

Gedling Village Ltd

Gedling Village Care Home

Inspection report

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Gedling
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 06 January 2015 and was unannounced. Gedling Village Care Home opened as a new service in November 2013 and provides residential care for up to 60 older people, including people with dementia. There were 23 beds for use by people who are using an intermediate care service, which provides people who are ready to leave hospital but not ready to live independently with extra support to help them regain their independence and return home. There were also 37 beds for people who require long term care. On the day of our inspection 50 people were using the service.

The service had a registered manager in place at the time of our inspection. 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 and associated Regulations about how the service is run.

Summary of findings

Staff knew how to keep people safe and to raise any concerns if they suspected someone was at risk of harm or abuse. Staff understood the risks people could face through everyday living and how they needed to ensure their safety.

There were sufficient staff on duty to meet people's needs. There were bank staff employed to cover any absences from work so people's needs would be met in the event of someone not being able to work at short notice.

Staff received training and supervision to ensure they had the knowledge and skills to provide people with safe and appropriate care. People's right to make decisions when they were able to were not protected because the legislation for this had not been correctly implemented.

People were encouraged to eat and drink sufficient to maintain their health and well-being. People were supported with their healthcare needs. We observed people were treated with dignity and respect. People felt staff were always kind and respectful to them.

People's care plans provided staff with the information they needed to support people appropriately. People felt they could raise concerns and we saw these were acted on. Concerns were not recorded to enable the RM to identify trends.

People who used the service, relatives and staff were able to express their views on how the service was run. There were systems in place to monitor the quality of the service and identify what was working well, and if any improvements were needed.

Summary of findings

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.

People were protected from the risk of abuse because staff knew how to recognise and respond to any allegations or incidents that occurred.

Care and support was provided when people needed it as there were enough staff available to meet their needs.

People's medicines were managed safely and they were given these by staff who had been trained to do so. People could administer their own medicines if they were able to do so safely.

Good



Is the service effective?

The service was not always effective.

Staff supported people to make decisions and give their consent to their care and support, but they were not protected from decisions being made against their wishes because they were not fully protected under the Mental Capacity Act 2005.

People were supported by staff who had received training and support to enable them to provide safe care and support.

People were supported to have sufficient food and drink to maintain their health and hydration. People were provided with the support they needed to promote their well-being and healthcare.

Requires improvement



Is the service caring?

The service was caring.

People received care and support in a kind and caring way, and their dignity was maintained.

People were able to express their views on how their care should be provided.

Good



Is the service responsive?

The service was responsive.

People's care and support was clearly described in their care plans so staff knew what support people needed and how they would like this to be provided.

There were systems in place for people or their relatives to raise any complaints or concerns.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People who used the service and staff were able to put forward views on how the service was run. There was a positive culture within the service and staff described it as a nice place to work.

The service was well run and there was a positive culture where people could express their views.

There were auditing systems in place to identify where improvements could be made. People made positive comments about the service provided.

Gedling Village Care Home

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 inspected the service on 06 January 2015. This was an unannounced inspection. The inspection team consisted of two inspectors, a specialist advisor who has experience of working with intermediate care services 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 the visit we spoke with 12 people who lived at the service and three relatives who were visiting. We spoke with eight members of care staff, the activities coordinator, the care coordinator, the care plan coordinator and the registered manager. We also spoke with members of the intermediate care team, who provide people with a planned programme of support to help them regain independent living skills after a period of illness. The intermediate care team are located within, but not employed by, the service. We observed the care and support that was provided in communal areas, including lunchtime. We looked at the care records of ten people who used the service, as well as other records relating to the running of the service including audits and staff training records.

Is the service safe?

Our findings

People told us they felt safe at the service and with the staff. We saw people appeared comfortable and relaxed with the staff, who knew the people well. One person told us how they always saw staff treat people well.

Staff were aware of the different types of abuse people could face and confirmed they would report anything they felt concerned about. Staff had been given the information and training they needed to promote people's safety. They knew how to fulfil their responsibilities and take action if they had any concerns someone was at risk of harm or abuse. The registered manager said assessing how potential new staff viewed promoting people's safety and protecting them from harm was assessed as part of the interview process.

Staff knew how to raise concerns through whistleblowing outside of the service if they felt people were unsafe or if any concerns had not been acted upon, but told us they had not needed to do so. Staff told us they had received training in safeguarding and had discussed this in supervision. The registered manager said senior staff were responsible for passing any information of concern onto the local authority and one of them was always available at the service or on call.

