

The Village Care Home (South Hylton) Limited

The Village Care Home

Inspection report

Hylton Bank
South Hylton
Sunderland
Tyne and Wear
SR4 0LL

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08 December 2016
13 December 2016

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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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 8 December 2016 and was unannounced. A second day of inspection took place on 13 December 2016 and was announced.

The Village Care Home is a residential home which provides personal care for up to 40 people. There were 26 people living there at the time of our inspection, some of whom were living with dementia.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

We last inspected the home on 29 March 2016 and found the provider had breached Regulations 17 (good governance) and 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection we issued a warning notice to the provider in relation to the breach of regulation 17. We asked the provider to submit an action plan setting out how they would become compliant with the breaches identified at the previous inspection.

At the last inspection we found that due to a lack of management oversight staff had not received regular one to one supervision with their line manager and some essential training was overdue for all staff. The registered provider did not have an appraisal system to support the development and performance of each staff member. Care plan audits were overdue and medicines audits were infrequent and ineffective in ensuring the safe management of medicines. Feedback from consultation with people and family members was not collated and analysed to ensure negative feedback was investigated. Opportunities for people or family members to give their views had lapsed. Actions identified following external quality audits had not been fully implemented to help keep people safe.

During this inspection we found the provider had made improvements in most of these areas. However, we found the provider had breached Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 person centred care. This was because the provider failed to act on our recommendation following the last inspection to consider current guidance on caring for people living with dementia and update their practice accordingly. We have made a recommendation about quality monitoring.

You can see what action we told the provider to take at the back of the full version of the report.

Cleaning schedules were not in place which meant we could not be sure the cleaning regime adequately protected people, visitors and staff from the risk of infection.

Menus were available in picture format but did not reflect the choices available during the days of our inspection. Fluid charts lacked detail and guidance for staff.

Appraisals had not been carried out since the last inspection in March 2016 but were planned for January 2017.

Medicine administration records (MARs) had been completed accurately, which meant people received their prescribed medicines when they needed them. Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Records relating to controlled drugs had been completed accurately.

Staff understood their safeguarding responsibilities and told us they would have no hesitation in reporting any concerns about the safety or care of people who lived there. Staff said they felt confident the registered manager would deal with safeguarding concerns appropriately. Staff also understood the provider's whistle blowing procedure.

A thorough recruitment and selection process was in place which ensured staff had the right skills and experience to support people who used the service. Identity and background checks had been completed which included references from previous employers and a Disclosure and Barring Service (DBS) check.

Risks to people's health and safety were recorded in care files. These included risk assessments about people's individual care needs such as using specialist equipment, pressure damage and nutrition. Regular planned and preventative maintenance checks and repairs were carried out and other required inspections and services such as gas safety were up to date.

People and relatives told us there was enough staff to attend to people's needs. People's needs were met in a timely manner.

The recording and analysis of accidents and incidents had improved since the last inspection. More detail was recorded and action following an accident or incident was evident.

Staff training in key areas had improved significantly. For example, staff had completed training in safeguarding vulnerable adults, moving and assisting, fire safety, first aid, end of life care and falls prevention. Staff told us training had improved and they felt supported by the management team. Staff told us the registered manager was approachable and they could speak to them at any time.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been authorised for relevant people.

People spoke positively about the care they received. One person said, "Staff are kind and caring." Another person told us, "It's great here. The staff are fantastic and always make sure I've got everything I need."

A relative said, "[Family member] receives good care and the staff try to keep them independent. I'm informed straight away if there are any issues." Another relative told us, "[Family member] is very happy here. They are treated with dignity and respect." Relatives said there was a homely atmosphere and they were always made to feel welcome when they visited.

Care records contained detailed information and guidance about how to support people based on their individual health needs and preferences. Care records were reviewed and updated regularly or when people's needs changed.

People we spoke with said they had no complaints about the home. People told us if they had any concerns they would speak to staff immediately. No formal complaints had been received.

Staff meetings were held regularly and staff told us they had enough opportunities to provide feedback about the service.

Feedback from people and relatives about the service had been sought and acted upon since the last inspection.

