Richmond Care Villages Holdings Limited

Richmond Village Northampton

Inspection report

Bridge Meadow Way
Grange Park
Northampton
Northamptonshire
NN4 5EB

Tel: 01604432600
Website: www.richmond-villages.com

Date of inspection visit:
13 February 2020

Date of publication:
27 March 2020

Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service
Richmond Village Northampton is a nursing home for up to 31 older people. There were 30 people using the service at the time of our inspection.

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

There was a registered manager who had been the manager of the service since 30 June 2016.

People received care from a well-established staff team who were highly skilled and knowledgeable. People told us they felt safe and they trusted staff.

People were able to express themselves and live their lives as much as they could because staff understood what was important to each person. Staff knew of people's likes, dislikes and preferences and always met these. People were involved in the planning of their care. People received compassionate care from staff who knew them well.

Staff explored and found ways to meet people's religious, spiritual and well-being needs. People's visitors were always made to feel welcome and staff recognised family, visitors and pets were integral to people's well-being.

Staff always sought to improve people's care by involving health and social care professionals. Staff were skilled at supporting people and their families to explore and record their wishes about their care at the end of their life. Relatives were supported practically and spiritually. The service had strong links with palliative care services for symptom control.

People had a wide variety of food to choose from and a choice of dining areas. Creative ways were found to encourage people to eat. People's independence and dignity were always promoted.

People's assessments were holistic; they explored all areas of people's lives including their cultural practices, needs and preferences. People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks.

Staff followed safe practices which protected people from the risks of infection and ensured people received their medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People could be confident their complaints would be responded to and resolved. The registered manager continually looked for ways to improve the service and involved staff in finding solutions to issues when things went wrong.

The registered manager was highly respected by all staff and health and social care professionals visiting the home. Staff at all levels were supported and felt empowered to develop their skills and knowledge to improve the standards of care.

The registered manager had a good working relationship with health teams and contributed to the development of best practice through continuous learning and development.

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

Rating at last inspection
The last rating for this service was Good (published 2 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Outstanding ☆

The service was always 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?

Outstanding ☆

The service was always 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 Northampton

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 Care Act 2014.

Inspection team
The inspection was undertaken by an inspector on 13 February 2020.

Service and service type
This service 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 both the registered manager 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.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included any notifications (events which happened in the service that the provider is required to tell us about). 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 home, what they do well, and improvements they plan

to make.

In addition, we considered our last Care Quality Commission (CQC) inspection report and information that had been sent to us by other agencies such as commissioners who had a contract with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection
We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, trainer, nurse and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection we asked the provider to send further information relating to gaining feedback from people and their families.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and they trusted staff.
- Staff received training about safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse. Staff told us they reported concerns to the registered manager.
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.
- The registered manager had raised concerns appropriately and clear records were maintained.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that reduced these known risks.
- Staff were kept up to date with changes in people's care during comprehensive staff handovers and team meetings.
- Staff carried out regular safety checks of people's bed rails and pressure relieving mattresses to ensure they met people's needs and were installed safely.
- Accidents and incidents such as falls were recorded and monitored. People were closely monitored after a fall and medical care was sought promptly where required.
- The registered manager carried out regular fire and water safety checks; each person had a personal emergency evacuation plan.

Staffing and recruitment

- There were enough skilled and knowledgeable staff deployed to provide people with the care and support they needed. The staff team was well established and worked well together to meet people's individual needs.
- Staff were recruited using safe recruitment practices whereby references were checked and their suitability to work with the people who used the service.
- The registered manager monitored the nurses' registrations and supported them to maintain their registration.

Preventing and controlling infection

- Staff maintained people's rooms and communal areas, so they were clean and tidy.
- People were protected from the risks of infection by staff who received training in infection prevention and safe food handling.

● Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons.

Using medicines safely

● People received their medicines safely as staff followed the provider's policies and procedures.
● Staff received training in safe medicines management and understood their responsibilities.
● The registered manager audited people's medicine records and acted where issues had been identified.

Learning lessons when things go wrong

● The registered manager was pro-active in using information from audits, complaints, incidents and safeguarding alerts to improve the service. The registered manager worked with staff to understand how things went wrong and involved them in finding solutions.

