Richmond Villages Operations Limited

Richmond Village Aston on Trent DCA

Inspection report

Richmond Village Willow Park Way
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15 August 2018

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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

The inspection took place on 15 August 2018 and was unannounced.

This service provides care to people living in the flats and apartments on site within the Richmond Village Complex to enable people to live independently, with support available. 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 consider any wider social care provided. At the time of our inspection, six people were receiving personal care as part of their care package.

Richmond Domiciliary Care service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe within their home and supported by staff who understood the importance of ensuring people's safety. When required risk assessments had been completed to cover people's care and their environment. People received support from consistent staff who had the appropriate recruitment checks. Staff handled medicine safely and understood the importance of reducing any risk of infection.

The latest guidance was available to support staff to understand specific conditions. Staff had received an induction and ongoing training for their role. Some people had support to enable them to join social groups.

People remained in control of their health care, however staff were available to support when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were positive about the relationships they had made with the staff members and felt that made all the difference. Respect and dignity had been maintained along with supporting people to remain as independent as they were able to be.

There was a flexible approach to meeting people's needs which could be altered when changes occurred. The care plans were detailed and included information in relation to people's equality needs and information access. No complaints had been received to this service.

The service was supported by a registered manager who understand the regulations and ensured we received notifications and information in relation to these. People's views had been obtained through regular reviews of their care.

A range of audits had been used in relation to care plans and medicines management. Staff felt supported

and enjoyed working for this provider. Partnerships were being developed to establish links with health and social care professionals, along with community based activities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People received care from consistent staff, who had their employment checks completed. Staff knew how to keep people safe from harm and to reduce the risk of infections.

Risk assessments had been completed which covered all aspects of people's environment and care needs. Medicines were managed safety.

Is the service effective?

Good

The service was effective

People were supported to make their own decisions. Staff supported people to access social spaces for meals. people were supported with their ongoing health care needs when required. Training was provided to staff to ensure they had the correct skills for their role.

Is the service caring?

Good

The service was caring

People received care from consistent staff who had established relationships with them. Consideration was made to ensure people's dignity and respect was maintained.

Is the service responsive?

Good

The service was responsive

The care plans contained information and details to enable the staff to provide the care required. These included people's equality needs and communication methods.

Some people were supported to continue to enjoy social activities and interests. There had been no complaints.

Is the service well-led?

Good

The service was well led

The registered manager understood the requirements of their registration. People's views had been obtained through reviews of their care needs.

Staff felt supported in their roles. Partnerships were being established with a range of health and social care professionals and community links.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit was on 15 august 2018 and was unannounced. It was completed 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. At the time of the inspection six people were supported by the service.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We used this information to formulate our inspection plan.

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who used the service. We also spoke with two members of care staff, the team leader, two domestic staff, and the registered manager.

We looked at the care records for three people to see if they were accurate and up to date. In addition, we looked at audits completed by the service, in relation to care plan reviews and medicine management to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We also looked at recruitment records for three staff.

Good

Is the service safe?

Our findings

People were supported to be safe from abuse or harm. Staff had received training in safeguarding and understood the possible signs of abuse and how to raise a concern. One staff member said, "We need to ensure we protect people." Staff felt confident any concerns raised would be addressed swiftly.

Risk assessments had been completed to consider any individual needs or those within the environment. All the flats or apartments were purpose built and this ensured that most areas were suitable to support people with mobility issues. The provider had introduced a Mangar lift. This is an emergency lifting cushion designed to lift a person from the floor with only the support of one care staff. This was introduced to support people if they had a fall. Staff we spoke with told us they had received training in using the cushion. One staff member told us, "I have used the cushion, it is really useful. When people have fallen we always follow up with regular safe and well checks until they feel confident." This meant that risk would be monitored and measures put in place to reduce the risk.

There were enough staff to meet people's needs. People told us they received support from regular care staff and had never had a missed call. One person said, "Staff are very good and help when I ask, they are always there and available and come quickly when I press my pendant." All the staff confirmed this, which reflected there were enough staff to support the current level of calls. We spoke to the team leader who told us, "We have enough staff at the moment and a new staff member due to start. It will be good to have the extra staff as you never know when the extra calls may be needed." The registered manager confirmed they reviewed the staffing levels regularly to ensure they have the required numbers for people's needs.

Checks had been carried out to ensure that the staff who worked at the service were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

Some people were supported with their medicines. Staff had completed training in the safe handling of medicines before they were able to provide this support. We saw that medicine administration records were used to record when people had received their medicine and these were audited each month by the registered manager.

People's flats and apartments were clean and hygienic which reduced the risk of infection. One person told us, "Housekeeping come every day and my flat is kept very clean." The domestic staff we spoke with had cleaning schedules in place and staff used protective equipment like gloves and aprons when they provided personal care or served food.

The provider had shared learning with the staff team. We saw that 'lessons learnt' was a regular item on the staff meetings, these were also followed up with memos. We reviewed a recent memo which reminded staff about completing the daily logs. It had been noted that they were sometimes too generic and not personal.

The team leader told us, "We will review the daily logs again and see if things have improved." They also said that if required, additional training or mentoring was available to support staff members.

Good

Is the service effective?

Our findings

People's needs and choices had been considered when they received care. One person told us, "You make that bond with the staff. It has amazed me here. No one says it's not my job." The care plans also provided guidance. For example, details about people's specific needs which related to their long term illness. This enabled staff to understand how peoples condition could affect them and the type of support the person might require.