People, relatives and staff told us they felt the service was well-run by the registered manager. One person told us, "I can speak to the manager at any time." Another person said, "There's a great atmosphere here."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Cleaning schedules were not in place which meant we could not be sure the cleaning regime adequately protected people, visitors and staff from the risk of infection.

People felt safe and there were systems in place to safeguard them from harm.

Accidents and incidents were recorded and investigated appropriately.

Is the service effective?

Requires Improvement ●

The service was not always effective.

There were few design features in the home to support people who were living with dementia.

Staff had sufficient knowledge and skills to meet people's needs.

The registered provider was following the requirements of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

People gave us positive feedback about their care and told us staff were kind and caring.

There were positive relationships between people and staff. People were comfortable in the presence of staff and enjoyed a laugh and a joke with them.

Relatives spoke positively about staff and said they were made to feel welcome when they visited.

Is the service responsive?

Good ●

The service was responsive.

Staff responded to and acted on changes in people's needs promptly.

Care plans were individualised, up to date and reflected people's current needs.

People we spoke with said they had no complaints about the service but if they did they would speak to staff immediately.

Is the service well-led?

The service was not always well-led.

The provider had failed to act on a recommendation we made about people living with dementia at the last inspection.

Feedback from people and relatives about the service had been sought and acted upon.

Staff told us they had enough opportunities to provide feedback about the service.

Requires Improvement 

The Village Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 8 December 2016 and was unannounced. A second day of inspection took place on 13 December 2016 and was announced. The inspection team consisted of one adult social care inspector and an expert by experience on the first day, and one adult social care inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

Before the inspection we also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with seven people living at the service and two relatives. We also spoke with the registered manager, two senior care workers, four care staff and the activities co-ordinator.

We reviewed four people's care records and records for two members of staff. We also reviewed supervision and training information and records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

During our inspection we looked at procedures for infection control. There was no alcohol hand gel in the dispenser in the main entrance and no hand wash in one of the communal toilets. When we asked the registered manager for the cleaning schedules they told us they didn't have these. This meant we could not be sure the cleaning regime adequately protected people, visitors and staff from the risk of infection.

Medicines were stored securely in locked trolleys in two locked rooms. The temperature of the room on the ground floor where medicines were stored and the clinical fridge were checked daily and were within recommended limits. However, the temperature of the room where medicines were stored on the first floor was not checked regularly. This meant we could not be sure medicines were stored within the recommended limits for safe storage.

Dates of opening and expiry were recorded on medicines in the medicines trolley which meant medicines could be disposed of when they were no longer considered effective.

Medicines that are liable to misuse, called controlled drugs were stored appropriately. Controlled drugs were kept in a locked metal safe which was fixed to the wall. This meant controlled drugs were stored safely in line with current guidance. Records relating to controlled drugs had been completed accurately.

Medicine administration records (MARs) contained up to date photographs of people. This reduced the risk of mistaken identity when administering medicines. We viewed 12 MARs and found they had been completed accurately. This meant people received their prescribed medicines when they needed them.

People we spoke with told us they felt safe living at the home. One person said, "Staff are always on hand and they know how to keep me safe." Another person told us, "I'm very safe here." Relatives we spoke with said their family members were safe.

Safeguarding referrals had been made and investigated appropriately. A log of all concerns was kept up to date and staff had access to relevant procedures and guidance. Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults and this was updated regularly. Staff understood their safeguarding responsibilities and told us they would have no hesitation in reporting any concerns about the safety or care of people who lived there. Staff said they felt confident the registered manager would deal with safeguarding concerns appropriately. Staff also understood the provider's whistle blowing procedure.

The service employed approximately 35 staff. There were enough staff to meet people's needs. The registered manager, one senior carer, five care assistants and one activities co-ordinator were on duty during the days of our inspection. Staff rotas we viewed showed these were the typical staffing levels for the service. The service also employed a chef, two domestics, a laundry assistant, an administrative assistant and a maintenance person. Night staffing levels were one senior and two care assistants. People and relatives told us there were enough staff to attend to people's needs. Call bells were responded to promptly.

