

Richmond Villages Operations Limited

Richmond Village Witney

Inspection report

Village Centre, Coral Springs Way
Richmond Village
Witney
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Richmond Village Witney is a purpose-built residential care home providing personal and nursing care to up to 63 people within a village. The service accommodates people across 2 separate wings each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia. At the time of the inspection there were 46 people living at the home.

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

Prior to the inspection, we had received concerns in relation of staffing, environment, nutritional support, records and management of the home. We found, inconsistency in leadership had impacted on staff support, morale and management of the home. The service had gone through several managers since our last inspection in 2018. There was a manager who had been in post for 5 months who knew the service as they had managed the other part of the village.

People's care plans were not always complete or up to date. Staff records of supervisions and support had not been completed in line with the provider's policy. However, staff told us they felt supported by the new manager and said they were approachable and available. The provider's quality assurance systems had identified these shortfalls and the team was working through an improvement plan.

On the day of the inspection we saw there were enough staff on the dementia unit. However, staff deployment could be improved on the nursing unit. The village manager told us they were one staff member short due to an unplanned absence. However, staff told us they often struggled to meet people's needs especially during busy periods.

People living at Richmond Village told us they felt safe living in the home. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Medicines were managed safely, and people received their medicines as prescribed. Staff had the necessary skills to carry out their roles. The environment was clean, and staff followed strict cleaning schedules.

People had a positive dining experience which offered a variety of food choices available at times that suited people's preferences. We saw people were supported with nutrition and staff had oversight of people on special diets.

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. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied. People were supported to meet their nutritional needs and complimented the food at the home.

Rating at last inspection and update

The last rating for this service was good (Published 8 January 2019)

Why we inspected

We received concerns in relation to staffing, environment, records and management of the home. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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 changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We have identified a breach in relation to record keeping and inconsistency in leadership at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Richmond Village Witney

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 team consisted 3 inspectors 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 Witney 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 Witney 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 not a registered manager in post. A new manager had been in post for 5 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who worked with the service. 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. This information helps support our inspections. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We reviewed the provider's last inspection report. We used all of this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 8 relatives. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We received feedback from 3 healthcare professionals. We looked at 6 people's care records and 4 medicine administration records (MAR). We spoke with 13 members of staff including a regional support manager, village manager, the manager, clinical lead, nurses, carers, the administrator and domestic staff. We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, 6 staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service.

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 has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Prior to the inspection, we had received concerns about pressure risk management. We found recording in relation to pressure risk management could be improved. We saw risk management plans were not always followed such as positional changes. Records showed there were gaps on positional change charts. For example, one person had been recommended 4 hourly positional changes. Records for the 6 days prior to the inspection did not evidence that this was happening with gaps of between 5 and 14 hours on 9 occasions. This person did not have pressure damage however, inaccurate recording meant the person was put at higher risk as we could not be assured staff were actually completing the positional changes.
- Another person's positional change record had gaps of up to 6 hours. One member of staff told us that recording of interventions such as positional changes and personal care would sometimes be done later in the day rather than when the intervention had been carried out. This was not in line with the provider's processes of recording at the point of care.
- We looked at the records for someone who was at risk of falls, pressure damage and who needed support with oral care. These records were also incomplete with only 3 entries in 2 weeks for bedrail checks. There were only 4 entries for oral hygiene checks during this period and 8 for mattress checks.

Systems had not been established to maintain accurate and complete records. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff regularly assessed other risks associated with people's care such as choking and medicines and took appropriate action to ensure those risks were managed and that people were safe.
- Prior to the inspection, we had received concerns about the environment being dirty. We found the environment was clean and smelt fresh. People felt safe and acknowledged that the team was meticulous in preventing infections and noted that extra cleaning schedules had been introduced in addition to existing procedures.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- Prior to the inspection, we received concerns about staffing, high staff turnover and high use of agency staff. We found whilst there were enough staff on the dementia unit, staff deployment could be improved on the nursing unit. We saw staff were continuously busy and spent minimal time with people. The village manager told us one member of staff had called in sick at short notice and they could not find cover at that

time. However, staff told us, "We have more episodes where we could do with a bit more if we have more double handed people. Manager always tries to get us more" and "We are using a lot of agency staff; we try and use the same staff but not always possible. We could do with another carer as we have more people who need 2 staff care."

