Village Green Care Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Village Green Care Home provides care and treatment to people with a variety of care needs including those living with dementia, physical disabilities, mental health needs and chronic health conditions. At the time of this inspection, there were 22 people being supported by the service.

When we inspected the service in September 2016, it was in 'Special Measures' following an inspection in June 2015 when we found widespread concerns about the quality of care provided to people, particularly those with complex care needs. Although improvements had been made in all areas during the inspection in September 2016 and the service was out of 'Special Measures', we were unable to change the rating because the service had not been supporting people long enough to evidence that systems and processes had been embedded.

At this inspection, we found systems and processes had been embedded, and the service provided safe, effective, caring and good quality care to people using the service.

There was no registered manager in post, but a manager was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found people were safe because the provider had effective systems to keep them safe, and staff had been trained on how to safeguard people. There were individual risk assessments that gave guidance to staff on how risks to people could be reduced. People's medicines had been managed safely and administered in a timely manner by trained staff. The provider had effective recruitment processes in place and there was sufficient numbers of staff to support people safely.

Staff had received effective training, support and supervision that enabled them to provide appropriate care to people who used the service. The requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were being met. People were supported to have enough to eat and drink. They also had access to healthcare services when required in order to maintain their health and wellbeing.

People were supported by kind and caring staff. They were treated with respect and supported in a way that helped them to maintain their independence as much as possible. Staff had developed caring relationships with people they supported and the atmosphere within the service was caring and inclusive.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences and choices. Care plans had been reviewed regularly or when people's needs changed to ensure that these were up to date. Staff were responsive to people's needs and they supported people quickly. A

variety of activities were provided to support people to socialise and pursue their hobbies and interests. The provider had effective processes for handling complaints and concerns.

The manager provided stable leadership and effective support to the staff. The provider had effective systems to assess and monitor the quality of the service. They encouraged feedback from people, relatives, staff and professionals who worked closely with the service to enable them to continually improve. The service had received positive feedback about the quality of the environment and the care provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

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

There was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received adequate training and support in order to support people effectively.

Staff understood people's individual needs and provided the support they needed.

People had enough food and drinks to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were supported by caring, kind and friendly staff.

People were supported in a respectful manner that promoted their privacy and dignity. They were also supported to maintain their independence as much as possible.

People's choices had been taken into account when planning their care and they had been given information about the service.

Is the service responsive?

Good

The service was responsive.

People's care plans took into account their individual needs, preferences and choices.

The provider worked in partnership with people and their relatives so that people's care needs were appropriately planned and reviewed.

The provider had effective systems to handle people's complaints and concerns.

Is the service well-led?

Good

The service was well-led.

The manager provided effective leadership and support to the staff.

The provider had effective quality monitoring processes to assess and monitor the quality of the service.

People, relatives, staff and professionals who worked closely with the service were enabled to provide feedback about the service.

Village Green 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.

The inspection took place on 20 September 2017 and it was unannounced. It was carried out by an 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. The inspection was completed on 25 September 2017 when we received feedback from some of the external professionals we contacted.

Before the inspection, we reviewed information we held about the service, including the report of our previous inspection and notifications we received. A notification is information about important events which the provider is required to send to us. We had also attended three multi-agency meetings arranged by a local authority that commissioned the service. These were to monitor the service's progress in further improving the quality of care for people who used the service.

During the inspection, we spoke with three people who used the service, three relatives, two care staff, two nurses, the manager, and the provider.

We looked at the care records for six people who used the service to check how their care was being managed. We also looked at four staff files to review the provider's staff recruitment and supervision processes, and we checked whether all staff employed by the service had been trained. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was monitored and managed, and we observed how care was being provided in communal areas of the service.

We contacted 10 professionals who worked closely with the service and we received responses from five of them. The feedback we received was positive about actions taken by the service to make further improvements following our previous inspection in September 2016. We saw the report of a visit by the local Healthwatch in May 2017 and a report of a visit by the Bedford Clinical Commissioning Group in August

2017. Both reports provided positive feedback about the quality of the care at the service.

Good

Is the service safe?

Our findings

During the inspection in September 2016, we found the care provided to people who used the service was being managed safely. However, the service had not been supporting people long enough to evidence that systems and processes had been embedded, and that they provided consistently safe care.

At this inspection, we found people were still being supported safely by staff and there were robust systems in place to ensure that they were protected from potential risks and harm. People and relatives told us that people were safe living at the service. A relative commented on how attentive staff were to people's needs and that they supported them in a timely way. When asked if they felt their relative was safe, another relative said, "Yes, if I didn't I would tell them (the provider)."

