

Old Village Care Limited

The Old Village School Nursing Home

Inspection report

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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 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection took place on 22 July 2014 and was unannounced. This meant the provider had no advance notice that we would be inspecting the home.

At the last inspection in July 2013, we found there were no breaches in the legal requirements for the areas we looked at.

The Old Village School Nursing Home is a care home registered to provide a service for up to 60 people. The

Summary of findings

home is divided into three units providing personal and nursing care to older people and younger adults; including those with high dependency neurological conditions and end of life care needs. An on-site physiotherapy department provides people with access to additional support through individual physiotherapy and rehabilitation programmes.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

People who used the service and their relatives told us that they were happy with the care they received from the service, and felt that they were involved in decisions about their care and day to day choices.

We found that safeguarding procedures had been followed and that action was taken to keep people safe, minimising any risks to health and safety. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Records we looked at that confirmed that where people lacked the capacity to make decisions about something, best interest meetings were held.

Systems were in place to ensure that medicines were stored, administered and handled safely. Staffing arrangements meant there were enough staff to meet manage medicines appropriately and to meet people's needs safely.

Staff were knowledgeable about the specific needs of the people in their care, so that the service was effective in meeting people's individual needs. People's personal views and preferences were responded to and staff supported people to do the things they wanted to do.

People had access to health and social care professionals as and when they needed, and we saw that prompt action was taken in response to illness or changes in people's physical and mental health.

The home had an effective complaints procedure in place. People and relatives told us that the staff were responsive to their concerns and that when issues were raised these were acted upon promptly.

We found that the service was well-led and that staff were well supported and consequently motivated to do a good job. The registered manager and senior staff consistently monitored and reviewed the quality of care people received and encouraged feedback from people and their representatives, to identify, plan and make improvements to the service.

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.

Staff had received training in safeguarding adults and were aware of the correct procedures to follow when concerns were identified.

Risks had been assessed so that people received care safely.

Safe systems were in place for the management and storage of medicines.

Staffing arrangements meant there were sufficient staff to meet people's needs and the service followed robust procedures to recruit staff safely.

Good



Is the service effective?

The service was effective.

Staff were knowledgeable about the specific needs of the people in their care.

People could make choices about their food and drink and were provided with a choice of food and refreshments; with support to eat and drink where this was needed.

Arrangements were in place for people to have access to external health, social and medical support to help keep people well.

Good



Is the service caring?

The service was caring.

People told us the staff were kind in the way they spoke to them and supported them with genuine care.

Staff spoke about people who used the service in a respectful manner and we observed that interactions between staff and residents were kind and caring.

Systems were in place to make sure staff had all the information they needed to meet people's assessed needs.

Good



Is the service responsive?

The service was responsive.

People and their relatives were involved in decisions about their care.

People were supported to do the things they wanted to do and a range of activities in the home and the community were organised in line with people's preferences.

Family members and friends held an important role in people's lives and people were supported to spend quality time with them.

Is the service well-led?

The service was well led.

Summary of findings

The service was well led by a registered manager, who was supported by a deputy manager.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

The provider had internal systems in place that monitored the quality and safety of the service. People were encouraged to comment on the service provided to enable the service to continually develop and improve.

The Old Village School Nursing Home

Detailed findings

Background to this inspection

This unannounced inspection was conducted by an 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. Our Expert had experience in caring for someone with physical disabilities.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed historical data that we held about safeguarding and other incidents happening in the service that the provider is required to tell us about. We also contacted the local authority for information and reviewed the information we asked the provider to send to us.

During the inspection, we spoke with eight people who used the service, three visitors, one visiting professional, ten staff, the deputy manager and the registered manager. Not everyone who used the service was able to communicate verbally with us because of their complex needs. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spent some time observing how staff delivered care to people, reviewed ten people's care plans and looked at other documentation about how the home was managed, including service user quality assurance survey questionnaire, staff recruitment and supervision records to help us fully understand people's care and support needs.

Is the service safe?

Our findings

We spoke with eight people who said they felt safe living at The Old Village School. One person told us, “Staff always ask me before they do anything. I like it here very much. The staff are good at their job and that makes me feel safe.” Another person said, “I am very safe and secure here.” One relative told us about their family member and said, “They are very happy here and regard it as a palace. They feel very safe and secure and staff even knock on their open door before entering.” Throughout our inspection, we observed staff checking that people were comfortable and safe within all areas of the home. People told us they felt safe and secure within the home environment because of the actions of the staff who worked there.

