Rushcliffe Care Limited

Normanton Village View Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Normanton Village View is a residential care home providing personal and nursing care to 42 people aged 65 and over at the time of the inspection.

The care home accommodates up to 72 people across four separate wings, each of which has separate adapted facilities. Each wing specialises in providing care to people living with different stages of dementia. At the time of the inspection only three wings were in general use. The fourth wing was being used by one person who preferred to sleep there because it was quiet.

People's experience of using this service and what we found
Staffing levels were not always sufficient as the service relied on the use of agency staff to cover carer and nursing shifts. The high use of agency staff meant we could not be assured that people were being cared for by staff with the correct skills and experience or training required for the role.

There were gaps identified in staff training, however these were mostly due to recent changes in the way the training was delivered, and the service had measures in place to ensure all staff training was updated. However, staff knowledge of mental capacity assessment was limited, and all staff were undergoing training. Mental capacity assessments in place lacked information around how decisions were made.

There was no registered manager at the service, however three members of the management team all had applications in progress. However, there had been a lack of management oversight to ensure that the service had the correct number of suitably trained and experienced staff.

The local authority had identified a number of issues at Normanton Village View. The service had been open and honest about this and was working closely with the local authority to put improvements in place around reporting of safeguarding and pressure area care.

People's wishes at the end of their life were not fully explored and people's interests and hobbies were not fully supported.

People were protected from the risk of abuse by staff who had up to date training. People's risks were assessed, and measures were in place to reduce risk. Medicines were administered and managed safely. The service design was suitable for the needs of people, and people were protected against the risk of infection.

Staff were recruited safely, and the service had recently recruited staff to bring staffing numbers up and ensure staff had the experience suitable to meet people's needs. People's healthcare needs were assessed and supported. Complaints were dealt with effectively.

Staff were kind and caring towards people. People were treated with dignity and their privacy was

respected. People's independence was supported.

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

Rating at last inspection
The last rating for this service was Good (published 26 February 2019)

Why we inspected
The inspection was prompted in part due to concerns received about staffing levels, pressure area care, and reporting of safeguarding incidents and accidents. A decision was made for us to inspect and examine those risks.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Normanton Village View on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we 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 not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Normanton Village View Nursing Home

Detailed findings

Background to this inspection

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

Inspection team
The inspection team comprised of two inspectors, a specialist dementia nurse, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type
Normanton Village View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The provider is 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.

What we did before inspection
We reviewed information and concerns we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch, this is an independent consumer champion that gathers and represents the views of the

public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-
We spoke with 11 people and six relatives about their experience of the care provided.

We spoke to 18 members of staff including the operational director, the assistant director, the training manager, two clinical managers, the deputy manager, registered nurses, agency nurses and carers, team leaders, senior carers, carers, the activity coordinator, domestic and laundry staff.

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. This was performed in two areas of the home.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Staffing and recruitment

● People were not always supported by appropriate numbers of suitably trained staff. On the first day of the inspection, seven out of the 12 care staff on duty were agency staff. The manager informed us this was due to training taking place.

● The staff rota identified the service relied on agency staff to maintain staffing numbers on a regular basis. However, as the agency staff worked regularly at the service, we could not see any negative impact on people's care.

● The management team told us they were aware staffing was an issue and had recently appointed several new members of nursing and care staff who were due to commence work over the coming weeks.

● The service had a formal dependency tool it used to assess levels of staff required on a monthly basis.

● Staff were recruited safely. Pre-employment checks were undertaken on new staff to ensure they were suitable to work at the service. Nursing staff had professional registration with the Nursing and Midwifery Council verified.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of abuse. However, at the time of the inspection, the service was working with the local authority on several ongoing safeguarding investigations. The service had identified that staff required further safeguarding training to ensure improvements in reporting.

● Staff we spoke to, could identify abuse and knew who to report it to.

● The service had policies and procedures in place to support staff knowledge of safeguarding processes.

● Staff told us they felt people were safe living at the service and they would be happy for their family to live there. Relatives we spoke to told us they felt their family members were safe at the service.

● The management team understood their responsibility to keep people safe and to report concerns to the local authority and the Care Quality Commission.

Assessing risk, safety monitoring and management

● The service had systems in place to assess and identify risks to people. Risk assessments included physical risks such as falls due to poor mobility, choking due to difficulties swallowing and pressure sores due to immobility. Staff told us they used incident forms to report issues and body maps to record any injuries.

● People had behavioural risk assessment which contained detailed information on triggers to behaviour, management strategies and de-escalation techniques. Staff told us they received MAPA (Management of actual or potential aggression) training to manage severe behavioural issues.

● We observed staff managing people's behaviour well and one relative told us they felt their relative, who

had difficulties with behaviour that they could not manage them-self, was safe and well cared for.
● Staff told us they had recently received fire training and there were regular fire alarm tests each week.
● People had personal evacuation plans in place, so staff knew what assistance people needed, in the event they needed to leave the building in an emergency.
● There were environmental checks and audits in place to ensure the service was safe for people and staff.

