Jigsaw Care Limited

The Village Nursing & Care Home @ Murton

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 30 September 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The home had a registered manager in place. A registered manager is a person who has registered with CQC 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.

The Village Nursing & Care Home @ Murton was last inspected by CQC on 18 September 2014 and was compliant with the regulations in force at the time.

Summary of findings

The Village Nursing Home is situated in the village of Murton. The home provides accommodation with personal care and nursing, in two units, for up to 39 older people and people with a dementia type illness. On the day of our inspection there were 34 people using the service. The home comprised of 39 bedrooms, 16 of which were en-suite. Facilities included several lounges and dining rooms, a therapy room and a garden café. The home was set in its own grounds, in a quiet residential area.

People who used the service and their relatives were complimentary about the standard of care at The Village Nursing Home. We saw staff supporting and helping to maintain people's independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

Training records were up to date and staff received supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records. The registered manager was fully aware of the recent changes in legislation and we found the provider was following the requirements of DoLS.

All the care records we looked at contained evidence of consent.

People were protected against the risks associated with the unsafe use and management of medicines.

People had access to food and drink throughout the day and we saw staff supporting people at meal times when required.

People who used the service had access to a range of activities in the home.

All the care records we looked at showed people's needs were assessed. Care plans and risk assessments were in place when required and daily records were up to date. Care plans were written in a person centred way and were reviewed regularly.

We saw staff used a range of assessment tools and kept clear records about how care was to be delivered and people who used the service had access to healthcare services and received ongoing healthcare support.

The provider had a complaints policy and procedure in place and complaints were fully investigated.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns. Thorough investigations had been carried out in response to safeguarding incidents or allegations.

The provider had procedures in place for managing the maintenance of the premises.

Good

Is the service effective?
The service was effective.

Staff were properly supported to provide care to people who used the service through a range of mandatory and specialised training and supervision and appraisal.

People had access to food and drink throughout the day and we saw staff supporting people when required.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

Good

Is the service caring?
The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide individual personal care.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

Good

Is the service responsive?
The service was responsive.

Care records were person-centred and reflective of people's needs.

People who used the service had access to a range of activities in the home.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us they felt able to approach the manager and felt safe to report concerns.

People's wider healthcare needs were being met through partnership working.

The Village Nursing & Care Home @ Murton

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 30 September 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector, a specialist adviser in nursing and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. No concerns were raised by any of these professionals.

During our inspection we spoke with twelve people who used the service and eleven relatives. We also spoke with the registered provider, registered manager, deputy manager, two nurses and five care staff.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits and policies.

For this inspection, the provider was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the manager about what was good about their service and any improvements they intended to make.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe, for example, "Staff are very nice, pleasant and helpful", "I feel very safe" and "The staff look after me well and I feel very safe here. I prefer to stay in my room so they are always checking on me. I have my hair done and staff do my nails". The Village Nursing Home provides accommodation with personal care and nursing for up to 39 older people and people with a dementia type illness.

The home comprised of 39 bedrooms, 16 of which were en-suite. Overall the en-suite bathrooms, communal bathrooms, shower rooms and toilets were clean, suitable for the people who used the service and contained appropriate, wall mounted soap and towel dispensers. Grab rails in toilets and bathrooms were secure. All contained easy to clean flooring and tiles. During our visit we observed some minor problems with the cleanliness of the home. We discussed this with the registered manager and the registered provider. The registered manager addressed these issues immediately by reviewing the design of the cleaning schedules and by increasing the number of staff cleaning hours by four hours each day to improve the overall standard of cleanliness in the home. We saw the registered manager's infection control audits were up to date and that staff had completed infection control training. This meant the provider had taken action to reduce the risk of infection and improve the cleanliness of the home.

Equipment was in place to meet people's needs including hoists, pressure mattresses, shower chairs, wheelchairs and pressure cushions. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). We saw windows were fitted with restrictors to reduce the risk of falls and we observed call bells were responded to promptly. Call bells were placed near to people's beds or chairs and were responded to in a timely manner. A person who used the service told us "Staff ask what I want to do and will respond to my call bell".

Hot water temperature checks had been carried out however not all readings were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. We discussed this with the registered manager who advised us that the hot water temperatures had been erratic recently and that this was being addressed. We looked at the records for portable appliance testing, gas safety and electrical installation. All of these were up to date.

We looked at the provider's accident reporting policy and procedures, which provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Accidents and incidents were recorded and the registered manager reviewed the information monthly in order to establish if there were any trends.

We saw a fire emergency plan in the reception area. This included a plan of the building. We saw a fire risk assessment was in place dated March 2015 and regular fire drills were undertaken. We also saw the checks or tests for fire fighting equipment, fire alarms and emergency lighting were all up to date.