The 12 staff that we spoke with told us they had received safeguarding training. From our discussions with staff, it was evident that they were aware of the procedures to follow should there be any suspicion or allegation of abuse. One member of staff told us, “If someone had told me they had been abused I would talk to a member of staff. I do know that some people can make things up but that’s no reason to ignore it. I had safeguarding training soon after I started.” Another member of staff said, “If there was an incident reported to me I would approach the nurse in charge even if I had doubts. If I witnessed it myself I would write the report.” All the staff we spoke with told us they would always take safeguarding matters very seriously and would ensure they were followed up in accordance with the policies and procedures. The training records we saw confirmed that all staff within the home had received safeguarding training.

Staff also understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider’s whistleblowing policy and they told us they would confidently report any concerns in accordance with the policy. One staff member told us, “If I had to I would not hesitate to speak out. If I saw something that I did not like, we have a responsibility to the people who live here and ourselves.”

We spoke with staff about how they attempted to reduce possible risk factors for people to keep them safe. They told us that they tried to ensure that people had as much independence as possible but within safe boundaries. Within the care and support plans we saw that staff had assessed the risk posed to each person due to their specific

circumstances. For example, the Waterlow scale was used to give an estimated risk for the development of pressure sores and there were records of pressure relieving care. There were also risk assessments about mobility and falls so that staff would know if they needed to take specific action to reduce the risks of people falling. We saw written evaluations of these assessments and found that action plans had all been reviewed within the previous month. This showed that there was up to date information available to staff about how to reduce risks and keep people safe.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. We saw from the records we looked at, that where people lacked the capacity to make decisions about something, best interest meetings were held to ensure that the best and most appropriate decision was made.

All staff had completed training on dementia care and the MCA 2005. The staff we spoke with were able to demonstrate their understanding of the MCA; one member of staff said, “I know that just because I do not agree with someone’s decision, that does not mean they should not be allowed to do what they want to. If someone needs to be assessed then I would always speak to someone senior to make sure it was done.” Some people who lived in the home had needs relating to dementia and we saw from their care plans that there were assessments of their capacity to make decisions. There was clear information for staff about when and how they should act in accordance with the person’s best interests to ensure that good quality care was delivered.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty, these are assessed by professionals who are trained to assess whether the restriction is needed. The manager understood that there may be a need to make an application and demonstrated an understanding of the revised test for deprivation of liberty following the March 2014 court ruling and how this may have affected local

Is the service safe?

authority procedures. We were told that there was no need to do this in respect of anyone currently at the home and did not see anyone who was specifically deprived of their liberty during this inspection.

As part of our inspection planning, we had identified that medicines management was considered to be a potential risk. We therefore looked at the process for managing medicines in the home to ensure they were looked after safely and that people received them as prescribed. We saw that all medicines were securely stored. The staff we spoke with told us they had received updated medicine administration training and, whilst on duty, were in charge of administering all medicines in the home.

We saw that medicines were stored correctly. We observed two staff administering medicines and spoke with a third staff member about the administration process. Our observations and discussions showed that medicines were administered appropriately. We saw that people were asked if they were in pain and offered pain relief.

Arrangements were in place for the administration of 'when required' medication. Although no-one was having covert medication at the time of our inspection, the staff told us that if this was required, it would be done in conjunction with the GP and that there were clear guidelines for staff to follow.

We found that controlled medicines were stored, checked and administered securely to ensure they were kept and used safely. These were stored in a locked cupboard and a controlled medicine book was maintained. Our check on the records showed that these medicines were appropriately maintained with checks and administration confirmed by two staff.

Systems were in place that ensured the staffing numbers and skill mix was sufficient to keep people safe. Staff told us that staffing numbers enabled them to meet people's individual needs. The registered manager told us that staffing numbers were flexible to enable people to attend appointments outside of the home if required and to allow for changes in people's conditions, for example if they deteriorated in condition. Staff told us and the staff rotas demonstrated that staffing numbers were flexible.

We found that staffing levels were assessed according to the dependency levels of people who used the service and that where two members of staff were required to attend people's needs that the numbers of staffing allowed this to happen. The registered manager or deputy manager were on duty each day and were 'hands on' in their approach. This was confirmed by the people and the staff we spoke with. One of the care staff told us, "We always have enough staff on duty. It is nice and so much better than in other homes. We have time to talk to people and spend time with them and the staff are consistent. It's very safe here and I enjoy coming to work each day."

The staff rotas showed that over the six week period prior to our inspection, staffing levels were as described by the registered manager. Shortfalls were minimal and mainly due to short notice sickness. When required staff were redeployed across the service. The provider ensured sufficient staff were available to meet people's needs and keep people safe.

