

Care Village Care Limited

Care Village Care

Inspection report

46 Easthorpe Street
Ruddington
Nottingham
Nottinghamshire
NG11 6LA

Tel: 07511327407






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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Care Village Care is an Extra Care Housing service that provides personal care to people in their own apartments in one building. At the time of the inspection eight people were receiving this care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were not always protected from the risks associated with medicines. People's medicine records were not always correctly completed. This placed people's safety at risk. Risk assessments did not always reflect people's current needs.

The provider's auditing processes had failed to identify these issues. Some people and relatives were not aware who the manager of this service was; some also felt their concerns were not always acted on.

We have made a recommendation to the provider about this.

People were protected from the risk of abuse and/or neglect. There were sufficient numbers of trained and suitably qualified staff to provide safe care for people. People were protected from the risk of the spread of infection and the provider had robust COVID-19 policies and procedures in place. Accidents and incidents were investigated appropriately.

People received care that protected them from discrimination. Staff were well trained and received supervision of their role and assessment of their competency. People were supported to maintain a healthy lifestyle and balanced diet. Staff had limited involvement with other health and social care professionals when care was provided. Care records did not always contain reference to what would happen if a person needed to see a medical professional. We did observe the deputy manager supporting a person with attending a GP appointment.

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 felt staff were kind and caring and they were treated with dignity and respect. People's right to privacy was respected and independence was encouraged. People were encouraged to discuss their care needs and to request changes to their care package where needed.

People received care that was personalised to their needs, choices and preferences. The provider had systems in place that enabled them to provide documentation in alternative formats; making information

accessible for all. Some people and relatives were concerned they or their family members were at risk of people becoming lonely and socially isolated. The registered manager had started to act to address this. The provider had a process in place to respond to formal complaints in accordance with their complaints policy. End of Life Care was not currently provided; however, staff had received training in this area.

Staff felt able to approach the registered manager with any concerns. The registered manager was knowledgeable about the regulatory requirements of their role and they felt were supported by the senior management.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 14 September 2020 and this is the first inspection.

We have found evidence that the provider needs to make improvements. Please see the 'Safe' section of this full report.

You can see what action we have asked the provider to take at the end of this full 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.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Care Village Care

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.

Inspection team

The inspection was carried out by three inspectors.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

This inspection was unannounced. Inspection activity started on 9 November and ended on 17 November. We visited the office location on 9 and 10 November 2021.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service. We spoke with care staff, the deputy manager, the registered manager and the regional manager.

We reviewed a range of records. This included five people's care records, medication administration records and the daily notes recorded by care staff. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures and training records.

After the inspection

We contacted three relatives via telephone about their experience of the care provided for their family members. We asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

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

- People were not always protected from the risks associated with medicines.
- People had medicine administration records (MAR) in place. These records were used to record the type, dosage, time and frequency of each medicine required by each person. We found several irregularities with these records which could place people at risk of not receiving their medicines safely.
- For example, a person required a patch to be applied to their body which gradually released medicine to reduce pain. The patch should have been given every three days. Records showed the patch had been given every four days. This error had not been identified by the staff administering the medicine. This could have increased the risk of the person experiencing avoidable pain.
- Staff had also not recorded where on the body they had placed the patch. This is important to ensure that the medicine was absorbed throughout all parts of the body. This could impact the effectiveness of this type of medicine.
- We found information regarding the required dose of another medicine to be lacking. Some MAR stated one tablet had been given, another stated one and a half. With no required dosage recorded, this meant the person could receive an inconsistent amount of this medicine. This could impact the medicine's effectiveness and place the person at risk of harm.
- We also found the guidance for the amount of paracetamol a person should have in one day was not recorded. The maximum dosage for this type of medicine is two tablets up to four times a day. For this person we found they have been given this medicine five times a day on several occasions. The number of tablets given had not been recorded. This meant we could not be assured that the person had not exceeded the recommended maximum dosage.
- Protocols for the administration of 'as needed' medicines were not always in place. These protocols are important as they guide staff when these medicines should be administered and when alternative methods should be used. Although records did not indicate that a person had been over-medicated; the failure to have robust protocols in place could result in inconsistent medicine administration.

