

# The Village Care Home (South Hylton) Limited

## The Village Care Home

### Inspection report

Hylton Bank  
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Sunderland  
Tyne and Wear  
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13 February 2018  
14 February 2018

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 13 February 2018 and was unannounced. A second day of inspection took place on 14 February 2018 and was announced.

The Village Care Home 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 Village Care Home provides personal care for up to 40 people. At the time of our inspection there were 38 people living at the home who received personal care, some of whom were living with dementia.

A registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (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.

We last inspected this service on 8 and 13 December 2016 when it was rated 'Requires Improvement' overall. During this inspection, although we found further improvements had been made, some improvements were still needed so the rating remains 'Requires Improvement' overall.

At the last inspection we recommended that the provider continued to regularly assess the quality of the service provided and take action to continuously improve the service. During this inspection we found the provider had breached Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding good governance. This was because although we noted improvements in this area, premises issues we found during the inspection had not been identified by the provider.

At the last inspection we found the provider had breached Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding person centred care. This was because there were few design features in the home to support people who were living with dementia. During this inspection we found improvements had been made and further work was planned.

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

Although the premises were mostly clean and comfortable some areas of the service looked worn and needed renovating. A refurbishment programme was in place for the coming months to address this.

People we spoke with said they felt safe living at The Village Care Home and were happy with the staff that supported them. Staff had completed up to date training in safeguarding vulnerable adults and understood their responsibilities in this area.

Accidents and incidents were recorded accurately and analysed regularly. Each person had an up to date

personal emergency evacuation plan should they need to be evacuated in the event of an emergency. Risks to people were identified and plans were in place to help manage and minimise risks.

Medicines were managed in a safe way and checks were made to ensure staff were competent to administer people's medicines. There were enough staff to meet people's needs promptly. The provider was proactive in increasing staffing levels when needed.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's nutritional needs were met and they enjoyed the food and drink they received. Food and fluid charts were completed accurately. People's day to day health needs were met.

Staff were provided with effective training, support and development opportunities to enable them to meet people's needs.

Each person who used the service was given information about how to make a complaint and how to access advocacy services. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions.

Care plans were specific about people's individual care needs and were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

People told us staff were kind and caring and staff treated them well. Staff knew how to support people in the way they needed and preferred. People were comfortable in the presence of staff. Staff recognised and promoted people's diverse needs and understood the importance of treating people equally.

The provider employed an activities co-ordinator who arranged a variety of activities. People told us they enjoyed the range of activities on offer.

People and relatives we spoke with knew how to make a complaint. They told us they would speak to a member of staff or the registered manager if they had any issues.

People, relatives and staff spoke positively about the manager being approachable and supportive. People's feedback was sought regularly and acted upon. There was an emphasis on team work and communication sharing amongst the staff. There was a positive ethos at the service.

## 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.

The flooring in one bathroom and a shower screen needed replacing. The provider was addressing this.

People told us they felt safe when receiving care and support.

Staff had completed safeguarding training and understood their responsibilities to report any concerns.

Medicines were managed effectively and safely.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Improvements had been made to the environment to support people living with dementia.

The service worked closely with other professionals and agencies to ensure people's health needs were being met.

People were supported with their nutritional needs.

Staff training in a range of key areas was up to date.

**Good** ●

### Is the service caring?

The service was caring.

People said staff treated them with respect and dignity.

Staff were compassionate and kind.

Staff respected people's choices and rights.

People were given information about the service and how to access an advocate.

**Good** ●

### Is the service responsive?

**Good** ●

The service was responsive.

People told us they enjoyed the activities on offer.

People received care which was person-centred and responsive to their needs.

Care plans were person-centred and contained clear information about people's individual needs and risks.

People and relatives knew how to complain.

### **Is the service well-led?**

The service was not always well-led.

The provider did not always have effective quality assurance processes to monitor the quality and safety of the service provided.

People, relatives and staff told us the registered manager was approachable.

People told us their views were sought regularly and acted upon.

There was a positive culture at the service which was driven by the management team.

