

Richmond Villages Operations Limited

# Richmond Village Coventry

## Inspection report

Bede Village, Hospital Lane  
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Bedworth  
Warwickshire  
CV12 0PB

Tel: 02476645544

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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 nursing home that provides personal and nursing care for up to 51 people. There were 44 people living at the home at the time of our inspection. The accommodation was established over a ground floor purpose-built home, with a courtyard garden. The nursing home was situated at the centre of the village where people could access communal areas of the home, such as a café, meeting areas and reception. There was a large shared communal lounge, dining room and activities area.

The village consisted of a range of support services for people, including supported living accommodation, a bowling green, a pond and outside seating areas.

People's experience of using this service:

- Richmond Village Coventry was clean and comfortable with plenty of room for people to live. People told us they felt safe with staff.
- 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 any infection spreading was reduced by the maintenance of 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's outcomes and long-term goals were considered, to ensure people achieved those goals.
- 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.
- Health care was focussed on ensuring people's ongoing wellbeing and concentrated on improving people's health.
- People enjoyed living at the home and told us staff were kind and respectful of their choices.
- 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.
- People could access spiritual support to meet their religious beliefs.

- The provider had a complaints policy and process in place; people told us they would 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 Coventry was published in October 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](http://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

## 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, a specialist advisor who was a trained nurse and an assistant inspector.

**Service and service type:** Richmond Village Coventry is a nursing home. People received accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 took place on 11 April 2019 and was unannounced. .

**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 seven 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 met six people who lived at Richmond Village, who provided us with feedback about the service. We also spoke with two care workers, the registered manager who was also the clinical lead at the home, three nurses, the village manager, a training manager, a maintenance worker, the facilities manager and the provider's dementia specialist.

## 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 told us they felt safe at Richmond Village Coventry. One person said, "It's like home here only with staff around, that makes me feel safe." Another person said, "I need a hoist, it takes two staff, but they know what they are doing so I feel safe in their hands."
- The safeguarding policy described the different types of abuse vulnerable people might face and included information for staff to follow in case 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).
- There were easy read posters throughout the home, so people knew about abuse, that it was not tolerated, and they should talk to staff if they had concerns. This showed the provider thought about how to communicate with people about keeping safe.

Assessing risk, safety monitoring and management

- People had their health needs monitored, and risks to their health and behaviour were regularly assessed by staff with the right level of competency and skills to keep them safe.
- Nursing and permanent 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 safely transferred.
- People were encouraged to stay as independent as possible and risk assessment procedures did not unnecessarily restrict people's freedom to go out, walk around the home and make their own decisions.
- Environmental risks were managed to ensure people were cared for in a safe environment at Richmond Village Coventry. For example, electrical and water testing was regularly conducted.

Staffing and recruitment

- There were enough of trained and skilled staff at Richmond Village Coventry to assist people with their

nursing and support needs.

- On the day of our inspection visit there were two nurses on duty when we arrived. Nurses were supported by eleven care staff each morning, and eight care staff each afternoon.
- The provider completed a detailed assessment of people's needs, to ensure nursing and health needs could be met by the level of nursing and care staff available at the home.
- 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). Nursing staff had their registration checked with the Nursing and Midwifery Council (NMC).

Using medicines safely

- Medicines were administered and stored safely.
- Each person had their own medicines care plan. These plans contained important information and documentation about people's health and the medicines they required.
- We checked people's medicines and 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.
- All staff who were trained to administer medicines had their competency checked by trained nurses to ensure their understanding of processes and procedures.
- Staff were confident they knew how to administer medicines and knew what to do if there were administration errors.

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. Colour coding was used to identify the usage of some cleaning materials and kitchen utensils, to prevent cross contamination.
- The service had been awarded a five-star food hygiene rating.

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.



## 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 told us they 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, ongoing refresher training for their roles and staff were supported to complete national vocational qualifications in health and social care.
- Nursing staff were supported to complete continuous professional development and re-validation to keep their clinical skills up to date. Nurses told us if they required any specialist clinical training, such as catheter or skin care, they could request training through their manager.
- 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 the home's clinical team before they came to live at Richmond Village Coventry.
- 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.

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.

