Nottingham Care Village Limited

Nottingham Care Village

Inspection report

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Date of inspection visit:
23 July 2018

Date of publication:
28 August 2018

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

We inspected the service on 23 July 2018. The inspection was unannounced and was the provider's first inspection since it was registered.

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

Nottingham Care Village can accommodate 63 older people and people living with dementia, in one adapted building. Accommodation is provided on two floors; a passenger lift is available. At the time of our inspection 17 people were using the service. Also, within the home are eight apartments that on the upper floor and rented to people independent of the care home. There is no separate access entry to these apartments.

There was a registered manager at the service. 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.

The inspection identified shortfalls in how risks associated with people's needs and the environment were assessed and managed. Staff did not always have the required information to effectively manage known risks. Checks on the premises to ensure people lived in a safe environment, were not undertaken within the expected timeframes or managed and monitored as required to ensure people's safety.

Shortfalls were identified in the management of people's medicines that had potential to impact on people's health needs. Short notice of staff's unavailability had impacted on how the service was effectively managed. Safe staff recruitment procedures were in place and followed.

Improvements had been in the management of infection control, following an audit by the local clinical commissioning group earlier in the year. Accidents and incidents were recorded and falls were analysed for lessons learnt. Records of injuries people sustained were not effectively completed.

Staff had not received the expected training and support, and staff had received limited opportunities to discuss and review their work and performance.

People received sufficient to eat and drink, but wanted a more varied menu. Nutritional needs had been assessed, but information relating to dietary needs and risks had not appropriately been shared with kitchen staff.

Staff understanding of the principles of The Mental Capacity Act 2005 varied. Where people lacked mental

capacity to consent to specific decisions, documentation did not show how best interest decisions had been made. Where concerns had been identified in relation to the Deprivation of Liberty Safeguards, action had been taken to safeguard people.

Systems were in place to share information with external agencies. People's needs were assessed and included consideration of the protected characteristics under the Equality Act. The design and layout of the building considered people's needs. However, apartments were not part of the service. This meant there was a potential risk to people, including their right to privacy and dignity because of unknown visitors to apartments of people who rented independently and had no separate entry.

People were positive about the care provided by staff who they thought were knowledgeable about their needs, preferences and routines. Advocacy information was available for people. People had opportunities to discuss their care and support needs.

People received limited social activities and opportunities to pursue their interests and hobbies. Information available for staff about people's needs was either not current or was contradictory or not followed by staff. The provider's complaint procedure was available for people.

The systems and processes in place to check on quality and safety were found to be ineffective. The provider had failed to identify the shortfalls in the fundamental standards that were identified during this inspection. There was a lack of oversight and accountability and no action plan to drive forward improvements. The registration requirements had not always been followed to notify CQC of certain information.

During this inspection we found two breaches of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. One breach of the Care Quality Commission (Registration) Regulations 2009.

You can see what action we told the provider to take at the back of the full version of the report. Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work there.

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 consistently safe.

Risks associated with people's needs had not been sufficiently assessed and planned for. Systems to check on the safety of the environment were not effectively managed.

Shortfalls were identified in the management of medicines. Unplanned staff absences had a negative impact on people. Safe staff recruitment checks were followed.

Infection control measures were in place but not all staff had received training in this area.

Systems were in place to record accidents and incidents, but some shortfalls were identified with recording and monitoring.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Concerns were identified with the staff induction, training and support.

The principles of the Mental Capacity Act 2005 were not understood by all staff. Where best interest decisions had been made on behalf of people, these were not documented. Deprivation of Liberty Safeguards were in place or applications made where required.

People received sufficient to eat and drink, but concerns were raised about the choices of meals available.

Systems were in place to work with other organisations. People's health care needs were assessed and staff worked well with external healthcare professionals.

The design and layout of the building met the needs of people who lived at the service.

Is the service caring?

Good

The service was caring.

People were cared for by staff who showed kindness and compassion in the way they supported them. Staff were knowledgeable about people's individual needs.

People had information about independent advocacy services to represent their views if needed.

People's privacy and dignity were respected by staff and independence was promoted.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Information about people's needs was not always up to date or correct.

End of life care plans lacked information and guidance for staff.

People had access to the provider's complaint procedure.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider's audits and checks had failed to identify concerns and shortfalls in the fundamental standards identified during this inspection.

There was no action plan to drive forward improvements from internal or all external audits.