We saw that staff had been trained in how to safeguard people and this was confirmed by staff we spoke with. Staff showed good understanding of how to keep people safe and they knew what to do when they witnessed incidents that could potentially put people at risk of harm or abuse. They were also aware of the provider's safeguarding and whistleblowing policies and procedures, and knew where to find contact details of external agencies they could report concerns to. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so.

When asked what they would do if they suspected that a person was at risk, one nurse told us, "I would speak to the manager. If nothing was done, then I would escalate it to the safeguarding team." Another member of staff said, "Residents are safe and I've never been concerned about abuse. If I was worried about something, I will report it to the manager, record it or call the police if someone was in immediate danger. I've done safeguarding training." We noted that the manager had taken appropriate steps to deal with incidents that could lead to potential safeguarding concerns by reporting these to the relevant local authorities and the Care Quality Commission.

Assessments of potential risks to people's health and wellbeing had been completed and there were appropriate risk assessments in people's care records. Various potential risks to people were identified and these included risks associated with people being supported to move, pressure area damage to the skin, falling, use of bedrails and other equipment such as wheelchairs, not eating or drinking enough, and medicines. There was evidence that risk assessments were reviewed regularly and updated when people's needs changed. For example, a risk assessment had been put in place to reduce the risk of a person choking following them being hospitalised for aspiration pneumonia. Also, advice of a speech and language therapist (SALT) had been sought to ensure that what the person ate and drank would not put them at further risk.

Regular health and safety checks had been completed to ensure that the physical environment of the service was safe and that there were no potential hazards that could put people who used the service, staff and visitors at risk of injury. Gas and electrical appliances had been checked and serviced. Also, there was evidence that incidents and accidents had been reviewed by the manager, and actions taken to reduce the risk of recurrence. For example, we found the provider acted appropriately to improve the security of the

main door to the service following two incidents where a person at risk was able to leave the building unsupported. The work to fit a keypad was in progress during our inspection, so that people who were at risk if they left the building unsupported would not be able to do so.

The risk of a fire had also been assessed and there were systems in place to regularly check fire alarms, fire-fighting equipment, emergency lighting, and staff undertook regular fire drills. People had personal emergency evacuation plans (PEEP) so that staff were able to support them to leave the building safely in an emergency. The service also had 'contingency plans' to ensure that people, staff and visitors were safely moved to an alternative location in an emergency that caused the home to be fully evacuated, and this plan had been recently updated. The local fire service assessed the service's compliance with fire regulations on 15 November 2016 and we saw that the service's fire risk assessment had been updated following this.

Thorough pre-employment checks had been completed for all staff to ensure that they were safe to work at the service. These included checking each employee's identity, qualifications and experience, requesting references from previous employers, and completing Disclosure and Barring Service (DBS) checks. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed. For each nurse, the provider also checked if their registration with the Nursing and Midwifery Council was valid, and that this had been renewed annually.

People and relatives told us that there was enough staff to support people safely including a relative who said, "Yes, there are during the day when I visit. One time the home was going to be short staffed during the night and the general manager stayed and worked the night shift." Staff rotas we looked at showed that sufficient numbers of staff were always planned to meet people's needs safely. The manager told us that they had on-going recruitment plans to ensure that they had enough staff to meet the needs of the service, especially when the numbers of people supported by the service increased. There were no nurse vacancies, but the manager said that they needed a further three or four care staff to meet the service's current staffing allowance.

We observed that there were members of staff present in the lounge at all times and that they also frequently checked and supported people who had chosen to remain in their bedrooms. Although one member of staff told us that there was not always enough staff to support people, others were happy with the current staffing levels as they could support people without rushing. One member of staff said, "There is always enough staff and the manager will call the agency when required." Another member of staff said, "Staffing numbers are fine with current residents, but more would be needed if there is an increase in residents." We noted that the service normally had regular agency staff who knew people well. When we spoke with an agency member of staff they told us, "I'm always here and feel part of the team. There is no distinguishing between regular carers and agency ones, we work well together."

People's medicines were being managed safely because there were systems in place for ordering, recording, auditing, and returning unrequired medicines to the pharmacy. We spoke with a nurse who had taken on the role of ordering medicines to ensure this was done in a systematic way and to reduce wastage when more medicines than needed were ordered. Medicines had also been stored appropriately within the service and administered safely by nurses and trained care staff. There were protocols in place to guide staff when to give people medicines prescribed on an 'as required' basis (PRN) to maintain consistency of treatment. The medicine administration records (MAR) we looked at showed no unexplained gaps and these were audited regularly. We noted that the pharmacist who supplied medicines to the service also assessed how this was managed in July 2017 and found the service's medicine management systems were safe.