Staff had received training to support their role. We saw that all the staff had completed a range of training linked to the care certificate modules. The Care Certificate has been introduced nationally to help new care workers develop. It demonstrates key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Staff told us when they commenced their role they were provided with training and the opportunity to shadow experienced staff. One person told us, "Any new staff are brought around and introduced." Staff were also able to access other training. One staff member told us how they had used distant learning to gain knowledge in supporting people with end of life care.

People enjoyed the meals. One person said, "I think there is a good nutritional choice, chef knows my choices and that I like a small plate. Today I have asked for cheese and biscuits and they will do it quite happily. There is a flexible approach to meal choices and you can always ask for something else." Some other people had commented to us on the quality of the food. We discussed this with the registered manager who said they would raise this with the chef. We saw that people were supported to join friends in the dining room. The dining space which has a licenced bar is open to the residents of the village and any other people wishing to have a drink or dine there. We observed family members enjoying using this space.

People remained in control of their own health care. However, staff were aware how to support people if needed. One person told us, "After I had a fall in the grounds, the staff called the hospital and when I returned I was supported in the day in the nursing home and then back to my apartment each night. Staff thought that was important."

The Mental Capacity Act 2005 (MCA) provides the legal framework for making 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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.

We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met. All the people who received support had capacity to make their own decisions. Staff had received training in understanding MCA and staff we spoke with understood the importance of the Act. This included the process to consider when people had not got the capacity to make decisions.

Good

Is the service caring?

Our findings

People told us they had established positive relationships with the staff. One person said, "The staff are wonderful, they are friends. There doesn't seem to be any I don't like. They always check before they go that I have everything." Another person said, "I couldn't be better looked after and I am pleased to be living here." Staff also felt this connection. One staff member said, "Everyone is so friendly, it's a great place to work."

Those people we spoke with told us they felt safe. One person said, "Staff check on me in the morning and in the evening about 11.30pm. I would recommend living here." Other people told us how the staff supported them to remain independent. They provided examples where staff supported them with personal care, but encouraged them to do as much as they were able, before they required support. One person said, "I do what I can, but the staff are nearby when I need them."

Relatives could access the village and visit family members as they wished. We saw families sharing a dining experience or taking people out. All the people using the service were able to make their own decisions. If anyone required an advocate the registered manager was aware of the process to request this support.

People were positive about the respect and dignity that they were given by the staff members. Staff had received dignity awareness training and several members of the staff team were dignity champions. This means there is a more focused approach to ensuring peoples dignity is met. In the PIR the provider told us they were planning to develop a range of champion roles within the staff team. We spoke with the 'Parkinson' champion, they told us they had developed an action plan which involved making contact with people in the village affected by Parkinson's. They will then link them into a range of support networks, for example, exercise classes, music therapy or a support group.

Good

Is the service responsive?

Our findings

Care plans were detailed and included people's history, preferences and information to support their care needs. People had been involved in completing them. One person told us, "Staff took a lot of time to get to know me and what support I would need." The care plans we saw in people's homes were a mirrored copy of those kept in the office. A staff member said, "All the information is available in the care plans in the home, but we can also read the one in the office." We also saw when people's needs changed the care plans had been updated and this information shared with staff. We reviewed information within the care plans and the daily logs which reflected the care which people told us they received.

All the people using the service were able to understand the information in the format it was produced. However, the registered manager said they would arrange for it to be in larger print or other formats if this was required. This is to support the requirement to meet the Accessible Information Standards (AIS). The AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

People's cultural and diverse needs had been considered. For example, some people had specific spiritual preferences and this was respected. At this time there was no other specific equalities needs identified. Staff had received training in the Equality Act 2010 and provided the basis for staff to recognise when additional support maybe required.

Richmond Village provided people with some onsite opportunities. These included a swimming pool, gym, hair salon and exercise classes. Some people we spoke with had used these facilities. The provider also had a staff member looking into community activities and groups of interest in the surrounding locality.

The provider had a complaints policy which was available to people within their 'service user guides'. These were accessible within people's care folders in their homes. People we spoke with felt they would be able to raise any concerns and confident it would be addressed The provider had not received any complaints at the time of the inspection.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this. Those people who were able had been given the opportunity to discuss their wishes and preferences in relation to care at the end of their lives.

Good

Is the service well-led?

Our findings

Richmond Domiciliary Care service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with told us they enjoyed living at Richmond Village. We had comments like, 'I would recommend living here' and 'Its lovely, very safe.' We observed the atmosphere to be warm and welcoming.

We checked our records, which showed the provider had notified us of events in the service. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us to monitor the service.

Staff felt supported by the provider and the registered manager. Staff had received regular supervision to help support them to develop their role. One staff member said, "I find supervision useful, as you can discuss your role, training or any concerns." Staff were supported out of hours by senior staff. There was a system where staff members could contact senior people for advice or for them to attend and provide hands on support. The registered manager said, "The system works well in providing the emergency support or guidance when needed."

The provider had not yet issued a quality questionnaire to the people using the service. This was due to there being only a small number of people using the service. However, each person had received a minimum of one of their care package. This enabled the registered manager to discuss the service directly with the person. People told us they had been able to make any changes to their care needs at the review.

The provider had developed a range of internal auditing which were reviewed by quality compliance managers. We reviewed the audits in relation to medicine management. These showed that on some occasions some signatures had been missed on the medicine administration record. It was identified this was in relation to one person. After several reminders it was identified that the person had several medicines which made it more complicated for staff. After consultation with the person and the pharmacy the person's medicine was placed into a blister style dispenser. There have been no further errors in administration. This showed that audits were used to drive improvements.

The registered manager had started to establish partnerships with a range of health care professionals. Other links were also being established with the local community with an aim to link the Richmond Village with the surrounding area and their activities or established social groups.