Best practice guidelines were not used to support knowledge and make improvements.

People received opportunities to share their views and opinions about the service they received, but this was not at the frequency identified internally as required.

Nottingham Care Village

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 comprehensive inspection was completed on 23 July 2018. The inspection team consisted of three inspectors and one assistant inspector.

To assist us in the planning of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We contacted the local care commissioner and received information from Nottinghamshire Local Authority, informing us of their audit completed in January 2018 which found shortfalls.

On the day of the inspection, we spoke with four people who used the service and three visiting relatives for their views. We used observation of staff engagement with people in communal areas, to help us understand people's experience of the care and support they received. We also spoke with five visiting health care professionals.

During the inspection, we spoke with the registered manager, deputy manager, the cook, a housekeeper and four care staff. We looked at all or parts of the care records of four people, along with other records relevant to the running of the service. This included how people were supported with their medicines, quality assurance audits, training information for staff, four staff files, recruitment and deployment of staff, meeting minutes, policies, procedures, and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

We checked how medicines were ordered, stored, administered and managed, and found some shortfalls. For example, four people had medicines prescribed to be taken 'as and when' required, but there was no protocol (medicine plan) in place which instructed staff how to administer these medicines. This is required information to ensure the person receives this medicine safely.

Four people had been prescribed topical creams, but the medicine administration records (MAR) and body maps to instruct staff of the application requirements, were not always completed by staff. This meant there was a risk these people had not received their prescribed creams. Creams were not always dated when opened, as were three liquid medicines. This is important because once opened they have an expiry date. One person had seven prescribed creams with dispensed dates ranging from 2014 to 2017, none had a date of opening and all were still in use. One discrepancy was found with the stock of a person's medicines. The number of paracetamol tablets in the box did not match the amount the MAR said there should have been. There was no information recorded to account for this. This meant the provider's system in place to check and audit the management of medicines was ineffective, people were at risk of not receiving their prescribed medicines safely.

A staff member responsible for medicines on the day of our inspection, found a tablet loose in the bottom of the medicines cabinet that morning. They had placed this in a bag for return to the pharmacy. They told us they would attempt to identify the type of medicine and who the medicine might belong to, in order that the matter could be properly reported. While this was good practice, it further demonstrated that the checks in place to monitor medicines were ineffective.

The deputy manager stated that checks to ensure staff were competent to administer, were undertaken every two to three months or more frequently if there were concerns about a staff member's practice. From viewing a sample of staff files, we found two staff had not received these checks at the frequency we were told was required. The staff training plan showed seven staff had not received training in medicines management. This meant the provider's procedure in monitoring staff's competency and ensuring staff were appropriately trained had not been followed.

Risks associated with people's needs had not been sufficiently assessed and planned for. For example, a person had insulin controlled diabetes. There was no risk assessment to advise staff of the signs and symptoms of high or low blood sugars. This is important guidance to support staff to take responsive and effective action if the person was unwell. Another person's care records stated they were at risk of choking. However, the guidance for staff about how to mitigate this risk was confusing. For example, guidance stated the person 'requires support to eat at all meal times, but may eat a sandwich or a piece of toast without supervision on some days.' A third person had an advanced degenerative eye condition and an ongoing progressive disease of the nervous system that affected movement. The risks associated with these needs had not been assessed. The service used agency staff and new staff were in the process of being employed, it was therefore essential risks were effectively assessed and planned for to protect people's safety.

Systems and processes were in place to monitor the safety of the environment. This included fire risks and the action required to protect against risks associated with legionella (this is a bacteria that can develop in water systems). Records showed these checks had not been consistently completed. For example, maintenance records informed us weekly checks were required for water temperatures and water flushes of taps to ensure these were safe. However, records showed there was no recording of these checks since June 2018. Fire drills had not been completed at the frequency stipulated in the provider's risk assessment as required. Two bedroom doors and a room on the first floor used to store equipment, were found to have a broken self-closing door mechanism. This affected how the doors closed and could be a safety hazard in the event of a fire. A health and safety audit completed in February 2018, identified a portable heater was to be replaced with a more suitable heater, we found this was still in place on the day of our inspection. This meant the risk identified remained a health and safety risk for the person using the room.