Outstanding ☆

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.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Where people had complex or continued health needs, staff always sought to improve their care by involving health and social care professionals. For example, one person's quality of life had improved greatly as staff continued to seek assistance from different specialist health professionals, until they found the specialist that could relieve the person's symptoms. Their relative described how the staff, 'Never gave up, they referred [Name] to other specialists until their [long term condition] was under control."
- Nursing staff held daily clinical meetings to discuss each person's needs and make referrals to other health professionals where required. Where people's needs changed, staff adapted the care they provided. For example, during a spell of ill health, one person always required a member of staff to be with them to keep them safe; the registered manager and staff took it in turns to stay with the person, working long hours overnight to ensure their safety. Their relative told us, "Staff were brilliant, I am so glad it [the illness] happened here, we were kept fully informed."
- The service had strong links with palliative care services for symptom control. Staff worked closely with hospice staff, contacting them for advice and referrals. Staff respected people's wishes to refuse treatment whilst still finding ways to maintain people's quality of life.
- Staff identified when people were at risk of poor health by closely monitoring people's food and fluid intake and output and acting to improve these or refer to their GP. People were supported to attend planned health appointments and arranged visits to the home from chiropodist, dentist, optician and health screening.
- Staff worked closely with the domiciliary care agency staff who provided care to people living in the village; these staff were based at the service at night. Where people were admitted to the service from the village, the transition was helped greatly by good communication. This good working relationship helped people transfer successfully to and from the service for respite or permanent care.

People's needs were assessed before they commenced using the service to ensure staff understood people's needs and preferences.

- People's pre-assessments were holistic; they explored all areas of people's lives including their cultural practices, needs and preferences. Staff considered people's characteristics as identified under the Equality Act.
- People who lived independently at Richmond Village could be admitted to the service when they required for a period of respite or recovery following a hospital admission. Relatives told us this had been invaluable to get people's independence back.

● People could be admitted for a trial period before moving in. This enabled them to see if the home suited their needs. One person told us, "It's been a nice natural progression. I have the same aspect (view) from my room as I did from my flat. I am very happy."
● People were admitted for end of life care on recommendation of the local palliative care team and hospice.

Staff support: induction, training, skills and experience
● The registered manager was committed to ensuring staff had competencies and knowledge to provide high quality care. Staff received immersive training where they experienced what it was like to receive care. Some training such as dementia care was shared with peoples' relatives.
● Staff received recognition for their commitment to learning. For example, one senior care staff had won a scholarship to study wound care.
● Staff were supported and encouraged to take vocational qualifications. Care staff could develop their skills to become a nurse associate, where they learnt additional skills such as taking blood. All staff received specific training in recognising and acting when people become unwell.
● Registered nurses continued to develop their knowledge and skills and were supported with revalidation to maintain their nursing registration.
● Staff received continuous mentoring and support to develop their skills and experience. Staff also supported student nurses and health and social care students during their placements at the service.

Supporting people to eat and drink enough to maintain a balanced diet
● People had a wide variety of food to choose from and a choice of dining areas. People could choose to dine with people living within the village in the main restaurant. This helped people maintain friendships and their sense of community.
● Creative ways were found to encourage people to eat. Food was presented in an attractive way as possible when people were on specific diets. For example, the chef had received additional training to present pureed food in an appetising way. Staff looked at ways for people to continue to receive their favourite foods when they were trying to lose weight. For example, by soaking oats overnight for breakfast to make them more filling and baking sugar free cakes.
● People living with dementia had food provided in a way that was appetising and nutritious. Some people found it easier to eat small amounts often. The chef had developed finger foods that were easy to pick up and met people's preferences.
● Staff monitored people's weights regularly. Staff met regularly to discuss how they could meet people's individual needs to help people maintain their weight. For example, staff supported one person to change the times of their meals so they could manage their medicines and have a beer.
● One member of staff was the nutritional link staff. They had developed their knowledge and skills by working with the dietitian and speech and language team; they consulted with the kitchen staff to ensure they were aware of how to meet each person's nutritional needs. Mealtime guidelines had been developed which easily identified people's level of independence.
● People accessed extra snacks and drinks from the small shop in the communal village. Staff brought a basket of snacks around daily to people who could not access the shop.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The registered manager contributed to the development of best practice through continuous learning and development. They shared their dementia and end of life care knowledge and experience with the provider; which was incorporated by BUPA in their other homes.
● The registered manager and the nursing team had an on-going and close working relationship with the local Hospice. They shared good practice, updates and developed written information for people and their

relatives to help cope and understand care at the end of life. The written information had been taken up by the provider at all their homes.
● Staff used evidence-based tools to assess people's risks and followed best practice guidelines to mitigate known risks. Staff had worked together to further develop tools to enhance their use in practice. For example, staff used a system to check the effectiveness of people's skin assessments.
● The registered manager worked with the local university to develop ways of increasing people's wellbeing. They were currently working with doctors to install the tools to prompt people to move and develop staff training to commence their most recent initiative to increase people's exercise daily.