**Requires Improvement** ●

# The Village Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 13 and 14 February 2018. Day one of the inspection was unannounced which meant the provider did not know we would be visiting. The second day of inspection was announced so the provider knew we would be returning. The inspection team was made up of one adult social care inspector, one assistant inspector 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.

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

The provider completed 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 contacted the commissioners of the relevant local authorities, the local authority safeguarding team, and other professionals who worked with the service to gain their views of the care provided by The Village Care Home.

During the inspection we spent time with people living at the service. We spoke with nine people and seven relatives. We also spoke with the registered manager, a representative of the provider, one senior support worker, three support workers, the activities co-ordinator, the administrator, two kitchen staff members and one domestic staff member.

We reviewed three people's care records and three staff recruitment files. We reviewed medicine administration records for 10 people as well as records relating to staff training, supervisions and the management of the service.

Due to the complex needs of some of the people living at the service we were not always able to gain their views about the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

## Is the service safe?

### Our findings

During our visit we looked around the premises which included bathrooms and toilets. The flooring in one toilet needed replacing as it was rippled which could have caused an accident. We also found a shower screen which was cracked and dirty, and some bathrooms and toilets which were no longer in use but being used for storage. These rooms were unlocked and still had signs for bathroom and toilet on the doors, which could be confusing for people and visitors. These rooms contained moving and handling equipment and other items which may have caused an injury.

When we asked the provider's representative about these issues they said, "I wasn't aware the shower screen was like that. I don't know when it happened as staff didn't report it. It could have happened recently." The provider's representative took immediate action and contacted external contractors to rectify the issues we found. On the second day of our visit the provider's representative told us, "The plan now is to refurbish the bathrooms so we can have an assisted bath on each floor and convert one bathroom into a wet room to meet people's needs." The registered manager told us they would lock the unused bathrooms and toilets immediately and remove the signs from the doors.

Although some communal areas of the service had recently been redecorated to a good standard, other areas of the service looked worn and needed renovating. When we spoke with the registered manager about this they said an extensive refurbishment programme was in place for the coming months. The rest of the premises were clean and comfortable. There was a pleasant and homely atmosphere at the service.

At our last inspection we found cleaning schedules were not in place which meant we could not be sure the cleaning regime adequately protected people, visitors and staff from the risk of infection. At this inspection we found this had been rectified and cleaning records were up to date. Policies and procedures were in place to promote infection control. Staff received infection control training and had access to personal protective equipment (PPE) such as gloves and aprons.

All of the people we spoke with said they felt safe living at The Village Care Home and were happy with the staff who supported them. One person told us, "I feel safe, the staff are marvellous and I cannot speak highly enough of them." Another person said, "I did nothing but fall when I was at home and I have never had a fall since being here. The staff are lovely, I can't fault them. They keep me safe." Relatives we spoke with all said their family members were safe. One relative said, "I definitely feel [family member] is safe. I can tell by the way the staff interact and care for them."

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

A relative told us how a safeguarding incident had occurred recently which involved their family member. They said, "I feel it's been handled great and I've been kept up to date with everything."

Risks to people's health and safety were recorded in people's care files. These included risk assessments about falls, pressure damage and nutrition. Risk assessments relating to the environment and other hazards, such as fire and water safety, were carried out and reviewed by the registered manager regularly. Each person had a personal emergency evacuation plan (PEEP) which contained detail about their individual needs, should they need to be evacuated from the building in an emergency. PEEPs contained clear step by step guidance for staff about how to communicate and support each person in the event of an emergency evacuation.

Regular planned and preventative maintenance checks and repairs were carried out which included regular checks of the premises and equipment such as fire extinguishers, water temperatures, emergency lights, falls sensors and call bells. Other maintenance checks such as electrical and gas safety checks were carried out by external contractors. The records of these checks were up to date.

Accidents and incidents were monitored to see if lessons could be learned to improve people's safety. For example, following one incident where a person displayed behaviours that may challenge their care plan was reviewed and guidance to staff was updated. A relative told us how on one occasion they observed staff intervening when a person became agitated. This relative felt that staff handled situations like this well.