We found that all appropriate pre-employment checks had been carried out for staff. The records included evidence that written references, satisfactory Disclosure and Barring Service [DBS] clearances and appropriate documentation was obtained to verify the identity of the applicants. For the nursing staff, we found that nurses employed, were registered with the Nursing and Midwifery Council (NMC) which meant that all staff employed were suitable to work with people who used the service.

The registered manager told us that there were arrangements in place to deal with foreseeable emergencies. We looked at the business continuity plan, which advised staff of the procedure to follow in the event of an emergency affecting the service. We also saw the provider had completed personal fire evacuation plans for each person who used the service. Plans were in place for responding to any emergencies or untoward events and contingency plans were in place for emergency situations, such as the outbreak of fire. Fire risk assessments had been completed and regular fire drills took place to ensure the staff were familiar with the fire procedures and understood their roles when responding to fire emergencies in order to maintain people's safety.

Is the service effective?

Our findings

People that were able to speak with us told us that staff talked with them about their care needs and that any care was provided with their agreement. Staff also told us how they made sure that people were in agreement to their care before they delivered it so that it had the best outcome possible. A relative we spoke with confirmed that staff spoke with them about their family member's care; they said, "It means so much to be involved, they respect the decisions that are made and make sure that the best outcome is achieved. That means so much."

When we spoke with staff, it was evident that they were knowledgeable about the specific needs of the people in their care. We looked at the care plans of ten people across the home, and found clear assessments giving full information about their individual needs, choices and preferences. A personal profile was used and three relatives told us they had contributed information towards this. People told us the staff discussed with them how they wanted to be cared for. One person told us, "Staff always ask me before undertaking any task or need I have. They ask what I want which means a lot to me." One said, "I contributed to the care plan and any changes are always discussed with me. This means that I always know what is happening and I am thankful for that." We found the service was meeting people's individual needs and achieving positive outcomes for people.

The staff we spoke with told us they had completed the provider's induction training and that this gave them a good basis upon which to provide support for the people who lived at The Old Village School. Staff said that the induction included safeguarding adults, fire safety, food hygiene, moving and handling and infection control. The staff training records also confirmed the staff were provided with specific training to meet the needs of people who used the service, which included, dementia care, management of pressure area care and nutrition and hydration.

All the staff we spoke with told us they felt well supported and really enjoyed their work. They said that there was a good level of communication and that the teamwork was very good. One member of staff said, "I love working here, we all get on so well, we have a common goal." Staff told us they met regularly for supervision sessions so they could discuss any development and learning needs. Staff also

told us they received regular informal supervision which included observations of their practice. They said that they had the full support of the registered manager and deputy manager and could discuss anything that concerned them, even if they did not have a supervision session scheduled. We found that the registered manager monitored staff skills and abilities and took action to address issues when required.

People told us they always had a choice of what to eat at meal times. The menu for the day was displayed in the dining room and available for anyone to look at should they want to. People told us that there was always enough food and drink available. We saw that drinks were frequently offered, both hot and cold, throughout the day along with snacks for those people who required these.

We carried out a SOFI observation within two dining rooms and observed the care and support people received. The environment within the dining room was relaxed and the tables were set with clean table cloths, placemats and napkins. Individual condiments were on the tables and drinks of water and juice were provided by staff for people according to their choice. During the lunch time meal we observed staff offering help with eating in a discreet manner for those people who were unable to eat their meals independently. Help was given with sensitivity and enabled people to eat at their own pace. We heard staff offer people a choice of meals, which were presented nicely. Staff were speaking individually with people whilst giving assistance and they told us that they tried to make mealtimes a sociable experience for people.

Records showed that people's nutritional needs were assessed both on admission and at regular intervals. Most records were updated every month. The records for one person showed they were weighed regularly and due to concerns had been assessed by a dietician and required a soft diet and thickened fluids. Staff kept daily records of people's food and fluid intake and people's weights were closely monitored and their weight was recorded within their care plans. Nutritional guidance was sought and followed by the staff from the relevant healthcare professionals in response to significant changes in people's weight.

People's health was monitored on an on-going basis and people and their relatives involved in care reviews. We found that changes to treatment were communicated to both staff and people or their relatives and documented in

Is the service effective?

care plans when needed. Health professionals were involved in people's care and the staff liaised with them as appropriate, for example district nursing staff and GP's. We saw records of contacts with doctors and other health professionals including chiropodist, dentists and opticians

and entries confirmed when people had been updated and relatives informed of changes to treatment or of future appointments. This demonstrated that the home involved other professionals where appropriate in meeting people's needs.

Is the service caring?