We looked at recruitment records for two staff members who had started to work there since the last inspection. The recruitment practices for new staff members were robust and included an application form and interview, references from previous employers, identification checks and checks with the disclosure and barring service (DBS) before they started to work at the home. DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people. This meant there were adequate checks in place to ensure staff were suitable to work with vulnerable people.

The recording and analysis of falls had improved since the last inspection. Accidents and incidents were recorded and dealt with appropriately. Action following an accident or incident was evident, for example increased observations for people who chose to stay in their rooms who had a history of falls and referrals to the falls team where appropriate.

Risks to each person's health and safety were assessed, managed and reviewed. These included risks associated with medicines, nutrition, mobility and skin care. Appropriate action was taken to reduce the risk of harm to people.

Each person had a personal emergency evacuation plan (PEEP) which noted the fire alarm zone of the person's room. They also contained details about their individual needs should they need to be evacuated from the building in an emergency and. They contained clear step by step guidance for staff about how to communicate and support people in the event of an emergency evacuation.

The provider had policies in place in the event of emergency situations such as loss of power. During our inspection there was a loss of electricity supply. Staff acted promptly to ensure people were kept safe by increasing observations for people due to the call bell system not working. Kitchen staff boiled pans of water on the gas stove to make sure everyone had a hot drink until the electricity came back on 45 minutes later.

Regular planned and preventative maintenance checks and repairs were carried out. These included daily, weekly, quarterly, and annual checks on the premises and equipment, such as fire safety, food safety and hoists. Other required inspections and services included gas safety and legionella testing. The records of these checks were up to date.

Is the service effective?

Our findings

At the last inspection in March 2016 we recommended the service considered current guidance on caring for people living with dementia and took action to update their practice accordingly. During this inspection we found this had not been completed.

The registered manager told us 17 people at the home lived with a form of dementia. There were few design features in the home to support people who were living with dementia. For example, some doors had large picture signs to help people recognise these rooms, but bedrooms all had the same colour door so were difficult for people to distinguish. Memory boxes which could be filled with familiar and personal items or other visual aids to help people find their rooms were not in place. There were no themed areas to help people find their way around. There were very few objects of sensory or tactile interest for people as they walked around. A dementia friendly environment supports people to make sense of their environment and can foster feelings of security and wellbeing. Failure to follow current guidance meant people's specific needs were not being met.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staff training, supervisions and appraisals. Since the last inspection staff training had improved significantly and staff had completed training relevant to their job role in a number of key areas. For example, 25 staff had completed safeguarding adults training, 21 staff had completed moving and assisting training and 28 staff were completing ongoing infection control assessments. Other training completed since the last inspection included fire safety, health and safety, first aid, food hygiene, end of life care and falls prevention. Some staff members had not completed updated training in key areas due to absence but the registered manager was arranging for this to be completed upon their return.

Staff had yet to receive updated training on the Mental Capacity Act and dementia but this was arranged for early 2017.

People we spoke with told us staff were well trained. Relatives we spoke with said they felt staff were trained to meet their family member's needs.

Staff told us training had improved since the last inspection and they felt supported. One staff member said, "The training is good here now." Another staff member told us, "Training and supervisions have improved since the last inspection. We've done lots of training and have more booked for next year. [Registered manager] is great. You can go to her with anything and [provider] is in a few times a week too."

Appraisals had not been carried out since the last inspection, but these were planned for January 2017. The registered manager told us, "I wanted staff to have several supervisions first." Following the last inspection

the provider wrote to us to say staff appraisals would be completed by March 2017. We will follow this up at a later date outside of the inspection process.

Since the last inspection opportunities for staff to have regular one to one supervisions with their line manager had improved. Supervisions are important to ensure staff have structured opportunities to discuss training needs and future development and promote best practice. Records confirmed staff had received three supervisions since the last inspection, although this was not in line with the provider's supervision policy which said the frequency should be every six weeks. Supervision records contained a good level of detail regarding the topics discussed and any resulting actions.

