

Richmond Villages Operations Limited

Richmond Village Painswick

Inspection report

Stroud Road
Painswick
Stroud
Gloucestershire
GL6 6UL

Date of inspection visit:
18 October 2023

Date of publication:
04 December 2023

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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 Village Painswick is a nursing care home providing the regulated activity activities of Accommodation for persons who require nursing or personal care and Treatment of disease, disorder, or injury for up to 24 people. The service provides support to older people who require nursing and residential support. The care home is set within a retirement village in the Gloucestershire countryside. At the time of our inspection there were 23 people using the service.

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

People and their relatives praised the staff who supported them and told us they felt safe living at Richmond Village Painswick.

People's care, risks and medicines were assessed and managed well by staff. Staff worked with healthcare professionals to support and monitor people's changing and ongoing needs as required. We received positive feedback from a visiting professional.

The service focused on person centred care and promoting people's quality of life. 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.

The provider and registered manager had systems in place for the reporting and management of accidents, incidents, complaints and safeguarding concerns. Systems were in place to capture people's views and raise concerns. People's feedback was valued by the registered manager and used to monitor the care being provided and drive improvements.

Safe staff recruitment procedures were followed. The registered manager, nurses and senior staff were visible within the care home and provided staff with direction and support. Sufficient numbers of staff were deployed to ensure the safe running of the care home and to meet people's needs.

We found the care home was clean and infection control measures were being followed. Incidents were effectively reported, recorded and analysed internally to help prevent further incidents. The registered manager was aware of their role to report incidents to the relevant external authorities and CQC.

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 17 October 2017)

Why we inspected

We carried this inspection because the previous inspection was more than 5 years ago, and we wanted to

check the provider was still providing good quality and safe care. This focused inspection reviewed the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 Painswick

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

Two inspectors and an Expert by Experience carried out the inspection. 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 Painswick 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 Painswick is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during 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 there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the 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 also reviewed the information we held about the location. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 10 relatives about their experience of the care provided.

We spoke with several members of staff including the registered manager, a nurse, 3 support staff, 1 senior carer, a receptionist, a member of the hospitality and housekeeping team. We also spoke to additional managers and staff within Richmond Village Painswick who supported the care home including the village manager, head of activities, and a staff member from the maintenance team.

We reviewed a range of records. This included 3 people's care records and a number of medicine records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including staff development, policies and procedures were reviewed,

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and relatives reported staff treated them with kindness and they felt safe living at the care home. Relatives said comments such as, "Yes, he's safe. I think on the whole the care is very good" and "Yes I think mum is safe because of the care and attention that she gets."
- Staff had received training on how to recognise and report abuse and any concerns. They were aware of their role to report concerns in line with the provider's safeguarding policies and procedures. The registered manager agreed to reinforce staff's understanding of reporting concerns to external safeguarding agencies where required.
- All complaints, incidents and safeguarding concerns were analysed to determine the cause and to look at any trends or patterns.

Assessing risk, safety monitoring and management

- Risks to people's health, emotional and social needs were safely assessed, monitored and managed.
- People's care plans and risk assessments reflected their support requirements and preferences. People and/or their family members/representatives were involved in decisions around their care.
- People's known or emerging risks were regularly reviewed and discussed by key members of the staff team to ensure best practice systems were being used to help manage and monitor people's risks. There was evidence of regular GP visits and other health care professional involvement. The GP reported that staff were always prepared before their weekly visit and implemented any recommendations. They said any other concerns were appropriately reported to the GP between their weekly visits.
- People lived in a home which was well maintained. Health and safety maintenance checks were carried out to ensure environmental and equipment related risks were monitored. Any faults were actioned to reduce the risk of harm to people and staff.

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 and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The registered manager had implemented an effective system to manage staff rotas to ensure the required number of care and nursing staff with the right mix of skills were on duty and to manage any vacancies.
- People and relatives reported there were enough staff to meet their needs. One relative said, "The staff are all over the place, without question there are enough. [Relative] uses her call bell and they respond very quickly."
- Systems were in place across Richmond Village Painswick to ensure the care home was supported by the correct number of 'facilities' staff such as housekeeping and hospitality.
- The registered manager was supported by the provider's internal recruitment department and systems to safely recruit staff. However, evidence of the registered manager's oversight and review of the completed recruitment processes and any discrepancies would strengthen the recruitment process. The registered manager agreed to implement this check before staff started to support people.

Using medicines safely

- People were supported to receive their medicines safely. They told us they received their medicines as prescribed.
- Safe systems were in place to order, store and manage people's prescribed medicines, controlled drugs and palliative care medicines. Effective systems to test people's blood were carried out before specific medicines were administered.
- Protocols in place for 'as and when required' medicines were individualised and up to date.
- Staff received medicines training and their competency was regularly assessed.
- Medicine audits were effective in identifying errors and improving the standard of the provider's medicines procedures.

Preventing and controlling infection

- 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 using PPE effectively and safely.
- 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 were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- All incidents were reported, logged on the provider's internal systems and reviewed by the registered manager and an internal auditing system.
- Lessons learnt and required action to prevent further incidents were shared with staff and to drive improvement across the service.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. 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

- A new registered manager was in post and was working to make improvements in the governance of the service and quality of care people received. The registered manager was supported by other internal village departmental managers such as hospitality as well as regional managers who focused on the care being provided.
- Staff, nurses, and the registered manager were clear about their role to achieve good health outcomes for people. Regular meetings and reviews were held to monitor people's health. Appropriate referrals to health care professionals were made as needed.
- People were supported to have as much choice and control of their life as possible. A wholistic approach ensured that people's social and emotional needs as well as their physical needs were being met. A new head of activities was in the process of reviewing people's views about activities and their social preferences.

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 understood duty of candour and was open and honest when things went wrong. Complaints and incidents were investigated, information shared, and apologies made where appropriate.
- All incidents were recorded and reviewed. Any learnings from incidents were shared with the staff team.

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

- The provider had systems in place to monitor the service and address any shortfalls. A system of audits and trackers were in place and used to monitor people's risks and their safety of their home such as infection control audits, medicines, falls and pressure wounds.
- The registered manager maintained good oversight of the quality of care and the service being delivered to people. Any concerns were immediately addressed to improve people's care and the home's standards. One relative said, "The home seems to be well managed. The manager is across everything that is going on. There is a nice atmosphere, the staff get on well with each other and know their jobs."
- The registered manager was open to our feedback and immediately addressed some that would strengthen their practices.
- The registered manager was aware of their legal requirement to submit notifications about significant events.
- Staff development was supported and monitored through regular training, observations and supervision.

Regular meetings were held throughout the village and care home to share any incidents, events and to communicate any new ways of working. There was a culture of shared learning from incidents, compliments and complaints.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were in place to engage with people and their relatives and receive feedback such as resident meetings and surveys. The service received positive feedback from people, relatives and professionals.
- We saw evidence of both internal and external multi-disciplinary working to ensure people received the right support and expected standards of care.