Richmond Care Villages Holdings Limited

Richmond Village Coventry 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 Coventry is a domiciliary care service that provides personal care for people in their own homes, located within Richmond Village. There were 39 people receiving this service at the time of our inspection. People who received care in their own home could access facilities across the village, such as communal gardens, restaurants, a shop and a bowling green.

People's experience of using this service:
•People felt safe with staff who visited them in their home.
•People's safety had been considered and risks were managed to maintain their safety.
•Staff had received training in relation to safeguarding and knew how to protect people from harm.
•Medicine was managed safely.
•The risk of infection spreading was reduced by good hygiene practice.
•The provider delivered person-centred care. People's needs were assessed in detail to ensure the service could be tailored to meet their individual social, care and health needs.
•People were supported to have 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 treated kindly and compassionately by staff.
•People were supported to express their views and make decisions about the care and treatment they received.
•Staff respected people's privacy and dignity.
•People were supported to take part in activities of their choice.
•Information was provided in a range of formats to support people's understanding.
•The provider had a complaints policy and process in place; people feel comfortable raising complaints.
•When people reached the end of their life, the provider had policies in place to meet their wishes and preferences.
•The provider had quality monitoring arrangements through which they continually reviewed, evaluated and improved people's care.
•People, stakeholders and staff had an opportunity to shape the service.
•The provider invested in staff development to ensure people received care from experienced and caring leaders.

Rating at last inspection: Good. The last report for Richmond Village DCA was published in November 2016.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor the service to ensure it meets its regulatory requirements.

For more details, please see the full report which is on the CQC website at 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 Coventry 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 as part of our regulatory functions. This inspection checked 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.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Richmond Village Coventry DCA is domiciliary care service providing people with personal care in their own homes.

The service had an experienced registered manager. 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.

Notice of inspection: The inspection visit took place at the office location on 17 April 2019 and was announced. We gave the service 48 hours' notice of the visit to ensure we could speak with the registered manager. Following our office visit we spoke with people who used the service via telephone to gain their feedback.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injury. We sought feedback from the local authority and professionals who worked with the service. We assessed the information we require providers to send us annually that gives us key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection visit: We reviewed three people's care records, to ensure they were reflective of their needs, and other documents such as medicines records. We reviewed records relating to the management of the whole service such as quality audits, people's feedback, and meeting minutes.

We spoke with eleven people who used the service Richmond Village DCA, and two people's relatives, who provided us with feedback about the service. We also spoke with five care workers and the registered manager.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
•People felt safe at Richmond Village DCA. One person said, "I have a buzzer that I can use in emergency, staff will come in to see if I am in any difficulty." Another person told us, "I feel completely safe when staff visit me."
•The safeguarding policy described the different types of abuse people might face and included information for staff to follow if they suspected abuse.
•All staff had completed safeguarding training and knew how to keep people safe from potential harm or abuse.
•Detailed records were kept of safeguarding concerns and alerts and where necessary, information was shared with the local authority and the Care Quality Commission (CQC).
•People were provided with information in their home on how they should contact staff if they had any concerns. This showed the provider thought about how to communicate with people about keeping safe.

Assessing risk, safety monitoring and management
•People had risks to their health assessed by staff with the right level of competency and skills to keep them safe.
•Care staff knew people well, including their likes and dislikes.
•Staff had developed a good understanding of the risks to people, members of the public and themselves, and understood the steps they needed to take to reduce those risks. For example, risk assessments included what support people needed to move around safely, the equipment that was required to support them, and how many staff were needed to ensure they were moved safely .
•People were encouraged to stay as independent as possible and risk assessment procedures did not unnecessarily restrict people's freedom to make their own decisions.

Staffing and recruitment
•There were enough trained and skilled staff at Richmond Village DCA to assist people safely with their care and support needs. One person said, "They [staff] are always on time. I never have to worry about whether the staff aren't coming."
•The provider completed a detailed assessment of people's needs to ensure the right levels of trained and competent staff were available throughout the day and night. The provider employed staff to remain on site during night-time hours, to respond to emergencies and unscheduled calls.
•The provider had completed robust checks to ensure staff were suitable for their role. These included checking their references and completing checks with the Disclosure and Barring Service (DBS).

Using medicines safely
•Medicines were administered safely by trained and competent staff, who had their skills regularly assessed

to ensure they continued to be competent in administering medicines to people in their own home.
•Medicines records contained information about people's health and the medicines they required.
•We checked people's medication administration records (MAR) and found staff recorded and logged people's medicines correctly and in line with the provider's policies and best practice guidance.