The cook was knowledgeable about any risks people had with their eating and drinking. However, there was very limited recorded information about risks associated with people's eating and drinking and dietary needs for staff to be aware of. This included people at risk of choking. This was a concern because people were at potential risk of staff not being aware of their needs, in the absence of the cook and without this information recorded and available for kitchen staff.

All of the above information shows a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw two people received their medicines from a staff member that followed best practice guidance. This included staying with the person until they had taken their medicines safely.

Staff used appropriate techniques and equipment to move people safely, when they supported them with their mobility needs. Where people had been assessed as requiring equipment such as pressure relieving mattresses and cushions, these were being used. Individual plans were in place to support people in the event of an emergency if people required to be safely evacuated.

A person who used the service said that they only used the bell to call for very occasional help and on one occasion had to wait, "quite a long time." Some concerns were raised by a relative and staff, about the difficulties experienced by staff because they needed to be available to let visitors in and out of the building. We were concerned that within the building the provider had eight apartments that could be rented out to people to live independently. There was no separate entry to the apartments, meaning additional visitors relied on staff to gain entry and to leave. This meant there was a potential impact on the availability of staff to meet the needs of people who used the service.

We identified some concerns with staffing, when staff contacted the service at short notice to report unavailability for work. The management team told us they were in the process of recruiting three new staff for different roles and that they used agency staff for staff shortfalls. However, they told us they had experienced an increase of late, of staff being unavailable at short notice, resulting in difficulties of getting shifts covered. On the day of our inspection two staff had called in to report they were unavailable, one of these was a care staff member. The management team told us how they were having to frequently cover staff shortfalls themselves and this was having an impact of them completing administrative and management tasks. A staff member said, "As long as everybody turns up for duty than there are enough staff." The registered manager used a dependency tool to assess the staffing levels required.

On the day of our inspection we found staff were busy in the morning, whilst they responded to people's needs in a reasonably timely manner, staff were not always in communal areas when people were requiring

assistance. For example, a person wanted to access the garden and became increasingly anxious about this, another person who used the service felt concerned for the person and went and found a staff member to assist.

People were supported by staff who had been through the required recruitment checks to determine their suitability to provide safe care and support. These included references and criminal record checks. Recruitment files showed the necessary recruitment checks had been carried out.

People told us they felt safe living at the service. However, we identified some concerns in how people were protected from abuse, avoidable harm and discrimination. Whilst staff knew the signs of potential abuse and the action required of them to support people, not all staff had received training in safeguarding. Staff training records showed six out of 19 staff had not received this training. This shortfall in staff training meant people could not be fully assured that all staff would know how to protect them from abuse and discrimination. We were also concerned of potential safeguarding risks people could be exposed to, from unknown visitors to people who lived in the independent apartments within the service. Because there was no separate entry, visitors would need to pass through the building, meaning they would have access to all parts of the service. We discussed our concerns with the management team who told us they echoed our concerns and had made this known to the provider, but no action had been taken to address this potential risk.

People told us the environment was kept clean, and it was clean on the day of our visit. Staff were aware of infection control measures but shortfalls were identified in staff training. Four staff had not completed infection control training and seven care staff had not completed training in food hygiene. This is important training for staff to complete to fully understand best practice guidance. Cleaning schedules were in place and up to date. The local clinical commissioning group completed an infection control audit in April 2018 and many shortfalls were identified. The provider had an action plan that showed what action had been taken to make the required improvements.

The registered provider had systems and processes in place to manage accidents and incidents. Staff were aware of their responsibility to respond to any incident or accident. To effectively manage incidents, a 'falls' reporting tool enabled the management team to easily identify any analyse patterns related to where and when people had fell. Body maps were used to record any injuries a person had, were not effectively completed or reviewed. For example, information recorded gave little or no explanation of how the injury was sustained or what action was being taken to investigate to respond to the injury. This meant it was not clear if action had been taken to reduce further risk.

Requires Improvement

Is the service effective?

Our findings

Not all staff had received training identified by the provider as required. Staff supervision and appraisal meetings to discuss their work and development, had not occurred at the frequency the provider expected. For example, the staff training plan showed 13 topics which staff were required to complete, but this record showed there were gaps in all the required topic areas. Three staff told us they felt training was, "Very limited." One staff member told us they had not received an induction when they commenced their employment. Another staff member said, "Supervision meetings are very sparse, I've had no supervisions since 2017." A third staff member told us they had not received any supervisions. From reviewing five staff files we found two staff had no record of them completing an induction, no staff had received an appraisal and four staff had received one supervision since January 2018. The management team told us they had struggled to keep up to date with staff training and support, due to the pressure of having to cover staff shifts. This meant staff had received limited opportunity to discuss their work which may have impacted people receiving effective care and support.