We saw a copy of the provider's business continuity management plan dated November 2014. This provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. We looked at the personal emergency evacuation plans (PEEPS) for people. These described the emergency evacuation procedures for each person who used the service. This included the person's name, room number, impairment or disability and assistive equipment required. This meant the provider had arrangements in place for managing the maintenance of the premises and for keeping people safe.

We saw a copy of the provider's safeguarding adult's policy dated November 2014, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. We looked at four staff files and saw that all of them had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager told us

Good

Is the service safe?

that the levels of staff provided were based on the dependency needs of residents and any staff absences were covered by existing home staff. We saw there were ten members of care staff on a day shift which comprised of two nurses, one senior and seven care staff and one nurse and four care staff on duty at night. The home also employed an administrator, cooks, domestics and maintenance men. We observed sufficient numbers of staff on duty.

We looked at the selection and recruitment policy and the recruitment records for four members of staff. We saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates, driving licences, national insurance cards and utility bills. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

We looked at the disciplinary policy and from the staff files we found the registered manager had disciplined staff in accordance with the policy. This meant the service had arrangements in place to protect people from harm or unsafe care.

We looked at the provider's medicines policy which covered all key aspects of medicines management. The service used a monitored dosage system supplied by a local pharmacy. Staff told us it was a good service and emergency medicines were supplied promptly. There were clear procedures in place regarding the ordering, supply and reconciliation of medicine. A signature verification sheet to identify staff initials who were approved to administer medicine was available at the front of each Medication Administration Chart (MAR) chart file. Clear guidance was in place to ensure staff were aware of the circumstances to administer "as necessary" medication. People had been assessed for 'Home Remedies' and approval for named home remedies obtained through the individuals' GP. We saw that medicine audits were up to date and included action plans for any identified issues. We saw medicines were stored appropriately.

We looked at the medicines administration charts (MAR) for seven people and found there were no omissions. Appropriate arrangements were in place for the management, administration and disposal of controlled drugs (CD), which are medicines which may be at risk of misuse. Creams, eye drops and liquids in use had the date they were opened documented on their containers. Allergy information was stated on MAR charts in addition to being included within care plans. We saw people had a pain chart appended to their MAR chart and pain was reviewed at each medicine round. Medicine administration was observed to be appropriate. We saw that temperature checks for refrigerators and the medicines storage room were recorded on a daily basis and were within recommended levels. Staff who administered medicines were trained. This meant that the provider stored, administered, managed and disposed of medicines safely.

Good

Is the service effective?

Our findings

People who lived at The Village Nursing Home received care and support from trained and supported staff. Relatives told us, "I am very happy with the care here. The staff are very good and always have time for you" and "I can't speak highly enough of the staff. They are very helpful".

We looked at the training records for four members of staff. The records contained certificates, which showed that mandatory training was up to date. Mandatory training included moving and handling, fire safety, medicines, health and safety, risk assessments and safeguarding. Records showed that most staff had completed either a Level 2 or 3 National Vocational Qualification in Care or a Level 2 in Health and Social Care and the Care Certificate. In addition staff had completed more specialised training in for example, equality and diversity, dementia awareness, person centred care planning, death, dying and bereavement, dysphagia, oral health, venepuncture, catheterisation and diabetes. Staff told us "Training is widely available".

We looked at the records for the nursing staff and saw that all of them held a valid professional registration with the Nursing and Midwifery Council.

Staff had a good understanding of people's communication needs. For example, one member of staff told us how staff had been receptive to a person's non-verbal communication, "[Name] had a reduced appetite; they had also become resistive to removing their dentures. Dental problems were identified, pain and discomfort addressed and as a result their appetite improved".

We saw staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff records contained an "expectant mother" risk assessment which included hazards and control measures. This meant that staff were properly supported to provide care to people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We looked at records and discussed DoLS with the registered manager, who told us that there were DoLS in place and in the process of being applied for. We looked at a copy of the provider's DoLS policy, which provided staff with guidance regarding the Mental Capacity Act 2005, the DoLS procedures and the involvement of Independent Mental Capacity Advocates (IMCAs). We found the provider was following the requirements in the DoLS.

We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. We also saw staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

We saw consent to care and treatment was documented in the care plan documents. There was also an area where people who used the service or their relatives could sign to indicate they had read and agreed with the care plan and this had been signed for the large majority of care plans. Where these had not been signed a 'flag' had been placed on the care plan to remind staff to discuss this as required.