- Records of staff rotas showed planned staffing levels were often met. However, on the day of the inspection staff were working short due to an unplanned staff absence. The home was using the same agency staff whenever possible and recruitment was on going. We found inconsistency in leadership had resulted in poor staff retention, high staff turnover and therefore increased use of agency staff. This further impacted on people's continuity of care.
- People we spoke with felt staffing could be improved and said, "There need to be more people to help people like me. I could do a lot more if there was somebody just to help me. There's not enough people to go round", "The girls are kept busy all the time as you will notice" and "I think they use far too many agencies [staff]."
- We received mixed feedback from relatives about staffing. They said, "There's never enough staff. If [person] wants someone to get her a drink or take her to the toilet, she often has to wait a long time before they can do it", "Yes, there are always plenty of staff around throughout the day. I don't visit at night-time, so I can't comment on that really" and "There are definitely not enough staff in this home. Staff don't have the time to care for people properly"
- We spoke to the village manager about staff deployment during busy periods and they told us they would look into adjustments such as targeting busy periods and introducing care staff supporting roles.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe from abuse living at Richmond Village Witney. Comments included, "When you do use it [call bell], they come out very efficiently" and "I'm fairly independent. We have a buzzer. I never use it."
- Relatives were equally positive their loved ones were safe. One relative said, "Yes, I think [person] is safe in this home. She's quite immobile now and has a pressure pad next to her bed, in case she tries to get up herself, and staff are attentive and caring."
- People were supported by staff that knew how to raise safeguarding concerns. Records showed staff had received regular safeguarding training and updates.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

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.
- The provider supported people with safe visitation, and this aligned with government guidance. People and relatives told us visits were facilitated and encouraged. We evidenced that staff at Richmond Village Witney had taken many steps throughout the pandemic to ensure that people and visitors were kept safe during visiting, with outdoor garden meetings taking place in good weather.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The management team ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, where shortfalls had been identified in regards to poor records, staff had received training, and this was on-going.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and did not work unsupervised until they were confident, they could do so. The induction included the provider's own mandatory training as well as shadowing an experienced member of staff. One member of staff told us, "Induction training was good. Shadowed for 2 weeks and would have asked for more time if I needed."
- Staff told us they had not had formal supervisions and appraisals mainly due to inconsistency in leadership. However, they told us they felt supported by the new manager who had initiated supervisions. Staff said, "I have not had a supervision or appraisal in a long time. However, manager is very supportive and available" and "I have not had supervisions for a while. Manager has started to do group ones."
- We saw supervisions had been scheduled. The manager told us they had completed baseline conversations with staff so as to ensure effective and meaningful support.

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

- Prior to the inspection, we had received concerns in relation to poor support during meals. We saw on the day of the inspection; people were supported with nutrition and hydration in a dignified way. During lunchtime, people were supported by attentive staff. Some people chose to have meals in their rooms and staff respected that and facilitated a tray service. People had the same pleasant dining experience and support wherever they chose to have their meal.
- People told us, "Food is alright, I can choose what I eat and have tea and cake after" and "Well, I finished this one. I liked it"
- Relatives had mixed comments about food and support with meals. They said, "The food's actually very good. I usually visit every day around lunchtime, and I have the same food [person] has. [Person] needs support to eat, it has to be cut up and staff help her to eat and it's done patiently and attentively", "[Person] is blind, so cannot see what they are eating. I've told staff they need assistance to cut their food up and to eat, but it doesn't improve. They were recently given a plate of food with a piece of lemon on it and they tried to eat the lemon. They are not eating well and looks like they are losing weight. I've asked if they could have fortified drinks and was told I could have them but would need to pay extra for them" and "[Person is a real foodie; he loves to eat good food but I don't think they feed him enough. He says it is bland and not enough choice. He loves a cooked breakfast, but because he isn't up and dressed very early, he misses out on a cooked breakfast and has to make do with cereal."

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

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. Where referrals were needed, this was done in a timely manner. However, we saw one person at high risk of weight loss had lost significant weight. Records showed staff monitored the person's nutrition and offered fortified foods and snacks. Staff had made a referral to a nutritionist in October. However, no one had followed up to check if the referral had been received or reviewed. There was no system in place to follow up on such referrals.
- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

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

- People received care and support that was centred around their assessed needs, choices and decisions. Care was planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and best use of technology. This was monitored to ensure consistency of practice.
- Assessments of people's needs were comprehensive, and people's records showed a streamlined process from first contact to admission that benefitted both people and relatives. People told us they were involved in the assessment and care planning process.
- People's expected outcomes were identified, and care and support regularly reviewed and updated.