We observed lunch time in the dining room. There were enough staff to support people to eat. Tables were nicely set with tablecloths, cutlery and condiments. Lunch was a choice of liver or corned beef pie with vegetables followed by a hot pudding with custard. Other options were available if people preferred sandwiches or something else. Hot and cold drinks were readily available depending on people's preferences. Meals looked appetising and nutritious and people spoke positively about the quality and choice of meals.

Menus were available in picture format but did not reflect the choices available during the days of our inspection. When we asked the registered manager about this they said the winter menu was now in place so the pictures needed updating. They said they would rectify this immediately.

If people were identified as at risk of poor nutrition or dehydration staff monitored and recorded their daily food and fluid intake. Food charts we reviewed had been completed accurately. However fluid charts lacked detail in relation to people's daily target for fluid intake and people's total daily fluid intake was not recorded. Guidance for staff on action to be taken if the total was not reached was not recorded. This meant we could not be sure that people were being supported appropriately to maintain an appropriate level of hydration.

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. 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. The application procedures for this in care homes and hospitals are 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 were being met. We saw 15 DoLS applications had been authorised by the relevant local authority. DoLS applications contained details of people's individual needs and how decisions made about DoLS were in people's best interests.

Care plans evidenced that where appropriate people had been supported to access external healthcare such as dieticians, district nurses, tissue viability nurses and GPs.

Is the service caring?

Our findings

People spoke positively about the care they received. One person said, "Staff are kind and caring." A second person told us, "The care here is excellent. I'm well looked after." A third person said, "Staff listen and are very kind. I don't know what I'd do without them." A fourth person told us, "It's great here. I've been in several homes and I honestly wouldn't live anywhere else now. The staff are fantastic and always make sure I've got everything I need."

Relatives also spoke positively about the care provided. A relative commented, "[Family member] receives good care and the staff try to keep them independent. I'm informed straight away if there are any issues." Another relative said, "[Family member] is very happy here. They are treated with dignity and respect." Relatives said there was a homely atmosphere and they were always made to feel welcome when they visited.

Staff spoke to people kindly and compassionately. We heard one staff member say to a person, "Come on take my arm and I'll show you where we go for dinner." Staff respected people's preferences and gave them choices how to spend their time.

Some people who used the service were unable to tell us about the care they received, but throughout our visit staff addressed people in a respectful and considerate manner and communicated with people as individuals. For example, by giving people time to respond to questions and keeping sentences short. There were good interactions between staff and people who used the service, particularly those living with dementia. For example, we saw one staff member comforting and reassuring a person who was anxious by holding their hand and speaking to them softly.

We saw positive relationships between people and staff. People's facial expressions and body language meant they were comfortable in the presence of staff and enjoyed a laugh and a joke with them. One person said, "I can have a bit of fun with staff. There's nothing to improve here."

Staff we spoke with said they enjoyed their job. One staff member told us, "I love working here, it's great. Staff know people well and we get on with their families well too."

The service had received several written compliments from relatives since the last inspection. Comments included, 'The staff are amazing. They're kind, caring and show empathy,' 'We can't thank you all enough for the care you have given [family member] in the past 18 months. It means so much to us,' 'We would like to thank you all for the excellent care and kindness shown to [family member] during her stay here,' 'You have all been very kind and caring' and 'Thank you for your care and compassion over the years [family member] was with you.'

Each person who used the service was given a residents' guide (an information booklet that people received on admission) which contained information about the service. This included the service's statement of purpose and how to make a complaint.

Information about advocacy support from external agencies was available. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. One person who used the service had an advocate.

Is the service responsive?

Our findings

Care records showed people's needs were assessed before the service was provided. The registered manager told us, "It's important that we know we can meet a person's needs first."

Each person who used the service had an individual support plan which they and/or their relatives had contributed to. Relatives told us they were happy with their involvement in care planning. Staff knew people well and how people communicated. This detail was also included in care plans. Relatives told us they felt involved in their family member's care planning.