Adapting service, design, decoration to meet people's needs
● The service was incorporated into a retirement village where facilities such as craft room, a restaurant, shops and shared communal areas helped people to continue to socialise. One person told us, "The facilities are perfect, I can go to the hobby room at any time."
● Some people had lived in the village independently or had received care in their home. People told us they still felt they were living at home as they were familiar with the village and they still lived close to their friends.
● The service provided spacious bedrooms with en-suite bathrooms. The service had areas for people to walk to aid their mobility and had a secure area to ensure people living with dementia remained safe. People's bedrooms were personalised and reflected people's individuality.

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 when this is in their best interests and legally authorised under the MCA. 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 were being met.
● People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
● Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed staff always asked their consent before providing their care.
● Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care.
● The registered manager had made the appropriate referrals for people using the service who were currently subject to any restrictions to their liberty under DoLS.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 received care from staff who knew them well, they had formed good relationships. One person said, "Staff are excellent, I have been here before, they [staff] know me." One relative told us, "I am amazed how patient the staff are, they all get on with each other and the residents." Another relative said, "Staff are always so kind and calm, the way they [staff] are they bring out people's personalities, it's great to see."
- Staff always put people's needs first, they took time to understand people and what made them feel calm and happy. Some people's needs had changed; they required care in the dementia unit. One relative told us, "The care and attention staff have given my [relative] and the attention to detail is amazing." Another relative was so impressed by the care their relative received during a difficult time they planned to volunteer at the home.
- Staff acknowledged people as they were passing; giving a touch on the shoulder or a wave and a smile. People responded to this positively, creating an atmosphere of belonging and homeliness. Staff spoke positively about people; they celebrated their achievements, for example by displaying people's art work, or praising improvements in mobility.
- Staff had set up a room for reflection. The room gave people, their families and staff somewhere to go that was quiet to have time to reflect. Staff had discreetly placed items in the room that reflected different religions, such as a prayer mat for use to practice their religion. Staff arranged for a prayer box for people to post messages and prayers; these were read out at the church service held in the home on Sundays.
- People received compassionate care, staff gave their time to listen to people and provide empathy. One relative told us, "Staff talk about the positives with [Name], when you build relationships, you can understand how people tick." A member of staff had adopted one person's cat when they moved to the home; they brought the cat into the home regularly on their days off, which gave the person comfort and peace of mind. Another member of staff had made a pillow for one person, from the shirt of their late spouse, for comfort.
- Staff understood the importance of promoting equality and diversity. Care plans contained information about what was important to people and staff enabled people to express themselves through the way they dressed or spent their time.

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

- People living with dementia could not always communicate their views or express how they felt. Staff demonstrated the importance of knowing people was they key to understanding how people felt; they watched for people's behaviours at different times of the day and during activities to learn what made each person happy. Staff had adapted people's care to increase the number of positive emotions. For example,

where one person became distressed late afternoons, staff found they were happier when they had a doll; the introduction of the doll had reduced their distress which meant they required less medication.

● The activities team sought people's views; last year they started a 'grant a wish' where people could choose to do something special. This had led to people visiting places unique to them such as a book shop, stately home and going out for a meal.

● People and where appropriate, their relatives were involved in the planning of their care. Staff knew of people's likes, dislikes and preferences and always met these. People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care.

● The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

● Staff supported people to maintain their dignity. Everyone was well dressed and wore their jewellery, scarves and watches which reflected their personalities. People's clothes looked smart and well laundered. One relative said, "Staff always maintained [Name's] dignity."

● People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. For example, one person was recovering from an injury, staff showed them how to move their injured limb independently to help manage their pain. Staff had labelled another person's drawers to aid them to be independent in finding their clothes to dress independently.

● Staff supported people to create memory boxes which they decorated and filled with crafts they had made and reflections of their experiences. These boxes were used to discuss people's lives.

● People's rooms reflected people's lives and personalities.