People who used the service raised no concerns about staff knowledge and skill and a relative told us they were confident staff understood their relation's needs well.

People told us that staff gained consent before providing support and we saw how staff gave people choices such as where they would like to sit. People's responses were respected and acted upon.

The MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people lacked mental capacity to make specific decisions, such as living at the service, we saw examples of assessments that had been completed on the person's ability to make this decision. However, there was no written record of the best interest decision made, including how this was reached and who had been involved. We also found inconsistencies of staff's understanding of the principles of the MCA. The registered manager told us how they had recently changed the documentation used, to assess and record best interest decisions and that they would review this again. We concluded people were not experiencing undue restrictions and that the shortfall identified was one of recording, and additional staff training.

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 hospital are called the Deprivation of Liberty Safeguards (DoLS). Where people had an authorisation in place there were no attached conditions. The registered manager had also submitted additional DoLS applications to the local authority for assessment. This showed the registered manager was aware of their responsibilities to protect people's freedom and liberty

Some people had a decision not to attempt resuscitation order (DNACPR) in place and this information was

available for staff. Some people had lasting power of attorney (LPA) that gave another person legal authority to make decisions on their behalf. However, we found examples where relatives had signed documentation giving consent to specific decisions, without the legal authority to do this. For example, where this had occurred the relative had LPA for decisions about finances not care and welfare needs. We brought this to the attention of the management team who told us they would review their documentation and practice.

People received sufficient to eat and drink, and choices were offered. However, people told us they were required to choose their meal the day before. A person said, "I often can't remember what I've ordered." We had a conversation with five people about the menu choices and all told us they would like more variety in the choices available. A relative told us they felt the meals were "Very 1950's," and that, "More choices could be offered." We shared this feedback with the registered manager who told us they would follow this up with people.

Food stocks and storage were found to be managed well. People were offered drinks and snacks throughout the day of our inspection and this consisted of homemade cakes and fresh fruit. We saw staff supported some people with their meals and drinks and found staff to be gentle, patient and unhurried in their approach. People's nutritional needs were monitored and where concerns had been identified about people's weight and food and fluid intake, this had been discussed with the GP or dietician.

The provider used recognised assessment tools, such as pain management for people living with dementia. Assessment of people's needs, included the protected characteristics under the Equality Act were considered in people's care plans. For example, people's needs in relation to their age, religion and disability were identified. This helped to ensure people did not experience any discrimination. The service participated in the 'red bag scheme'. This approach supported people in the transition between hospital settings and the care home. Information about people's health and social needs, including prescribed medicines were shared. This was effective in people's ongoing care.

People received support to access health services. People were positive that their health needs were known and understood and staff contacted external health care professionals when required. We received positive feedback from external health care professionals that regularly visited the service. They told us they received appropriate and timely referrals and staff followed any recommendation made.

People's care records showed the staff were responsive to fluctuations in people's health needs and requested input of external healthcare professionals such as the GP, dieticians, specialist nurses and opticians.

The design and layout of the building met people's needs. For example, people had a choice of communal rooms and areas to relax in and spacious corridors to walk in. People had access to a large secure garden. Consideration had been given to the lighting and signage to support people to orientate.

Good

Is the service caring?

Our findings

People who used the service were positive about the staff that supported them. Comments made about staff included, "The ladies (staff) are absolutely lovely." "They will get anything for you." People also described staff as being kind and thoughtful, a person said, "The staff try and get to know you as a person." Positive comments were also received from relatives about the approach of staff and comments included, "The staff are very supportive and always welcoming."

Feedback from health care professionals echoed what others had said about the staff team being caring and compassionate. All professionals were positive about the service people received. One professional said, "Everyone is cared for well, it's a very nice home and if I had a relative needing care, I would not hesitate about them living here."
Staff were knowledgeable about people's needs, routines and what was important to them. This demonstrated staff knew people well and had developed positive relationships with them. A staff member said, "I really love working here, the staff team work well together and they all care about the residents."

Whilst staff were busy, they spoke with people as they went about their work, and in the afternoon, they had time to spend with people. People's meal time experience was positive because staff were relaxed, unhurried and engaged positively with people. We heard staff asking people about their families and enquiring how they were feeling.

