

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

Date of inspection visit:
31 May 2023

Date of publication:
02 August 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

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 to 16 people.

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 they do we also consider any wider social care provided.

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

People were not always supported to have maximum choice and control of their lives. Medicines were locked away for people's best interest. There was no written agreements or documentation in place to support this practice, therefore the service did not always support people in the least restrictive way possible.

Medicine management required improvement to ensure people received their medicines as prescribed, and that all staff were trained adequately to carry out their role. Medicines systems and processes did not always evidence that people had access to their medicines.

Care plans and risk assessments were not always kept up to date and factual. We found conflicting information had been recorded. Staff did not always have the information to support people safely.

Oversight of the service required improvement. Systems and processes were not always effective in identifying improvements needed and mitigation of risks.

People and relatives had not been asked to feedback on the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for the service was good, published on 18 February 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements.

Enforcement and recommendations

We have identified breaches in relation to regulation 17 good governance. You can see what action we have

asked the provider to take at the end of this full report.

We recommend the provider reviews management understanding in the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Richmond Letcombe Regis DCA on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and 1 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 houses and flats within a retirement village.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post, however an application had been made.

Notice of inspection

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 31 May 2023 and ended on 19 June 2023. We visited the location's office/service on 31 May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

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.

We spoke with 3 people using the service and 6 relatives. We looked at 4 people's care records. We spoke with the manager, the team leader and 3 care staff. We reviewed a range of records relating to the management of the service. These included 3 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Records did not confirm that all staff had been trained adequately in administering medicines safely. At the time of inspection there was no documentation such as competency assessments and spot checks on staff to evidence they were competent to administer medicines safely. Although, the provider told us staff were competent and trained to administer medication, we did not see evidence of how they had assured themselves of this.
- The service did not always follow correct procedures where people may lack capacity to make decisions about taking medicines and when they may need to be administered without their knowledge or consent. Medicines were locked in a box within people's rooms. There was no documentation to support the agreement or rationale of this practice. The service had not evidenced they had promoted people's independence in managing medicines by assessing this individually. The manager told us they would take action on this.
- Records did not always evidence that people were receiving their medication as prescribed. For example, we saw conflicting records about whether or not people had certain medicines available. The daily communications log identified people had run out of certain medicines. 1 person had not had access to their medicines for 2 days. This had not been escalated. For 2 people their medicine chart was signed as having received medicine despite records indicating that the medicine had not been delivered.

The provider had not kept accurate records to evidence the proper and safe use of medicines This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the service implemented further training and assurances. The manager carried out medicine competency assessments for all staff, and implemented a new system to count medicines to ensure people would not run out.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. People's comments included, "Completely [safe]. They [staff] support me in every way, such as getting things out ready for me, making sure I'm stable when I stand up, and that I've got the bracelet on to call for help if I need it. I can't fault them" and "[My relative] never says she feels unsafe."
- All staff had received training in safeguarding adults and were able to explain the process they would take to raise a safeguarding concern. Staff were not always sure how they would raise concerns further. One person we spoke with told us "I would raise it with the manager if we had one". They were unaware of who the manager was and how they would raise this further in the absence of a manager.

- There were no open safeguarding investigations at the time of inspection. We reviewed the safeguarding log which demonstrated that appropriate action had been taken for previous safeguarding concerns.

Assessing risk, safety monitoring and management

- Risk assessments were in place, and some contained guidance for staff to protect people from the risk of harm. For example, for some assessments we saw examples of signs of infection and who to contact, however some people did not have appropriate documentation. For example, we saw 1 person had a stoma. A stoma is an opening on the abdomen that can be connected to either your digestive or urinary system. The care plan stated this person required support daily to replace the stoma bag, there was no further information available or risk assessment. There was no documentation available to evidence that staff were trained to manage stoma care. Staff we spoke with confirmed they had been trained in stoma care management by the district nurses.
- Comprehensive care plans and risk assessments were not always up to date for all people. For example, we saw 1 person had recently had their risk assessment reviewed, however this had inaccurate information such as incorrect pronouns, unclear information about the risk of their environment and no risk assessment available around their capacity.
- People we spoke to were not always aware of risk assessments being carried out but felt staff were observant. We heard, "Not exactly [any risk assessment] but the carers are all very observant, [they are] absolutely excellent and know I'm quite an independent person so they'll stand back and let me do things for myself as much as possible."
- At the time of inspection, the manager was in the process of developing peoples care plans.
- Following the inspection, the manager told us they had reviewed and implemented more robust care plans and risk assessments in order to mitigate the risks to people.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was not consistently working within the principles of the MCA. Some people had the appropriate legal authorisations to deprive them of their liberty. However, not everyone who required a DoLS authorisation had been referred. The manager assured us they were going to act on this immediately after the inspection.

We recommend the provider reviews management understanding in the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

Staffing and recruitment

- People, relatives, and staff told us they did not always feel there were sufficient staff to meet people's needs and were not always told who was coming or informed about late visits.
- People told us "[Carers] have occasionally been very late, due to an emergency with someone", "[My relative] thinks all the staff are very good. [Their] main complaint is poor communication and that they're short-staffed", "The carers are sometimes late and we understand why it might happen, but it's irritating

that we're not informed" and "I don't know [who is coming], but it doesn't matter to me because I like them all."