Good

Is the service effective?

Our findings

During the inspection in September 2016, we found people who used the service were well cared for. However, the service had not been supporting people long enough to evidence that systems and processes had been embedded, and that they provided consistently effective care.

At this inspection, we found people were still being supported effectively by staff trained to meet their individual needs. People and relatives we spoke with were complimentary about how well staff supported people, and that they were skilled in meeting people's individual needs. One relative said, "I'm absolutely happy with how [relative] is cared for here. It is really good." Another relative said, "Whenever I come, [relative] is always properly dressed in clean clothes."

The provider had an induction for new staff and on-going training programme for all staff, and staff we spoke with confirmed this. They also said that they found the training useful in helping them to learn new skills or further develop existing ones, in order to support people effectively. One member of staff said, "I've done my mandatory training. I sometimes do online refresher training or look at other training on subjects I might be interested in." Another member of staff said, "I'm up to date with my e-learning and I'm doing practical training next week." We looked at the training matrix and saw that some of the staff's refresher training was a bit overdue. However, the manager showed us that they monitored this and wrote to staff to remind them to do their online training promptly when it was due.

Staff told us about other nationally recognised qualifications they gained in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Framework (QCF) diplomas. An agency member of staff told us, "I have done up to NVQ level 5." Nurses also told us that there were supported to develop their skills and knowledge, and with preparing for the revalidation process with the Nursing and Midwifery Council. One nurse also said that they had been offered an opportunity to go on a management course. The manager, who is also a registered nurse told us of the importance of them being an effective role model and providing support for the nurses to do their jobs well. The manager also told us that they had a subscription for one of the nursing journals and they used relevant case studies in their 'journal club' discussions with nurses. This ensured that they kept up to date with good practice guidance, and could also explore new ways of working so that they provided effective care and treatment to people.

Staff told us that they were well supported and they received regular supervision and annual appraisals, and the records we looked at confirmed this. One member of staff said, "I feel able to talk to the manager when I need help with anything. Nurses are very supportive too." An agency member of staff said, "I always feel well supported. There is always someone to ask if I'm not sure about something."

Some people were able to give verbal and written consent to their care and treatment, and we saw evidence of this in the care records we looked at. We also saw that the requirements of the Mental Capacity Act 2005 (MCA) were being met because where required, mental capacity assessments had been completed to ensure that decisions made on behalf of people who were not able to make decisions about some aspects of their care, were in their best interests. The 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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that where required to safeguard people, referrals had been made to the relevant local authorities so that any restrictive care met the legal requirements of the MCA.

We received positive feedback from people, relatives and staff about the quality of the food. Relatives we spoke with all said that the food was good, and that their relatives got enough to eat and drink. One member of staff said, "The food is good and we have really good chefs. Residents have enough to eat." Another member of staff said, "We work well with the kitchen staff to make sure that residents eat well. The food is always good." We saw that the menus offered people a variety of food to choose from, and that there were jugs of diluted juice in the lounge so that people could have drinks whenever they wanted. Also, hot drinks were offered to people regularly. During the lunchtime meal, the food appeared well-presented and appetising, and people seemed to enjoy it. Where required, staff monitored how much people ate and drank, and appropriate action was taken if it was noted that a person was not eating or drinking enough. People's weight was also checked regularly to enable staff to know if people were losing significant weight, so that prompt medical support could be sought.

When required, people were supported to access to other healthcare services, such as GPs, dentists, dietitians, opticians and chiropodists in a timely way in order to maintain their health and wellbeing. We saw that various professionals visited the service to assess people or provide treatment and guidance to staff on how to meet people's needs well. Additionally, the manager told us that the complex care team might start working with the local GP service in the next few weeks, which would make it easier for people to access urgent care as this team would triage medical enquiries and provide some treatments.

Good

Is the service caring?

Our findings

During the inspection in September 2016, we found people who used the service were being supported by caring, compassionate and respectful staff. However, the service had not been supporting people long enough to evidence that systems and processes had been embedded, and that they provided a consistently caring service.

At this inspection, we found people were still being supported in a caring and compassionate manner, by staff who thoroughly enjoyed their work. People told us that staff were always kind, friendly and gentle when supporting them with their care needs. This was supported by a relative who said, "They are very kind and thoughtful."