Using medicines safely
● The service administered and managed medicines in a safe way. Nursing staff wore tabards to identify they were not to be disturbed during medicine rounds to reduce errors.
● Nursing staff performed regular medicines audits, on a weekly and monthly basis, to ensure stock levels of medicines were adequate and to identify errors as soon as possible.
● People who received covert (hidden) or 'as required' medicines had the correct protocols in place to support this practice.

Preventing and controlling infection
● The service was clean and tidy, and people were protected from the risk of infection.
● Staff received training and there were policies in place to support staff knowledge in preventing the spread of infection.
● Domestic staff told us they had enough time and equipment to keep the home clean. There was a cleaning rota in place and regular audit of standards.

Learning lessons when things go wrong
● The service had learnt from lessons. The manager discussed problems they had encountered with people's medication after they had been admitted to the service. They had identified possible causes for the problem and ways to avoid it occurring again.
● The management team was open about a number of people the service had admitted, who's needs were very complex and the service had struggled to effectively manage.
● The service had learnt from this and had changed staffing and management levels to ensure it could effectively support people in the future.

Requires Improvement

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.
- Some staff had limited knowledge of the MCA. The management team told us all staff were undergoing re-training in the MCA.
- People had mental capacity assessments in place, and we saw best interest decisions had been made for different issues. However, there was a lack of information to show the rational for the decision made and how least restrictive practice had been considered.
- For people who had DoLS in place, these were up to date and conditions on these had been followed.
- The management team told us one of the managers with mental health training was currently reviewing MCA documentation due to the improvements required.

Staff support: induction, training, skills and experience
- We could not be sure, people were always supported by staff who had sufficient and suitable skills, experience or training for the role, due to the number of agency staff at the service.
- We identified gaps in the staff training matrix. However, the training manager told us his was due to a change in the training program. We saw the training plan that confirmed staff had been booked on future training to ensure they were up to date.
- Agency staff told us they felt supported and had an induction period before they started work. The management team told us they buddied up agency staff with experienced staff to ensure they had the support available. Agency staff confirmed this and told us this practice was very helpful.
- To improve the skill-mix, the service had recruited nurses with mental health training to support people with complex needs, and a new manager with mental health training to support the existing manager and to

develop the service.
● The provider supported registered nurses at the service to maintain their professional validation with the Nursing and Midwifery Council.

Supporting people to eat and drink enough to maintain a balanced diet
● Peoples nutritional needs were well supported, we observed staff helping people with meals in an unrushed way and prompting people to eat. We saw that people had adapted crockery to assist them.
● The main kitchen was aware of people's dietary needs and each area of the home kept information around people's diets in the kitchenette area.
● For people who were at risk of malnutrition or dehydration, there were food and fluid charts in place. There were menu boards and picture menus available to assist people's choice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's healthcare needs were assessed and recorded in a care and support plan which covered physical and mental health needs.
● Staff provided support in line with national guidance using nationally recognised assessment tools such as the Malnutrition Universal Screening Tool to assess people's nutritional needs and the Waterlow score to assess people's pressure sore risk.
● The service had an assessment in place for people's oral health needs.

Adapting service, design, decoration to meet people's
● The service was purpose built and suitable for the people living there. There were four interconnecting units for people, each with separate lounges and dining areas with kitchenette facilities. Each unit catered for people with different needs. Some bedrooms had en-suite facilities.
● There was an out-door space accessible for people and different areas of the home people could access if they wanted quiet time.
● There were dementia-friendly door signs to assist people and dementia friendly wall decorations. There were grab rails for people with mobility problems.
● Rooms had pictures of people on the doors and rooms were personalised as people wished.
● One relative told us, "[Name] likes wandering around, that's the reason I chose here, the corridors are wide, all the staff acknowledge [Name] and they are safe."

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care
● The service worked closely with two local GP surgeries who performed weekly visits to monitor people's health care needs and ensure that people received timely health care support. Other healthcare professionals such as opticians and chiropodists also visited people at the service.
● The service liaised with people's families to arrange medical appointments.
● People had grab sheets in their records so information could easily be passed to emergency services if required and the service used the vanguard red bag system, to ensure any information, medicines or property was transferred safely.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same 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 staff were kind and caring. We observed caring interactions between staff and people. Staff told us they would be happy for their family to be looked after at Normanton Village View.
- We observed staff supporting people and it was clear they knew people well and staff told us they had access to information about people to get to know them. Staff told us they had time to spend with people.
- Staff told us about one person who had trouble sleeping due to noise, they had temporarily moved the person to a very quiet area of the home, and they were now sleeping much better.
- Staff were aware of people's diverse needs. Staff told us they had recently sat with one person who was cared for in bed and read a religious book to them, which was something relatives had identified they would like.

Supporting people to express their views and be involved in making decisions about their care
- People were supported to make day to day decisions about what care they received, and support plans were regularly reviewed with people and with family involvement.
- One member of staff told us, "[Name] likes to sleep in until 10am then have a late breakfast. We offer people choice and try to support them to do things for themselves."
- The service used advocacy services to help several people make decisions about their care. Advocates speak up on behalf of a person who may need support to make their views and wishes known.