- At the time of inspection, the service was using agency staff. Management and staff told us that regular use of the same agency staff were used for continuity of care. People using the service told us "Most of my carers have been around for some time, so they know me and I know them. In the evening, it can be 'bank' staff but they seem to be the same ones time after time anyway" and "They unfortunately have to use 'bank' staff but they're all excellent too and the company use the same ones as much as they can, which is good for familiarity."
- The provider used safe recruitment procedures when employing new staff. This included evidence of conduct from previous roles within health and social care, any required qualifications and disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People told us staff adhered to good infection control practices. People said they felt confident staff knew how to manage risks of infection. We heard from people using the service "They certainly all wear gloves, but no longer wear face masks. If there's any [personal] washing involved, they wear gloves and aprons."
- Training records indicated that all staff were trained in infection control.

Learning lessons when things go wrong

- The service explained how they would take appropriate action following incidents. We heard appropriate action had been taken for 1 person, however records did not always show actions taken in response to incidents.
- There was a communication log for staff to write in, however there was no delegation or action following these entries, team meetings did not demonstrate how lessons learned were communicated effectively with the team.
- Although staff understood the importance of raising and reporting concerns, it was not always clear whose responsibility it was to action these.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes to ensure safe medicine management had not identified the concerns found on inspection regarding missed medicines.
- Regular audits had taken place however, these failed to identify some of the concerns we found during our inspection. For example, where the manager had undertaken audits of medicine records, there was no evidence of actions logged to make the required improvements. Within the audit it stated that a pharmacy assessment had been seen. The manager told us that they had not seen these. We asked for this information at the time of inspection, however this was not available.
- We asked the manager how they logged any missed visits or missed medications that occurred, to ensure appropriate action had been taken to prevent reoccurrence. Although we did not see a system in place to monitor missed visits, the provider assured us there was a system in place to monitor missed visits.
- There was no system to monitor missed medications. We were informed there had been no missed medication however we found there had been recent occasions where medicines had been missed with no evidence of escalation.
- Systems and processes were not always effective in ensuring records were kept up to date. We found care plans held conflicting information within them, and limited information recorded regarding support and training around stoma care. The manager had identified some of the concerns and had reviewed some care plans as part of the audit, however this only covered 3 care plans and therefore did not identify issues found on inspection.
- Systems and processes had not identified when mental capacity assessments and best interest decisions were not completed. For example, mental capacity assessments had not specifically been completed for personal care, medication or use of equipment. This was something the manager had identified, however it had not been recorded on the quality improvement plan.
- The above meant the provider's systems for identifying, capturing and managing organisational risks and issues were not always effective.

The provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 (1) (good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were missed opportunities of using people's feedback to improve care. For example, we saw all people in the service (including those in residential care) had been asked for feedback via a survey. However, concerns specifically related to those receiving support from the domiciliary care service had not been responded to
- People and their relatives told us they had not been asked for feedback on the service, "No, I've never seen a questionnaire or anything like that," "There are comments cards in various places that people can use to make comments, to then pass to management. They then complain that nothing happens, and it can be very slow."
- Relatives told us staff kept them up to date on any changes but were not always involved in planning people's care. We heard, "I can't remember being asked for any feedback and I'm sure we haven't got a [care] file. We've never had a new contract since we came. We were messaged because they were supposed to be putting a new care package together, but it hasn't happened."
- We reviewed the 2 records available of staff meetings. One team meeting evidenced discussion around updates on proposed changes to ways of working and current challenges the service was facing. This was implemented by the previous manager and no action had been taken to implement these changes.
- Staff were positive about changes discussed by the new manager and welcomed the much-needed support.

The provider had not and acted on feedback from relevant persons for the purposes of continually evaluating and improving the service. This was a breach of Regulation 17 (1)(2)(e) (good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was being managed by a manager who had recently been appointed and a team leader. The manager had submitted an application to CQC to become a registered manager for Richmond Village Letcombe Regis. They were already managing another service and visiting the office 2-3 times a week. Prior to this there had not been a manager for some time.
- People and their relatives told us they did not always know who the manager was. They said, "We don't have a manager currently, just a senior carer in charge" and "I do [know who the manager is] but only because [they] rang to tell me about this call [from CQC]. I thought [another person] was in charge. It was the first time I had heard of [them]. I would have expected to know really. There have been a lot of changes and we've had no formal notification. I just know because [my relative] has told me, and the carers have told [them]."
- Staff were positive about the new manager. They felt they were accessible and approachable, and any concerns raised would be dealt with effectively. However some staff commented they needed a "manager who was here."
- Staff supervision files were reviewed, and opportunities were provided to staff to raise concerns during their supervision.
- The manager was welcoming and demonstrated an open and transparent approach.

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 registered manager and provider understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Working in partnership with others

- The provider worked with a number of health and social care professionals, this included the local commissioners and health professionals such as, the local GP surgeries and the local authority.
- People using the service told us the agency supports them to contact the district nurses where needed, and the service is proactive in ensuring appointments with the GP are made when required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not always maintained an accurate, complete and contemporaneous record in respect of each person's care and treatment provided, and decisions taken in relation to care and treatment provided.</p> <p>The provider had not acted on feedback from relevant persons for the purposes of continually evaluating and improving the service.</p>