

Richmond Villages Operations Limited

Richmond Village

Cheltenham

## Inspection report

Care Home  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Richmond Care Village is a care home providing accommodation, nursing and residential care to up to 60 people, some of whom live with dementia. At the time of our inspection there were 21 people using the service, one of whom was receiving respite care.

Richmond Care Village provided purpose-built accommodation over 3 floors. The residential, nursing and dementia care units were each self-contained and offered single en-suite bedrooms, lounge(s), dining room and adapted bathrooms. People using the service could access the care village facilities which included an activities room, restaurant, gym and wellness facilities, wheelchair accessible garden and roof top terrace.

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

People and their relatives were positive about Richmond Care Village Cheltenham. They praised the way staff supported them and said the service was well-run. Comments included, "I find it a very impressive place. It is beautifully kept up. It is immaculate" and "The reception team have been very kind and kept my spirits up." We saw staff were kind and respectful when supporting people and there were enough suitable staff employed. People and their relatives could raise complaints and their views were listened to.

People's risks had been assessed and their support plans described the actions staff should take to keep them safe and maintain their independence. Risk assessments and support plans were reviewed regularly, and timely action was taken when people's needs changed or incidents occurred. Staff followed advice from professionals when managing risks in relation to choking, pressure area care, diabetes and medicines. The registered manager and provider ensured provider policies were followed to manage risks, for example, relating to fire, infection control and equipment, and to ensure regulatory requirements were met.

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. When people were unable to consent to any restrictions needed to keep them safe, capacity assessments had been completed and applications to deprive them of their liberty had been submitted.

There had been significant changes to the management team at the service since January 2023. Governance systems had been operated effectively to identify areas where improvement was needed, including record-keeping and medicines management. The registered manager was working through the service's action plan to ensure all necessary improvements were completed in a timely way. Although early days, leadership changes were having a positive impact on staff morale and well-being.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 15 July 2021).

### Why we inspected

We received concerns in relation to medicines errors, response to incidents, staffing levels and staff support. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good, based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Richmond Care Village on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Richmond Village Cheltenham

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 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 Cheltenham is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Richmond Village Cheltenham is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Richmond Village Cheltenham and Richmond Village Cheltenham DCA are part of the same care village. However, these services are registered separately with CQC, hence, the DCA service was not included in this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this

location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection a registered manager application was in progress. This application was approved on 21 April 2023.

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

#### During the inspection

We spoke with 5 people who used the service and observed people interacting with staff. We spoke with 3 people's relatives. We received feedback from a professional about their experience of the care and support provided by the service.

We spoke with 10 staff including the registered manager, regional support manager, head of care, deputy head of care, health and wellbeing manager, 2 nurses, 2 senior care assistants and a hostess.

We reviewed a range of records. This included care records, records of incidents and accidents and recruitment records. A variety of records relating to the management of the service, including the service's action plan and recent audits were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people were assessed and actions for staff, to keep people safe, were outlined in related support plans. When people's needs changed, staff referred them to professionals promptly, any recommendations were implemented, and records updated.
- People's risk assessments and support plans were reviewed and updated regularly. However, improvement was needed to ensure actions taken to manage risks relating to pressure area and bowel care were always clearly documented in people's support plans. This shortfall had been identified prior to our inspection, and the head of care told us how they were working with staff to improve record-keeping.
- The provider and registered manager ensured the equipment in use was safe and appropriate for people and the environment was well-maintained. Staff worked with health care professionals and equipment services to ensure people had the equipment they needed.

### Learning lessons when things go wrong

- Incidents had been reviewed promptly under the new management team. Action was taken in response to people's changing needs and to investigate when something had gone wrong. We saw root cause analysis was routinely carried out when people developed a pressure ulcer.
- Action had been taken where improvement was needed in relation to managing people's risk of choking. Additional training and supervision for kitchen staff and hosts ensured they followed the systems in place to manage people's choking risks. 'Red tile' alerts for staff included people's International Dysphagia Diet Standardisation Initiative (IDDSI) levels and a prompt that only regular staff should assist these individuals to eat and drink.
- Accidents and incidents were reviewed over time to identify any trends.
- Lessons learned were shared by the provider. Updates to systems, processes and training were cascaded through staff meetings.

### Using medicines safely

- Medicines audits had been completed by the provider and community pharmacist the week before our inspection and recommendations from these were being actioned. Care managers assisted staff with weekly medicines checks which provided support to staff and improved oversight of medicines management.
- Records showed people had received their medicines as prescribed. Protocols were in place to guide staff giving 'when required' and homely medicines. Medicines were ordered and stored appropriately.
- People were supported by staff to make their own decisions about medicines wherever possible.
- People's medicines were reviewed annually to monitor the effects on their health and wellbeing and ensure they remained appropriate.