Respecting and promoting people's privacy, dignity and independence
- Staff maintained people's dignity and respected their privacy. Staff told us about one person who did not like anyone to go in their room, which they locked. Staff knew only to go into the person's room if invited.
- People looked well cared for, and we saw thank you cards from families about the care their loved ones had received.
- People's independence was supported. One person was able to help themselves to drinks and snacks and we saw another person going out to the pharmacy with staff to pick up some supplies.
- Staff told us they maintained confidentiality, and people's records were kept securely on mobile devices. Staff told us they did not discuss people's care in front of other people or relatives.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Staff told us, and we observed, there were a lack of meaningful activities for people. The service had one newly appointed activity co-ordinator, which was insufficient for the number of people living at the service. The management team told us activity staff had recently left, and newly recruited new staff were almost ready to start work and would be trained to ensure the activities were suitable for the people living at the service.
- There was a lack of detailed information in people's care plans around their past life, their interests and hobbies. The activity coordinator had started to make connections with families to gain information. The management team told us they had just implemented a 'This is me' document to find out more about people's preferences to ensure the activity coordinator and staff could target people's interests.
- Relatives told us they were free to visit when they wanted to and were welcomed to join their family member for meals.
- The service had recently contacted local churches and schools to arrange visits. Several people already had visits from religious leaders.

End of life care and support

- There were several people receiving end of life care at the time of the inspection.
- End of life care planning was in place but was very basic, this meant that the service may not be aware of people's specific preferences.
- There was an end of life champion who staff told us was very passionate about supporting people and their families and had gathered resources and made links to other services to support relatives at a difficult time.

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

- Support plans were person centred around supporting people's healthcare needs and people's behaviour.
- Care plans were up to date and contained information relevant to people's needs.
- The service had involved families in care planning as appropriate.
- Staff told us about how they avoided one person who had behaviours that challenge being discriminated or restricted, "They can access anywhere in the home, we keep a close eye and use distraction techniques that we know works with them. This enables them to move around more freely."

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.

● We saw information available around the home in accessible formats, to support peoples understanding. For example, the complaint policy in easy read for people, other information was available in picture format.

● We saw, people's communication needs were assessed and documented in their care plans.

Improving care quality in response to complaints or concerns

● We saw a complaint that had been dealt with appropriate. People and relatives had access to the complaints policy and relatives told us they felt comfortable to raise issues with the management team.

● One relative we spoke to told us, "I have made a complaint and it was resolved well, I would recommend the service to others."

Requires Improvement

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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

● Staff told us, and we observed that management lacked oversight of clinical issues and the handover information was poor. The management team immediately devised a new detailed handover sheet which included information such as allergies, mobility needs and personal evacuation plans, to ensure staff had essential information to handover when required.

● During the inspection the management team also created a clinical risk register to give them oversight and ensure they could easily identify and monitor people with complex needs.

● The management team had been working closely with the local authority to improve a number of issues they had identified as areas of concern, such as care plans, behavioural plans and safeguarding reporting.

● Although improvements had been made and other improvements were in progress, further time was required to ensure that these improvements were fully embedded in the service and sustainable.

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

● Due to recent changes in the management structure, managers were in the process of allocating roles and responsibilities for monitoring going forward.

● There was no registered manager in post at the time of the inspection, however three managers at the service had an application in progress. The service planned to have a registered manager on each floor with oversight of clinical and managerial issues, and one registered manager with oversight of the whole service.

● The provider had placed a senior manager at the home on a temporary basis to provide additional oversight and accountability while improvements were taking place. This manager was providing support and guidance to the other managers and ensuring lessons were learnt going forward to sustain the improvements.

● There were audits in place to monitor the service and action plans for improvements were sent to lead nurses with deadlines for them to be complete, which the management team followed up.

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

● Staff told us they enjoyed working at the service, felt supported by the management team and were very positive about recent improvements to the service.

● The manager told us they felt very supported by the leadership team and recent changes.

● Staff told us they felt valued and that morale was improving amongst staff after a difficult period. Staff

shared a vision to provide safe care.

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 management team understood duty of candour and we could see incidents where families had been informed of errors. For example, a recent medication error had been reported to the GP, the person and their family.

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

● The service conducted regular meetings for residents and relatives. There were regular staff meetings to gather staff comments and suggestions.

● Staff told us the manager did a walk round at least once a day, and they had a meeting with senior staff each morning to discuss any issues or events occurring.

● Staff told us they received regular supervision which they found helpful. Staff told us they received appraisal, however some of these were overdue. The management team were aware of this and had pre booked them, to get up to date.

● The service produced a newsletter to keep staff, families and people aware of changes within the service.

Working in partnership with others

● The service worked in partnership with numerous other health care professionals, local authorities and Clinical Commissioning Groups, to support people's needs.

● The manager attended network meetings and manager meetings to keep up to date. They also belonged to a number of relevant social media groups to share best practice.