

The Village Nursing Home Care Home Service

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Glasgow
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Telephone: 01236 458587

Type of inspection:

Unannounced

Completed on:

3 October 2018

Service provided by:

HC-One Limited

Service provider number:

SP2011011682

Service no:

CS2011300789

About the service

The Village Nursing Home is a service provided by HC One Limited and was registered with the Care Inspectorate in 2011, to provide care and support for forty-seven older people. The home provides long-term residential care as well as short-term respite breaks, to people with physical and cognitive impairment.

The home is purpose-built over three levels with lounges and dining facilities in each of these. There is a passenger lift providing access to each floor.

All bedrooms have en suite facilities and people are encouraged to bring in their own furnishings to personalise their rooms.

There is a secure garden area with seated areas for people to enjoy in the better weather.

What people told us

Before this inspection we issued 16 care standard questionnaires (CSQ) to residents. Of the 2 that were returned 1 indicated that they overall "strongly agreed" that they were happy with the quality of care and 1 "agreed".

We also issued 16 CSQs to relatives and carers. Four were returned, two of which indicated that they overall "strongly agreed" that they were happy with the quality of care and two "agreed".

During the inspection we spoke to six residents and four relatives/carers. Views expressed about living in the home were generally positive. Specific comments included:

- "Overall we were very unsure at the start.....these concerns have been allayed"
- "The care X receives is excellent and we have never had any complaints in the years X has been in the establishment. The staff are all fantastic and very caring"
- "X always appears well presented and staff encourage them to pick out their outfits for the day which I like as this personalises things for them"
- "Staff are very friendly and accessible and happy to share information regarding X's care."
- "Staff keep me informed of any issues regarding X's health"
- "We looked at a lot of homes before selecting the Village. Home is so friendly staff attentive. We don't need to worry at all as we know that mum is safe and happy. 1st class home - seen a lot of positive changes recently made to the environment which has been great. X is so happy"
- "I don't always feel safe because I get anxious"
- "Lovely and clean, a nice friendly place"
- "I'm supported as necessary"
- "We have no complaints. Staff are very approachable and X is very content"

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	not assessed

How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

People were cared and supported with compassion, dignity and respect throughout the inspection in line with the principles set out in the new health and social care standards. The people experiencing the care were observed to be comfortable in the presence of the staff with positive interactions between them. Staff we spoke with were aware of people's personal routines and preferences which helped to promote positive outcomes for them.

Dependency tools were completed to make sure there were enough staff to meet the health and wellbeing needs of people experiencing the care. We did not see any evidence to show that there had been a lack of staff to support people.

People receiving care, their relatives and the external healthcare professionals involved in the service we contacted told us that they were happy with the standard of care. People we spoke to also spoke highly of the staff and said they felt supported and well looked after.

People received a good level of support with pressure relief to help reduce the risk of skin breakdown. They also received a good level of support in relation to their eating and drinking. Records were completed which showed how good skin care and food/fluid intake was promoted and managed. Peoples' weights were also monitored where needed to make sure there were no important changes.

We saw some instances where there was lack of information in care plans about how people's specific medical needs were being met or considered in full or how outcomes to improve their quality of life could be achieved. Improvement in relation to this would help ensure more consistent care, in line with people's wishes and needs was delivered. A requirement has been made under quality indicator 5.1

People could be confident that they were given the correct medicines at the right times and received the medicines they needed to improve or maintain their state of health. People were supported with their prescribed medication with the right level of help they needed to take these. The ways in which medication was stored, ordered and recorded was managed well.

People's physical and mental health needs were supported by regular input from healthcare professionals such as access to the GP, dieticians, opticians, dentist and chiropody. Staff assessed and reviewed people regularly to make sure their needs were being met and to help them stay well.

However we saw two occasions where there had been a delay in attending or arranging attendance at outpatient's clinics/appointments. This means a requirement previously made is repeated in this instance. (See requirement 1)

A quality assurance system reviewed a range of relevant information about the service through the completion of audits. Areas that were covered by audits included looking at how well things worked and how well records were completed. Audits also looked at the specific healthcare needs of people experiencing care and at times we saw actions taken to help improve outcomes for them.