Staff encouraged people to stay safe. For example one person was at risk of falling and they told us that staff encouraged them not to try and stand up without support. Staff spoke of making people safe through the use of risk assessments to identify how to provide them with the safest care, and encouraging people to be as independent as possible. Various risk assessments were completed to help identify where people faced risks to their health, safety or well-being. We saw body maps were used to help identify where people had any marks or injuries. Staff told us they had the equipment they needed to provide people with the care and support they needed safely, such as pressure relieving mattresses, cushions, wheelchairs and walking aids as required. A staff member told us they, "Don't struggle or take the easy option" when providing people with care and support. They said, "We need to look after people and ourselves by providing care safely."

People told us they felt there were usually enough staff on duty to attend to their needs and staff were available when they needed them. One person said, "If I ring the call bell, staff attended promptly." A relative said, "It would be nicer if they had more (staff) as they would have more time to spend with people." However they said staff, "make every effort to attend to people's needs. They really do their best." We saw staff were busy but we did not see anyone had a significant delay in being provided with support and we observed call bells were responded to in good time during our visit.

Staff told us they felt there were sufficient staff on duty to meet people's needs on each of the three floors. Staff said the main problem they had with staffing was covering unexpected absences from work. The registered manager said they had a small pool of bank workers and were looking to increase this to provide the cover needed. The registered manager showed us the rota for recent weeks and the full staff compliment had been provided the majority of time. There was the odd occasion where they had not and staff had moved to work on different floors to help. Housekeeping staff said they had sufficient hours to complete their duties and we found all areas of the service were clean and fresh.

People told us they had their medicines on time, and they never "ran out" of medicines. We observed part of the lunchtime medicines administration on each floor and saw people were given this in a sensitive and caring manner, whilst following the recommended procedures to do so safely. Staff who administered medicines had completed relevant training for this and had been assessed as competent to do so by the registered manager following the training. There were suitable arrangements in place for the ordering and storage of medicines.

There were systems to follow if anyone was assessed as being able to administer their own medicines. The registered manager said there had been people who had now left the service who had been assessed as able to manage looking after and taking their own medicines as needed.

Is the service effective?

Our findings

People we talked with said they felt staff understood their needs and had the knowledge and skills to provide their care and support. One person said, “They know what they’re doing.”

Staff received training to provide them with the skills and knowledge they needed to carry out their duties. When new staff started at the service they were given an initial induction which included some training and familiarising themselves with the provider’s policies and procedures. A recently employed member of staff confirmed they had completed the induction programme. Staff told us they had the training they needed, and said they were keen for to increase their knowledge and develop their skills further. The staff we talked with had a good understanding of each person’s needs and we observed safe practices being used, such as when people needed assistance with their mobility.

The registered manager said there was a supervision structure where they provided all staff with a supervision session. This was an opportunity for staff to discuss their roles and responsibilities and any problems they may have. The registered manager said they also used this as an opportunity to discuss the training people had undergone to ensure they had achieved the intended learning from this and implemented it into their practice. A staff member told us they had supervision where they discussed their work performance and if they had any concerns or problems.

People were supported to give consent and agreement to their care planning. Some people had signed their care plans to show they were in agreement with these. The care plan coordinator showed us where one person had signed a form to declare they did not wish to sign their care plans. There was a consent form in people’s care records which included the person providing their consent for the use of photographs in these records and to be administered medicines.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS is part of the Mental Capacity Act, which is in place to protect people who lack capacity to make certain decisions because of illness or disability. DoLS protects the rights of such people by ensuring that if

there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. We found people were not always protected under the Mental Capacity Act.

Staff understood the purpose of the Mental Capacity Act but they were unclear about the processes they should follow to determine if a person did have capacity to make a decision or how a decision should be made in a person’s best interest. As a result of this we found the Mental Capacity Act had not been properly applied in some cases. We found examples where decisions had been made in people’s best interests where people had the capacity to make their own decisions. This meant that on occasions people were not supported to make decisions for themselves.

Staff were able to describe what DoLS were and when they needed to be applied for. Staff said then registered manager would make any application, but no one at the service currently had a DoLS to restrict their liberty for their safety. Systems were in place to ensure assessments for a DoLS would take place if the need arose.

The majority of comments we received from people were that the food was good. Some people told us they particularly appreciated having a good breakfast and one person told us, “The puddings are good.” People said they were given a choice of meal and there was always something they liked on the menu. People told us they were given enough to eat and the food was served at a good temperature for them. People were able to have their meal when it most suited them. We saw some people had been provided with meals outside of the normal mealtimes as they had not been available when the meal had been served.