Although we found no evidence that people had been harmed, the inconsistencies with some people's records meant we were not assured that people always received their medicines in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- After the inspection we were informed a review of all 'as needed' medicine protocols had been completed, and examples of revised and updated documentation was sent. Action was also being taken to address the other issues raised by carrying out competency assessments and a review of medication audits. This will

help to reduce the potential on-going risk to people.

- People and relatives we spoke with did not raise any concerns about the way their or their family members medicines were managed.

Assessing risk, safety monitoring and management

- The risks to people's health and safety were not always appropriately assessed, monitored and reviewed.
- The majority of people and relatives we spoke with told us staff understood how to provide safe care.
- However, we found gaps in some people's care records and risk assessments. For example, one person had a catheter bag and the care plan stated how staff should empty the bag. However, there was no corresponding risk assessment on how to minimise the risks of cross infection or advising staff what personal protective equipment (PPE) to wear.
- We also found care plans and risk assessments that had been completed over a year ago with no evidence of a review date and other risk assessments that did not have the date of completion recorded.

We recommend the provider reviews all care records and risk assessments. This is to ensure they are accurate, contain sufficient information to guide staff how to provide safe care and they are regularly reviewed to ensure they meet people's current needs.

- During the inspection the registered manager confirmed they and their deputy manager would carry out this review.
- Environmental risk assessments had been completed for each person's apartment. Where hazards had been identified, action was taken to reduce the risk.

Learning lessons when things go wrong

- The provider ensured lessons were learned when accidents and incidents occurred.
- Accidents and incidents were recorded appropriately. There was some evidence of a review by the registered and/or deputy manager. However, it was not always clear what actions had been taken to reduce the risk of recurrence or whether the actions taken had been effective.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of avoidable harm and abuse.
- People and their relatives told us they or their family members felt safe when staff provided care. One person said, "I feel safe and I like living here."
- People were provided with details of who they could contact if they felt unsafe or staff had treated them in a way that placed their safety at risk. This included an on-call emergency number if they felt unsafe at night.
- Allegations of abuse were investigated, and, where required, reported to the relevant agencies such as the Local Authority Multi Agency Safeguarding Hub and the CQC.
- The registered manager recorded and ensured all safeguarding incidents were recorded and where required discussed with senior management. They took action to prevent recurrence to keep people safe.

Staffing and recruitment

- There were enough suitably qualified and experienced staff in place to keep people safe.
- People and their relatives told us staff were available to them or their family member when needed.
- Recruitment was on-going. Appropriate checks were carried out prior to new staff commencing their role. These checks reduced the risk of people receiving care from inappropriate staff.
- The registered manager acknowledged that some people would like to see staff more often but had explained to people that the availability of staff differed to the service offered in a residential care home, where staff were more freely available. The registered manager told us they would write to people and their

relatives to explain this.

Preventing and controlling infection

- There were safe and effective measures in place to reduce the risk of the spread of infection and Covid-19.
- We were assured that the provider was preventing visitors to their office 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff working at the service.
- 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 facilitating visits for people in communal areas in accordance with the current guidance.

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.

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

- People's physical, mental health and social needs were assessed prior to them starting with the service.
- There were examples of best practice guidance in people's care plans to inform staff on how to support people with specific health needs. This included guidance for staff when caring for a person with diabetes. We noted these records were dated 2019 (when registered as a different service) and had not been reviewed to ensure they were still appropriate. However, the guidance for other elements of care ensured people received the most up to date care and support.
- People's protected characteristics were considered when care was provided. This reduced the risk of people experiencing discrimination.

Staff support: induction, training, skills and experience

- Staff had the required training, skills and experience to provide people with effective care.
- Most people told us they felt staff were well-trained and understood how to care for them or their family member in an effective way.
- Staff felt well-trained and supported to carry out their role effectively. The training matrix showed training had been completed in a wide range of areas required for their role. There were a small number of gaps which the registered manager assured us had been addressed and courses booked.
- Staff received five supervisions of their practice per year. They also received an annual appraisal which, at the time of the inspection, were due to be completed. This ensured any concerns with staff practice were addressed via further training, competency reviews and if required, disciplinary action.

