

Richmond Villages Operations Limited

Richmond Village Painswick

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

### About the service

Richmond Village Painswick DCA provides care and support services to people living in their own homes within the Richmond Village retirement complex. People live in the independent living apartments or in the assisted living building known as "suites". 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 services provide this help, we also consider any wider social care provided.

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

People told us they felt safe with the staff. The staff had attended safeguarding of abuse training and were aware of the procedure to follow when there were concerns of abuse.

Systems were in place to manage risk. Where risks were identified individual risk assessments were in place. Risks were reviewed and updated when people's needs changed. There was an overarching register of people at greatest risk of potential harm which ensured their needs were kept under review.

Environmental risk assessments were in place and detailed. We recommend copies of personal evacuation plans to be kept in people's homes to ensure their awareness of the emergency plans.

Medicine systems were safe. Medicines were audited and action plans were developed where gaps were identified.

People told us there were sufficient staff on duty. They said their visits were not missed and the staff stayed for the agreed times.

There was an online system of recording accidents and incident. Reports were analysed and follow up action taken as required. The staff discussed accidents and incidents to ensure there was learning to prevent re-occurrences or to better manage situations of the same nature. The staff were positive about the team and that they were able to learn from shared experiences.

People needs were assessed before the agency agreed to deliver personal care.

Staff were supported with their roles and responsibilities. New staff had an induction when they started work at the agency. There was mandatory training set by the provider which staff attended.

The staff were supported with their performance and development. Performance was monitored through one to one supervision, observations and annual appraisals.

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.

Some people had nominated a lasting power of attorney (LPA) for finance or care and treatment. However, copies of the LPA were not kept on file. The manager had not checked to confirm the validity of the LPA. This meant the manager was unclear on who were the decision makers to participate in best interest decisions when people lacked capacity. We recommend the manager ensures LPA were accurately documented

Care plans were person centred and reflected people's personal care needs. Peoples care needs were reviewed six monthly to ensure their needs were met as they changed. Where people lived with mental health needs their care plans were not updated when there were signs of deterioration. The manager took appropriate action to review the care needs of people with mental health care needs.

People arranged their own healthcare. Where health care visits had taken place, the staff recorded the nature of the visits and their outcome in the communication book.

People said the staff were caring and kind. The staff knew the importance of developing relationships with people. Their comments showed they knew people's preferences and had an insight into people's life stories.

Quality assurance systems were effective. There was a wide range of audits undertaken and action taken where there were shortfalls. Complaints were investigated and resolved to a satisfactory level.

The staff said they felt valued by the manager and there were opportunities for personal development.

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

The last rating for this service was Good published (16 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 response.  
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 Painswick

## 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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own apartments or suites.

### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 and ended on 9 September 2019. We visited the office location on the 4 and 5 September 2019.

### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with 11 people who used the service about their experience of the care provided. We spoke with six members of staff. We also spoke with the general manager, manager and trainer.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two 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.



## 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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and told us the things that made them feel safe. One person said "Because the carers are based on site here, I've got to know all of them really well. When they have new staff starting, they will bring them round to introduce them to me and then they will watch one of the carers as they support me so that they know how I like things to be done." Another person said the retirement village was accessible which gave them a sense of security.

Assessing risk, safety monitoring and management

- Individual risks were assessed and measures to minimise the risks were put in place. The factors for possible falls were assessed and rated. For example, one person was at high risk of falls due to their mobility needs and sensory loss. The measures to reduce the risk included attending risk prevention classes, regular checks from staff and ensuring appropriate aids were used and were within reach.
- Staff said the manager completed the risk assessments before people's admissions. They said the manager was made aware of changes in people's needs.
- People with high levels of anxiety expressed through behaviours staff found difficult to manage were not currently receiving personal care.
- Environmental risk assessments were completed and action taken where risks were identified. For example, for one person the extension leads were placed under the bed instead of across the walking area to avoid trips and slips.
- Personal Emergency Evacuation Plans (PEEP) detailed the assistance and aids needed for people to reach a place of safety in the event of an emergency. However, they were not kept in people's accommodation. This meant people didn't have access to their personal evacuation plans. We recommend the PEEPs to be held in people's care records.

Staffing and recruitment

- People told us they knew the staff that delivered personal care. They told us visits were not missed, staff arrived on time and stayed for the agreed time.