Preventing and controlling infection
•There were effective measures in place to ensure risk of infection was prevented and/or minimised.
•Staff understood the principles of infection control. Staff used personal protective equipment such as gloves and recommended hand-washing techniques to minimise the risk of cross contamination.

Learning lessons when things go wrong
•Lessons were learnt when things went wrong. There was an accident and incident policy and accidents and incidents were recorded and shared with the provider.
•The provider and management team analysed incidents and shared learning across the organisation to prevent future occurrences.

Good

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this. Legal requirements were met.

Staff support: induction, training, skills and experience
•Staff received an induction when they started work which included working alongside an experienced member of staff. The induction was based on the 'Skills for Care' standards providing staff with a recognised 'Care Certificate'. Skills for Care are an organisation that sets standards for the training of care workers.
•Staff received relevant, on-going refresher training for their roles and staff were supported to complete national vocational qualifications in health and social care.
•People told us staff were well trained and knew how to meet their individual needs. One person commented, "The girls are really highly trained, they are really good quality caring people."
•The provider maintained a record of staff training, so they could identify when staff needed to refresh their skills.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed with the person, health professionals and a manager before moving to Richmond Village.
•Assessments included information on people's physical and mental health needs, social and personal history, and how they wanted their support to be provided to them. People told us staff knew them well, one person said, "I usually have the same carers, they know what I need and are always pleasant 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 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
•The provider ensured people could express their consent and share their wishes in accordance with the MCA. Where people needed assistance to express their wishes, give their consent, or be involved in discussions about their health, they were offered support by legal representatives and advocates to ensure their views were heard.
•No-one had restrictions placed on them.
•Staff had received training and understood their responsibilities around consent and mental capacity. Staff told us, and we saw, they sought verbal consent from people before providing care and support.
•The registered manager understood their responsibilities to protect people's rights and knew what to do when someone did not have the capacity to make their own decisions, so they were made in people's best interests.

Supporting people to eat and drink enough to maintain a balanced diet
•People made choices about what they ate each day, and staff supported them to prepare food and drinks where this was a part of their agreed care package. People had access to an onsite restaurant, where they could eat freshly prepared food.
•Some people lived in a communal home. The provider arranged specialist menus and events in the home to recognise cultural and religious festivals. For example, Christmas celebrations, celebrations of Easter, Shrove Tuesday, Diwali and New Year festivals.
•Those people who required their food and fluid intake to be monitored to ensure nutrition levels were maintained, had food and fluid charts in place. These charts were completed by staff daily and were monitored to ensure people received the correct levels of nutrition to maintain their health.

Staff working with together and with other agencies to provide consistent, effective, timely support
Supporting people to live healthier lives, access healthcare services and support
•Staff communicated effectively with each other. Systems were in place, such as daily care records, handover meetings and a communication book to share information amongst staff. This meant that staff knew what was happening in people's lives and when changes had occurred that might affect their support needs. One person said, "Sometimes if I am not feeling too good the staff just drop in, in between calls, just to check I am fine."
•People had access to health professionals. People saw their doctor, dentist and other health professionals when needed to maintain their health. Where advice was provided from health professionals, care records were updated, and the advice was discussed with people to ensure they understood how this might impact on their health.

Adapting service, design, decoration to meet people's needs
•The provider focussed on delivering a service which was person centred and met people's needs.
•Richmond Village DCA provided people with plenty of communal spaces where people could meet with family and friends.
•Outside lighting and wide walkways around the Village allowed people with mobility equipment easy access around the home and gardens.
•The Village had an onsite shop, hairdressing salon, café and restaurant for people to use.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported; equality and diversity
•Staff communicated with people in a warm and friendly manner. People's responses indicated they were well treated and enjoyed the company of staff and each other. Comments included; "They [staff] are all lovely, they really make me feel comfortable and are always kind", "The carers are excellent, they really do care."
•The provider respected people's equality and diversity, and protected people against discrimination. Staff were recruited based on their values and abilities. People and staff were treated equally according to the guidance on protected characteristics.
•Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, respecting people's spiritual needs or choices and the gender of the staff member providing their personal care. Staff had received training in equality and diversity and explained how they used this knowledge to reduce any possible barriers to care.