Meaningful activity is an important part of maintaining people's wellbeing. There were some links to the community through visits to and there were outings which some people had attended. Some in-house activities including entertainment and some group and 1:1 time had also taken place. People could access the garden in the good weather. Activities however continued to be limited overall and there was no clear link to show that these were in keeping with people's preferences or promoted their wellbeing.
(See recommendation 1)

People had mostly kept their weight steady and within a healthy level. This was helped by mealtimes being a positive experience, and help given with eating and drinking where needed. This was provided in a kind and caring manner. The quality of food was good and special diets were catered for.

Requirements

1. In order to ensure that people get the right care and treatment they require, the provider must demonstrate that the service has systems in place to ensure that the health needs of individual service users are adequately assessed and met by 31/3/19. In order to do this you must:

- Demonstrate that staff will contact a General Practitioner (GP) or other relevant healthcare team member when people who use the service require treatment or their health condition is not improving.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17) and in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4(1) (a) - requirement for the health and welfare of service users.

Areas for improvement

1. To promote health and wellbeing and ensure positive outcomes for people, the provider should develop the provision of meaningful activities for service users to engage in based on their personal choices and abilities.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. (HSCS 1.25)

I can maintain and develop my interests, activities and what matters to me in the way that I like. (HSCS 2.22).

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?**3 - Adequate**

People should be able to benefit from care plans which are regularly reviewed, evaluated and updated which consistently informs all aspects of the care and support they experience.

People benefitted from a culture of continuous improvement, through the service quality assurance processes. As part of this accident/incident records were completed well and staff monitored people following any accidents/falls. Accidents and incidents were collated and helped identify if there were any common themes linking events and the preventative actions taken to avoid reoccurrence.

People were involved in discussing their care plan and decision making through taking part in their 6 monthly care reviews. This had helped to shape their plan of care in way that was meaningful to them. It also helped them to discuss how happy they were with the care required. Where required there were appointed carers with legal powers to make decisions or discuss care on behalf of individuals. The service kept up to date information about this.

There were ongoing reassessments for service users which helped to make sure that their needs were being met and that the care they received continued to be appropriate. Where there had been any fluctuations in health the service had actively instigated investigations, reviews and changes and we could see that referrals continued to be made to healthcare clinicians where required.

Information was recorded well at times within care plans although some were better completed than others. Information we looked at showed that future care and support needs were anticipated as part of pre admission and admission assessments. However, some care plans we looked at lacked important information in parts and/or did not cross reference information accurately. This meant directions and information for staff at times could have been clearer on the care and support which was required to meet people's needs. Care and support delivered or changes to people's health was not always clearly detailed within the daily records or monthly evaluations. This meant that it was difficult to see that care was outcome focused and had been delivered in a person centred and meaningful way.

A requirement previously made is repeated in this instance.
(See requirement 1)

Requirements

1. The provider must improve the quality and level of detail in care plans to clearly demonstrate that information recorded within the care plans are accurate, sufficiently detailed and reflect the care planned or provided. Staff

require training to demonstrate they are aware of their responsibility to keep accurate records which reflect; All the current healthcare and needs of individuals and how staff are expected to manage these appropriately.

- Include accurate up to date information about care and support which is fully evaluated to provide an explanation on changing needs which are reflected within the relevant section of the care plan.
- stress and distress care plans should clearly show intervention strategies to be used before "as and when" medications are administered
- when a new resident is supported the level of assistance required and what the resident can do themselves should be fully recorded.
- daily recordings to be improved to clearly show tasks completed.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices " (HSCS 1.15) and in order to comply with SSI 2011/210 Regulation 4(1)(a) - welfare of service users and Regulation 5 - Personal plans.

