

# Absolute Care Homes (Central) Limited

# The Village Nursing Home

## Inspection report

190 Commonsides  
Brierley Hill  
DY5 4AA

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15 June 2021

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

The Village is a care home providing personal and nursing care to 33 older people including people living with dementia at the time of the inspection visit. The service can support up to 90 people. The accommodation is provided over two floors each of which has its own communal areas.

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

People's medication was not appropriately stored in a locked cabinet and medication trolleys were not locked and secure.

We also found the audit analysis completed following an accident or incident could be improved to identify trends and themes to reduce the risk of reoccurrence. In addition, issues we found during the inspection were not identified by the provider's auditing processes.

We found the provider could make improvements to make the home more dementia friendly to ensure people had a comfortable environment. For example, we found some of the decorations around the home were confusing for people who had dementia.

People or their relatives were not involved in reviews of their care.

Risks to people's health and well-being had been assessed and monitored to ensure they were kept safe. The provider had safeguarding systems and processes in place to keep people safe. Staff knew the risks to people and followed the assessments to ensure they met people's needs. People felt safe and were supported by staff who knew how to protect them from avoidable harm. People lived in an environment that was clean and well maintained.

Staff observed and followed infection control procedures in line with national guidance for reducing the spread of Covid-19.

Staff were recruited safely and there were enough staff to meet people's needs. Staff followed the infection control procedures the provider had in place.

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

People were assessed before they used the service to ensure their needs and preferences could be met. Staff understood the importance of ensuring people's rights were understood and respected.

People and their relatives told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.

People's communication needs were assessed and understood by staff. People were provided with information in a format which met their needs.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to the management team at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 13/10/2020 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about the management of safeguarding incidents. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach in relation to Regulation 12 (safe care and treatment) at this inspection. The provider responded to the concerns on the day of the inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was not always safe.	<b>Requires Improvement</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was not always well led.	<b>Requires Improvement</b> ●

# The Village Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Day one of the inspection was carried out by one inspector, an assistant inspector and a specialist advisor who was a nurse, on the 14 June 2021. One inspector returned to the home for a second day on the 15 June 2021. An inspector and an Expert by Experience made calls to relatives and staff from 14 June 2021 to 25 June 2021. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Village is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

Day one of the inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who lived at the home about their experience of the care provided. The majority of people living in the home were unable to communicate with us due to their health conditions. We spent time observing people in the communal areas of the home. We saw how they were being cared for and supported by staff and used these observations to help us understand peoples' experience of living at the home. We spoke with six relatives of people living at the home.

We spoke with the nominated individual, the registered manager and the deputy manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also spoke with one nurse, three senior carers, eight care staff, the head chef and a member of the housekeeping staff.

We reviewed a range of records. This included eight people's care records and four people's medication records. We looked at two staff files in relation to recruitment. We also looked at records that related to the management and quality assurance of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at safeguarding and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not managed and stored safely. The medication fridge temperature was not monitored consistently on either floor. We found missing temperature records, as a result we were not sure that medicines were always being stored at the correct temperatures. Medicines that are not stored at the correct temperatures could result in the medicines being ineffective.
- We found one person's prescribed to be used as required (PRN) medication was out of date. The medicine bottle was opened in December 2020 and only has a shelf life of three months once opened. As a result of the medication not being disposed there was a risk the out of date medication could have been administered to the person. Medicines that are out of date may be unsafe and ineffective. This was brought to the attention of the lead nurse to arrange disposal of the medication and request a new prescription.
- We found stock medicines were stored in unlocked cabinets on both floors. The medicines trollies on both floors were not secured to a wall and were not locked when not in use. The medicines were not kept securely in line with national guidance increasing the risk of potential harm to people.
- Management completed monthly audits of medicines however audits undertaken had not identified issues we found.
- Some people were prescribed fluid thickener to reduce the risk of choking. We found some people's fluid thickener was not correctly stored. The thickener was found on a shelf in an open plan kitchenette accessible to people. We also observed a person about to partake of a drink with thickener that was made for another person. We intervened alerting staff to this issue and the drink was taken away. We raised this with the registered manager who confirmed they would address the issues and have a meeting with staff members.