● People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

Outstanding ☆

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were always supported to make choices about how they lived their lives; staff ensured their wishes were respected and carried out. Staff ensured people had the support of specialists to optimise their ability to live their lives as they wished.
- People's preferences for the way they presented themselves were always respected. For example, for two people, staff arranged for particular clothing and jewellery to be readily available to people in their rooms to help them to feel comfortable in expressing themselves. One person's sense of well-being was always met by having a choice of jewellery.
- Staff respected people's choice to spend their time where they wished. For example, for one person chose to stay in their room, however, they did not want to become isolated. Staff spent time playing their favourite games with them.
- People's cultural, religious and personal celebrations were respected. Staff supported people to celebrate special events; for example, on a special occasion staff arranged for every person to receive their favourite meal; the kitchen provided 30 individual chosen meals.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff clearly understood people's individual needs relating to their past lives, their values and beliefs. Staff facilitated people to continue to live their lives as they chose. For example, one person living with dementia showed us how happy they were they could continue to manage the stock in a dress shop the staff had set up for them.
- People could continue to maintain their skills and interests. One person loved their photography, their photographs were displayed in the home; staff supplied an array of old photographic equipment which they used to play with and gave a talk to people in the home. Another person who used to teach a foreign language ran an activity to help others to learn the language.
- People who used to be in the armed forces were supported to reach out to armed forces befrienders and keep updated through magazines. Staff spent time talking about people's experiences and respected the contribution people had made to the defence of the country.
- Staff had deep understanding of how to meet people's well-being needs. For example, where people were living with dementia staff supported them to carry out tasks that were important to them from their previous careers, even when their senses were not functioning as well, staff ensured people could still take part through touch and smell.
- People's visitors were always made to feel welcome and staff recognised family, visitors and pets were

integral to people's well-being. Many people had continued their relationship with friends as they were still in the same village complex where they had forged these friendships.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given. Staff were sensitive to people's abilities, for example they discussed people's care at regular reviews and read out care plans and important policies to those that could not read.

Improving care quality in response to complaints or concerns
● People had monthly reviews with the registered manager and staff. This provided an opportunity for people and their families to feedback or raise concerns. Nursing and senior staff checked people's welfare daily to ensure people were happy with the care they received and took prompt action if people had concerns. One person told us, "Things are always addressed promptly."
● All feedback was considered by the registered manager who continually looked for ways to improve the service. For example, one person said they could no longer press their call bell; staff arranged for pendant which they could use.
● People had access to the complaint's procedure in their rooms. The registered manager followed the complaints procedure when responding to complaints which were investigated and resolved in a timely way.

End of life care and support
● Staff were skilled at supporting people and their families explore and record their wishes about their care at the end of their life. Staff respected people's wishes and ensured they received their care as they preferred. For example, ensuring people received their preferred drinks.
● Staff worked closely with healthcare professionals from the local hospice to provide high quality, compassionate end of life care.
● People were referred to Richmond Village Northampton for end of life care by health professionals.
● Staff were experienced in providing end of life care; they followed best practice guidelines.
● Staff developed written information for people and relatives explaining, 'What to expect when someone is dying.'
● People's relatives had written to the registered manager telling them how staff had gone out of their way to ensure their relative had received the care they wanted and needed. Relatives were supported practically and spiritually.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a registered manager who had registered with CQC in June 2016. The registered manager was highly respected by all staff and health and social care professionals visiting the home.
- Staff at all levels told us they felt supported by the registered manager and felt empowered to develop their skills and knowledge to improve the standard of care people received. Staff told us they were happy and very proud to work at the service.
- The registered manager was pro-active in identifying people's social and medical needs; the whole staff team worked together to understand and meet people's individual needs. People received care that was person-centred which enabled them to feel at home and cared for.

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

- The registered manager carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, they worked together with staff to complete the action plans to resolve the issues.
- The whole staff team worked closely together to check the quality of the service daily. All levels of staff were involved and were treated equally.
- The provider and registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Policies and procedures were in place containing current and supported best practice.

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

- People and their relatives had chosen not to attend regular meetings. Instead the registered manager spoke to each person and their family monthly. People and their relatives were also asked for their feedback through formal surveys. The comments received were all positive, one relative had written, "Thank everybody for their discretion, care, kindness and skills and affection."
- Staff contributed to their regular meetings to help develop the service; they discussed updates in policies and refreshed their knowledge.
- People's equality characteristics were considered when sharing information, accessing care and activities.

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; Continuous learning and improving care

● The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour. One relative had written to registered manager to thank them for their high level of professionalism by following proper procedures and taking initiative to rectify the issue.

● The registered manager shared learning from incidents from the provider's other homes to understand how things may go wrong, and how to prevent these. The registered manager supported staff to contribute to ideas to improve practice and reflect on the outcomes.

Working in partnership with others

● The registered manager had a good working relationship with people's GPs, local hospice, district nurses and health teams. This had enabled shared learning and development of high-quality end of life care.

● Schools regularly visited the home to provide entertainment and interact with people using the service.