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining rooms at meal times when required. People were supported to eat in their own bedrooms if they preferred. We saw daily menus displayed on the notice boards in the dining rooms which detailed the meals available throughout the day. We observed staff giving residents a choice of food and drink. We saw staff chatting with people who used the service. The atmosphere was calm and not rushed. People who used the service told us, ""I love the home. I have put on weight since admission, the staff are great, nothing is a trouble and the food is good" and "The food is good with good portions". The care records we looked at demonstrated a high level of monitoring compliance for people's weight and nutrition. From the staff records we looked at, all of them had completed training in food hygiene and identifying and treating undernutrition in care homes.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GP, speech and language

Good

Is the service effective?

therapy, optician, specialist mental health care, community nursing, dentist and chiropodist. This meant the service ensured people's wider healthcare needs were being met through partnership working.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home but could be more suitably designed for people with dementia type conditions. A relative told us, "The only negative I would say is that the home is looking tired and needs refurbishment". We discussed the design of the home with the registered manager. She told us about the plans she had to refurbish the 'memory loss' unit and provide visual stimulation for people which included improved contrasting wall and fixture colours, improved signage on doors and walls and the provision of attractive and interesting memorabilia and artwork. The registered provider told us that there were also longer term improvement plans to replace windows, renew carpets and increase the number of en-suite bathrooms.

Good

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at The Village Nursing Home. People who used the service told us, "I would recommend this home to anyone. The care is excellent, staff are brilliant, and I feel very well cared for, and mind, I am very fussy" and "I used to have a room further down the corridor but I was moved here because it is more central and I can see people coming into the home. I feel safe here. The staff treat me well and I have a laugh. Staff always knock on my door and look after my privacy and dignity. I am very, very happy here, it is a very obliging and happy home".

People we saw were well presented and looked comfortable. We saw staff talking to people in a polite and respectful manner. Staff interacted with people at every opportunity. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. A person who used the service told us, "Staff always knock on my room door. They will always speak when the door is open and they pass my room".

We saw people were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. Staff knew how to support people and understood people's individual needs. We saw staff assisting a person from their wheelchair into an armchair in the lounge. The staff described every stage of the process to the person in a calm and gentle manner. Staff carried out the manoeuvre, ensuring the person was safe and comfortable, often providing reassurance to the person. This meant that staff treated people with dignity and respect.

All the staff on duty that we spoke with were able to describe the individual needs of people who were using the service and how they wanted and needed to be supported. For example, one member of staff told us "[Name] enjoys lying in bed late", "They like a McDonalds and spending time with their relative" and "They are not keen on a shower and prefer to have a bath". Another member of staff displayed a compassionate approach in communicating with a person and was knowledgeable of their falls risk, displaying an understanding of their falls risk assessment and mitigating action to aid the person's mobility and reduce their risk of falls. Another member of staff articulated the importance of using distraction techniques to reduce negative stimulus to another person. This meant that staff were working closely with individuals to find out what they actually wanted.

We saw how the service respected the cultural and religious needs of people. For example, ministers from the 'All Churches Together' attended the home each Thursday and the and the Salvation Army attended on a monthly basis

We saw the bedrooms were individualised, some with people's own furniture and personal possessions. We saw many photographs of relatives and occasions in people's bedrooms. All the people we spoke with told us they could have visitors whenever they wished. The relatives we spoke with told us they could visit at any time and were always made welcome. The registered manager also told us that arrangements were also made for family members to stay over if their relative was unwell or receiving end of life care.

A member of staff was available at all times throughout the day in most areas of the home. We observed people who used the service received help from staff without delay. We saw staff interacting with people in a caring manner and supporting people to maintain their independence.

People were asked what they wanted to do, for example, where they wanted to sit for lunch, if they wanted to go back to their room or if they would like to go to the toilet. People who used the service told us, "I only have to ask, I can have a bath when I want and my privacy and dignity is looked after", "They are very nice and caring. I get my bedclothes changed at least weekly" and "I can bath or shower at any time".

Staff knew how to support people with their behaviours and understood people's individual needs, for example, a person who used the service became very agitated. The member of staff supported and reassured the person, talked calmly to them and encouraged them to show us photographs of their family.

We saw Do Not Attempt Resuscitation (DNAR) forms were included in care records and we saw evidence that the person, care staff, relatives and healthcare professionals had been involved in the decision making. We saw end of life care plans, in place for people, as appropriate and that

Good

Is the service caring?

staff had received training in death, dying and bereavement. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

We saw people were provided with information about the service in the 'statement of purpose' and in a 'service user guide' which contained information about confidentiality and access personal records, fire procedures, social activities, religious services, safeguarding, advocacy and complaints.

Information about local services was prominently displayed on notice boards throughout the home including, for example, advocacy services, safeguarding, Alzheimer's memory loss, Marie Curie living with terminal illness and NHS health services. We also saw copies of the home's newsletter in the reception area and on the notice boards. It included recent and forthcoming events, activities, birthdays, puzzles and a recipe.