## Staffing and recruitment

- The provider's expected staffing levels were met for nurses, senior care assistants and care assistants. While a small percentage, more agency staff had been needed in recent months so staff could take their annual leave. Staff rotas showed agency staff always worked alongside regular staff. Nurses and care assistants were supported by a wider staff team including the heads of care, kitchen staff, hosts, the activity lead, maintenance and reception staff. Call-bell analysis was used to monitor call-bell response times.
- Safe recruitment practices ensured staff were suitable to work with people using the service. All checks including verification of nurses' professional registration were completed before new staff started work. There were minimal staff vacancies, recruitment and 'onboarding' to these posts was in progress.
- New staff completed the provider's induction and probation programme to ensure they had the right skills and approach for their role. Staff supervision meetings had been arranged for all staff, with clinical supervision for nurses to be provided by the heads of care.

## Systems and processes to safeguard people from the risk of abuse

- People and their relatives spoke well of the staff team. One person said, "I love it here. They have got the courage to put up with me. I'm difficult, just being me. The staff are very tolerant. My son thinks they all deserve a special award". Relatives told us, "The carers are super. I enjoy coming in because they smile so much" and, "They [staff] are absolute angels."
- Proactive strategies and distraction techniques were used to minimise distress-related behaviours some people living with dementia experienced. Behaviour risk assessments and support plans described people's individual triggers, their early signs of distress and activities they may engage with. Incidents were reviewed to ensure staff strategies remained effective and risks to the person, staff and others was minimised.
- The provider acted to safeguard people in response to allegations or concerns by carrying out investigations and involving the appropriate external agencies. We saw unexplained bruising was investigated and any incidents between people using the service were notified to CQC.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA. The registered manager used a DoLS tracker to help them monitor DoLS applications and authorisations.

## Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People could receive visitors without any restrictions.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

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

- There had been significant changes to the management team at Richmond Village Cheltenham from January 2023 onwards. A new registered manager, head of care, deputy head of care and regional support manager were in post. Our discussions with the team demonstrated their collective breadth of knowledge and experience which was enabling them to work effectively and cohesively to drive improvement. Their comments included, "The support structure is really in place. [Registered manager] is very approachable and has welcomed and listened to feedback" and "[Name] was able to hit the ground running."
- Oversight and governance of the service was effective, and the improvements needed were underway. The provider's 'essential audit' system, covering all key areas of service provision, had been followed. A provider quality audit and provider and external medicines audits had also been completed. Further to this, a consolidated action plan was kept updated and under review. The action plan demonstrated timely improvements had been made, prioritising higher risk and problem areas to ensure the service was safe.
- Feedback from staff and people using the service was limited but positive. One person said, "It is very well run indeed, and the people are very pleasant. The staff are all very good." Staff told us leadership at the service had improved; a staff member said, "Things are going in the right direction."
- Incidents were classified and investigated in line with the provider's policy which ensured any serious incidents were escalated for investigation by the provider. Further to which, learning and areas for improvement were specified in an action plan, and further learning could be shared within the organisation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff and managers told us staff had not always felt supported or listened to and staff morale had been low, but this was changing under the new management team. A manager said, "Staff were not talking or engaging or enjoying their role, they needed a bit of nurturing and positive feedback. I think they [staff] thought we had come in to pull them apart, but we had come to put them back together." Comments from staff included, "I do feel more supported, that I can go in [to head of care office]. They are keen to get it right, first impressions are good" and, "They give positive feedback, it is the first time I have had that."
- Rotas and records from staff meetings showed issues around staff sickness absence had been addressed. All staff had been scheduled to receive individual supervision where their learning and support needs would be discussed. Managers praised staff, one said, "They care, they do the extras."
- Managers attended staff handovers and clinical risk meetings to provide clinical support and oversight.
- Feedback from people and their relatives was sought through residents' meetings and a 'round-up' of the discussion was included in the Village Newsletter. The activities boards displayed 'you said, we did' actions.

A relative said, "[Registered manager] gave me an hour of her time when she started here. She suggested a couple of things which have helped, and she listened to our minor concerns." Information about how to raise a concern or complaint was accessible and there was a suggestion-box in reception.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider's incident and accident reporting process prompted staff to ensure requirements under duty of candour, and requirements to notify CQC of key incidents and events were met. The service had notified CQC of key incidents and events as required. Records demonstrated duty of candour had been met.
- The provider and registered manager worked openly and transparently with other agencies including CQC.
- Communication with the GP practice had improved as processes for referrals and fortnightly GPs visits had been established. Advice given by external health care professionals was followed and added to people's support records. The GP practice was kept informed of significant events people experienced, such as falls.