

Richmond Care Villages Holdings Limited

Richmond Village Nantwich

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 Nantwich is a residential care home that was providing personal care to 41 older people at the time of the inspection. The service can support up to 42 people. Richmond Village Nantwich accommodates people across two separate floors, each of which has separate adapted facilities. Some of the people living in the home had a diagnosis of early stage dementia.

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

Although we saw examples of how people were supported to be safe, in one case a person was at risk because the service had not acted quickly enough to reduced risks when their condition had changed. We have made a recommendation about this in the 'Safe' section of this report.

Staff received robust safeguarding training and had a good understanding of the principles involved in taking action when abuse was suspected.

The provider had a robust recruitment process that meant staff were recruited safely.

Medicines were managed safely.

There was an open and transparent culture in relation to accidents and incidents and they were used as opportunities to learn and reduce risks.

People's needs were met through robust assessments and support planning.

The service worked with healthcare professionals to achieve positive outcomes for people.

Staff and carers had good knowledge and skills and this ensured people's needs were well met.

We saw good examples of when people had been supported to maintain a healthy and balanced diet

People told us carers and staff were compassionate and kind.

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.

Staff and carers expressed commitment to ensuring people received high-quality care.

Carers and staff knew people well and supported them to maintain relationships with people who mattered to them.

People received care and support that was person-centred.

We saw good examples of how the care and support people received enriched their lives through meaningful activities.

The service was proactive in its response to concerns or complaints and people knew how to feedback their experiences.

The registered manager planned and promoted holistic, person-centred, high-quality care resulting in good outcomes for people.

The values and culture embedded in the service ensured people were at the heart of the care and support they received.

Staff told us they received good support from management. They told us they were proud to work for the service.

There was an open and transparent culture and people were empowered to voice their opinions.

Rating at last inspection: Good (30 September 2016)

Why we inspected: We carried out this inspection based on the previous rating of the service.

Follow up: We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received we may inspect sooner.

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?

The service was not always safe

Details are in our Safe findings below

Requires Improvement ●

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 responsive

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 Nantwich

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector 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:

Richmond Village Nantwich is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

Inspection site visit activity started on 24 April 2019 and ended on 25 April 2019. We visited the home location on both days.

What we did before the inspection:

Our plan took into account information the provider sent us since the last inspection. We also considered information about matters the provider must notify us about, such as events involving injury. We obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service.

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

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority. We also checked records held by Companies House.

We used all this information to plan our inspection.

During the inspection:

We spoke with 17 people who used the service and two relatives. We spoke with the registered manager, a provider's representative, one senior member of staff who was based in the office, three care assistants and the chef.

We reviewed five people's care records, five staff recruitment and personnel files, staff training documents and other records about the management of the service.

After the inspection:

We continued to seek clarification from the provider to corroborate evidence found. We considered a report from the provider around a safety concern that is highlighted in the 'Safe' section of this report. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

An aspect of the service was not safe and, in this case, there were reduced assurances about safety. There was an increased risk that a person could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Processes did not pick up that a person may be at risk. We noted that someone had been put at risk because insufficient consideration had been given to protecting them when their condition had changed. The service had realised that the person's mental capacity had changed and had not acted quickly enough and put sufficient control measures in place to ensure that they were supported when they left the home.

These issues were raised immediately with the registered manager and provider's representative and protection measures were implemented to supplement the control measures already in place. This included the home's receptionist being advised of concerns and the need to alert care staff to support the person if they attempted to leave the home on their own. In addition, the provider instigated a full investigation into the omissions and the report of the same was provided to CQC prior to publishing this inspection report.

We recommend that when people's conditions have changed, the service instigates a full and robust system of assessment and mitigation of risk based on accepted best practice. This is to ensure that full and appropriate support is provided to people who may be at risk.

- The service had a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff. Staff were well trained in safeguarding and had good skills to ensure people remained safe.
- People were protected from the risks of harm, abuse and discrimination. People and their relatives told us they felt safe using the service. One person said, "I feel very safe that they regularly come and see me."

Assessing risk, safety monitoring and management

- The service managed risks to people's safety. People's care files included risk assessments based on their support needs. Risk assessments covered areas such as the home environment, moving and handling, medicines, falls, behaviours, cognition, communication, mobility, nutrition, continence and medicines.
- Staff were aware of people's risks and knew how to support people in a safe way, whilst maintaining their freedom.
- The provider had a comprehensive contingency plans in place to safely maintain the business and continuation of support to people in the event of an emergency.

Staffing and recruitment

- The provider had safe recruitment systems and processes. Checks such as criminal records and identity checks had taken place and were documented in the files we reviewed.
- We received positive responses from people in relation to staffing levels. Staffing rotas supported that

there were enough staff available to manage and support people's needs. Staff told us there were sufficient staffing levels and their shifts were covered when they were on sick and annual leave. We noted a good staff presence during the inspection.