- Each member of staff had allocated visits and the schedule listed the personal care to be delivered. The staff said the schedules were good and they were able to request longer allocated times where needed.
- The manager told us a dependency tool was used to calculate staffing levels. The manager said there were three staff on duty in the morning, two in the afternoon and on-call staff at night.
- Appropriate recruitment checks were undertaken before a new member of staff was appointed to work at the agency. The manager told us at the start of the recruitment process, they often took a prospective member of staff for a coffee. This was to gauge whether the applicant had the right values and would be suitable to join the service. If successful, they said more formal procedures would follow.

#### Using medicines safely

- Medicines were well managed. People told us the arrangements for their management of medicines. One person said "The main reason why I have carers in the morning is just to help me with my medication because I was finding that I was getting forgetful as to whether I'd taken it or not. My tablets come in a DOSSET box from the pharmacy and the carer will just pass me the ones for that morning and hand me a drink and once I've taken them it gets written up in the notes. The box lives here in my room so the carers know where it is from day to day."
- Care plans listed the medicines prescribed and the assistance needed from the staff. People's ability to self-administer their medicines was assessed during the referral procedures. At review meetings people's ability to maintain control of their medicines was discussed. Where staff observed people were not taking their medicines as prescribed there were joint decisions on safe handling of medicines.
- Staff signed medicine records to confirm the medicines they had administered. Body maps were used to illustrate the part of the body where the topical creams were to be applied. Protocols were in place for medicines prescribed to be taken as required (PRN). The PRN protocol for one person did not make it clear the order for multiple options of pain relief to be taken. For example, paracetamol before codeine. The manager said they were administered at the same time. However, the protocols did not make it clear. The manager gave reassurances that the PRN protocols would be reviewed.

#### Preventing and controlling infection

- People told us the staff used personal protection equipment such as gloves and aprons as needed.

#### Learning lessons when things go wrong

- There was an online system for recording accident and incidents. The details of the events were used for analysis which enabled learning from events.
- The staff told us accidents were discussed during handovers and at monthly reflective meetings. A member of staff said where patterns were identified referrals to specialists were suggested.

## 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

- Personal care was delivered within standards and guidance. People told us there were introductory visits before they made the decision to live on site. There were brochures on the retirement village which gave people information about the facilities and care and treatment available.
- People's needs were assessed before the agency agreed to deliver personal care. The manager said people's needs were assessed and care plans developed to ensure the staff were able to meet people's needs.
- Terms and Conditions were signed on the package of care to be delivered which included the times for personal care visits. The agreements were reviewed where there were changes in people's care packages.

Staff support: induction, training, skills and experience

- People told us the staff were skilled and experienced. The staff were supported to meet the responsibilities of their roles. New staff received an induction when they started their employment at the agency. Where staff had completed the Care Certificate or equivalent before their employment there was an in-house induction.
- The staff said the training was good and mainly online. An on-site trainer was recently employed to support staff with training set as mandatory by the provider. The trainer told us their role was to "ensure the staff were up to date with mandatory training and that new staff had an induction."
- Mandatory training included fire training, Health and Safety, safeguarding, MCA, basic first aid. The training matrix showed the four staff were overdue with some training. For example, safeguarding, COSHH and staying safe at BUPA. The manager and trainer took action to ensure the staff were up to date with their training.
- The manager said the aim was for all staff to have six one to one supervision meetings per year. The audits of supervision session showed not all staff had their supervision within the timescales. The manager said there has "been an improvement" with supervision of staff as prior to their appointment supervisions were not taking place.

- The records of supervision showed the conversations were two way with the staff's line manager and the roles and responsibilities were part of one to one meetings. The staff said since the appointment of the manager their supervisions had become more regular. One member of staff said they discussed concerns during their one to one supervisions. Another member of staff said they had two supervision meetings in seven months.

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

- People had direct access to the onsite chef and they were able to have meals delivered to their suites or eat their meals in the restaurant. Care plans were in place where support was needed from staff with food and refreshments. One person told us "the staff come and get my breakfast." Another person told us they had assistance from staff with food shopping.