Medicines were managed safely. Medicines records we viewed had been completed accurately. Medicines were stored securely and checks were in place to ensure they were stored at the correct temperature. Medicines that are liable to misuse, called controlled drugs, were recorded and stored appropriately. Records relating to controlled drugs had been completed correctly and stock balances tallied with these records. Staff had completed up to date medicines training.

People told us they received their medicines when they wanted and needed them. One person told us, "I get the right medication at the right time and staff make sure I take them."

Some people took medicines 'when required', such as painkillers. There were detailed guidelines for staff to follow which explained when a person may require these medicines. This meant staff had access to information to assist them in their decision making about when such medicines could be used. This was particularly important for people who could not always communicate their needs verbally.

Prescribed creams were recorded as administered on topical medicines application records and body maps highlighting where staff should apply the creams and ointments were in place. This demonstrated that processes were in place to ensure people received their prescribed creams in line with instructions.

There were enough staff to meet people's needs promptly. The registered manager, one senior care assistant and six care assistants were on duty during the days of our inspection. At night time staffing levels were one senior care assistant and two care assistants. Each person's level of dependency was scored and reviewed monthly to establish the staffing levels. People told us staff attended to them in a timely manner. One person said, "The staff are there straight away, whatever you want they are there for you."

The registered manager told us, and records confirmed, that a review of people's needs in December 2017 indicated that additional staff were needed. This was due to people with more complex needs using the service for a short period. We saw that additional staff were on duty at this time which meant the provider was proactive in increasing staffing levels when needed.

## Is the service effective?

### Our findings

At our last inspection we found there were few design features in the home to support people who were living with dementia. During this inspection we found improvements had been made. For example, handrails in corridors had been painted a contrasting colour to enable people to differentiate between different parts of the building, and coloured crockery and 'twiddle muffs' were in use (twiddle muffs can be effective in decreasing anxiety for people with dementia as they provide sensory stimulation.) The registered manager and provider told us how they planned to make further improvements in this area for the benefit of people who lived there.

Where people were identified as at risk of dehydration staff monitored and recorded their daily fluid intake. At our last inspection we noted fluid charts lacked detail as people's daily target for fluid intake and people's total daily fluid intake was not recorded. During this inspection we found this had improved.

People were supported to have enough to drink and to maintain a balanced diet. We observed lunch time during our inspection. There was enough staff to support people to eat. Staff supported people to eat in a dignified and compassionate manner. Tables were nicely set and the atmosphere was relaxed and pleasant. Meals were hot, cooked with fresh ingredients and looked appetising. Various drinks were readily available depending on people's preferences. Menus were available in picture format to assist people in making choices. The registered manager had developed a bespoke picture menu which contained photographs of the meals available. The registered manager told us, "I felt taking photos of the actual meals served here would be more beneficial for people."

People told us the food was of a good standard and they had enjoyed their lunch. One person said, "The food is very good. I just tell them if I don't like it and they get me something else." A relative told us, "The food looks lovely. [Family member] has never complained and they are a picky eater." Relatives told us how they were welcome to join their family members at meal times.

People and their relatives told us staff were appropriately trained and skilled to support people in the way they needed and wanted. One person said, "They have the right skills and training, because we get well looked after." Another person said, "They certainly have the right skills especially when they are transferring people. They have got the skills of the job but they also have their own personal qualities."

Staff training in a range of key areas was up to date. Mandatory training, which is training the provider deems necessary to support people safely, included first aid, infection control, moving and handling and food hygiene. New staff with little or no care experience were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Training was monitored and planned in advance. Staff told us they had completed enough training relevant to their job roles. One member of staff told us, "We get plenty of training."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed they

were open forums at which staff were encouraged to raise any support or training needs they had. Staff told us they felt supported by the management team.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that DoLS applications had been made and authorised for 20 people by the relevant local authorities. DoLS applications contained details of people's individual needs and were person-centred. Staff told us how they involved people to make their own decisions where possible, for example when choosing what to wear or what activities to do. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. This meant the service was meeting the requirements of the MCA.