Supporting people to express their views and be involved in making decisions about their care
•People were involved in decisions about their care. Most people could communicate their wishes verbally. We saw easy read documents, documents in picture format, and information was also available in different language formats where required. This meant people could be involved, as much as possible, in making decisions about their care and treatment.
•People had regular reviews to discuss their health and support needs, and to make decisions about how their care should continue to be delivered.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery. Legal requirements were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Each person had detailed care plans and records to show their health and support needs. Care plans covered topics such as people's physical and health needs, their life history, activity engagement and hobbies, daily routines, preferences and risk assessments.
•Care records were written with the person, their family members and professionals. Records were comprehensively reviewed and updated regularly. This meant care records were relevant and based around each person's individual needs and staff knew how to support them in the best way possible.
•Staff demonstrated they knew people well and what support each person required to keep them safe. One person told us, "I have a care plan, staff record in this and then the next staff always read it to see what's been happening."
•Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure people receiving care have information made available to them that they can access and understand. People had communication care plans to instruct staff on how best to communicate with them. Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people effectively.
•People were encouraged to take part in organised group activities and events around Richmond Village. Some activities and events were pre-organised. These included social events, games, seasonal and religious events, and trips out and about. Other activities occurred spontaneously, based around people's wishes on the day.

Improving care quality in response to complaints or concerns
•People knew how to raise concerns or complaints with staff and the management team if they needed to. A typical comment from people was, "I have no concerns."
•The provider had a complaints policy and procedure that staff were aware of and these had been provided to people in an easy read format and large print. The easy read and different format information told people how to keep themselves safe and how to report any issues of concern or raise a complaint.
• Complaints were recorded. The registered manager responded to complaints according to the provider's policy in a timely way.

End of Life care and support
•The provider had policies and procedures in place to ensure people were asked about their preferences and wishes at the end of their life to support them and their families through this difficult time.

Good

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Legal requirements were met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
•The registered manager was supported in their role by a deputy manager and senior care staff.
•Staff received regular supervision in line with the provider's policies. Supervision meetings with staff and their manager took place every few weeks.
•Managers performed regular spot checks on staff competency to ensure they used their skills and training to effectively meet people's needs.
•Staff spoke with pride about the service.
•Staff were aware of individual needs, and through discussion demonstrated they knew people well and what support each person required to keep them safe.
•The registered manager understood their role and regulatory responsibilities. The latest CQC inspection report rating was on display and on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
•The provider notified us of important events as they were required to. This demonstrated the management team was clear about their role and in being so, provided people with a good service.

Plan to promote person-centred, high-quality care and good outcomes for people.
•The systems in place focused on the individuals using the service and sought to meet their needs and provide them with high quality care. These systems measured and monitored outcomes for people with a view to making improvements where possible and thereby making people's lives better. One person said, "I would recommend this place to anyone."
•Staff said they felt supported by the registered manager saying, "They are approachable. They action things if needed, I feel confident if I had any concerns these would be dealt with."

Engaging and involving people using the service, the public and staff
•People were supported to complete surveys to capture their views and opinions of the service. The provider had recently introduced surveys to people every three months, to gather more feedback than their previously yearly satisfaction survey.
•Evidence indicated people's feedback led to changes at the service, for example, the review of food choices in the restaurant.
•Regular meetings were organised which people could attend if they wished. Meeting minutes showed how issues raised were followed up and any action taken was documented and discussed in the following meeting.
•The provider communicated with people through newsletters, and information on community

noticeboards, to let them know how the service was being developed.
•Staff meetings were held where topics were discussed including the care needs of people, safeguarding, mental capacity, equality and diversity, expectations within employee roles, and any changes at the service or provider's other services. This showed staff were involved in shaping and understanding the service.

Continuous learning and improving care
•The registered manager and the management team conducted regular daily and weekly checks and audits on the care people received.
•The provider completed various audits to assess the quality of care and support in place. These included audits for medicines, infection control, health and safety and quality audits of the entire service by the provider's quality assurance team.
•All actions from audits were added to an action plan the registered manager and provider oversaw. The audits and action plan helped the provider to monitor and improve care for the people using the service.
•The provider had an improvement plan for the service, which detailed their plans to continuously improve the quality of care people received. Learning actions from recent audits showed the registered manager updated staff training, care records, and medicines procedures where audits identified areas of improvement.
•The provider learned from registered managers and senior staff at their other services and shared this learning across their services. They held regular meetings and briefings to share learning and best practice.

Working in partnership with others
•The service had links with external services, such as community groups, charities, commissioners of services, and specialists in clinical and dementia care. These partnerships demonstrated the provider sought best practice to ensure people received good quality care and support.
•The registered manager joined local registered manager networks to share best practice and attended conferences and discussion forums.