Support plans were detailed and personalised. Plans contained clear information about the person's level of independence as well as details of areas where support from staff was required. Support plans detailed people's needs and preferences across a range of areas such as diet, general health, pain management and communication. Care records also contained risk assessments which were detailed and specific to the person. This meant staff had access to information about how to support people in the right way.

Records showed care plans were reviewed and updated regularly or when people's needs changed. Staff we spoke with told us they were given time to read and contribute to people's support plans and staff demonstrated a good knowledge of people's preferences and support needs.

Staff responded to and acted on changes in people's needs promptly. For example, staff contacted a person's GP when they noticed their mood was low and offered the person cooked meals at night as their appetite was better at night. Staff told us how they asked a person if they wanted to move rooms due to problems with the internet as the person enjoyed using their tablet to access the internet.

People told us there were plenty of activities going on at the home, but some people felt they would like to go out more. The service employed a part time activities co-ordinator who had recently returned to work after absence. They spoke positively about their role and told us, "I would like to take people on more outings especially when the spring comes as people tend to want to go out more then." They also told us about their plans to take people to a local tea room and to introduce more activities aimed at people living with dementia.

Each person had an activities record which contained details about what activities they preferred such as 'likes a glass of wine or a whisky in their room and watching the proms.' Activities included sit and be fit exercises classes, arts and crafts, balloon games to music, using a reminiscence box as an aid to discussion, icing cupcakes and bingo. Care staff took responsibility for arranging ad hoc activities when the activities co-ordinator was not on duty. During our inspection care staff put on a cd of Christmas songs which prompted carol singing from people and staff. We saw people enjoyed this.

The service had good links with the local community. For example, carol singers from a local church visited over the Christmas period and people had been invited to a local school for a Christmas party.

People we spoke with said they had no complaints about the home. People told us if they had any concerns they would speak to staff immediately. There had been no formal complaints received since the last inspection.

Is the service well-led?

Our findings

At the last inspection of this service in March 2016 we found the provider had breached a regulation relating to the good governance of the service. Opportunities for people or family members to give their views had lapsed and audits and checks to ensure people received safe and appropriate care were overdue. During this inspection we found a number of improvements had been made in this area which needed to be sustained over time. Areas for improvement at this inspection included a failure to act on our recommendation from the last inspection in terms of considering current guidance on caring for people living with dementia, cleaning schedules, pictorial menus and records relating to people's food and fluid intake.

The registered manager told us they had caught up on quality monitoring checks (also known as audits) which were out of date at the last inspection and records confirmed this. We noted that improvements had been made to audits of medicines administration and care plans and regular checks of these areas were now in place. We also noted that improvements had been made to staff training, supervisions and falls records and analysis.

Since the last inspection the provider and registered manager had compiled an action plan at CQC's request. The registered manager acknowledged that whilst improvements had been made in several areas since the last inspection, this needed to be maintained.

We recommend the provider continues to regularly assess the quality of the service provided and takes action to continuously improve the service.

Since the last inspection positive feedback had been obtained from 19 people who used the service and six relatives via a satisfaction survey. Comments from people who used the service included, 'It's very friendly,' 'They keep it nice and clean,' 'I am happy here,' 'It's clean and comfortable,' and 'It's nice, I like it here.' People's feedback had been acted upon where appropriate. Residents' meetings happened monthly. At the last meeting the menu had been discussed and several people had suggested including corned beef pie on the menu. During our inspection corned beef pie was on the menu and people told us how much they had enjoyed it.

Staff meetings were held regularly. Minutes of the last staff meeting showed that activities and training needs were discussed. Minutes of staff meetings were available to all staff so staff who did not attend could read them at a later date. Staff told us they had enough opportunities to provide feedback about the service.

The service had a registered manager who had worked at the service for 17 years. The registered manager assisted us for the duration of the inspection. The CQC registration certificate was on display.

People, relatives and staff told us they felt the service was well-run by the registered manager. One person told us, "I can speak to the manager at any time." Another person said, "There's a great atmosphere here." Staff told us the registered manager was approachable and they could speak to them at any time.

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 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of people living with dementia was not always appropriate and did not always meet their needs. Regulation 9 (1) (a) (b)