Adapting service, design, decoration to meet people's needs

- Richmond Village Witney is a purpose built home decorated to a high standard. It was designed around people's needs and wishes to help them to be as independent as possible.
- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.
- There were several decorated sitting areas around the home where people could spend their time. There were different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone. People could move around freely in the communal areas of the building and the vast gardens which were part of the village.
- The home was well lit with some dementia friendly effects which aided navigation around the home. People had access to a swimming pool and spa where people were often accompanied by the well-being staff team. People also had access to the main village dining room where they could dine with families and friends.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported in line with the principles of the Act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out. Where capacity was not evident to make specific decisions, best interest decisions had been made and management and staff followed the correct process to do so.
- People's right to make their own decisions was respected and people were in control of their support. Care plans contained consent to use photographs and documents were signed by people or their legal representatives. Staff had received training about the MCA and understood how to support people in line with the principles of the Act.

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 requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Prior to the inspection, we received concerns about inconsistency in leadership and management of the home. We found the home had struggled to appoint and retain managers for the past 5 years. Some of the managers had been performance managed. This had caused instability in the management home, affected staff retention, morale and support as well as impacted on people's outcomes.
- People told us the management of the home could be better. They said, "They come and go before we really know them. The new one [manager] seems nice", "Lack of communication, lack of management, no visible management, they don't take concerns seriously" and "Leadership could be better, not sure who is the boss."
- Relatives were aware on the inconsistency in leadership. They told us, "The home lacks good leadership and training. It's not that staff are unkind, but they lack leadership", "There have been several managers recently, and they promise to do this, and they promise to do that, but nothing changes. The care's not good, because they are so short staffed" and "They've had 2 managers recently and the first one was exceptionally good at 'talking the talk', but things never improved. This new one has been here about 4 months and I can't put my finger on what isn't good."
- Staff commented about the inconsistency in leadership and how it impacted on their morale and support. However, they were complimentary of the support they received from the current management team. Staff said, "Have been through a lot of managers but some staff have been here quite long. I enjoy working here, it's just a bit harder with the constant changes in management" and "Lost count of the managers we have gone through. Current manager is excellent, understanding but also firm. Deals with issues quickly and is available."
- The inconsistency in leadership had impacted on delivery and improvement of care. This had placed people at risk of harm.

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

- Prior to the inspection, we had received concerns about poor records. We found people's records were not always complete or up to date. Some specific care plans were missing or had not been updated. There were gaps in daily records which meant staff were not recording at point of care. We could not be sure tasks were completed as recommended in the risk management plans. We have reported gaps in records in both the safe and effective sections of this report.

Records were not always complete, and this placed people at risk of potential harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's audit systems had identified these shortfalls and the team were working through an improvement plan which included staff training in recording.
- The manager had been in post for 5 months and been with the provider for 5 years. They were a knowledgeable and established manager with lots of experience. They were creating a clearer management and staffing structure and staff were aware of their roles and responsibilities. They were supported by a clinical lead and an onsite village manager as well as a regional support manager.
- The provider had a 'You said, We Did' approach to improving care. For example, a recent staff survey had identified lack of collaboration and communication amongst staff. Plans had been put in place to complete regular departmental meetings as well as increase the frequency of the newsletter.
- The management team and staff considered information about the service's performance and how it could be used to make improvements. Records of staff meetings showed there were discussions around how to improve people's care following audits and surveys.

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

- People and their relatives had opportunities to raise any comments via an open-door policy at any time. However, due to inconsistency in leadership, there had been missed opportunities in getting feedback through meetings. People and relatives told us they had not attended any meetings apart from when they had raised concerns.
- Staff felt listened to by the new manager and were able to contribute to the service improvement plan. They told us they were positive and hopeful the new management structure would make sustainable changes.

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 met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- The registered manager promoted a culture that was open and transparent in everything the service did. They recognised the importance of learning when things went wrong and sharing that learning with others.

Working in partnership with others

- Richmond Village Witney was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People's records were not always complete or up to date.