

Gedling Village Ltd

Gedling Village Court

Inspection report

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Gedling
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 5 January 2015. Gedling Village Court provides residential care for up to 13 older people in individual apartments. Six of these apartments are for people who are using an intermediate care service. This 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. A further seven apartments are for people who require long term care. On the day of our inspection five people were using the service. This service is adjoined to another service owned by the same provider.

The service had a registered manager 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.

People were not always receiving safe care and support due to a lack of staff allocated to work in the service.

Summary of findings

People were at risk in relation to falls due to a lack of adequate planning of this risk. Staff knew how to keep people safe from abuse and to raise any concerns if they suspected someone was at risk of harm or abuse. People received their medicines safely.

Although staff received training and supervision to provide them with the knowledge and skills to provide people with safe and appropriate care, this did not include ensuring staff knew how to respond to some health related conditions.

People were encouraged to eat well and supported to have their required nutritional intake and sufficient to drink enough. People were supported with their

healthcare needs. People were not always given the opportunity to have a choice about where they spent their day. Staff were kind and caring to people and had developed positive relationships with them.

People's care was not properly assessed or planned for to ensure staff had the information they needed to support people appropriately. There were systems in place for people or their relatives to raise any complaints or concerns.

People who used the service, relatives and staff did not have sufficient opportunity to express their views on how the service was run. The systems used to monitor the quality of the service did not identify how this service was operating 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 not always safe.

People did not always get the care and support they required because there were times when there were insufficient staff to meet their needs.

People were protected from the risk of abuse because staff knew how to recognise and respond to any allegations or incidents that occurred. However people were at risk in relation to not receiving the care and support they needed due to a lack of adequate planning.

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.

Requires Improvement



Is the service effective?

The service was not always effective.

People were supported by staff who received training about their role and responsibilities but staff did not know how to respond to some health conditions because they had not received training about this.

Staff supported people to make decisions they were able to and give their consent to their care and support.

People were supported to eat a healthy diet that provided them with the nutrition and hydration they needed. People were provided with the support they needed to promote their well-being and healthcare via referrals to healthcare professionals.

Requires Improvement



Is the service caring?

The service was not always caring.

People were not always given the opportunity to make choices about how they spent their day.

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

Good



Is the service responsive?

The service was not always responsive.

People's care and support was not clearly described in their care plans, so they may not receive this as they wished or needed.

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

Requires Improvement



Summary of findings

Is the service well-led?

The service was not always well led.

The service had not been developed to create their own identity because they relied on the systems and facilities from the adjoining service. The management arrangements did not provide the leadership needed to develop and improve the quality of the service provided.

The procedures followed to monitor the quality of the service were not effective as they did not identify issues that were specific for this service.

Requires Improvement



Gedling Village Court

Detailed findings

Background to this inspection

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

We inspected the service on 5 January 2015. This was an unannounced inspection. The inspection team consisted of two inspectors.

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 four people who lived at the service and two relatives. We spoke with four members of care staff, the care coordinator, the care plan coordinator and the registered manager. We observed the care and support that was provided in communal areas. We looked at the care records of four people who used the service, as well as other records relating to the running of the service including audits, staff training records and the compliments and complaints files.

Is the service safe?

Our findings

People did not always get the help and support when they needed it. A person who used the service told us, “I sometimes have to wait a long time for staff to help me. We were told someone is in the building every half an hour, but I don’t think that happens. “I waited until ten (o’clock) this morning to get up and have a shower.”

The staffing arrangements did not provide people with a consistent service. Staff told us the way staffing was organised concerned them. There was no duty rota for this service so we could not establish who worked there or how many staff had been on duty at any time. During the daytime staff were on a duty rota to work in the larger adjoining service, and then verbally allocated by a senior to work in this service. We saw a staff member who was meant to be working in this service was occupied supervising the lounge area in the adjoining service. The staff member said, “I need someone to take over from me so I can go back.” There was one staff member on duty each night although there was no record to show which staff member had been on duty at night. This meant there were not effective staffing arrangements to ensure there were enough staff to meet the needs of people living in the service.

Each person had a call bell in their apartment to call for assistance or alert staff if needed. People we spoke with had different experiences of using this. One person who said they had called for assistance during the night told us, “They come pretty quickly no problems there.” However another person said they, “Sometimes had to wait a long time.” We tested this and found that the call bell could not be heard in some parts of this service and so staff may not know to respond to someone who needed assistance. This had not been taken into account when planning staffing levels. The call bell system was connected to the adjoining service’s call bell system in case there were no staff present in this service and staff from there could answer the call. When we tested the call bell no staff from either service responded to the call.

The lack of planned staffing meant there were not always enough staff available to see to people’s needs, which led to care and support varying from people’s care plans. There were some people who used this service who had been assessed as needing two staff to support them. Staff said

this caused problems as there were not always two staff available and they had on occasions carried out the support alone. This posed a risk that these people would not have their needs met safely.

We found that the registered person did not have systems in place to ensure there were enough staff deployed in the service. This was in breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe and 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 raise concerns outside of the service by following the provider’s whistleblowing policy if they felt people were unsafe or any concerns had not been acted upon. 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.