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

- The people we spoke with told us they made their own health care arrangements. One person said they were registered with a local GP and "we can either go to the practice for an appointment or they will come here as well. I organise all my appointments myself." Another person told us they received treatment from community nurses.
- People's medical history was documented. Two staff told us people usually told them the outcomes of healthcare appointments. This information was documented in the communication book to ensure staff's awareness of any recommendations or instructions.

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

- The people receiving personal care lived within the retirement village and had access to communal space including the restaurant, gardens and SPA. Some people lived within the assisted living building known as "suites". The suites were equipped with fully functional kitchen, shared space and en-suites and accessible to wheelchair users. The assisted living building had a level access with wide corridors and doorways.

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.

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.

- People told us they made their own decisions. They told us their consent was gained before staff delivered personal care. The comments made by people included "Yes, they will always ask me if I'm ready for a wash and to get dressed each morning and again in the evening, they usually ask me whether I'm ready to get into my pjamas yet or if not, they'll always tell me they can come back a bit later if that's more suitable." " Not one of the carers has ever forced me to do anything that I wasn't comfortable with." " Even though I'm getting on in years now, I'm still perfectly capable of making decisions for myself. If I really feel that I need to

discuss something with others before making up my mind, then it will usually be one of the family who I will turn to first."

- Where there were nominated lasting power of attorney (LPA), the decision maker and type of order were documented. However, the manager was not aware if the LPA was activated or checked them to ensure their validity.

We recommend the manager ensures LPA were accurately documented.

- The staff had attended MCA training and were knowledgeable about their principles. A member of staff told us "always assume people have capacity."

## 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 were treated with kindness and compassion. People told us the staff were professional, well trained, friendly and "always willing to do extra jobs when required". One person told us "the staff are caring and compassionate. I can't say it too often." Another person said their personal care was not rushed and the staff had time to "sit down and have a chat with them before they leave."
- The staff told us how they ensured people felt they mattered. A member of staff said "we talk to people and we are accessible. I will go above expectations." Another member of staff told us how they showed compassion. This member of staff said, "we hold their hands" and offer to have refreshments together.
- Comments from staff showed they knew people's life story and their preferences. The staff recognised that they must gain people's trust and that relationships were built over time. A member of staff said, "people don't live in our workplace we work in their homes".
- The staff received compliments from people about the personal care they received.

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

- The views of people about the agency were gathered. One person told us whenever the manager of the service has been to visit they were asked about how "we find the care, it does genuinely feel as if she has been interested in knowing our experience of it." Another person said, "I have to go by the managers office on the way down to the spa facilities and she will often pop her head out just to ask me how I am and whether there is anything she can help me with. She does appear to be a very genuine person and I'm always told that my views of the service are invaluable to their efforts to improve in any way they can."

Respecting and promoting people's privacy, dignity and independence

- People told us their rights were respected. Care plans gave staff instructions to respect people's privacy. The staff told us people's confidentiality was respected. They said the records were kept in the agency office and were stored in locked cabinets. They described how they ensured people's privacy and dignity was respected. For example, they knocked on people doors before entering.

- People's comments included "although the carers have been coming to me for a long time, they always knock on my door first and then wait for me to ask them to come in. They would never dream of opening the curtains until I am up and fully dressed in the morning and even then they usually ask me if I would like them doing or whether I want to leave them until a little later."
- The manager told us how they ensured the staff's approach was kind and caring. The manager said staff's practice was observed and they attended relevant training. During quiet periods the staff spent time with people.

## 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 needs were reviewed and signed documentation evidenced the agreements to have their needs reviewed six monthly. When the needs of a person with deteriorating mental health needs changed the care plan had not been amended. For example, we saw the "bad day" experience was linked to their mental health and there were periods of cyclical poor mental health. The staff had recognised signs of deteriorating mental health when there was a reduction in the care package. The manager said a review would be arranged to discuss how staff were to care for the person during these periods.
- People told us they were involved in the planning of their care. Their comments about having a care plan included "yes, it lives here in my folder where the carers fill in the records every time they're here." "My care plan is here on the table in the folder so that if a carer wants to check what they should be doing they can do." "The last thing they usually do is sit down and write a few lines in the records which are kept in my folder before they go off to help one of the other residents".
- Care plans were personalised. 'About Me' information detailed the support to be provided and the person's ability to care for themselves. People life story was documented and included their past employment, hobbies and interests as well as their likes and dislikes.
- Care and Support plans were person centred and detailed. There was guidance to staff on respecting the person's rights. Action plans detailed how the person preferred their care to be delivered. For one person the care plan stated "I would like you to support me with a shower twice weekly at 7am for 30 mins. And supper time 5:30 for 15 mins to make me a cup of tea and check I am ok. I would like you to draw my curtains for me." The care plans also gave staff direction on respecting the person's rights.
- There were handovers to update staff on people's current needs when they arrived on duty. Staff documented people's current needs in the handover notes. Staff recorded messages and appointments in the communication book.

