

Gedling Village Ltd

Gedling Village Court

Inspection report

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Tel: 01159877330

Date of inspection visit:
12 July 2016

Date of publication:
18 August 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 12 July 2016 and was unannounced. Gedling Village Court provides accommodation and personal care for up to 13 people. On the day of our inspection 4 people were using the service who had a variety of needs associated with dementia and physical health conditions.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we last visited the service in January 2015 we found the provider was not meeting the legal requirements in respect of having sufficient numbers of staff available to meet people's needs. During this inspection we found that sufficient improvements had been made, there were sufficient numbers of suitable staff and people's needs were met in a timely way.

Risks to people's health and safety were not always properly assessed and steps to mitigate risks had not always been taken. This was a breach of Regulation 12 and you can see what action we told the provider to take at the back of the full version of the report. People felt safe living at the home and staff were aware of how to protect people from the risk of abuse. People received their medicines as prescribed.

Staff had not received all of the training that would enable them to provide effective care. Staff felt supported and received supervision of their work. People enjoyed the food and were provided with sufficient to eat and drink. People received support from healthcare professionals, such as their GP, when needed. However, referrals to more specialist services had not always been made.

People were asked for their consent, however they had not had the opportunity to sign their records to confirm their consent. The Mental Capacity Act (2005) (MCA) was utilised in order to protect people who were not able to make their own decisions about the care they received.

There were positive relationships between staff and people who lived at the home. People got on well with the staff who cared for them. The day to day decisions people made about what they wanted to do were respected by staff. People were treated with dignity and respect and their right to privacy was upheld.

People were provided with person-centred care and staff understood their needs, although their care plans were not always up to date. There was a range of activities available which people appeared to enjoy. Some people commented that they would like to go out of the home more and work was underway to improve the provision of activities. People knew how to complain and told us they felt comfortable approaching the registered manager and staff.

When we last visited the service in January 2015 we found the provider was not meeting the legal

requirements in respect of having effective quality monitoring systems in place. During this inspection we saw that, while some improvements had been made, further work was required to enable the quality monitoring systems to be fully effective. The quality monitoring systems used did not always identify issues or result in improvements to the service people received. Staff did not always maintain accurate records about the care people needed or the care they had provided.

There was an open and relaxed culture in the home and the registered manager led by example. People were asked for their opinion about the service they received and their suggestions were acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risks to people's health and safety were not assessed properly and steps to reduce risks had not always been taken.

There were systems in place to protect people from abuse.

There were sufficient numbers of suitable staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not received all of the training required to provide effective care.

People were asked for their consent, however this had not been recorded in their records. Where people lacked the capacity to provide consent their rights were protected.

People enjoyed the food and were provided with enough to eat and drink..

Staff had not always ensured people had access to healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who had developed positive relationships with them.

The decisions people made about their care were respected by staff.

People were treated with dignity and respect and their privacy was maintained.

Is the service responsive?

Good ●

The service was responsive.

Staff understood people's care and support needs and responded quickly when assistance was needed.

Work was underway to further improve the range of activities provided for people.

People felt able to complain and knew how to do so.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There was a quality monitoring system in place however this was not always effective in identifying and resolving issues. Staff did not always maintain accurate records about the care they had provided.

There was an open and transparent culture in the home, people and staff felt able to speak up.

There were clear decision making structures in place.

Gedling Village Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

We visited the service on 12 July 2016, this was an unannounced inspection. The inspection team consisted of one 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with all four people who used the service, one relative, two members of care staff, an activities coordinator, the deputy manager and the registered manager. We looked at the care plans of three people and any associated daily records. We looked at four staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and medicine administration records.

Is the service safe?

Our findings

When we last visited the service in January 2015 we found the provider was not meeting the legal requirements in respect of having sufficient numbers of suitable staff available to meet people's needs. During this visit we saw that sufficient improvements had been made and there were sufficient numbers of staff available. The people we spoke with told us they felt there were generally enough staff to keep everybody safe. One person said, "About 3-5 minutes on average I would say (to respond to a call for assistance). Nothing wrong with that in my book." Although another person commented, "Weekends can be the worst I find. Otherwise they come really quickly as there are very few residents here at the moment." The relative we spoke with also felt there were sufficient staff to meet people's needs in a timely manner.