Timescale: to be completed by 31 March 2019.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

The provider must improve the quality and level of detail in care plans to clearly demonstrate that information recorded within the care plans are accurate, sufficiently detailed and reflect the care planned or provided. Staff require training to demonstrate they are aware of their responsibility to keep accurate records which reflect;

- All the current healthcare and needs of individuals and how staff are expected to manage these appropriately.
- Include accurate up to date information about care and support which is fully evaluated to provide an explanation on changing needs which are reflected within the relevant section of the care plan.
- stress and distress care plans should clearly show intervention strategies to be used before "as and when" medications are administered
- when a new resident is supported the level of assistance required and what the resident can do themselves should be fully recorded.
- daily recordings to be improved to clearly show tasks completed.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices " (HSCS 1.15) and in order to comply with SSI 2011/210 Regulation 4(1)(a) - welfare of service users and Regulation 5 - Personal plans.

This requirement was made on 16 November 2017.

Action taken on previous requirement

This requirement has not been met, please refer to quality indicator 5.1 for further information.

Not met

Requirement 2

In order to ensure that people get the right care and treatment they require, the provider must demonstrate that the service has systems in place to ensure that the health needs of individual service users are adequately assessed and met by 14/9/18. In order to do this you must:

- Demonstrate that staff will contact a General Practitioner (GP) or other relevant healthcare team member when people who use the service require treatment or their health condition is not improving.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17) and in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4(1) (a) - requirement for the health and welfare of service users.

This requirement was made on 29 August 2018.

Action taken on previous requirement

This requirement has not been met, please refer to quality indicator 1.2 for further information.

Not met

Requirement 3

In order to ensure that people receive the correct care and support the provider must ensure that residents care plans provide robust detail that have been fully assessed, and provide staff with effective guidance on how to support residents by 28/9/18. In order to achieve this the provider must:

- Undertake a full assessment of the resident's needs
- Develop and implement clear prevention plans to avoid significant unplanned weight loss
- Review and implement changes to the provision of special diets, in particular high calorie diets and modified food textured diets, to ensure residents receive a balanced and nutritious diet which is appropriate to their individual needs.
- Ensure that the written plan is clear and concise
- Ensure that the written plan has supporting evaluation documentation that will evidence staff practice.
- Ensure that the written plan is being effectively monitored and audited.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that " My personal plan (Sometimes referred to as the care plan) is right for me, because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15) and " I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11), and in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments

2011 No 210: Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents.

This requirement was made on 29 August 2018.

Action taken on previous requirement

This requirement had mostly been met. The outstanding elements were specifically in relation to the written plan and are already reflected under an existing requirement which has been repeated at this inspection. Please refer to quality indicator 1.2 for further information.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

Care plans should be outcome focused.

This area for improvement was made on 16 November 2017.

Action taken since then

The quality of the care plans is subject to a requirement which has been repeated at this inspection and which includes this element. This means that although this recommendation has not been met it will not be repeated.

Previous area for improvement 2

There should be a stimulating environment for all residents

This area for improvement was made on 16 November 2017.

Action taken since then

We acknowledged that the environment had been improved upon and continued to be reviewed as part of the Home Improvement Plan.

This area for improvement has been met.

Previous area for improvement 3

Medication recording sheets should clearly show when "as and when" medication has been administered and what the outcome was.

This area for improvement was made on 16 November 2017.

Action taken since then

Medication records had been completed to a satisfactory standard.

This area for improvement has been met.

Previous area for improvement 4

The laundry system should be improved.

This area for improvement was made on 16 November 2017.

Action taken since then

Measures had been put in place to help make sure laundry processes were improved. People we spoke did not identify that there were any significant concerns with the laundry.

This area for improvement has been met.

Previous area for improvement 5

Signage should be improved around the home.

This area for improvement was made on 17 November 2017.

Action taken since then

Signage we saw appeared suitable to help direct people around the units and the home.

This area for improvement has been met.

Previous area for improvement 6

All staff should have regular 1-1 sessions with their line manager.

This area for improvement was made on 16 November 2017.

Action taken since then

We could see that most staff had received supervision and others were planned.

This area for improvement has been met.

Previous area for improvement 7

The provider should ensure that the service has accurate information about service users' care and support needs.

This area for improvement was made on 29 August 2018.

Action taken since then

The quality of the care plans is subject to a requirement which has been repeated at this inspection and which includes this element. This means that although this recommendation has not been met it will not be repeated.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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