People told us how staff supported them to maintain their independence. A person said, "I have a staff member there when I'm showering, it helps maintain my independence and keeps me safe." Three people who had a sight impairment told us drinks were always placed in the same place, within reach and that, "precious" things were kept in the same place.

Advocacy information was available to people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. At the time of our inspection no person was supported by an independent advocate. Where people had a DoLS authorisation in place, they had been supported by an Independent Mental Capacity advocate.

People who used the service could not recall being involved in the development and review of their care plan, but felt the staff included them and their family member in decisions about their care. Two relatives told us they were aware of their relation's care plans and that they were happy with this information and how staff supported their relation.

People's care plans showed how people and their relatives had been consulted and involved in discussions and decisions. We saw examples of review meeting records completed in June 2018 with the person and their relative. We also saw examples where people had signed their care plans as a method to confirm their involvement and agreement.

People were positive about how staff respected their privacy and dignity. A person said, "If my door is open

they (staff) know I will answer, if it's shut it means that really, I don't want to see anyone, so they go away and come back in 15 minutes." A relative said, "Staff always knock and for [relation] they (staff) say who they are as they cannot see them, although now they know most voices."

People who used the service and visiting relatives told us there were very flexible visiting arrangements. During our inspection visitors were seen in different parts of the home and garden enjoying the company of their relation.

Requires Improvement

Is the service responsive?

Our findings

People had an assessment of their needs completed before transferring to the service to ensure their needs could be met effectively. Care plans were then developed with the person and their relative or representative. Care plans are an important document, they are used to provide staff with guidance of how to meet people's needs. It is therefore important, information is regularly reviewed to ensure it is up to date and reflective of the person's current needs. The provider used an electronic system in addition to some written documents, to records people's needs and monitoring.

Whilst staff felt the information provided was sufficient, we identified some shortfalls. Information was not always up to date, gaps in guidance was found and we were not assured guidance was always followed by staff. For example, a person's moving and handling care plan instructed staff they needed to communicate clearly with the person, due to their anxiety of falling when being hoisted. We saw two staff assist this person and neither staff gave any reassurance and explanation as they transferred them. One person required repositioning to support their skin from breaking down, but instruction of the frequency of this was confusing for staff. One part of the care records stated this should be two hourly and another part stated four hourly. A person who was receiving respite care (short term placement) had very limited information available to guide staff of what their care and support needs were. Another person's care plan stated their morning routine preference was to get up at 7am, whilst another part of the care plan stated the person liked to get up between 8 – 8.30am.

Daily care records used to report what care interventions people had received, including checks on their care and welfare and food and fluid intake, was not completed fully. For example, a person's two hourly pressure relief repositioning and their fluid balance records stopped in June 2018, but there was no explanation for this. A person required two hourly night checks but records did not confirm this had happened. The deputy manager acknowledged these shortfalls and told us care plans should be reviewed monthly but this had not been happening. They also told us they were aware care plans for people receiving respite care needed to be improved. This meant people may not have received care and support that met their individual needs and preferences.

End of life care plans lacked detail and staff had not received training in end of life care. For example, care plans did not demonstrate the principles of caring for a person at the end stage of their life, such as the person's wishes about how they received their care, spiritual support, needs associated with food, drinks, and pain management. Neither did it include information of how care was coordinated and delivered with external healthcare professionals. This meant people's end of life care may have been compromised due to a lack of assessment, planning and staff training.

People told us they had a choice of what time they got up and went to bed. People told us staff were, "Very responsive, call me by me chosen name." "They already know what I like." This person had not resided at the service very long.

Consideration of people's religious and spiritual needs had been planned for. People were supported to

participate in a visiting religious service if they wished to attend. People's communication and sensory needs had been assessed, but where people used a hearing aid, there was no care plan to provide staff with guidance about cleaning the hearing aid and checking the batteries. This was a concern for people reliant on staff for this support and may have impacted on their communication needs. The service user guide that provided people with information about what they could expect from the service was available large print. A pictorial menu was used to support people with a visual impairment. The meant the provider had taken some considered and action in meeting the Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss.