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

- People were supported to maintain a balanced diet.
- People and relatives told us, where needed staff supported them with making meals in their apartments. People's preferred food choices were recorded within their care records.
- Some people and relatives told us they or their family member did not like the lunchtime meals provided. We informed them that the responsibility for providing these meals was not that of the care staff, but via a separate contract with the landlord/owner of the building. There was some confusion about this point. We have asked the registered manager to provide clarification to people and their relatives.

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

- Due to the type of service provided there was limited examples of staff working with other agencies to provide care.

- The care records we looked at did not contain guidance on what would happen if a person needed to see a GP or attend a health appointment. However, we did note on the day of the inspection the deputy manager assisted a person with attending a GP appointment. We raised this with the deputy manager who told us they would ensure that records accurately reflected the support offered by staff to arrange and attend appointments.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager had a good understanding of the Mental Capacity Act 2005 and the requirements to ensure the appropriate person/people made decisions relating to people's care.
- There were also examples where people had provided their written or verbal consent to care being provided.
- The registered manager was aware of the processes to follow should an application be made to the Court of Protection to restrict people's liberty within their own home.

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 and relatives told us they or their family members were well treated and had a good relationship with the care staff.
- One relative told us they felt the quality of the care provided by the staff have improved significantly in the past six months and they felt reassured that their family member was well treated and received caring and respectful care.
- People were supported to lead their lives in their chosen way. The protected characteristics of the Equality Act 2010, such as age, sexual orientation and gender, were considered when care was planned with people.

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

- People were encouraged to play an active role in the decisions relating to their care and support needs.
- People told us they were aware they had a care plan; however, they could not recall whether they had taken part in a formal review of their care. At the time of the inspection the service had been registered with the CQC for 13 months. Records showed people had been regularly consulted about their care. We were informed formal reviews of their care will take place soon.
- People were provided with information about how they could access an advocate if they wished for an independent person to speak on their behalf when decisions were made about their care. This ensured that people could be confident that decisions made, always took their rights and views into account.

Respecting and promoting people's privacy, dignity and independence

- People were provided with dignified care, their privacy was respected, and they were encouraged to do as much for themselves as possible.
- Relatives and people spoken with told us they felt the care provided was always dignified and they and their family members were treated with respect. Changes had been made to people's care packages at short-notice to enable people to have flexibility over how their care was provided.
- People's care records contained detailed guidance for staff on people's individual abilities to perform certain tasks such as showering and getting dressed. This helped to promote people's independence.

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

- People received care that was personalised to them. People had been involved with and agreed to the content of their care plans.
- People's preferences and choices about their care provision were used to provide them with person-centred care. This included having calls at the time they wanted, individualised support with their personal care and whether people required support with the management and administration of their medicines.
- Care staff told us there was sufficient information within the care records that enabled them to provide personalised care and support at each call. Records we viewed supported this.
- People's diverse needs and cultural beliefs had been discussed with them prior to the commencement of their care package. The registered manager told us if people had a specific religious or cultural belief that could affect the way they wanted care to be provided, then this would be updated on the care records. This would help to reduce the risk of people being discriminated against.

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, policies and procedures were available in an accessible format, this included larger fonts for people who were visually impaired where required.

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 and relatives told us they or their family members had experienced periods of loneliness and isolation due to the impact of the COVID-19 pandemic.
- One person said, "I wish staff had more time to socialise with me." However, another person praised the staff who told us they had helped them to do their shopping online when they were isolating due to COVID-19.
- The registered manager was aware of the concern about loneliness. They told us there was a 'Lunch Club' which people could attend to meet others and to socialise. They told us they were also planning to arrange other events to enable people to meet others. This, they hoped, would encourage people to socialise and to reduce the risk of becoming lonely and isolated.

