

# The Village Care Home (South Hylton) Limited

# The Village Care Home

## Inspection report

Hylton Bank  
South Hylton  
Sunderland  
Tyne and Wear  
SR4 0LL

Tel: 01915342676

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

**About the service:** The Village Care Home 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 Village Care Home accommodates up to 40 people with personal care needs in one adapted building. Nursing care was not provided. At the time of the inspection, there were 35 people using the service.

**People's experience of using this service:** People told us they received a good service and felt safe. Accidents and incidents were recorded, and risk assessments were in place. The registered manager understood their responsibilities about safeguarding and staff had been appropriately trained. Arrangements were in place for the safe administration of medicines.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure, and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

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

People's needs were assessed before they started using the service. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

The provider had a complaints procedure and people were aware of how to make a complaint. An effective quality assurance process was in place. People and staff were regularly consulted about the quality of the service.

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:** At the last inspection the service was rated Requires Improvement (published April 2018). Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe and Well-Led to at least good. At this inspection we found improvements had been made in all the areas identified at the previous inspection.

**Why we inspected:** This was a planned inspection. It was scheduled based on the previous rating.

**Follow up:** We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# The Village Care Home

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** One inspector and an expert by experience formed the inspection team. 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:** The Village Care Home is a care home. The service had a manager registered with the Care Quality Commission. This means that they 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:** The inspection was unannounced. This meant the staff and provider did not know we would be visiting.

**What we did:** Before we visited the service, we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also viewed the latest report on the Healthwatch website. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

**During the inspection:** During inspection we spoke with seven people who used the service and six family

members. We spoke with the registered manager, director, administrator and two care staff. We looked at the care records of three people who used the service and the personnel files for two members of staff.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- At the previous inspection, we found some communal bathroom and toilet areas were not safe. At this inspection, we found appropriate action had been taken to make improvements to these areas and the environment was now safe.
- The premises were clean and checks were carried out to ensure people lived in a safe environment.
- People and family members told us the home was clean. One person told us, "Oh yes, it is very clean tidy, they come in every day and clean the bathroom and clean the room."
- Accidents and incidents were recorded, appropriately actioned and any lessons learned shared with staff.
- Risk assessments were in place for people. These described potential risks and the safeguards in place to reduce the risk. Records were up to date.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. Comments included, "I feel safe here, the people [staff] are nice to me" and "I am safe, they [staff] call in to see me and come every hour during the night to check on me."
- The registered manager understood safeguarding procedures and had followed them.
- Staff had been trained in how to protect people from abuse and described the action they would take if they suspected abuse had taken place.

Staffing and recruitment

- The provider had an effective recruitment and selection procedure. They carried out relevant security and identification checks when they employed new staff.
- People and family members told us, and our observations confirmed, there were enough staff on duty to meet the needs of people.

Using medicines safely

- Appropriate arrangements were in place for the safe administration and storage of medicines.
- Records described the support people required with medicines, medicine administration records were regularly audited and staff were appropriately trained.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service and continually evaluated to develop support plans.

Staff support: induction, training, skills and experience

- People and family members told us they thought staff were appropriately trained and skilled. Comments included, "Yes, the carers are good and they never stop working all day. It is amazing what they do" and "The carers know what they are doing."
- Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager.
- New staff completed an induction to the service and training was up to date.

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

- People were supported with their dietary needs and guidance had been sought from healthcare professionals when necessary.
- We observed lunch and saw it was a pleasant experience, with people visibly enjoying their meals. Without exception, people and family members told us they were happy with the meals.

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

- People were supported with their healthcare needs and to attend appointments when necessary.

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

- The premises incorporated environmental aspects that were dementia friendly. Signage was in place to aid people's orientation around the home. Handrails clearly stood out, communal bathroom and toilet doors were painted a different colour, and corridors were light and clear from obstruction.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves. DoLS had been applied for where necessary.
- People and family members told us staff obtained consent before carrying out personal care.

## 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and family members told us staff were kind and considerate. Comments included, "They [staff] are great and caring" and "The carers are lovely. You can tell they are genuine and really care."
- People's religious and spiritual needs were recorded. None of the people using the service at the time of the inspection had specific needs in this area however members of a local church visited regularly.

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

- People's preferences and choices were clearly documented in their care records. For example, preferred name, likes and dislikes, and choices regarding personal care routines.
- People and family members told us they felt involved in the planning of care and support, and were kept up to date.
- Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. Some of the people using the service at the time of our inspection had independent advocates.

Respecting and promoting people's privacy, dignity and independence

- Care records described, and people and family members told us, staff respected privacy and dignity. Comments included, "They [staff] knock on the door before they come in" and "They [staff] are good and respect me."
- People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with.
- We observed people carrying out tasks independently, such as eating and drinking, and mobilising. However, staff were on hand to provide assistance if required.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were regularly reviewed and were person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.
- Records included important information about the person, such as next of kin and GP contact details, medical history, life history and preferences with regard to their care and support.
- People's individual goals and outcomes were recorded. These described what the person wanted from their care and support. For example, one person wanted to maintain a level of independence comfortable to themselves and to maintain a smart appearance.
- People were given information in a way they could understand and support plans described the level of support they required with their communication needs.
- People were protected from social isolation and we observed various activities taking place at the home.
- People and family members were enthusiastic about the range of activities and events available at the home. Comments included, "The activities are smashing in here, [activities coordinator] does a good job, We play bingo, there is a lot going on" and "[Activities coordinator] is smashing at their job, there are lots of different thing going on like sing songs."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People and family members told us they did not have any complaints but were aware of how to make a complaint.
- Systems were in place to ensure complaints were acknowledged, investigated and responded to.

End of life care and support

- None of the people using the service at time of our inspection were receiving end of life care however they had end of life support plans in place.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the previous inspection, the provider's audits had not identified or addressed the issues we found with the safety of the premises. At this inspection, we found the provider and management team carried out audits to monitor the quality of the service and acted to address shortfalls where they were identified. Records were up to date.
- The registered manager and staff understood their roles and responsibilities.
- The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and family members told us the registered manager was approachable and the service was well-led. Comments included, "Yes, it is [well-led]. I am happy here" and "It is well led because there are no problems and everyone seems happy."
- Staff told us they were comfortable raising any concerns and the registered manager was approachable. One staff member told us, "We talk and work as a team. [Registered manager] has an open door policy."

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

- Questionnaires were sent on a quarterly basis to people and family members so they could feed back on the quality of the service. These were analysed and actions put in place for any identified issues.
- People, family members and staff were also able to feed back during regular meetings.

Continuous learning and improving care; Working in partnership with others

- The service worked with other health and social care professionals. For example, a multi-disciplinary team meeting took place every two weeks, involving health and social care professionals, to discuss people's individual healthcare needs.
- The service had received recognition from the NHS regarding the use of their 'red bag' when a person was admitted to hospital. The red bag contained their medical history, personal details, items and medicine and meant the person received prompt and safe care, and a "swift" discharge back to the home.