We observed the lunchtime meal on each floor and saw people were encouraged to come to the dining tables for their lunch which had been laid in preparation for this. Soft drinks were served and topped up throughout the meal and condiments were available. People who required assistance with eating their meal were provided with this. People were weighed regularly to monitor their well-being. Special diets were provided to meet particular needs; including high calorie diets where people had lost weight and soft food diets when people had swallowing difficulties. The care records we reviewed indicated people were weighed at least monthly and had risk assessments for their nutritional intake.

Is the service effective?

We saw plenty of drinks provided on each floor through the day. Fresh fruit juices were offered and people were encouraged to drink regularly by all staff; including domestic staff. Staff described to us how they ensured people had access to drinks throughout the day.

During the inspection one person returned from a medical appointment they had attended. We saw they had been accompanied by a member of staff who regularly checked on them following their return. A relative we talked with said staff promptly identified when a person was unwell and sought appropriate advice and support the person needed.

Staff told us they had good relationships with the healthcare professionals who visited the service and that they accessed the services people needed. A staff member said they felt involved in people's healthcare as they worked closely with the healthcare professionals.

People who used the intermediate care service had daily checks to monitor their wellbeing and recognise where improvements were made, or identify if any concerns were appearing so action could be taken. We saw there was a form within each person's care record to identify input from other professionals.

Is the service caring?

Our findings

People told us the staff were good and that they were kind and caring. A person told us they had really appreciated a recent birthday celebration that had been arranged at the service for them and some of their relatives. The person told us, "They made me a cake." A relative praised the standards of care and compassion provided by staff to their relation.

During our observations we saw staff were caring and patient when helping people. We saw how one person was given the careful attention they needed with a drink so this did not spill. We saw people were clean, tidy and appropriately dressed. Staff described how they encouraged and helped people. One staff member said if someone needed help to write a letter they would do this for them and then the person could sign it. Staff told us how they responded to people depending upon the circumstances. One staff member said they provided people with the support they needed, "We need to reassure people if they are upset, or sometimes they just want us to cut their dinner up."

Mealtimes were well organised to make it a positive experience. Meals were well presented and people were given a choice of meal shortly before the mealtime, and if they did not fancy what was on offer they could request an alternative. A cooked breakfast was available for anyone who wanted this. Mealtimes were flexible to suit people's routines and people were encouraged to eat well by staff. We heard staff offer people alternatives when they were not eating well.

One staff member said when someone had complained they did not like their soup recently they were able to provide them with an alternative. Another staff member told us how the cook had spent time with one person who was very particular about the food they would eat so they could provide them with meals they would enjoy. The staff member said this had improved things for the person.

Staff were enthusiastic in how they spoke about their job and felt the service was a good place to work. Staff

described why they worked at the service giving such reasons as, "I like to make a difference for people, I care for them as I would like my mum and dad to be." Another staff member said, "I love it and would be happy for my Mum to come in." A staff member told us there was a good staff team who worked well together and as a result the "care flows."

People told us staff listened to what they had to say and they were able to make their own choices. One person told us their care plan had been explained to them and they had signed to give their agreement.

Staff told us each person had a keyworker who was responsible for making sure people were involved in planning their care and that this was meeting their needs. Care plans provided detail about people's preferences and the ways in which they preferred care to be provided. We heard staff asking people if they would like to come to the table for their meal, and consulting them about their wishes in respect of other support being provided.

People we spoke with told us that staff respected their privacy and dignity. We saw one person fell over in one of the lounges. Staff responded promptly to ensure the person was safe and a screen was used to provide them with privacy whilst they were checked for any injury and then assisted to stand again.

We observed staff had a good rapport with the people who used the service and saw they treated them with respect. Staff described how they promoted people's privacy and dignity and encouraged their independence and ways of doing these were included in their training.

People told us they attended religious services when they were held in the service. One person told us they did not know when the services were held. We informed the registered manager who said they would ensure all people who used the service knew when a service was due to take place. Staff told us they recognised people's diversity and understood how different things were important to different people.

Is the service responsive?

Our findings

People told us staff gave them the assistance they needed and understood their needs. They said they were able to make choices about their everyday routines. A person told us, “Staff treat me as an individual and know my preferences.”

We saw people decided where they spent their time, some people chose to remain in their rooms whilst others used the communal areas. There were activities taking place on each of the floors during the day. The activities coordinator told us about activities they organised in the service and trips out, such as a boat trip on the river. People who used the intermediate care service had planned sessions to help them regain their independence with the aim of returning to their home to live.