Our findings

People told us that they liked the staff that cared for them and got on well with them. One person said: "I find them very caring, I really do. They are all so kind." Another person said: "If I had to find one word to describe them, I would say angels." People told us they were treated with dignity and respect and had all their needs met in a caring manner. One person told us, "They always keep the door shut when they are giving me personal care and I like that they knock the door and wait before they come in."

People also told us that they were well looked after by staff at the home and that they had a good quality of life. One person said, "I never have to wait long for assistance when I need it. That really does make a difference." Another person told us, "They always come when I call and they really do know me. They know what I like and what I need." We observed staff responding to people in a timely manner when asked and also checking with those that did not ask, to ensure they were comfortable and had everything they needed.

We spoke with eight people who used the service. All people were content with the care provided and felt that staff were kind and respectful towards them. People also told us that staff provided care in accordance with their preferences and based upon their beliefs. One person said, "I always get treated right, staff never disagree with me and always help me with what I want, they are so good and kind." Relatives told us that the care given to family members was meaningful and that all the staff had very positive relationships with people.

Our observations showed that all staff were responsive, attentive and kind to people. Care was taken to make people comfortable and staff worked hard to make the communal areas of the home pleasant, for example ensuring that suitable music was playing or the television was on a channel of people's choice. We observed one person being transferred using a hoist with the support of two members of staff who were attentive to the needs of the person and talked to them in a reassuring manner throughout the procedure. Staff had a friendly and helpful manner towards people and were respectful and maintained their dignity.

We observed staff speaking with people in a caring manner throughout the day. They were observant and aware of

when people were distressed or agitated and they offered reassurance or gently diverted attention. On one occasion when someone became anxious about the whereabouts of their wheelchair, a member of staff reassured the person, located the chair swiftly so that the person's anxiety levels were reduced and they were able to relax. The staff member explained what they were doing to the person throughout so that the person felt valued and listened to.

People and their families told us they were very happy with the care and support provided. We observed that staff spent a lot of time interacting with people and spoke with people by name, got down to their level and gave good eye contact when communicating. They also took time to ensure that people understood what was happening.

Each member of staff had a clear understanding of the role they played in making sure people's privacy and dignity was respected. We observed staff knocking on people's bedroom doors and bathrooms and waiting to be invited in, enabling them to express themselves. We saw that staff responded to people's needs promptly in order to preserve people's dignity, for example, when assisting people with personal care needs.

People we spoke with told us the staff were kind in the way they spoke to them and helped them. One person who experienced difficulties with communication gave a huge smile when we asked if the staff were caring towards her. They indicated by nodding their head, that staff understood their needs and had involved them in their care.

The plans of care we saw were individually written to meet people's assessed and diverse needs. Each file contained a photograph of the person with a signed record that this was taken with their consent. There were personal details and life histories. Staff we spoke with told us they had the information they needed to understand people's individual needs and how to treat them based upon their wishes.

Staff told us they involved people and their relatives in planning and reviewing their care. Some of the people that we spoke with were able to confirm this, and some relatives we spoke with told us they had been involved in making decisions about their family member's care. One person said, "I was given lots of help by staff when I had to make an important decision, they really helped me though it and made it easy for me." Another person's records showed that a best interest meeting had been held and the records

Is the service caring?

detailed that the person had been represented appropriately and their thoughts had been recorded to show their full involvement in the decision making process. Systems were in place to identify the support people required to make important decisions about their care.

People and their relatives told us they were involved in decisions about the care and they had seen their care records. We saw some people's signatures within the records and some people's relatives told us they had been involved in the process of gathering information for inclusion within the care records. Everybody said they felt

they had been consulted about how they liked to be supported and knew that if their needs changed, they would continue to be involved in planning the required care.

All the relatives we spoke to told us they were free to visit at any time and were always made to feel welcome. One relative told us: "I'm always made welcome when I visit and staff keep me fully informed about any issues." Another said, "I can come in when I want, even if it is later on, I am always greeted kindly." One person said, "It is a home from home, staff do whatever they can for me and my family."

Is the service responsive?

Our findings

People told us that they had been asked about their individual preferences and interests and whether they were happy living in the home. They said that staff ensured they were content with the care they received and whether their needs were met appropriately. People told us that staff responded swiftly to their needs. One relative said, “The matron chats as she goes around the building. She discovered it was our emerald wedding anniversary so I was able to take my husband out to lunch and when we got back we were greeted and given flowers. It was much appreciated.” Another person said, “I needed to see the doctor as I did not feel well and the staff sorted this out with no problem. I saw the doctor and I feel much better now.”