The staff we spoke with told us they felt the staffing levels were sufficient due to the low occupancy levels at Gedling Village Court. The registered manager carried out an assessment of people's needs and based staffing levels on this. The majority of people living at the home were independent and did not require much assistance from staff. The rota showed that the set staffing levels had been adhered to and staff told us they could call the adjoining care home for assistance when required. In addition, the registered manager and deputy manager provided assistance to staff if necessary. During our visit we observed that people's requests for help for responded to in a timely manner and nobody had to wait an unreasonable amount of time for assistance.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People told us they were satisfied with the way in which risks to their health and safety were managed. They also told us that their independence was respected and encouraged. One person said, "I can be independent here and I can come and go as I please." Another person told us they had taken part in risk assessments about their safety when leaving the home alone. The relatives we spoke with also felt that staff worked to reduce the risks to people's health and safety. One relative said, "I have no doubt they do what they can to keep [my relative] as safe as possible."

Despite this positive feedback, we saw that risks to people's health and safety were not always properly assessed or well managed. People's care plans contained tools to assess different risks such as the risk of malnutrition and of developing a pressure ulcer. The assessments we viewed either had not been correctly completed or not completed at all. For example, a malnutrition risk assessment in one person's file had not been completed completely because staff had not taken into account all factors that could increase the risk to the person. We saw that the person had lost a significant amount of weight two months prior to our inspection and, despite this, no action had been taken to reduce the risk of further weight loss. Because the correct level of risk was not identified appropriate actions had not been taken to mitigate the risk, such as making a referral to a dietician for advice and support.

Another person's care file had not been completed, despite them having resided at the home for a period of several months. Some risk assessments were complete and provided staff with a clear indication of the level of risk and steps they should take to lower those risks. However, other assessments had not been completed at all and there was no guidance available to staff in how to safely support the person with regards any potential risk of them falling or becoming malnourished. Although the person told us they were happy with their care, there was a risk that they may not be supported in a safe way.

Risks to people's health and safety were not appropriately assessed and steps had not been taken to mitigate risks. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People lived in an environment that was generally well maintained. Staff reported any maintenance requirements and these were mainly resolved in a timely manner. However, an area of rendering on an external wall required replacement. The registered manager told us this work was scheduled to happen shortly after our inspection. Preventable risks and hazards were minimised because regular safety checks were carried out, such as testing of the fire alarm and actions were taken to reduce the risk of legionella developing in the water supply.

The people we spoke with told us they felt safe living at Gedling Village Court. One person told us that they felt safe and that the low number of people living at Gedling Village Court contributed to their feeling of security. The relative we spoke with also told us they were confident that their loved one was safe living at the home. During our visit the atmosphere was calm and relaxed and people got along well together. Staff supported people in an inclusive manner and treated everybody equally.

Staff told us they were confident in managing any situations where people may become distressed or affected by the behaviours of other people. We were told that people got along well together and that staff had not needed to intervene to prevent an incident happening. Information about safeguarding was displayed in the home in a prominent position. Staff had a good knowledge of the different types of abuse which may occur and how they would act to protect people if they suspected any abuse had occurred. Staff also were aware of how to contact the local authority to share the information themselves and told us they would report concerns to the registered manager in the first instance.

People and relatives were satisfied with the way in which their medicines were managed. Differing levels of support were provided depending on each person's assessed ability to manage their own medicines. One person had more involvement in administering and ordering their own medicines as they hoped to move on to a more independent living setting. Other people needed staff to help them with this and the support was provided.

People's medicines were stored in their room in an organised way and at an appropriate temperature. There were robust procedures in place to ensure that people's medicines were ordered in a timely manner. Unused medicines were safely stored until they could be passed back to the pharmacy for disposal. Staff recorded when people had taken their medicines or a reason why somebody had not taken their medicine. Staff received training and a check of their competency prior to administering medicines and on an on-going basis.

Is the service effective?

Our findings

The people we spoke with felt that staff were well trained and competent in their duties. One person said, "I can trust [named staff member] to sort things out before I even know they need sorting sometimes." Another person said, "Nothing is ever too much trouble for [named staff member]. They will just plug on until it's sorted. They are a gem." The relative we spoke with also told us that they felt staff were well trained and provided effective care.