We found no evidence that people had been harmed however, the provider had failed to ensure sufficient systems were in place to do all that is reasonably practical to mitigate the risks to people.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were managed to ensure people received them in accordance with their health needs and the prescriber's instructions.
- Staff completed training to administer medicines and their competency was checked regularly to ensure safe practice.
- There were protocols for staff to follow for people who had been prescribed medicine to be used as

required (PRN).

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "Abuse can happen in different ways such as verbal, neglect, physical and financial."
- The provider had safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "If I saw or someone told me about any type of abuse, I would inform the manager. If I was unhappy with how the incident was managed, I would contact CQC, the local authority safeguarding team or the police."
- People and their relatives explained how staff maintained people's safety. A relative told us, "I am very pleased with The Village; they are doing everything they can for someone who can be very difficult and aggressive."

Assessing risk, safety monitoring and management

- The provider assessed risk from both people and the environment, these were managed through clear person-centred records.
  - Individual risk assessments met the specific needs of people to keep them safe. For example, we saw assessments to manage the risk from people's behaviour and clear instructions for staff to follow. One person's care plan detailed instruction for staff to follow to reassure them when displaying distressing behaviour.
- Staff we spoke with confirmed identified risks and knew how to safely manage them in line with the risk assessments.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One relative said, "There is definitely enough staff, the manager told me that until they get more staff more people are not allowed to move in."
- Each person's staffing needs were pre-assessed on an individual basis, which were reviewed and updated regularly as people's individual needs changed.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by the registered manager to



reduce the likelihood of reoccurrence however improvements could be made to the analysis of incidents to identify and trends or themes.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- We found the provider could make improvements to make the home more dementia friendly. There was limited signage to support independence and orientation around the home. The corridors were covered in large murals that could be confusing for some people and a source of frustration. One of the murals was a painted door, we observed one person trying to turn the painted door handle believing it was a real door. This was very distressing for the person and staff members intervened to reassure the individual. These issues were raised with the registered manager who confirmed they would be making adjustments around the home to make it more dementia friendly.
- The premises provided people with choices about where they spent their time.
- People's rooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.

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

- People were supported by staff to maintain nutrition and hydration.
- People had choice and access to sufficient food and drink. throughout the day, food was well presented, and people told us they enjoyed it.
- People's feedback about food was sought regularly by staff asking people and making observations. One relative told us, "He is putting weight on, which is wonderful. He can be difficult to feed, they have allowed him to settle in and they have gradually worked with him. Now if he gets up from the table before finishing, they let him wander away and then bring him back".

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

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

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

- Where required staff monitored people's health and worked well with external professionals to ensure people's health care needs were met.
- Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs.

- Care plans were reviewed and updated to reflect any changes or recommendations from healthcare professionals. Staff told us they were confident changes to people's health and well-being were communicated effectively.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training about the MCA and understood the importance of ensuring people's rights were protected.
- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care. Staff involved people in decisions about their care and acted in accordance with their wishes.

#### Staff support: induction, training, skills and experience

- Relatives were confident staff had the skills and knowledge to meet their needs. One relative told us, "I am very pleased [Name of person] has settled more than she has in other places she has been."
- Staff were positive about the training they received, and they were confident they had the right skills to meet people's needs. A member of staff said, "I had received training and my competency is checked by the assistant manager regularly",
- New staff had completed a comprehensive induction, were well supported and either had health care qualifications or were completing training that covered all the areas considered mandatory for care staff.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a team of staff who were kind, caring and considerate. One person told us, 'I like the staff.'
- One relative told us, "He is a lot happier and calmer. The way they [staff] are with residents is wonderful". Another relative told us, "The staff will celebrate different religious festivals with people".