Using medicines safely

- People's medicines were administered safely. The service had a medicines policy in place which covered the recording and administration of medicines.
- Records showed staff were up to date with medicines training. Only senior and specially trained staff supported people with giving medicines. The registered manager or other management staff carried out checks of staff competency with medicines. This ensured they remained safe to continue to administer medicines.
- Where people were supported with medicines, they had a medication administration record (MAR). These were accurately completed and showed that people received their medicines as prescribed.

Preventing and controlling infection

- People were protected against the risk of infection. We noted that the home was clean and tidy and there were comprehensive systems in place to ensure that all areas of the home were well maintained and clean.
- We noted that staff wore personal protection equipment (PPE) and people told us that staff always wore PPE when serving food and providing personal care.
- The kitchen was very clean. All staff had been trained in food hygiene and safe preparation and wore PPE.

Learning lessons when things go wrong

- The provider had systems in place to learn lessons when things went wrong and make improvements. Staff recorded incidents and these were reviewed by the registered manager. We noted these were discussed in meetings and supervision sessions.

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.

People's outcomes were consistently good, and people's feedback confirmed this

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and senior staff carried out a needs assessment to ensure that the service could meet the person's needs. This included assessments from health care professionals.
- Staff knew people's preferences, likes and dislikes. Information within care records included meal choices, and personal hygiene routines.

Staff support: induction, training, skills and experience

- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. One staff member said, "I had a really good induction and shadowed experienced staff before providing care to people."
- Training was provided in subjects including medicines, end of life, dementia care, fire safety, moving and handling, safeguarding adults, infection control, first aid, equality and diversity and the Mental Capacity Act 2005.
- Staff told us the training provided helped them to perform their role. One staff member said, "The training is comprehensive and thorough."
- Staff said they felt supported and received regular supervision and six monthly appraisals.

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

- People were supported to eat and drink enough. One person said, "Staff are really good and encourage me to eat and drink properly." Staff recorded what people ate and drank in the daily care logs to enable them to monitor their food and fluid intake.
- Some people required support with their meals. Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meals. Staff in the kitchen were aware of any arrangements that people required in the preparation of their food to ensure people were safe and properly nourished. This included people who required a modified diet or thickened fluids and those who required special diets.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies and professionals to ensure people received effective care. Where people required support from other professionals, this was arranged and staff followed any guidance provided. In reviewing care documents, we noted that information was shared with other agencies if people needed to access other services such as GPs, and health and social services.
- Health care professionals commented favourably about how the service worked with them to ensure that people received appropriate care. One said, "I have worked with the service for many years. I have confidence in the diligence and application of the staff and managers. They call on me appropriately and

are a well organised team."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to be healthy. Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact people's GP or phone for an ambulance as necessary and, where appropriate, inform people's next of kin.
- Records showed the service worked with other agencies to promote people's health such as district nurses, GPs and occupational therapists.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager told us that most people who lived at the home had capacity to make their own decisions. Mental capacity assessment forms were completed during people's needs and support assessments to ascertain whether or not they had capacity to make decisions related to their care and treatment.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Where people were deprived of their liberty, the service worked with the local authority and any authorised people such as a next of kin to ensure decisions made on behalf of people were lawful and in their best interest.
- The service was compliant with any authorised conditions to restrict people.

Is the service caring?

Our findings

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

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 well supported and cared for. People told us carers and staff were compassionate and kind. One person said, "They are very caring staff and cannot do enough for me." Another person said, "Staff always listen to me and try and help me."
- We noted that management and staff had a commitment to ensure people received high-quality care and support which included putting people first and as part of a family within the home. One staff member said, "We are all part of a family and we all treat people equally and as we'd like to be treated ourselves."
- Staff and carers knew people well. During the inspection, we observed positive interactions between people, staff and management. We noted people were comfortable in each other's presence.
- People were well supported to maintain contact with people who were important to them. During the inspection we noted that people's friends and relatives were encouraged to visit the home and participate in activities.
- Training records showed that staff had completed equality and diversity training. The provider also had a comprehensive policy on equality and diversity that was available for staff to consider.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received. Records supported this and showed that people who used the service and, where appropriate, relatives were involved in care planning and reviews.
- One person's relative said, "My relative has a disability and I am involved with the home in decisions about their care. I am regularly consulted and informed about all aspects of my relatives support needs."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. One person said, "Staff always knock on my door and ask permission before doing anything."
- Staff gave examples about how they respected people's privacy. One staff member told us, "I always make sure that the person I am caring for is protected and their dignity is maintained."
- Management and staff promoted and encouraged people's independence. A relative said, "My relative's independence is encouraged and they have really 'come on' since living at the home."
- We noted people's care plans were written promoting independence and with encouragement for staff to support people to maintain their independence.

Is the service responsive?

