

Richmond Care Villages Holdings Limited

# Richmond Village Letcombe Regis DCA

## Inspection report

South Street  
Letcombe Regis  
Oxfordshire  
OX12 9JY

Tel: 01235773970  
Website: [www.richmond-villages.com](http://www.richmond-villages.com)

Date of inspection visit:  
28 January 2020  
29 January 2020

Date of publication:  
18 February 2020

## 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 Letcombe Regis is a domiciliary care agency. It provides personal care to people living in their own flats and apartments within the retirement village. The service was providing personal care for 36 people.

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

The service ensured people received safe care from skilled and knowledgeable staff. People told us they felt safe receiving care from the service. Staff understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely and people received their medicines as prescribed.

We received positive feedback from people and relatives which reflected staff were kind, caring and committed. People complimented the continuity of care provided by regular staff which contributed to building of meaningful relationships. Staff recognised what was important to people and ensured an individually tailored approach that met people's personal needs, wishes and preferences was delivered.

People were supported by caring staff that knew them well. People were supported to maintain relationships with their families and friends. People's independence was promoted, and they received support to achieve their goals and reduce social isolation.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health and to meet their nutritional needs.

The service was well-led by a registered manager who was committed to improving people's care. The registered manager had only been in post for a year and had identified areas to improve and was working through an action plan. The provider had quality assurance processes in place which were effectively used to drive improvement.

### Rating at last inspection:

At our last inspection we rated the service good. Our last report was published on 17 August 2017.

### Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

## 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 Letcombe Regis 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 one inspector.

#### Service and service type:

Richmond Village Letcombe Regis is a domiciliary care agency. It provides personal care to people living in their own flats and apartments within the retirement village. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered 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:

We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection activity started on 27 January 2020 and ended on 29 January 2020. We visited the office location on 28 January 2020 to see the registered manager and office staff; and to review care records and policies and procedures.

#### What we did:

Before the inspection we looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We also reviewed the provider's previous inspection report. 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 spoke with four people and two relatives. We looked at four people's care records and two medicine administration records (MAR). We spoke with the registered manager, the deputy manager and three care staff. We reviewed a range of records relating to the management of the service. These included three staff files, quality assurance audits, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

#### After the inspection:

We continued to seek clarification from the provider to validate evidence found. We received feedback from one professional who regularly worked with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management:

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure they were safe.
- People's risk assessment included areas such as their mobility, environment, nutrition or medicine management. Staff were familiar with and followed people's risk management plans.
- People told us they felt safe receiving care from the service. One person said, "I do feel safe with them here. I have never had a reason not to."
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.

Systems and processes:

- People were supported by staff that knew how to raise safeguarding concerns. One member of staff explained, "I would report any abuse or concerns to the manager, safeguarding or CQC (Care Quality Commission)."
- The provider had safeguarding policies in place and the team reported concerns accordingly.
- The provider had a business continuity plan that included various emergencies.

Staffing levels:

- Richmond Village Letcombe Regis had enough staff to ensure people were safe. People told us they never experienced any missed visits and always saw the same staff members. One person said, "99.5 percent the carers always come on time, unless there is an emergency."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely:

- People received their medicines as prescribed. Medicine administration records (MAR) were completed fully and accurately. Staff supporting with medicines signed the MAR to confirm people had taken their medicines.
- People told us staff supported them with medicines safely. One person said, "I could never manage my medicines alone-they are complicated. They help me with them."
- The provider had a medicine policy in place which guided staff on how to administer medicines safely.

Preventing and controlling infection:

- The provider had infection control policies and procedures in place and ensured staff were trained in infection control.

- People we spoke with told us staff followed safe infection control practices. One person said, "They wear gloves and aprons when assisting me with shower. I have seen them washing hands endlessly."

Learning lessons when things go wrong:

- The provider ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, audit outcomes and accident and incidents were used as learning points to improve care.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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:

- The provider ensured people's needs were assessed before they received care from Richmond Village Letcombe Regis to ensure those needs could be met and individual care plans put in place.
- People's records showed they were involved in assessment and care planning processes.
- People were positive about support received. One person said, "I am very happy with the care and grateful for the support the girls give me."

Staff support: induction, training, skills and experience

- New staff went through an induction which prepared them for their roles. The induction was linked to the competency assessment framework. This is a process where an assessor works with a trainee to collect evidence of competence, using the benchmarks provided by the unit standards that comprise the national qualifications. Staff induction included the provider's mandatory training as well as shadowing an experienced member of staff.
- Staff told us they felt supported in their roles through one to one meetings with their line managers.
- People and their relatives told us staff were knowledgeable. One person said, "Carers are knowledgeable and they explain things to me."
- Staff told us further training was available and the provider consistently offered it to ensure staff development.

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

- People's nutritional and hydration needs were met.
- Care plans gave detailed guidance on people's needs, including their preferences and any allergies.
- People's records showed staff worked closely with relatives to ensure adequate nutrition. One person commented, "They are very good people and they do my breakfast and make sure I have enough to drink before they leave."

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

- People were supported to stay healthy and their care records described the support they needed. Where referrals were needed, this was done in a timely manner. One healthcare professional told us, "With all patients I have worked with under their care, they have provided effective care and worked closely with the therapists."
- The service was flexible enough to ensure people attended hospital appointments when required.
- People and their relatives told us they were supported to access on-going healthcare support. One relative

said, "If I have a hospital appointment, they come with me."

