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 and their relatives told us there was enough staff deployed to meet their needs. Comments included, "The staff are consistent and flex between roles" and "The staff are always around and flexible."
- Staff told us there were enough staff and time to meet people's needs in the way they liked. One member of staff told us, "We have enough time to get it all done." There was a clear rota of when people required support. As staff were based on site, they had time to spend with people and engage with them. One member of staff told us how they sat with one person providing them with company at the end of their life.

### Using medicines safely

- Where required, people's medicines were managed safely. Staff who assisted people with their prescribed medicines, such as topical creams had training in medicine administration.
- Where people administered their own medicines, or received support from their relatives, this had been clearly recorded. This detailed the support people required to maintain their independence, including the supply and delivery of prescribed medicines.
- Medicine Administration Record (MAR) charts were accurate and kept up to date. The registered manager audited people's prescribed medicines and MAR charts to ensure people had been supported with their medicines as prescribed.

### Preventing and controlling infection

- People and their relatives told us staff wore personal protective equipment (PPE) as required and followed recognised COVID-19 guidance. One relative told us, "They [staff] are always wearing PPE. The cleaning is really good too."
- The registered manager and senior care staff carried out spot checks on staff to ensure they followed PPE guidance. Staff were given the PPE they required and had received training in relation to COVID-19 and infection control.

### Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents and/or incidents. The registered manager discussed one near miss where a person struggled with a communal area door. They identified the potential risk of injury that may occur and had taken action to address this concern.
- The registered 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 registered manager.



# 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 physical, mental and social needs were assessed before they were supported by the service to ensure their needs could be fully met. This included engaging with people, their relatives and relevant healthcare professionals.
- People's relatives praised the ability of staff to support people. One relative told us, "There is really good staff here."
- Staff followed clear guidance set out by healthcare professionals, such as support from community nurses or rapid response (an emergency support service which supports services to support people in their own homes, rather than being admitted to hospital).

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received training relevant to their role and the people they supported.
- Staff were supported in their role through induction, training and supervision. Staff received mandatory training in relevant health and social care topics which was monitored by the registered manager. Staff spoke positively about the training they received. One member of staff told us, "I am learning as I go along. [registered manager] is really good for us. We can discuss ideas arounds training and our development. I am going through my NVQ 3 (a nationally recognised qualification in health and social care)."
- People and their relatives spoke positively about the training the staff who supported them received. One relative told us, "The quality of staff has been good."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where required, staff supported people with their dietary needs. Most people had facilities to cater for themselves in their apartments. People also accessed the village's restaurant and communal facilities.
- People's care plans detailed the support they required to eat and drink safely and their preferences in snacks, meals and drinks. People's allergies had also been recorded and were shared with catering staff.
- People could contact their own GPs, however staff would support where necessary to ensure people received additional support as required.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider and staff were working in line with the principles of the MCA 2005. People's care plans detailed the support they needed to make informed choices, or where choices needed to be made in their best interest. Where appropriate people's representatives (including power of attorneys) and healthcare professionals were involved in making significant decisions. One relative told us, "We have been involved in planning care and discussing our decisions."
- People and their relatives told us their choices were promoted and respected. One relative told us, "The staff are so patient and polite." One person when asked told us that staff respected their choices.

# 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 and their relatives were positive about the support they received from Richmond Village Cheltenham DCA. Comments included: "I thank them so much for their help, support and flexibility" and "The wrap around support has been very good."
- People and their relatives told us they were treated with kindness and compassion. One relative told us, "They are really good staff, how they energise and support [relative] without overwhelming is fantastic."
- The registered manager and staff were passionate about delivering good quality care which focused on people's individual support requirements. They all spoke about people with genuine kindness and respect.

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

- People's care records included information about people's preferences and how they like to be supported and their daily living routines. For one person this included support to walk around the village's grounds.
- People and their relatives confirmed they were involved in the planning of their care and were happy with the care they received. We were told that staff were very attentive to their needs and ensured they were comfortable before they left.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were supported effectively and with dignity when they required assistance with their personal hygiene and tasks that they struggled with.
- People's independence was promoted by staff who encouraged them to be engaged in the village community, follow their own interests and learn new skills. One relative told us, "[relative] has gone from being elderly and frail, to being an active member of the community. They feel this is their home and they have friends here". Another relative said, "the personal support has been amazing. With support [relative] has learnt to knit."

# 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

- Detailed information about people's support requirements, their preferences, care and levels of independence was documented. This information helped to direct staff in providing personalised care and understanding people's support requirements and risks. One member of staff told us, "We know people well. We know when someone is off form. We work with organisations to keep people comfortable and in their own homes."
- One person told us how the service was well organised and they were cared for by staff they knew. They said, "It's good coordination with the agency. We know what's going on, where we used to get a stranger if a carer was on holiday or there were any changes. Now they reassure me of the carer who will be covering."
- 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 their needs change or move to more independent accommodation if they were able to.
- People were supported and encouraged by staff to use the village facilities, enjoy village activities and excursions. Staff also encouraged people to run their own events. Some people living in the village had now started to use communal areas after lunch to enjoy a chat and a cup of tea. We observed people from the village, including people who do not receive care and support enjoying each other's company.

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 assessed as part of their initial assessment. Information about people's vision, hearing and any communication devices to enable them better to communicate and understand was documented in people's care plan.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. The registered manager responded to any concerns or complaints and used these to make changes and improvements to the service people received.
- Relatives told us the registered manager was approachable and acted upon their views and concerns. Comments included: "Every time I have requested something they have dealt with it" and "I know they follow the processes, I can't fault them."

## End of life care and support

- One person was receiving end of life care at the time of our inspection. Their relative spoke positively about the care and support they received. They told us, "There is a care bed ready for mum (in Richmond Village Cheltenham home). It was all in place, the staff are really calming. All the forms have been done. [Registered manager] has given me so much support. Explained it all."
- 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.
- Staff were clear that they would want people to remain comfortable, pain free and would support people's end of life wishes. Staff had spoken to the registered manager about accessing more end of life training and support. The registered manager had listened to this request and was planning for more support to be provided.

# 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 was a registered manager in post who was also the village manager. A new manager was being recruited to become the registered manager and allow the village manager to focus on their duties.
- Staff were supported by the registered manager and provider and understood their individual roles in supporting people. One member of staff told us, "We know our responsibilities. If we make a mistake, we learn from it. We always want to know more."
- The provider and registered 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 registered manager 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 they supported. The registered manager 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 people's care, including their assessments and identifying what improvements could be made.

Continuous learning and improving care

- The registered 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 people's care plans and medicine administration records, complaints as well as any key changes in the service. The service also operated a Quality Improvement Plan which the management team

reviewed monthly, to ensure actions were being completed.

- The registered manager carried out a range of audits in relation to people's prescribed medicines, people's care plans, health and safety and accidents and incidents. The registered manager and care staff reflected on incidents and actions to see where changes could be made to the service.
- The provider employed a 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 registered 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, "[registered manager] is great. I know I can always knock on his door. He listens and acts on everything". It was clear that people and their relatives knew the manager and the village manager and were comfortable talking to them.
- Care staff were provided with clear information about people's needs, the providers expectations and changes in the service, through meetings, memos and staff handovers. Staff told us the registered manager listened to them and respected their ideas.

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.