People had plans in place giving staff guidance on how to minimise the risks people may face in their daily life. These were planned to promote people’s safety whilst maintaining their independence. However some people had moved into this service from the adjoining service. Their care plans had been brought with them, but these had not been reviewed and updated to take into account the new living arrangements and any additional risks that needed to be assessed. An assessment of a person’s needs identified the person had fallen previously and was at risk of falling in the future, so a risk assessment was needed. There was no falls prevention risk assessment for the person. The care plan coordinator said, “It has been a bit like the Forth Bridge keeping up with all the new residents.”

People were supported to take their medicines in the way they needed for them to be most effective. A person who used the service told us, “I am on a lot of medicines. I have to have food before I take them otherwise I can be terribly sick. Staff make sure I have had something to eat before they give me my medicines.”

Is the service safe?

There were suitable arrangements in place for the ordering and storage of medicines. However some people were prescribed creams which they needed to be regularly applied. The documentation to show this had been done was not completed correctly and so we could not be assured that people had the creams applied as they were meant to be.

We observed part of the morning and lunchtime medicines administration and saw people were given this in a

sensitive and caring manner. 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 systems to follow if anyone was assessed as being able to manage their own medicines, although no-one was currently doing this.

Is the service effective?

Our findings

People told us they had mixed experiences of the effectiveness of the service they received. A person who used the service told us, “Some staff know what to do with the hoist and others aren’t so sure.”

Staff received training to provide them with the skills and knowledge they needed for their role and responsibilities. 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. They then over the next few months completed an induction programme designed for people who work in social care.

Staff told us they had regular training which was provided through different methods, including watching DVDs, completing workbooks and by face to face teaching. Staff told us this equipped them for the majority of their duties, but they may not be able to respond correctly to some people’s health concerns as they had not received any training about these. One staff member said they, “Wouldn’t have a clue” on how to respond in a certain situation we asked them about. Some staff told us they were keen for further training and wanted to obtain professional qualifications in health and social care.

The registered manager said they were still developing the training programme as it had been a major piece of work when setting up a new service to ensure all the staff had received the training they needed.

The registered manager said there was a supervision structure which provided all staff with a supervision session where they could discuss their role, 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. Staff members told us they had supervision where they discussed their work performance and any concerns or problems.

People told us staff asked for their agreement to provide them with care and support. A person who used the service told us, “Staff usually ask and tell me what they are doing”.

Some people had signed their care plans to show these had been discussed with them and they were in agreement

with these. Other plans had not been signed or were signed by a relative. One person, who had not signed their care plan, had a change made to their care during the inspection and signed an agreement for this, which showed the person could be involved in determining how their care was provided and signing to show they were in agreement with this.

People who used the service had the capacity to make decisions for themselves. The registered manager told us there were not any people who had any restrictions in place for their liberty so they had not needed to make an application for a Deprivation of Liberty Safeguard (DoLS). DoLS protects the rights of people who lack capacity 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. The registered manager had the knowledge of how to respond to this if the need arose in the future.

Nor everyone enjoyed the food available and there were no snacks available for people as these were kept in the adjoining building. One person who said the food was not what they were used to told us, “Other people seem to like it.” Another person said, “The cook had tried everything to interest me in food.” Meals were prepared in the kitchen from the adjoining service and most people from this service joined people there for their meals. Meals could be taken across to this service by staff if people requested this.

Where needed, people had support from a dietician and the Speech and Language Therapy team, known as SALT, who provides advice on eating and swallowing difficulties. People were weighed each month so staff could adjust the amount of nutrition people had to stabilise this.

People received the help they needed with their healthcare. A person who used the service told us about healthcare problems they had and said they received the help they needed for these, which included visits from the district nurse and doctor. The person told us staff had called for an ambulance when they had been concerned about them.

Staff made appropriate referrals to healthcare services so people could receive the healthcare support they required. We saw a staff member contacting a doctor for advice

Is the service effective?

about one person's well-being and acted upon the advice they were given. The registered manager said they contacted community based healthcare services as needed to provide people with support for their health care.

Is the service caring?

Our findings

We received mixed comments about how well people were treated by staff. One person said, “The staff are very good I haven’t got any complaints about that.” Another person told us that at times staff could show signs of impatience if they were busy but they usually apologised if that happened. Another person told us they felt some staff responded to them more positively than others.

Each apartment had a kitchen area where anyone who wanted to prepare snacks, drinks or meals could do so as long as they were assessed as being safe to do so. People also told us staff supported them with their independence. However we found people were not always able to be independent as there was a lack of availability of things such as mugs and cups if people wanted a drink.

People’s preferences in relation to where they spent their time was not always sought. One person had made it clear they did not want to go to the adjoining service each day and wished to stay in their apartment, and this was respected. However staff saw taking people out of the service and into the adjoining service as a matter of routine rather than a choice. People did not know they had a choice in this and staff were not asking people if they wanted to go each day.