Improving care quality in response to complaints or concerns

- The provider had ensured that people were provided with a complaints policy that informed them how to make a complaint and what action would be dealt with.
- Some people and relatives told us they felt not all complaints were acted on in the way they wanted. These complaints largely related to the standard of the food provided. Although the provision of food is not an area we inspect for this type of service, we were concerned that people felt little or no action had been taken to resolve this matter. (We have reported on this further in the Well-Led section of this report).
- Records showed no formal written complaints had been received; however, processes were in place to ensure they responded to in accordance with the provider's complaints policy.

End of life care and support

- End of life care was not currently provided; however, staff had received training in this area. The registered manager told us end of life care was not something that would be provided by this service.

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

- The provider had auditing processes in place to assess the on-going risks to people's safety.
- However, the audits for the assessment of the risks related to medicines and ensuring care plans and risk assessments were always reflective of people's current needs were not effective. They had failed to identify the areas of improvement we have referred to in the 'Safe' section of this report. This could place people at risk of harm.

Although we have concluded that no people have experienced harm as a result of this, we recommend the provider reviews their auditing processes to ensure they are regularly and robustly completed. This will assist in identifying any current or emerging risks to people's safety.

- The registered manager provided regular updates to senior managers on any concerns relating to people's care. This included any safeguarding concerns or accidents and incidents. Where needed, guidance and recommendations were provided, and action taken to address these risks.
- The registered manager met with other registered managers from within the provider's group of services. Current trends and themes were discussed with the aim to reduce the potential impact of these on people's safety at their respective services.

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

- When we spoke with people and their relatives there appeared to be some confusion as to who was managing this service. Some people referred to a previous registered manager, others referred to the deputy manager. Few were aware who the current registered manager was.
- Some people and relatives felt their concerns were listened to; however, they rarely received feedback or a follow-up to their concern. One person told us that whilst their complaint had been listened to, they did not have confidence that it would be acted on. They stated; "There always seem to be a different manager."
- There was also some confusion as to what type of service was being provided. Many of the people and relatives we spoke with referred to the service as a residential home and did not understand what type of care an 'extra care housing' service provided.
- We have asked the registered manager to write to people using the service and where appropriate their relatives, to inform them of the type of service provided compared to a residential home. They will also explain the current management structure and how they can be contacted. This will help to reassure people.

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 had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that their concerns were acted on.

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

- Staff told us they enjoyed working at this service and felt valued.
- The registered manager told us they currently managed two registered services and split their time between the two. They were training the deputy manager who would eventually take over as the registered manager for this service. The registered manager assured us the deputy manager was receiving the appropriate training for the role; however, they acknowledged there was still work to be done to ensure the transition was smooth and did not affect care provision.
- The deputy manager told us they enjoyed their role and were keen to develop their role further with the aim of becoming the registered manager. The registered manager told us they felt able to manage this and their second service effectively. They also felt supported by senior management to carry out their role.
- The registered and deputy managers both had a good understand of the regulatory requirements of the role and ensured the CQC were notified of any relevant incidents.
- Staff were informed how to remain safe during the COVID-19 pandemic and a safe working environment was provided for staff to return to after a period of absence.
- Staff were provided with regular updates that they would need to incorporate into their role. Additionally, during supervisions, staff performance and awareness of key issues were discussed and reviewed. This helped to identify areas for improvement amongst staff before they impacted the care people received.
- Team meetings were held with staff. The registered manager welcomed the opportunity to gain feedback from staff and to act on any concerns they may have.

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

- Although we have raised some concerns within this report, people and relatives praised the care provided.
- One person said, "I liked being asked how I felt a new staff member had done when they first visited me, that was very important to me." Another person told us when they raised a concern about their call times, and this had been amended. This gave the person more time on calls and this had a positive impact on them.
- The registered manager told us they welcomed feedback from people and regular checks to see if people were satisfied with their care were carried out. A formal survey was due to be conducted which will ask people's and relative's views on the quality of the care and overall service provided. Where any actions will be needed, an action plan will be put in place to address those points. This will help to reassure people that their views matter.

Working in partnership with others

- Due to the type of service provided the provider had limited input from external agencies and professionals.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There were inconsistencies with some people's medicine records which meant we were not assured that people always received their medicines in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>