There had been a large turnover of staff since our previous inspection and the registered manager also told us that the provision of training had fallen behind. This meant people were cared for by staff who had not received all of the training required to meet people's needs in an effective way. However, there was a clear plan in place for this training to be delivered in the months following our inspection. The staff we spoke with felt that the training they had received had enabled them to carry out their role effectively and were aware of the future training plans. Staff also benefitted from training provided by visiting healthcare professionals. One staff member confirmed this, saying, "It's just nice to know that we can be more confident about the care we give."

The staff we spoke with told us that they felt well supported and received regular supervision of their work. The records we looked at showed that not all staff had received regular supervision prior to our inspection. The registered manager took immediate steps to ensure supervision meetings took place and were planned more regularly. Staff told us that they were able to discuss any training and support needs they had and felt that these were addressed adequately. New staff were provided with an induction period which included spending time getting to know people living at the home, shadowing more experienced staff and undergoing some basic training.

The people we spoke with told us they had not been asked to confirm their consent in writing, for example by signing their care planning documentation. The care plans we looked at had not been signed by people or a relative. The registered manager arranged meetings with people so that they could discuss their care needs and in order that people could confirm their consent. However, people did tell us that staff always asked for their consent prior to providing any care and support.

Where people lacked the capacity to make a decision the registered manager followed the principles of the Mental Capacity Act (2005) (MCA). The 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. We saw that assessments of people's capacity to make certain decisions had been carried out and decisions made in their best interests.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the

principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. No DoLS applications had been required, however there were systems in place to ensure that applications could be made if required. There was a good awareness amongst staff about how the MCA and DoLS may impact upon the care they provided to people.

People told us they were given enough to eat and drink and that they enjoyed the food. One person said, "I get more than enough food here." Another person told us, "The food is pretty good really." The relative we spoke with also told us that they were satisfied that their loved one was provided with sufficient amounts of food and drink. The people we spoke with also confirmed that, should they not like the food on offer that day, an alternative would be provided for them.

We observed that people enjoyed their meals. Staff provided support to those people who required assistance to eat their meals and this was done in at the person's own pace. Staff also respected the independence of those people who were able to eat their meals without assistance, ensuring that they had everything they needed in place at the start of the meal. Staff also discussed alternative food choices that could be provided to people should they not enjoy the food that had been provided for them. Staff told us that some amendments had been made to the menu following feedback from people.

Staff ensured that people had plenty to drink at meal times and throughout the day. There was a range of different drinks available in communal areas and people could make their own drinks in their room. Kitchen staff were informed about any specialised diets people may have, such as soft food and low sugar alternatives and these were catered for. People were also able to help themselves to fruit and snacks as they chose throughout the day.

People told us that they were able to see any healthcare professionals they needed and when required. One person said, "I get a taxi to go to the dentist if I need to and a carer comes with me." Another person told us, "I see my own optician. In fact I am due to have a new pair of glasses I think, but they will take care of that here." We were also told, "The carer comes with me to my appointment and then they tell me what they said if I don't understand." The relative we spoke with told us that their loved one was provided with access to any medical appointments required and also told us they were kept updated following any appointments.

During our visit we spoke with a healthcare professional who told us they visited the service on a regular basis. They told us that they enjoyed good working relationships with the care staff and found that staff reported any concerns to them appropriately. Staff also ensured that people could see their GP should they have any concerns about their health. However, people were not always referred to more specialist services when required. For example, staff had not identified that one person was at risk of malnutrition and had not taken action following significant weight loss. This had meant that advice was not sought from the person's GP or the visiting community nurse about how the person could be better supported to maintain good health.

Is the service caring?

Our findings

The people we spoke with told us that they got on well with staff and had good relationships with them. One person said, "They are all so nice, we get on very well." Another person commented that staff had helped them to make Gedling Village Court feel like their own home. They told us staff had helped them to furnish their room with their own belongings and said, "It was one of the first things they told me I could do before I came, so it makes it feel more like my home now." The relative we spoke with also confirmed that staff were kind and caring.

We observed that staff were caring and had developed positive relationships with people. There was a friendly atmosphere between staff and all of the people living at the home. Staff spoke with people in a polite way and showed genuine concern when one person started coughing, ensuring that they were comfortable. Staff also shared a laugh and joke with people when it was appropriate to do so and ensured they spent time listening to what people wanted to tell them. Staff told us that they enjoyed working at Gedling Village Court, one staff member told us, "I love coming over here." Staff were also very patient when people needed time to understand information or complete a task independently as well as providing positive encouragement.