Good

Is the service responsive?

Our findings

We found care records were person-centred and reflective of people's needs. We looked at care records for four people who used the service. We saw people had had their complex needs assessed and their care plans demonstrated regular review, updates and evaluation.

The care plans had been developed from a person-centred perspective with a strong emphasis on the activities of daily living including physical health care and maximising independence. Care plans contained people's photographs and their allergy status was recorded. Each care plan included a document called 'This is me'. This provided insight into each person including their personal history, their likes and dislikes. This was a valuable resource in supporting an individualised approach.

The home used a standardised framework for care planning with care plans person centred to reflect identified need. This was evidenced across a range of care plans examined that included: disease specific healthcare issues (e.g. diabetes), communication, skin integrity / tissue viability, nutrition & hydration, continence, challenging behaviour, personal hygiene, sleep, finance, mobility and ambulation, medication management, social interaction/ activity, sexuality and end of life care. There was evidence of identified interventions being carried out within records and from observation.

Risk assessments had been completed with evidence across the care plans relating to falls, choking, moving and handling, equipment use, malnutrition, skin integrity and bed rail use. This meant risks were identified and minimised to keep people safe.

We saw staff used a range of assessment and monitoring tools and kept clear records about how care was to be delivered. For example, Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, were used to identify if people were malnourished or at risk of malnutrition

and Body Maps were used where they had been deemed necessary to record physical injury.

The service employed an activities co-ordinator for twenty hours each week, however they were absent at the time of our visit. We discussed this with the registered manager and the registered provider. The registered manager told us about her plans to recruit a second activities co-ordinator to increase the availability and choice of activities on offer by a further twenty hours per week. We saw planned activities were displayed on the notice board which included board games, quiz, dominoes, handball, arts and crafts and reminiscence. We saw people watching television in the lounges or in their bedrooms. A person who used the service told us, "We get out now and again". This meant the provider ensured people had access to activities that were important and relevant to them.

People were encouraged and supported to maintain their relationships with their friends and relatives. Relatives and friends could visit at any time of the day. This meant people were protected from social isolation.

We saw a copy of the complaints policy on display. It informed people who to talk to if they had a complaint, how complaints would be responded to and contact details for the local government ombudsman and CQC, if the complainant was unhappy with the outcome. We saw the complaints file and saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. This meant that comments and complaints were listened to and acted on effectively.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager had been registered with CQC since 1 August 2011. The CQC registration certificate and most recent CQC inspection reports were prominently displayed in the home's entrance .

The registered manager told us the home had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time. Staff we spoke with were clear about their role and responsibility. They told us they were supported in their role and felt able to approach the manager or to report concerns. Staff told us "We have a good staff team and a good manager", "Morale is 7 out of 10" and "I am well supported by the manager and the deputy".

The provider had a quality assurance system in place which was used to ensure people who used the service received the best care. We looked at the provider's audit file, which included audits of health and safety, infection control, medicines, the kitchen and the environment. All of these had last been audited in September 2015 and included action plans for any identified issues. We saw that the home had been awarded a "4 Good" Food Hygiene Rating by the Food Standards Agency on 18 July 2013 and the service had received a certificate from NHS Durham and Darlington, issued 13 April 2015, in recognition for focusing on undernutrition.

People who used the service and their relatives told us they were regularly involved with the service in a meaningful way. They told us they felt their views were listened to and acted upon and that this helped to drive improvement. We saw the service held regular residents and relatives meetings. We saw the minutes of the meeting held on 25 August 2015. Twelve people who used the service and four relatives attended. Discussion items included staffing, activities, refurbishment, with apologies for any disruption caused, garden café, meals and menus, the names of the corridors, for example Wembley Way, Cornwall Close, Murton Mews and Dalton Dene and bedroom door colours. We saw from previous meeting minutes that there had been complaints from people about the temperature of food served. These minutes recorded that this issue had been resolved to people's satisfaction and recorded 'all agreed food was very nice, with plenty of choice'.

Staff we spoke with told us they had regular staff meetings. We looked at the minutes of the meeting held on 22 September 2015. Thirty six staff attended. We found staff were able to discuss any areas of concern they had about the service or the people who used it. Discussion items included the emergency plans in the event of power failure and supervision arrangements for new staff. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement. Staff told us, "I love working here. I have a sense of satisfaction that all aspects of a residents care are looked after" and "I get loads of satisfaction from being here". Throughout our visit we found staff chatted to people and included them in conversations and decisions about their day.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. For example, the provider's nutrition and hydration policy referred to the NICE (National Institute for Health and Care Excellence) guidelines and the equality and diversity policy referred to the Human Rights Act 1998 and the Equality Act 2010. The registered manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice". The staff we spoke with and the records we saw supported this.