There was information displayed on each floor of the service to keep people informed about what was happening and things they needed to be aware of. This included information about entertainers, church services, optician visits and advocacy services. A person said staff, “Keep me in touch with things when they happen.” They said the fire alarm had gone off recently and staff had come in afterwards to explain.

The care plans were written from the perspective of the person using the service and identified their personal wishes and preferences. Each care file contained a summary of the person’s life and any significant relationships they had to help staff to get to know people.

People’s care records contained information about their needs before moving into the service and how these would

be met. Care plans explained people’s daily routines and the support they needed to meet these. There were also care plans which explained how staff should meet people’s particular needs. Care plans were kept up to date through regular reviews. People who used the intermediate care service were discussed at a weekly multi-disciplinary team (MDT) meeting where their progress was reviewed and if necessary amended accordingly.

People stated they would have no hesitation in making a complaint if they were dissatisfied or upset about something. A person told us, “If I was not happy with something, I would complain to the supervisor.” The person said they were confident something would be done about anything they raised.

A relative told us they had brought some concerns to the attention of staff and these were rectified immediately, and apologies given. The relative said the issues they had raised had not reoccurred showing lessons had been learnt. Staff told us they regularly spoke with relatives who would mention any issues at the time so they could address these. A staff member said, “We have a good rapport with relatives so we know if anything is not right for them.”

Staff said if anyone had a complaint or concern they would try to rectify it but they would speak to the manager or her deputy if they could not deal with it themselves. There was a book to record any complaints made but there were no complaints recorded in this. The registered manager said any issues people raised were dealt with as soon as possible by staff on the floor and did not get recorded. The registered manager said they would amend the system to ensure all complaints were recorded and what was done to resolve them.

Is the service well-led?

Our findings

The activities coordinator ran a monthly residents meeting for the whole service, which were well attended. These meetings were advertised within the service and minutes of these meetings were taken but not displayed for people to see. The registered manager agreed these should be available for people to see and would arrange for these to be displayed on the noticeboard on each floor. We saw the minutes from the last two meetings which showed discussions were held about activities and entertainment, food and snacks and whether there were any concerns. There had also been a discussion with people about the layout of the furniture in the in the lounges and their bedrooms.

Each floor was managed by a senior member of staff and had their own staff team. People described the staff as friendly and approachable and felt able to raise anything they wanted to discuss with them. The senior member of staff could deal with most day to day issues and referred anything more complex to the manager.

Staff said they felt the service was run well and they were able to express views and make suggestions. There were regular staff meetings where they could do so. Staff were asked for topics for the agenda in advance and they could also raise issues at the meeting.

Staff told us they enjoyed working at the service. A staff member said, "It is a really nice place to work. On this floor where I work everyone works together really well as part of a team. The teamwork on this floor is brilliant." Another staff member said, "There is never a heavy atmosphere, we keep a sense of humour, people like to see us smiling. No one enjoys a sad face. Everyone enjoys being here."

The registered manager was employed prior to the service opening for business and they led the opening of this. The registered manager was aware of their responsibilities and they had sent us notifications when required. A notification is information about important events which the provider is required to send us by law. We saw copies were kept of all the notifications sent to us.

Some people commented they would like more opportunity to talk with the registered manager. One person told us why they thought they did not see the

manager. They said, "I suppose it is because I don't have any complaints." The registered manager told us their focus over the last year had been setting the service up and putting the systems into place. They said they felt they were now in a position where they could delegate some of the responsibilities to other senior staff. This would enable them to spend time on each of the floors and talk with people and their relatives, as well as watch how staff went about their duties.

Staff said the registered manager was 'good' and sorted things out. One staff member said, "They are straight onto it and if they are not here they are available on the phone." Another staff member told us they had approached the registered manager with a work difficulty and they had received the support and changes to their work they needed. A staff member told us the provider visited and showed an interest in what was happening.

Staff said things were always dealt with and the registered manager would, "Have a word" if they needed to. A staff member told us they had been "Chased up" when they had not completed some of the monitoring charts they should have done. When it had been necessary the provider had followed their employment procedures to manage staff performance at work.

Each person who used the intermediate care service completed a survey form when they came to the end of their stay. We saw a sample of these forms and these showed people had been satisfied with the service they had received. There had not been a survey carried out of the views and experiences of people who used the service for residential care, but the registered manager said this was something they planned to do in the near future.

There were a number of positive comments left in a comments book in the reception area about the services people had received. One relative had commented how well their relation looked and that they were happy in the service.

There were various daily, weekly and monthly audits carried out on the services provided to identify any shortfalls or improvements needed. The care coordinator told us one audit had highlighted improvements were needed to the laundry systems which they were acting upon.