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 care plan for one person with sensory loss detailed the prescribed treatment and aids. The staff were given guidance to face the person when they had conversations and to reduce background noise when communicating.
- There was an activity programme which the people living in the retirement village were able to access. People told us how they spent their days. Some people told us they spent their day reading, watching TV, shopping and participating in activities. Some people had companionship visits included in their care package.

Improving care quality in response to complaints or concerns

- People received copies of the complaints procedure and were kept in their care files. People told us they approached the manager when they had concerns.
- Comments from people included "no complaints. Its lovely here. The staff are kind and caring. The staff were "reactive towards complaints which are resolved quickly" and at the lowest level."
- Complaints were managed by the general manager. The manager told us complaints were passed to the general manager for investigation. The general manager told us how one person complained about the impact not having regular staff had on people. The staffing rota was reviewed to ensure the staffing levels were consistent. The complainant was satisfied with the outcome of the complaint.

End of life care and support

- The agency does not support people at the end of their life or supporting anyone with end of life care.
- The manager said people were to be supported with developing care plans on their advanced wishes. The manager said the process was to include building friendships before end of life topics were introduced.
- Of the 14 people receiving personal care seven had signed do not attempt resuscitation in place.

## 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

- The staff told us how they promoted the values of the organisation. They said the values included caring, open, accountable, authentic, courageous and extraordinary. Staff told us each day they documented how the values were promoted. A member of staff said, "Everyday we fill the form on how we think we met the value for the day."
- Staff said the team worked well together which had improved since the manager was appointed. Staff said they felt valued. A member of staff told us reasonable adjustments were in place to support them with communication.

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 manager kept us informed on incidents and accidents that were reportable. Records show that relatives were informed of events.

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

- A registered manager was not in post. The current manager was in the process of applying for registration with us. This manager was clear on day to day management of the agency. They said it was to ensure the agency operated within policies and procedures and that "people and staff were happy".
- The manager told us their style of management was relaxed and acted upon on suggestions. The registered manager said, "I can confront issues when needed and because of the style the staff are respectful of the role." This manager said they received feedback from staff about their style of management which was "calm and listened [to staff]. You don't make a drama out of a crisis you tackle things in a calm way."

- People told us they had met and came into contact with the agency manager and general manager for the retirement village. A member of staff said, "I have been here for seven years and I have seen many changes. I am happy about the way things are going. I am delighted that [name] is the manager." "We are supported everything is organised. Feedback from people is that they are happy. We have time to spend with people."
- Quality audits were undertaken by the organisations quality assurance team in February 2019 and a number of actions were identified. The improvement plan developed from the visit was monitored by the general manager.
- The quality of service delivery was audited. A 10% sample check of records were audited monthly which included medicines systems, care planning processes and supervision. For example, legible writing was identified as an area for improvement and there were discussions for improvement with the staff concerned.

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

- People told us their views about the agency were sought. The manager told us when they started work at the agency they used surveys to assess people's views about the agency. There were 13 responses and six people made direct comments about external agency staff being used. The manager said action was taken to address people's feedback.
- There were monthly reflective meetings where staff received feedback from managers on the actions they needed to take. A member of staff told us "reflective meetings are great I can save my comments for discussions at the meeting." At the meeting held in June 2019 there were discussions about staff vacancies. Changes with staffing and recruitment was shared with the staff.

#### Continuous learning and improving care

- The manager told us stability was maintained through effective communications with staff. Good working relationships with colleagues ensured people moving into the village had their personal needs met.
- The manager had identified maintaining staffing levels was a challenge to the smooth running of the agency.

#### Working in partnership with others

- There was working partnership between staff in the village. The manager told us the activities staff started a dementia friendly coffee morning in the community. Where there were village events people in the community were invited.