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 at home services, this is usually through MCA application procedures called the Court of Protection.

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.

- People's rights to make their own decisions were respected and people were in control of their support. One member of staff explained, "Everyone have a right to make their own decisions unless deemed otherwise."
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. People were given choices as staff worked to the principles of the MCA.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 relatives were very positive about the care they received and told us staff were caring. People told us, "The care here is excellent. I get four visits every day" and "The care is first class and I could not ask for more." One relative said, "Carers are very kind and compassionate. They are like family."
- The service ensured that staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. People told us they saw the same staff most of the time. Comments included, "I see the same carers and have never had agency staff" and "The carers are very kind, really caring. They always look happy."
- The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain and develop this.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One person told us, "They talk to me about my care plan. I'm waiting for a review as I am due to start insulin soon. I will be managing it myself but they will do a care plan and risk assessment."
- The service made sure that staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way. This included designing appropriate routines, rotas and training. People told us, "Carers always have time and do not look rushed" and "They always have time for me and we have a laugh when they are here. If I need to change visit times it's never a problem."
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and maintained their privacy. One person said, "They help me with washing and dressing in the morning. They respect me and maintain my dignity throughout."
- People's care plans highlighted the importance of respecting privacy and dignity. People told us staff treated them respectfully and as individuals. One person said, "The carers know me and know how I want things done. They are respectful."
- People's care records highlighted ways to promote independence. For example, giving people time to do the simple tasks they still could, such as brushing hair. One person told us, "They let me do things that I still

can. I like my independence."

- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's care plans included information about personal preferences and were focused on how staff should support individuals to meet their needs. For example, people's preferences of what time they preferred to have visits.
- Care plans included a list of 'tasks' to be completed during each call and each person's expected outcomes. The care plans had clear instructions about what was expected at each visit.
- The service understood the needs of different people and delivered care and support in a way that met those needs. Care plans contained a document called 'Important things about me'. This document captured person specific information that included people's personal histories, personal care preferences, food preferences, cultural and spiritual needs, favourite pastimes and people who were important to them.

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 had communication needs assessments completed as part of the care planning process. For example, one person was hard of hearing and used hearing aids. The care plan guided staff to check that the hearing aids batteries and ensure the person was wearing them before engaging in a conversation. Daily records showed staff followed this guidance.
- The service ensured rotas were sent to people in an accessible way. For example, some were sent in large print and others read to clients over the phone.

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 were encouraged and supported to maintain links with the community to reduce the risk of social isolation. For example, people who enjoyed attending coffee mornings and community centres. The service made people's care visit times flexible enough to accommodate their interests as well as any other social commitments.
- People had access to and benefitted from social opportunities offered by the village's team. There were plenty of communal areas, a café and a restaurant for people to use. People told us this setting contributed to the sense of community with people visiting the village.
- The service had established relationships with families and links with the local community. They encouraged external social inclusion and integrated people with community resources.

- The service employed a companion who provided additional support to people by filling the gap between care support and social care. People told us they found the companion service very positive in preventing isolation.

#### Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy.
- People told us they knew how to make a complaint. One person said, "I can complain to the managers if I am not happy about anything. I know where to find them." There were many compliments received regarding good care.
- The service's complaints policy was available to all people, and a copy was kept within people's care records in their homes

#### End of life care and support

- The registered manager informed us no people received end of life support at the time of our inspection. The team would occasionally support people with end of life care. The service would work closely with other professionals to ensure people had dignified and pain free death.
- Staff told us they knew how to support people during end of life care (EoLC). They talked about how they would maintain people's dignity and support families during such difficult times.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and relatives were complimentary of the management team and told us the service was well-led. People commented, "Management do listen to our concerns. This place is well managed" and "They manage this place very well and I can talk to them any time." One relative said, "We know the manager, she runs this place very well. Pops in often to just check how things are going."
- People experienced a service that was dependable. People told us the registered manager, supported by the office team always maintained good communication. People said, "The communication with the office is excellent. They are quite open" and "We communicate with them very well and they are always available."
- Staff were complimentary of the support they received from the registered manager. Staff said, "There has been a lot of positive changes since the new manager. We now have better care plans, supervisions and support" and "We have a very good manager, lots of positive improvements which were needed."
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people. One member of staff commented, "I have been here for 10 years and have never regretted it. We have great communication from top to bottom."

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

- The provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- The registered manager had only been in post for a year and they were supported by a deputy manager and the provider. There was a clear staffing structure and staff were aware of their roles and responsibilities.
- The registered manager had identified some areas of improvement and was working through an improvement plan. They told us staff were well involved every step of the way. The registered manager said, "I love my job and appreciate my team. Every one of them sets a bar."
- The provider had quality assurance systems in place which were used to drive improvement. These

included, audits of care plans, medicine records and analysis of accidents and incidents. These provided an overview to ensure improvements were made where necessary.

- The management team promoted continuous learning. They held meetings with staff to discuss work practices, training, development needs and staff's well-being. Staff told us they felt listened to encouraged to make suggestions on how to improve care.

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

- People and their relatives had opportunities to provide feedback through surveys. The last survey completed in 2018 showed people were happy with the care and support provided. The registered manager told us they used the information gathered from the survey to improve the service.
- People and their relatives had opportunities to raise any comments via an open-door policy at any time as well as during reviews of care.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. One member of staff said, "We make suggestions and they are taken on board."

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The service was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.