The staff we spoke with told they were able to take the time to get to know people and this had helped them develop positive relationships. Staff had a good knowledge of people's life history, likes and dislikes and told us they enjoyed talking with people about topics such as their family and any jobs the person may have had. People were able to attend religious services in the adjacent care home, although some people told us they did not like going into the care home. They told us they may prefer to have religious services available at Gedling Village Court. Information about people's life history and preferences was not always available in care plans, however immediate action was taken to rectify this.

Although people's care records did not record how they had been involved in their care, we saw people were involved in their care on a day to day basis and staff respected the decisions people made. One person was seen by a visiting healthcare professional and the staff member ensured that the person understood the questions being asked so that they could make their own decisions. The registered manager acknowledged that improvements could be made to the recording of people's involvement in the care planning process and made arrangements to meet with people following our inspection.

Staff offered people support if required, such as if they needed any assistance to carry out their personal care. Staff also encouraged people to carry out tasks independently when they were able to. For example, one person was able to walk independently with the aid of a walking frame but required a member of staff to walk alongside them. We observed this support being provided in a caring and patient way which respected the person's wish to remain as independent as possible.

People's care plans did not always contain information about the way in which they would prefer their care to be delivered. However, the staff we spoke with were able to describe in detail each person's care needs. Staff understood the importance of people being at the centre of any decisions about their care with one

staff member commenting, "I imagine myself in their position. I wouldn't want people telling me what to do. People always make their own decisions."

People told us they were treated with dignity and respect by the staff at Gedling Village Court. One person said, "All staff are nice, they treat us properly." People also confirmed that their privacy was respected by staff. One person said, "They (staff) always respect my privacy, but I mainly do things for myself here." We were also told, "I like having my little place to come to. I don't have to speak to anyone else if I don't want to and I can eat in my room too." The relative we spoke with said they felt staff treated people with dignity and respect.

We observed staff treating people in a respectful manner and that people's dignity was upheld. For example, when staff needed to talk with people about their personal care, these conversations were held discreetly. People had access to their bedrooms at any time should they require some private time. Visitors were able to come to the home at any time and stay for as long as they wished to. Staff always knocked on people's doors and waited to be invited into their room. The layout of the building and people's accommodation ensured that their right to privacy could easily be upheld.

People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

Is the service responsive?

Our findings

The people we spoke with told us they felt that staff provided the care and support they needed and were responsive to their changing needs and wishes. One person said, "They know I like to be independent sometimes, but if I have a query I know it will be dealt with." Another person told us, "I look after myself mainly, but if they ever have to help with dressing me if I have a dizzy spell, they are always kind and gentle." We were told by third person, "They go out of their way to take care of us here." The relatives we spoke with told us they were confident that their loved one received the care and support they needed.

During our visit we observed staff supporting people in a person-centred way and responding quickly to any requests for assistance that people one. One person required support to walk back to their room after they had finished lunch. The staff member ensured that they had their walking frame to hand and then walked beside them at the person's own pace. Another person was receiving support to enable them to develop more independent living skills. A washing machine had been provided for their use and staff described how they enjoyed being able to do their own laundry again.

The staff we spoke with told us that they enjoyed working at the service because they were generally able to meet people's needs in a timely way. We observed that the staff member spent long periods of time in the communal areas of the home talking with people as well as providing any support required. They told us that this also enabled them to be able to complete any paperwork during their shift while still spending time with people. There was a handover of information from one shift to the next during the shift change. Staff also recorded information in a diary which helped to ensure that important information was passed on to other staff.

The people we spoke with provided mixed feedback about the provision of activities in the home. One person said, "I can't remember them asking (about activities), but I would like more trips out. There are not enough of those." Another person commented that they did not enjoy taking part in the activities that had been provided because they had been in the adjoining care home. Everybody that we spoke with told us they wanted to go out on trips to local places of interest and that the opportunities to do so had been limited.

The majority of activities had been provided in the adjoining care home and the registered manager acknowledged that this was not always ideal. A recently recruited activities co-ordinator had begun spending time in Gedling Village Court carrying out group and one-to-one activities. They told us they were still getting to know people but had already started to draw up some plans for activities to be carried out in the home. A meeting was arranged to take place following our inspection so that people could discuss places that they would like to visit.