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

- People, relatives and staff told us how people were supported to make choices regarding their daily life, this included clothing, meals, personal belongings and how people wanted their support to be delivered. One relative told us, "They have got to know him quite well, they realise [Name of person] likes his own company, and they allow him to do that, checking in on him every so often".

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the management told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space. One staff member told us, "'I get to know people, re-assure them and talk to them when supporting them."
- People's confidentiality was respected, and people's care records were kept securely.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- One relative told us, "They report if there is anything wrong, they ring me. They would have no hesitation in getting in touch with me. I speak to [Name of person] every day."
- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. However, care plan reviews lacked involvement from people, their relatives and representatives. The registered manager stated they would improve care plans reviews and implement a structured review programme that would involve people and their relatives.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs. This meant staff could support people to express their needs and views where the person experienced difficulties.
- Documentation could be produced in accessible formats, such as pictorial and large print for people who required this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had some opportunities to engage in meaningful activities. We saw some people chose to participate in gardening activities and other people were supported to access the local community. However, there was a lack activities available to people who chose to spend their time in the communal lounges. The registered manager assured us this would be addressed.
- People and their relatives told us they enjoyed the activities within the home. One relative told us, "We went through a 'all about me' form. The activity lady said she would ask [Name of person] what activities she would be interested in, and she fed back that she had spoken to her. Initially [Name of person] just watched, but she participates now".
- People were supported to maintain contact with relatives during the Covid-19 pandemic, for example using electronic devices and phone calls.

Improving care quality in response to complaints or concerns

- Relatives knew how to make complaints; and felt confident that these would be listened to and acted upon in an open way.
- The service had not received any complaints however the provider had procedures in place to receive and respond to complaints.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- Prior to the inspection we received concerns in relation to the management of safeguarding incidents. We found no evidence during this inspection that people were at risk of harm from these concerns.
- Audits and checks undertaken by the provider had not identified issues we found during the inspection such as the medication storage issues. In addition, we found the analysis completed following an audit could be improved. For example, the provider has a high number of accidents involving falls, the analysis undertaken lacked any identifiable trends or triggers such as time of the day fall. A more detailed analysis will enable the provider to explore in more depth the possible cause and action taken to mitigate further occurrence.
- We found audits of care records could be improved to ensure safety checks were taking place. For example, two people were receiving pain relieving medication via a trans-dermal patch to be administered every 7 days, the care record system requires staff to record the site of application and reminds staff to remove the previous patch. There was no chart to record that daily checks were taking place to ensure that the patch was still in situ.
- We found reviews of care were not being undertaken with people, relatives or their legal representatives.
- The provider's policies and procedures were regularly reviewed to ensure they complied with current best practice and legislation.

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

- The provider issued an online satisfaction survey to give people the opportunity to express their views about the quality of the service provided.
- People's views were sought daily when receiving support.
- We found there were regular meetings for staff and their views were encouraged. Staff told us they felt valued and their views were respected. One staff member told us, "The team meetings are good it gives us an opportunity to voice our opinions and make suggestions."
- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as regular phone calls with the management.

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

- People and their relatives spoke positively about the care they received and of the way the service was run.

- One relative said, "I think the manager runs the home very well, she is available to speak to. We visit twice a week, and she makes herself available for us. She has approachability and presence in the home, you couldn't ask for anything more."
- Staff at all levels were committed to providing people with a high standard of care which was tailored to their needs and preferences.

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

- People were supported by staff who were trained and motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff training, skills and competence were regular monitored through observations of their practice and regular refresher training.
- Staff were aware how to raise a concern and told us they would do if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider promoted an ethos of openness and transparency which had been adopted by all staff.
- There were some examples of learning where things went wrong and open discussions with people and their relatives.

Working in partnership with others

- We found the provider was working in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure that people were supported appropriately.



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
Treatment of disease, disorder or injury	Regulation 12 (2) (g) HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management of medicines.