We observed that interactions between staff and people were positive and respectful. Staff spoke freely with people and relatives, and it was evident that they enjoyed their work. One member of staff said, "I like older people and I feel good about what we do here. As a team, we help each other to do different things to make residents happy." Another member of staff said, "I love this place. We have a multi-cultural team of carers and we care for each other and the residents. Residents know me and I love them all. I seem to spend more time here than with my own family, we get so attached to the residents and they become part of our lives." The member of staff further told us that the cultural diversity of staff was a positive thing in that it encouraged discussions about different cultures with people who used the service. They added, "I like the atmosphere here. Through work, you learn a lot about others' cultural backgrounds." A third member of staff said, "I find it very friendly and very homely."

Relatives we spoke with told us that they could visit their relatives whenever they wanted and some told us that they visited quite regularly. They also commented on the positive feel within the service, with one relative telling us that it was always a pleasure to visit as everyone was so welcoming. Another relative said, "The staff always stop to have a chat." We noted that staff offered drinks to visiting relatives and they chatted with them whenever they came into the lounge.

People and relatives told us that they were involved in making decisions about people's care, and that their views were acted on. One relative told us that they were attending their relative's planned care review on the day of the inspection and that they normally acted on behalf of their relative who was not always able to express their needs. They confirmed staff worked collaboratively with them to ensure that the person's needs were appropriately met by the service.

People and relatives told us that staff supported people in a respectful manner to ensure that their privacy and dignity were always promoted. Staff were able to tell us how they upheld people's privacy and dignity, particularly when providing personal care. They also recognised people's rights to be treated with respect, and the need to observe equality and diversity regulations. One member of staff who said, "You have to always treat people as you would want to be treated. Everybody deserves respect." We observed this in practice. For example, support for people who required this to eat their meals was provided in a respectful way and they were not rushed.

Staff understood the importance of maintaining confidentiality by not discussing about people's care outside of work or with anyone not directly involved in their care. We noted that people's care records were also held securely within the service to ensure that only authorised people could access them.

As much as possible, people were supported to do as much as they could for themselves in order to maintain their independence. However when required, staff stepped in to support people with their daily living tasks. For example, when a person was struggling to cut up their food, a member of staff noticed this and asked if they could help them with this. After cutting the person's food for them, they also got them a spoon to help them eat better without support.

Information about the service had been given to people so that they could make informed choices and decisions about whether they wanted to live there. Various information including safeguarding and complaints procedures was displayed around the service so that people, relatives and staff could easily access it when needed. Some people's relatives or social workers acted as their advocates to ensure that they understood the information given to them. There was also information about an independent advocacy service that people could contact if they required additional support.

Good

Is the service responsive?

Our findings

During the inspection in September 2016, we found people were supported in a way that appropriately met their individual needs. However, the service had not been supporting people long enough to evidence that systems and processes had been embedded, and that they provided consistently person-centred and responsive care.

At this inspection, we found people's care and treatment needs were still being met, and appropriate training and support had been provided so that staff were competent in supporting people with varied complex needs.

People's needs were assessed before they moved into the service to determine if the service could meet their needs. We noted that since our inspection in September 2016, the service had grown from supporting six people to 22, but it was evident that they continued to strive to provide person-centred and responsive care. For example, although people's care plans followed a standard template, we found each person's care plans reflected their assessed support and treatment needs, their preferences, and the views of significant people involved in their care. There was evidence that people and their relatives had been involved in planning people's care and people and relatives we spoke with confirmed this. People's care plans were reviewed regularly and any care or treatment advice given by professionals had been incorporated into their care plans or risk assessments. This ensured that staff had up to date information that enabled them to meet people's individual needs.

People told us that they were supported promptly by staff and we noted that call bells were being answered quickly, and staff confirmed this. Staff also said that there was always a member of staff in the lounge at all times who could respond quickly when people needed support. Relatives we spoke with told us that staff were always attentive and supported people in a timely way when they needed support. In order to further enhance people's experiences within the service, the manager introduced 'resident of the day' in August 2017. This ensured that staff spent more time with each person to provide more individualised and attentive care and support. People were also able to choose if they wanted to do something special on that day, such as having pamper sessions or going out.