Our findings

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

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 received care and support that was person-centred and which was embedded in the service. The core value of the service was, "To be a home from home and for people to have the very best memories."
- The theme of feedback we received was that the service and carers were passionate about meeting people's needs, providing a good service to people and changing people's lives. One person told us, "Staff and management ensure that all my needs are met." Another said, "I feel listened to and receive personal support from dedicated carers."
- Professionals we contacted told us how they viewed the service. One commented, "They provide a person-centred approach to all their work with the clear aim to support service users."
- Staff and carers had an excellent understanding of people's needs, preferences and wishes. Support plans reflected how the person wanted to be supported and what they wanted to achieve.
- The service and carers were responsive to people's changing needs. Staff and carers constantly reviewed and updated people's support plans and made appropriate referrals to relevant professionals, when required.
- People had good support to undertake activities, hobbies and interests. Staff and carers used innovative ways to enrich people's lives and make them feel more meaningful using activities that would enhance their quality of life. For example, the home had a musical therapy program, people benefitted from individualised physiotherapy sessions and there were good links with the local community that helped people avoid social isolation.
- The service embraced technology and used this as a means of achieving positive outcomes for people. For example, we saw that the service was to introduce an extensive system to aid staff communication and emergency contact. The service had also invested in a comprehensive multi-media and interactive fitness/exercise system that could be tailored to meet individual needs. This facility also allowed people's friends and relatives to join in and support their loved ones safely.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in a variety of formats to meet the communication needs of people. For example, important documents could be provided in 'easy to read' format. The registered manager told us that information was available in many different formats, depending on the person's needs.

Improving care quality in response to complaints or concerns

- The service was proactive in responding to any concerns or complaints raised. Although the service had not received any complaints since the last inspection, it had a comprehensive policy to deal with issues raised by people.
- People and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way. One person said, "Any problems I would speak to staff and I am confident they would take action." Another said, "If I ever had a complaint, they would help me."
- People also knew how to provide feedback about their experiences of care. The service provided a range of ways to do this through monitoring visits, surveys and meetings.

End of life care and support

- People received continued care and support at the end of their life. Staff had discussed with people and recorded their end of life wishes.
- The provider ensured end of life training was available for staff. Senior staff were involved in the local 'Compassionate Communities' programme. Compassionate Communities provides a variety of different services relating to the public health approach to the spectrum of chronic disease management into end of life care including bereavement.
- There was a memorial wall in the home that commemorated people's lives and to which staff, people and their family members were encouraged to contribute.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service demonstrated a commitment to provide a person-centred and high-quality care approach by engaging with people, their relatives and health care professionals. All of the people and relatives we spoke with told us they had regular communication with the office, staff were accessible and they knew who the registered manager and senior staff were.
- Records relating to the care and support of people who used the service were accurate, up to date and complete. Policies and procedures were available to support staff in the delivery of care and support.
- The provider and registered manager understood their responsibility of duty of candour. Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology.

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

- The registered manager and staff members understood their roles, and the standard of care expected of them. One member of staff said, "We all know our roles and responsibilities." One health care professional said, "This is a well-led and well organised team."
- There was a comprehensive on-call system that provided support to people and staff.
- At inspection we noted that not all regulatory requirements had been fulfilled. The service had not reported the matter referred to in the 'Safe' section of this report as an area of concern relating to the safety of the person involved. This meant that the CQC had not had the opportunity of monitoring the situation and taking action before the inspection to ensure people were safe.
- At the inspection, the provider's representative instigated an investigation into the incident. The results were provided to CQC prior to publishing this report. It supported that errors were made and the requirement to make a 'statutory notification' was overlooked. Importantly, it highlighted that lessons had been learned and provided a guide to management staff about the systems that should be followed in similar circumstances.

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

- The service engaged with people who received support and staff. All the people and relatives we spoke

with told us management staff knew them and were approachable.

- Staff members we spoke with were complimentary about the registered manager, provider and support they received from management staff. Records we looked at showed that regular staff meetings were being held.
- There were recruitment and retention incentives for staff including employee awards. We noted the service had featured in the provider's 'Care Home Awards' and in newsletters that celebrated success and achievements of staff and management in the portfolio of services run by the provider.
- The service had received a number compliments from people and relatives about the service and individual staff members. One person's relative said, "Thank you very much. My relative has had a whole new lease of life since entering the home."

Continuous learning and improving care

- The service had quality assurance processes and systems to monitor and improve the service. We noted that the registered manager discussed this with staff at team meetings.
- Annual surveys were sent out to people who used the service and their relatives. We noted that the results from the 2018 survey were positive about the care and support people received.
- During inspection, we saw staff encouraged feedback from people. The registered manager said they always acted on feedback to continuously improve the service.
- There were plans to continue improvements within the service and we noted that this was discussed at meetings with staff. For example, the provider's representative said that meetings would be held with staff around implementation of technology referred to in the 'Responsive' section of this report.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision and service development. For example, the registered manager told us the service had worked with local health services. This included work with district/community nurses to ensure 'joined-up' care. A member of staff said, "I think we work well with other services and there is mutual respect." A health care professional said, "No issues here. They act on my advice and are very attentive."