People were supported to access external professionals to monitor and promote their health. Care plans contained evidence of involvement with professionals such as community nurses, dentists, opticians and GPs. One person told us, "I get a taxi for my appointments and I am not charged for this."

Staff used the national early warning score (NEWS) to identify and respond to people at risk of deteriorating. NEWS is a system which consists of a set of observations such as taking someone's pulse and temperature to determine whether further medical interventions are needed. This helped staff in their decision making in this area.

## Is the service caring?

### Our findings

People who could communicate their views verbally told us they liked living at The Village Care Home and that staff treated them well. People described staff as kind and caring and spoke positively about the support staff provided. One person told us, "I can't speak highly enough about the care I receive." A second person said, "Definitely more than 100% happy with the care." A third person commented, "[Staff member] is one of the kindest people you want to meet, they are one in a million."

Relatives spoke positively about the caring attitude of staff. A relative said, "My [family member] initially came here for a trial period after being in hospital. We liked the home and wanted them to stay here. I know all the girls by their first name. They're absolutely amazing here."

Staff stopped and chatted with people as they moved around the building. Conversations were professional but friendly and relaxed, and it was clear that staff knew the people they were supporting well. Staff communicated with people in an appropriate manner according to their understanding and ability. This meant staff knew how to support people in the way they needed.

Staff were caring and respectful and people were comfortable in the presence of staff. This contributed to the home's relaxed and welcoming atmosphere. Relatives we spoke with said they were fully involved in their family member's care and staff always kept them up to date. One relative said, "Anything I need to know about my [family member's] care they tell me whether good or bad. I have a good rapport with staff." Another relative told us, "I am always informed about my [family member's] care when I visit. As soon as I come in they [staff] talk to me and it is great the way they keep you up to date."

People and relatives said staff treated people with dignity and respect. One person told us, "I am treated with respect. They are all lovely." Another person said, "They respect my dignity. They don't make an issue or fuss."

People and relatives told us how staff were compassionate and offered appropriate reassurance when people were upset or anxious. For example, one person told us how a staff member had put their arms around them when they were upset recently. The person told us, "[Staff member] is a comfort to me." A relative told us how staff members cuddled their family member and described how much it meant to them and the person.

People told us staff promoted independence. One person said, "Staff encourage me to be independent. They respect my wishes to be in my room but I know I can get support if needed." A relative told us, "Staff promote independence but they also encourage people to socialise."

It was clear from our conversations with staff members that they recognised and promoted people's diverse needs and understood the importance of treating people equally. One staff member told us how one person was supported to attend a local church as this was important to them. Care plans contained evidence of staff working to ensure people's religious preferences were respected. A staff member told us, "The residents

are lovely. I love it here."

Each person was given a resident's guide which contained information about all aspects of the service, including advocacy. Policies and procedures were in place to support people to access advocacy services where these might be needed. At the time of our inspection three people had an advocate. Advocates help to ensure that people's views and preferences are heard.

## Is the service responsive?

### Our findings

People told us staff knew their needs and preferences well. Relatives said staff were good at responding to people's needs, especially when these changed. For example, one relative told us, "Staff are quick to act on things. When [family member] was having dental problems staff sorted it straight away and they had new teeth within a week." Another relative said, "The home are really good with [family member] and understand their needs. The other day [family member] said they weren't feeling too well so staff got the doctor out immediately. They're tremendous."

People told us staff took time to speak with people which had a positive impact on people. One person told us, "Staff talk to me for ages, they understand my issues. I am not worried now and I am more relaxed than I have ever been." Another person said, "Staff listen and seem genuinely interested in making conversation."

People's care and support needs were assessed in a number of areas before they started using the service. For example, people's needs in relation to medicines, eating and drinking, personal care and communication. Where a support need was identified a plan was written based on how people wanted and needed to be supported. For example, one person's care plan set out how they preferred small portions of food as they sometimes had a poor appetite. Care plans were detailed and personalised. They contained clear information about the person's level of independence as well as details of areas where support from staff was required. This meant staff had access to key information about how to support people in the right way.