- Where people had restrictions in place DoLs were applied for and reviewed by the local authority to ensure people's rights were protected.
- 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 could make choices about what they ate each day. People had a choice of whether they ate in their room, a communal dining area or other communal spaces.
- People at Richmond Village Coventry had daily menu choices, which were tailored to meet their specific nutritional requirements. For example, some people were on a soft or pureed diet.
- 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.
- Where people were assisted to eat their meal, staff took their time and provided people with support to eat at their own pace.
- 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 by nurses 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. There were systems 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.
- Staff considered people's feelings, and regularly checked if people were okay. For example, we saw staff check if people were anxious, felt well, or needed help with their daily tasks or plans.
- 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 Coventry was a purpose-built home, with plenty of communal spaces where people could meet with family and friends. The home was designed around a central courtyard garden, which provided people with a secure and safe place to spend time.
- Corridors and doorways were wide, which allowed people with mobility equipment easy access around the home and gardens.
- People were involved in decisions about the premises and environment at Richmond Village; they could decorate their room how they liked. We saw one person's room, where they had decorated it with pictures and possessions that were important to them.
- The home had a shop, hairdressing salon, café and restaurant for people to use. .
- The provider ensured people could use technology to support them in communicating with staff, friends and relatives, providing internet access throughout the home.

## 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. One person said, "Most of the staff have been here a long time so they know me well, it can be a bit confusing when we get new staff, but they learn very quickly." Another person said, "All the staff are kind to me, I like a chocolate bar at night. The staff always get me one." People's responses indicated that people were well treated and enjoyed the company of staff and each other.
- 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.
- When people needed support in their lives that was beyond the remit of the provider, the provider advocated for people and sought appropriate support. For example, people were supported to meet with clinical and welfare professionals, advocates and representatives that could help people to express their wishes. This meant that people's human rights were upheld.

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 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.

Respecting and promoting people's privacy, dignity and independence

- People had their own rooms and told us their privacy was respected. People had keys to their room and could chose when they spent time alone.
- One person told us, "Staff are very caring when they bath me, they close the door so no one looks in."
- The service followed data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.
- Staff respected people's individual privacy in the home, by knocking on people's doors and asking their permission before entering. •Care records provided information about people's cultural and personal preferences, such as their religious beliefs and their sexual orientation. These personal preferences offered people an opportunity to engage in cultural or religious activities and maintain their sense of individuality and identity.
- People were supported to maintain relationships with those that mattered to them. Friends and families could visit people when they wished. Private areas were available for people to spend time together when needed or requested.

## 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.
- 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 Coventry. 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.
- We saw people were engaged in activities and hobbies on the day of our visit which included card games and quizzes. The provider employed two dedicated members of staff to support people with their hobbies and interests. One person said, "I look forward to the newspaper reading in a morning. A few people gather round, and a staff member will read the days newspaper to us, we can have a paper if we want but I like to listen to staff reading it."
- Another person told us how they spent time outdoors, saying, "We go out to the pub and we go on boat trips down the canal."
- People were supported to take an active interest in the life of the home. The provider had chickens, animals and gardening areas. One person told us, "I enjoy planting up the flower beds, I spent a lot of time outside I like to watch the chickens and the birds."

Improving care quality in response to complaints or concerns

- People told us they 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.
- The service had a complaints log where all 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

- People received care and support at the end of their lives from experienced nurses. Nursing staff supported people with personal wishes, religious requirements, and medicines to ensure people experienced pain free and comfortable care. One nurse told us, "I am proud of the care and compassion of the staff."
- 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. One nurse told us about a family who continued to visit the home after their relation passed away. They said, "This is part of the bereavement process, and we are happy to welcome and support them."

## 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, trained nurses, and experienced 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. One staff member explained, "We have planned supervision meetings every 2 months, but you can ask for one in-between if you have a problem."
- 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. One staff member said, "We work really well as a team to support people."
- Staff were aware of individual needs, and through discussion and observation demonstrated that 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. 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.
  - Staff said they felt supported by the registered manager saying, "They are approachable. They action things if needed, you can also discuss personal issues and she's happy to listen and will help where she can."
- 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. Surveys

were in an easy to read format where required.

- Evidence indicated people's feedback led to changes at the home, for example, plans were in place to replace window blinds to increase people's privacy around the home.
- Regular resident meetings were organised which people could attend if they wished to. 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 at the home through newsletters, and information on 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 home 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. For example, each day a person was chosen to have their care reviewed. Nurses and heads of service spoke with the person to review the quality of care and services they 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 allowed the provider to monitor and improve care for the people using the service.
- The provider had an improvement plan for the service, which detailed what plans they had to continuously improve the quality of care people received. Improvements included the development and redecoration of some areas of the home
- The provider learned from registered managers and senior staff at their other homes 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. For example, the provider was working to develop areas of the home to increase activities and stimulation for people with dementia, based on best practice guidance.
- The registered manager joined local registered manager networks to share best practice and attended conferences and discussion forums.