The people we spoke with told us they would feel comfortable making a complaint and knew how to do so. One person said, "I know the manager. I just can't remember their name this minute, but they come over quite often." Another person told us that a complaint they had made was resolved to their satisfaction. They told us, "I did complain about some missing laundry once and they paid for it to be replaced, so that worked

out ok." The relative we spoke with was also satisfied that complaints would be dealt with fairly and quickly.

People had access to the complaints procedure which was displayed in a prominent place and also given to people on admission to the home. We looked at the records of complaints received in the 12 months prior to our inspection. We saw that these had been dealt with in a timely manner and communication was maintained with the complainant throughout the process. Appropriate responses were sent and an apology offered where the quality of the service had dropped below an acceptable standard. The registered manager also ensured that lessons were learned to improve the service for all people living at Gedling Village Court.

Is the service well-led?

Our findings

When we last visited the service in January 2015 we found the provider was not meeting the legal requirements in respect of having effective quality monitoring systems in place. We saw that some improvements had been made, however further work was required to enable quality monitoring to be more effective. The systems in place to monitor the quality of the service were not always effective in identifying issues and bringing about improvements. For example, no audits of care plans had been carried out which meant that the issues we found with people's care plans had not been detected. Therefore, the risk that people may not receive appropriate care had not been acted upon. Other audits had been carried out and were used effectively to bring about improvements. For example, regular medicines and health and safety audits were carried out. Where issues had been identified these were acted upon.

People told us there were occasional meetings for them to discuss their views about the quality of the service, however these were usually held in the adjoining care home. This had put some people off attending the meetings as they were not always relevant to Gedling Village Court. There had not been a 'resident's meeting' at Gedling Village Court for a period of six months prior to our inspection. This meant people's opportunities to provide their opinion about the service had been limited. Satisfaction surveys had recently been distributed to people and their relatives, however none were available for us to see. The deputy manager told us that they also planned to put a suggestion box in the entrance area of the home so people could post comments and ideas at any time.

Staff did not always keep accurate or up to date records about the care they had provided to people. For example, the care plans we looked at did not always reflect people's current needs. One person did not have any care plans in place at all. In addition, people's care plans did not demonstrate how they had been involved in making decisions about the care that they received. Records were stored securely and could be easily accessed. The registered manager took action to address these issues immediately following our inspection.

There was a positive and open culture in the home and people felt comfortable and confident to speak up should they wish to. One person said, "I know that if I had a problem I could talk to [named staff member] about it and it would be sorted – quickly." Another person commented, "It is all very relaxed here. I can speak to anyone really." The relative we spoke with also felt the culture of the home was relaxed and open and told us, "The manager is very approachable as are all the staff. I am confident I could speak to them about anything."

The staff we spoke with told us there was an open and transparent culture in the home and they were comfortable raising concerns or saying if they had made a mistake. One staff member said, "Things have got a lot better under the new ownership and new manager." There were also staff meetings on a periodic basis and staff told us they felt comfortable contributing to these. Records showed that meetings were used for the registered manager to deliver clear and consistent messages about their expectations of staff. It was also an opportunity for staff to discuss any issues they wished to raise.

A visiting healthcare professional told us that they had found the culture of the home to be open and receptive to ideas and collaborative working. They told us, "They are very receptive here and seem eager to learn about anything that can make the resident's lives – and ultimately theirs – smoother. We have built up a good rapport and I carry out training on different aspects which has improved the staff's confidence."

The service had a registered manager and they understood their responsibilities. The relative we spoke with commented positively on the leadership shown by the registered manager, commenting, "[The registered manager] pops over to see us sometimes and seems really nice." During our visit we observed that the registered manager and deputy manager made time to speak with people and staff. An action plan was put into place immediately following our inspection to address the areas for improvement that we found. Staff told us that the registered manager and deputy manager gave them clear direction so they understood what needed to be done.

The staff we spoke with commented positively on the leadership skills of the registered manager. They also told us that the deputy manager had proved to be a steadying influence during a period of change within the home. The registered manager commended the deputy manager for helping them to settle into their role. People benefitted from the clear decision making structures that were in place within the home. Staff understood their role and what they were accountable for. We saw that certain key tasks were assigned to designated groups of staff, such as ordering medicines. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and safety were not properly assessed and steps to mitigate risks were not always taken.