People had been included in their own care planning, where they were able. Some people had limited involvement in their care planning because they could not always communicate their needs fully. Relatives told us they felt involved in the planning of care as they were invited to attend regular care review meetings and staff always kept them up to date. Records showed care plans were reviewed by staff regularly or when a person's needs changed.

Care records contained detailed personal information about where people had been brought up, what jobs they had done, what family and friends were important to them and what hobbies they had. This information is important to help care workers get to know people better.

People's care plans reflected their preferences for end of life care, where people felt able to discuss this sensitive area. For example, one person's care plan detailed their religious beliefs and what practical steps staff would need to take. This meant staff had information to refer to about the person's wishes should the person not be able to make their wishes known.

People were supported to take part in meaningful activities. The provider employed an activities co-ordinator to facilitate one to one or group activities, arrange entertainment and take people on outings. The activities co-ordinator told us that planned activities could be adapted and changed particularly for people living with dementia, depending on what they wanted to do. Activities included armchair exercises, parachute games, balloon games, themed reminiscence sessions, arts and crafts, singalongs, pamper days

and card games.

People told us they enjoyed the range of activities on offer. One person said, "They do different things each day and ask us what we would like to do." Another person told us, "I was given a sheet to fill in on my interests and hobbies and activities were tailored to my needs." People told us they were looking forward to going on outings to the beach when the weather improved.

People and relatives we spoke with told us they knew how to make a complaint. People told us they generally did not have any complaints, but they knew they could raise these with the registered manager or any staff member. One person told us, "I would be comfortable making a complaint and they would take notice and act upon it." Another person said, "I would be comfortable making a complaint to the manager. She is approachable and would do everything right."

## Is the service well-led?

### Our findings

At our last inspection we recommended that the provider continued to regularly assess the quality of the service provided and took action to continuously improve the service. During this inspection we found some improvements had been made but quality monitoring remained an area for improvement. The registered manager carried out regular checks or audits on the quality of the service in key areas such as safeguarding concerns, accidents, incidents and the maintenance of the building. These audits led to action plans with completion dates where necessary. For example, audits identified new beds, mattresses and lamps were needed and these were bought without delay.

However, during our inspection we found the flooring in one toilet needed replacing as it was rippled which could have caused an accident, a shower screen was cracked and dirty, and some bathrooms and toilets which were no longer in use were being used for storage which was unsafe as the doors were unlocked. The registered manager and provider took immediate action to address these issues during the inspection.

Whilst the provider visited the service several times a week records of provider audits lacked meaningful detail. For example, when they sought feedback from people who used the service there was no record of who they had spoken with. The provider had not identified the issues we found during our visit. This meant the provider failed to assess, monitor and improve the quality and safety of the services provided.

This was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform the Commission of important events that happen in the service in the form of a 'notification'. The provider had made timely notifications to the Commission when required in relation to significant events that had occurred in the home.

We were assisted throughout the inspection by the registered manager who had worked at the service for 18 years. All records we requested to view were produced promptly. The registered manager told us, "I get plenty of support from [provider's representative] as they visit three or four times a week."

There was a positive ethos at the service which was driven by the registered manager. One person commented, "There is a very good atmosphere. The staff must be happy as they always have a smile on their faces." Another person said, "Staff enjoy their jobs. They are a team as they ask each other to help and there is no animosity between them."

People, relatives and staff spoke positively about the registered manager being approachable and supportive. One person told us, "The manager is very approachable, you see her about the building and not just in her office." A relative commented, "The home is well run. You would not find another home as good as this."

People and relatives told us their feedback was sought regularly and acted upon via residents' meetings, an

annual survey and a comments/suggestions box which was located in the reception area. For example, people told us they had suggested the laundry system could be improved and this was being addressed.

There was an emphasis on team work and communication sharing. Staff commented that they all worked together and approached issues as a team. There were opportunities for staff to give their views about the service. Records confirmed team meetings were held regularly. Staff told us they felt they could raise concerns with the management team any time, and they didn't need to wait for a staff meeting.

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 17 HSCA RA Regulations 2014 Good governance  The provider failed to assess, monitor and improve the quality of the service provided and failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others.  Regulation 17 2 (a) (b)