It was not stated in people’s care plans whether people had been given the choice of where they spent their day, whether this be in the service they lived in or the adjoining service. A member of staff who was responsible for writing the care plans coordinator agreed the care plans should clearly indicate the person should be asked if they wished to go to the adjoining service or remain in this one. The registered manager said they expected people to be asked each day if they wanted to go to the adjoining service rather than being taken there as a matter of course. However our observations showed this was not the case.

People were supported to be involved in making some choices about how they lived. For example one person told us they had been able to bring their own possession to make their room homely.

We saw people who used the service and staff interacted well together. There was a lot of laughter and joking taking place during our visit, and this was done in a respectful

manner. When a person thanked a member of staff for doing something the staff member usually responded with a comment such as, “You’re welcome.” Staff helped one person look after a pet they had brought with them.

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. During lunchtime we saw one person was not eating the meal they had chosen and a staff member changed this for a different dish, which they then ate well.

People were supported to attend religious services held in the adjoining service. Staff told us they recognised people’s diversity and understood how different things were important to different people.

Staff said they got to know people through talking with them and reading information in their care records about their life histories. Staff said it was important to get to know people in order to care for them effectively.

The registered manager said they provided people with, “Enabling care and encourage each person to reach their potential.” The registered manager gave an example where this had been successful as a person who had moved to the service for long term care was due to return home shortly as they had rebuilt their living skills and were now in the position to live independently again.

People told us staff treated them with dignity and respect. A person told us, “Staff are always pleasant and treat me with dignity and respect.” Each person had their own apartment which included a bathroom so this provided with them space and privacy. This enabled people to receive any personal care and support in private. The registered manager said staff were provided with guidance about treating people with respect and promoting their privacy and dignity when they started to work there.

The manager told us that there was no-one currently using an advocate. We saw there was information on display in adjoining service where people spent their day, informing people how to access an advocate. Advocates are trained professionals who support, enable and empower people to speak up.

Is the service responsive?

Our findings

People felt there was not enough for them to do. One person said, “I have seen some people playing dominoes but that’s about it.”

The registered manager told us they had recently identified a room that would be used as a communal lounge, however this had not yet been equipped for this to be used. This meant there was no communal area where people could socialise or watch television unless they provided a television in their apartment. One person told us, “I don’t have a TV in my room.” As a result people needed to use the adjoining service if they wanted to socialise with other people as they could not do so at this service if they wished to. A staff member said, “Most people just sleep here.”

Any activities were provided in the adjoining service. The registered manager said there needed to be a focus to provide activities for people in this service rather than relying on joining in with the activities at the adjoining service.

Staff described how they sat with people and went through their care plan with them. A relative told us they had discussed their relation’s care when they first arrived.

People’s needs and how these should be met were not clearly laid out in a plan for their care. The member of staff responsible for writing the care plans told us they were auditing the care plans for the first time and these needed some work to make them right. However, staff we spoke with were able to tell us about the needs of the people we asked about.

People told us they had not had any complaints but felt they would be able to raise any concerns they had. A relative told us, “I wouldn’t have any problem raising any issues and the manager is approachable.”

The complaints procedure was displayed explaining to people how they could make a complaint if they wished to. The registered manager said there had not been anyone who had made a complaint and they were not aware of anyone who used the service who had been unhappy with the care and support they had received.

Is the service well-led?

Our findings

The registered manager was responsible for this and the adjoining service. They told us they tended to treat them as one service. This meant they did not recognise or identify issues that arose for people who used this service. There was not a designated staff team who would develop the service in line with people's views.

The service was opened after the adjoining service and did not have an identity or systems of its own. Everything was done through the adjoining service and there was no one taking the lead on developing this service. As a result this service was not staffed or equipped to operate independently from the other service and facilities we expect to be provided had not been in this service. There were monthly residents' meetings held jointly with the adjoining service and the minutes of these meetings did not show any issues had been discussed about this service. This meant people living in the service were not given the opportunity to be involved in developing the service.

The registered manager said they had a quality audit system and we saw audits that had been completed. These were completed jointly with the adjoining service, so did not identify any issues that may be specific to this service. We found concerns about the staffing of this service, the medicines, the care planning and a lack of equipment. None of this had been identified through the audits which were taking place.

We saw people's apartments were sparsely furnished, unless they had brought in additional pieces of furniture. There were two office areas within this service, but neither were being used. Furniture had been purchased recently, but this had not been unpacked.

We found that the registered person did not have systems in place to assess, monitor and improve the service. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was aware of the responsibilities of a registered person and had sent us a notification 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 notifications sent to us.

People told us they knew who the manager was and felt they were approachable. We observed the manager speaking with people on the day of our visit and people looked comfortable approaching her.

There was information displayed by the front door to keep people informed about what was happening in the adjoining service and things they needed to be aware of. This included information about entertainers, church services, optician visits and advocacy services.

We saw some positive comments made by people who used the service or their relatives in a comments book. The registered manager said they received a lot of positive feedback. There had not been a survey carried out of the views and experiences of people who used the service, but the registered manager said this was something they planned to do in the near future.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were not effective systems in place to assess and monitor the quality of the service provided. Regulation 17 (1)(2)(a)(b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were not sufficient numbers of suitably qualified and skilled staff deployed in the service. Regulation 18 (1).