People's main concerns about the service they received was about a lack of opportunities to participate in activities, interests and hobbies. A person described their frustration about a lack of activities by saying they were, "Bored, bored, Bored." Another person told us they thought there had been a film night, a musical, "Some time ago," and told us they would like more of these along with dancing. A third person who had an interest in gardening, told us there were raised garden beds they would like to do something with, but did not get the opportunity. A fourth person told us their family lived overseas and that when they lived at home, they used Skype to keep in contact with them, but since living at the service they had been unable to do this. We discussed this with the management team who agreed to follow this up with the person. The management team told us that a member of staff from the provider's head office visited the service several times a week to provide activities, whilst an activity coordinator was appointed. People confirmed this to be correct and spoke positively about this staff member.

The provider's complaint procedure had been made available for people, relatives and visitors. People told us they were confident they could raise any concerns and that they would be listened to and action taken. A relative said, "I know how to make a complaint and feel the manager and deputy would take on board and resolve any issues."

The service had not received any complaints in the last 12 months and had received five compliments, from relatives about the care and support provided to their relation whilst living at the service.

Requires Improvement

Is the service well-led?

Our findings

The systems and processes in place to assess monitor and review risks, safety and quality were found to be ineffective. The registered manager and deputy covering staff shortfalls, meant they did not have time to manage the service effectively. They had failed to monitor staff training and development needs. This meant people could not be assured that all staff were sufficiently trained and competent to effectively meet their needs. People's daily records, care plans and risk assessments had not been kept up to date as well as they should have been, this meant staff did not always have information about people's current needs.

The management team told us they had not had staff meetings as regularly as they would want to and staff confirmed this. Some staff told us they did not receive opportunities to attend staff meetings due to the time of the day they were arranged. There was no consideration of staff's availability.

The management team also told us they aimed to send six monthly questionnaires to people who used the service and relatives or representatives for feedback about the service. However, they told us they had not achieved this and the last time people were invited to give feedback was August 2017. The management team also told us they aimed to arrange monthly resident meetings but these meetings had not occurred at the frequency expected. People who used the service could not recall when they last attended a resident meeting and relatives were unsure if these meetings were available.

The provider's representative visited the service to complete audits and checks. Records showed the last two visits made to the service were in November 2017 and June 2018. The provider's representative completed checks on various aspects of the service. However, not all the shortfalls identified during this inspection were identified during the internal audit completed in June 2018. We were aware that the local authority had completed an audit visit in January 2018 where they made a significant number of recommendations, as a result of concerns and shortfalls identified across all areas of the service. There was no action plan in place that had been developed as a result of the local authority feedback, neither had the provider's representative developed an action plan following their previous visits.

The absence of an ongoing action plan, made it difficult for the management team and provider to have clear oversight of the areas and priorities required to improve the service. This lack of action and accountability to drive forward required improvements was a concern. The PIR dated November 2017 informed us of the action the provider had taken and what improvements were planned to further develop the service, was not fully completed. This meant there were shortfalls in the audit and governance of the service.

All of the above information shows a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager are required under their registration, to inform us when the local authority have granted an authorisation to restrict a person of their freedom and liberty. During our inspection the registered manager confirmed that two people had DoLS authorisations, but they had not

notified us of this. The registered manager told us they would send us these notifications, but at the time of completing this report they had not been received.

This is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We asked the registered manager how they kept their knowledge about best practice up to date and enquired if they used, The National Institute for Health and Clinical Excellence (NICE). NICE guidelines are evidence based recommendations for health and care in England and are a good resource. The registered manager told us they did not refer to NICE guidance to support them. The provider had policies and procedures that reflected legislation, but some of these were not relevant to the service. For example, the medicines policy and procedure referred to the role and responsibility of nursing staff. This was not relevant as Nottingham Care Village was a care home not a nursing home and therefore nurses were not required. The safeguarding policy and procedure did not reflect the local multi-agency procedures staff should follow should they need to report a safeguarding incident or allegation.

The management team and staff worked well with external health care professionals in meeting people's needs. People who used the service and relatives told us they were confident with the management team who were describes as, "Supportive" and "Approachable."

Staff were clear about their role and responsibilities including the reporting structure and process to share information, including raising issues and concerns. Staff expressed some concerns about the lack of formal support, limited training and internal communication systems and processes in place and felt these could be improved upon.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify the commission of people granted with an authorisation under the DoLs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks associated with people's needs had not been fully assessed. Medicines were not effectively managed. Regulation 12 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to assess, monitor and improve the quality and safety of the service were not effective. 17 (1)