We looked at the care records of ten people who used the service and found that pre admission assessments of people’s needs had been carried prior to people being admitted to the service. On admission people told us that they were asked their views about how they wanted their support to be provided. We also saw that information was obtained about people’s health conditions, allergies and their level of independence was assessed so that suitable care could be delivered. Within people’s care plans it was recorded how they wanted their care and treatment to be provided and during our conversations with staff it was evident that they had a good awareness of people’s needs. Care plans were specific to people as individuals and provided staff with information on how to manage people’s individual needs. We saw that the care plans were reviewed on a regular basis and updated as and when people’s needs changed.

People that lived in the home said they had plenty of entertainment and were supported to do the things they wanted to do. There was a notice board showing an

activities plan and activities that had taken place, including themed activities and art and craft work. We found that there was a good range of activities available to people, for example discussion and reminiscence was encouraged in groups or on an individual basis. One person said, “I don’t always want to join in, but that is fine, it is my choice and I am never made to join in. We don’t always want to do things and the staff understand that.”

People we spoke with were aware of the formal complaints procedure in the home and told us they would tell a member of staff if they had anything to complain about. We saw there was an effective complaints system in place that enabled improvements to be made and that the registered manager responded appropriately to complaints. At the time of our inspection people told us they had nothing they needed to complain about.

The complaints log showed that complaints were responded to appropriately and in a timely manner. It was evident that action was taken to address issues raised and to learn lessons so that the level of service could be improved. For example, we found that staff were reminded of people’s specific needs at staff meetings and the feedback suggested this had improved matters for the people. A relative told us, “I have never had any worries, but if I did I know that I would be listened to. I can talk to anyone.” One person said, “I would always speak to staff, without hesitation.”

People and their relatives had been asked for their views about the service in an annual questionnaire. We looked at the results of the most recent one and found they were positive. Where people had made suggestions about how the service could be improved or changed, we saw that the manager had discussed these with staff and people to see what they thought about the idea. This demonstrated that people’s feedback had been obtained and responded to.

Is the service well-led?

Our findings

The people we spoke with were all positive about the service they received. People who used the service and their relatives were asked for feedback on their experience of using the service and ways in which it could be improved. The information gained from the feedback was used to identify any improvements to the service.

There was a clear management structure within the home and people told us they knew who the management team and senior staff were. One person said, “The manager is always about in the home, they come and see us every morning.” A relative told us, “The manager and deputy are very hands on and will always come and help out when needed. It is nice to see.” The staff we spoke with told us they felt the home was well led and that they always felt supported in their work. One staff member said, “The manager is really approachable, we all work so well together. Most of us have been here for a few years now.” Another staff member said, “The manager is always accessible, communication is good and we all know our roles.”

The registered manager was present on the day of our inspection. There was also a deputy manager who was available on days when the manager was absent and at night the nurse was in charge with the manager on call. We observed that the care staff worked cohesively as a team and responded to people’s needs in a timely manner, working to help each other.

There was a positive leadership in place which encouraged an open culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive about the leadership in place, describing to us how the service had improved and things that they hoped to achieve in the future. Staff were motivated, and trained to an appropriate standard, to meet the needs of people using the service. One staff member told us, “We only want the best for people, and for the home to be well thought of.”

All the staff we spoke with told us they felt supported and enjoyed their work. One staff member said, “I really do love my job.” Another told us, “I always get listened to and can honestly say, I enjoy coming to work.” Staff said that the management within the home promoted a feeling of positivity and motivation because they always gave constructive feedback so that staff knew what was expected of them.

The provider had systems in place to monitor the quality of the care provided. Audits undertaken included care records, medicine management, health and safety and management systems. The registered manager told us that by completing audit checks, they identified areas where the service could improve further. In addition observations were carried out on the support people received and time was spent talking with people using the service and staff. We saw the findings from the visits were written up in a management report and areas identified for improvement during the visits were recorded and action plans were put in place with realistic timescales for completion. This meant that the service continued to review matters in order to improve the quality of service being provided.

We saw that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. It was clear that the care staff were aware of all accidents and incidents that occurred and had assured themselves that no further action needed to be taken. We found that all possible action had been taken to ensure people had medical attention if needed and to protect people from recurrence of a similar nature.

The manager told us that they wanted to provide good quality care and through our discussions with the registered manager and deputy manager, it was evident they were working to improve the service provided and to make the people who lived at the home as happy and comfortable as possible. Staff were positive about the running of the service and understood the manager’s aim. Staff told us, “We all want to better the home and ourselves, that’s what it is about, improving, helping people and being the best we can.” This indicated to us that the staff held a common goal and were keen to work with the manager to drive future improvement.