A variety of activities took place at the service to support people to socialise, and pursue their hobbies and interests. We saw an 'activities planner' displayed on the wall along a corridor which the manager called an 'activities corridor'. This showed that a variety of activities available to people included board games, card games, bingo, word games, balloon tennis, knitting, adult colouring, art and crafts, and film afternoons. External entertainers were also booked to provide a variety of entertainments for people and the manager told us that the previous week, an organisation called 'Teaching Talons' had brought in different small animals that people could learn about or touch. Some of the animals they brought in included an owl, guinea pigs, and a hedgehog. Also, the service was trialling a pet therapy session and a dog had visited during the afternoon of the inspection, with a view to having this as a regular activity.

Other entertainments planned for October and November included singing and dancing with two different

entertainers, memories through music, and flower arranging. We observed that some people were happy to play bingo during the morning, while others chose to watch TV or do other individual activities like reading a book or a newspaper. Staff had also created a 'music wall', with a display of musical instruments including a small guitar. The manager told us that people liked to touch and play with the instruments as they walked past.

Where possible, people were also taken out either by staff or their relatives. A relative told us that they usually took their relative to a local pub for a meal. The service organised a weekly trip to a local church where people could have afternoon tea with cakes. Some of the relatives we spoke with told us that they normally went along with their relatives to the church. One relative told us that when agreed with the manager, they could also bring in their pets when visiting as people normally enjoyed seeing and touching them. They said, "I can bring my dog in whenever I want." Another relative told us of their plan to start volunteering at the service to help out with facilitating more activities for people and staff told us that this support would be welcomed.

People knew how to raise concerns and complaints. The provider's complaints procedure was displayed near the entrance to the service and was also included in their 'service user guide'. Most people and relatives we spoke with were happy with the quality of the service and had not felt the need to complain. One relative told us that they had previously raised a number of concerns, but they did not feel that these had always been responded to. However, we saw a report showing that the issues they had raised had been investigated and a response sent to them by email. We further discussed this with the manager who told us that they had spoken with the relative following sending them a written response. They acknowledged that a further meeting might be necessary. We reviewed the complaints records and noted that issues raised by people or their relatives had been investigated and responded to in line with the provider's procedures.

Good

Is the service well-led?

Our findings

During the inspection in September 2016, we found people received good quality care. However, the service had not been operating long enough to evidence that systems and processes had been embedded, and that they provided a consistently good quality service to people.

At this inspection, although we found the numbers of people who used the service had significantly increased, it was evident that there were still effective systems in place to ensure that staff were supported to deliver high quality care. Although there had been changes in managers when the contract with the consultancy company that managed the service until June 2017 ended, we saw that a robust handover to the new manager and the deputy manager ensured a smooth transition. The provider's 'Nominated Individual' had also received training and support to ensure that they continued to provide stable management and leadership, particularly when managers changed. People and relatives we spoke with were complimentary about the quality of the service, with some particularly commenting on how clean and pleasantly furnished it was for people who lived there. The provider had also received a number of compliments from relatives who were happy with the quality of the care provided to their relatives.

It was evident that staff enjoyed working at the service and they spoke positively about the relationships they had developed with people who used the service, managers, their colleagues and people's relatives. They told us that managers were very supportive and promoted a caring culture within the service. About the manager, one member of staff said, "I find [manager] fantastic, friendly, approachable, knows the residents, and has always got time for you." Another member of staff said this about how they found working at the service, "I just love it." Staff also told us that they worked well as a team and could contribute to the development of the service as they were able to speak with the manager about anything. The manager planned regular team meetings to enable them discuss issues relevant to their work. They also used handover meetings to communicate relevant issues about people they supported in order to promote continuity of care between shifts.

People and their relatives were also enabled to provide feedback by way of regular meetings and annual surveys. The manager told us that they had delayed sending this year's survey out because they were reviewing how this would be managed in the future. They anticipated that questionnaires might be sent out in November 2017. We also saw that the provider had asked professionals who worked closely with the service for their feedback in July 2017 and a report of this showed that 40% of them had responded with positive feedback.

The provider had effective processes in place to assess and monitor the quality of the service. The manager completed a range of audits including checking people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. The manager told us that they usually audited a percentage of people's care plans a month, but we saw that all of them had been checked during August 2017. They also completed health and safety checks to ensure that the environment was safe for people to live in. In addition to monthly checks, the manager completed an annual environmental audit in August 2017 where they identified that curtains needed cleaning, but they were still discussing with the

provider whether this will be done in-house or contracted out. How people's medicines were managed at the service was also checked regularly. Where areas of improvement were identified, we saw that action plans had been developed and prompt action had been taken to address these. For example, following audits of medicines management processes, we saw that letters were sent to staff to remind them of correct procedures if gaps were found in medicines administration records. Any persistent non-compliance was also addressed during supervision.