

# The Village Nursing Home Care Home Service

1a The Auld Road  
Cumbernauld  
Glasgow  
G67 2RF

Telephone: 01236 458587

**Type of inspection:**

Unannounced

**Completed on:**

15 May 2019

**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.

At the time of the inspection, there were 44 residents using the service.

## What people told us

Before this inspection, we issued 16 resident care standard questionnaires (CSQs) and 16 relatives and carers CSQs. 1 relatives and carer CSQ was returned, which indicated that they overall "strongly agreed" that they were happy with the quality of care provided.

During the inspection, we spoke to 8 residents and 3 relatives/carers. Views expressed about living in the home were generally positive.

Specific comments from people included:

"I'm well looked after"

"Staff are great, I'm very happy"

"Staff are fine, feel looked after? So so"

"Nothing to do, TV on most of the time. Family come and take me out"

"Excellent care"

"Was out in bus last week to town centre"

"I'm not interested in going to sit in garden but they asked".

"Staff very nice and plenty to eat and drink. I manage to pass the time ok - watch a lot of television".

## 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staffing?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

## How well do we support people's wellbeing?

4 - Good

People were cared for 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.

People that spoke with us, spoke positively about the staff who worked within the service. We could see where resident and relative meetings had taken place and where actions had been taken where suggestions were made.

There had been a change of activities staff within the service. Records showed that there were long periods of time between residents being joining in meaningful activities. Although, we saw staff engaging well with people, we generally found there to be a lack of stimulating and meaningful activities therefore this area for improvement has been repeated.  
(See area for improvement 1)

Residents received nutritious food and snacks and staff encouraged drinks throughout the day. Mealtimes were relaxed and organised and people were helped to eat and drink where needed. Specific diets were catered for with residents' weights monitored where required. Fluid intake was also monitored where required to make sure people were getting enough to drink. We suggested the service use the NHS specific skin monitoring tool (SSKIN Bundles) to prevent duplication in other records used.

People had been helped to take their medications well. The sample of medication administration records we looked at had been completed to a good standard.

Staff generally appeared knowledgeable in the tasks they were undertaking. We observed one incident where staff had supported a resident patiently and calmly which had helped in reducing the stress the resident was experiencing.

There were not many pressures sores within the home, and where needed, preventative equipment was being used. However we advised management that staff should be more mindful of the length of time people are sitting throughout the day.

Residents were well presented and appeared to have been supported well with their personal hygiene and laundry needs.

## 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?

4 - Good

The service had a brief morning meeting each day which helped make sure the communication across the departments and staff groups was effective. We attended one of these meetings and observed important clinical matters being discussed and actioned where needed.

There were visual walk around checks carried out every day by management to help identify and address any issues or concerns.

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 we saw some examples where actions taken, helped improve outcomes for people.

We suggested that the audit action plans could be improved on in that they could show more clearly the actions that had been taken. We also highlighted that the weekly dining audit should record generic rather than individual comments on the meals.

The completion of accident/incident records had been completed well and included, all relevant information surrounding the events. This was monitored for any recurring trends or themes and we saw where action had been taken to help avoid future incidents.

Falls analysis was carried out and there were regular Falls Team Meetings to look at how the service could improve. However, we asked management to consider the intensity and frequency of checks carried out with people overnight, after a fall where no injury had been sustained. Management agreed to review this.

The service continued to encourage and involve residents, their representatives and staff in developing the service. This included meetings and questionnaires.

We could see where actions had been taken to help improve outcomes based on people's comments. Minutes of meetings were not always clear and we suggested how these could be improved upon.

The service continued to review its overall effectiveness and compliance with quality standards, through the completion and monitoring of their Home Improvement Plan.

## How good is our staff team?

4 - Good

During our inspection, we watched how staff supported and engaged with service users and observed them as being warm, caring and professional. We also watched staff having a good rapport with visitors to the service. We observed staff responding quickly to requests made by people receiving care. Staff we spoke with knew the people they supported well and could talk about their particular needs and preferences. This helped to ensure that residents' needs were met. People who commented about the staff were also generally positive about the support they/their relative received from staff.

We were satisfied that there had been a sufficient level of staff training to meet the needs of service users or help improve outcomes for them. This included sourcing training from external healthcare colleagues.

We suggested to management that activity staff may benefit from specific activities based training to support them in their role.

The manager checked regularly that staff working within the home were registered with the appropriate professional register and were therefore eligible to practice.

Regular staff meetings gave staff the opportunity to put their views across about the service and keep them informed about the ongoing development of the service.

Staff had also received regular supervision sessions to help support them in their role.

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

We reviewed a sample of files of staff recently recruited by the service. We found staff were appropriately and safely recruited in line with best practice guidelines.

The service also maintained a register of staff registered with professional bodies, namely the Scottish Social Services Council (SSSC) and Nursing and Midwifery Council (NMC), and we found staff were appropriately registered.

## How good is our setting?

## 4 - Good

Residents benefitted from bedrooms which had ensuite toilet and shower facilities with lockable storage areas and heaters which they could adjust. Residents were also encouraged to personalise their bedrooms with furnishings and items of their choosing. People commented positively about the environment and generally said that they were happy with the home.

The home appeared fresh and clean and we found there to be no significant malodour during the time of the inspection. We highlighted one area where a unit door did not close effectively and the manager agreed to action this. The home improvement plan showed a commitment from the provider to continue to develop the service.

The layout of the units enabled residents to move about freely and there were no restrictions on accessing their bedrooms or communal areas. The garden was a pleasant area for residents to enjoy accessing a safe outdoor space, and we observed staff encouraging residents to use this during the inspection.

Signage which was displayed was in keeping with best practice and may be of help to residents with cognitive needs to orientate themselves.

The service had a minibus and pictures which were displayed of activities showed residents had enjoyed trips out and had accessed community areas and events.

Where they suitably assessed, some residents were given door access codes to come and go as they wished. Residents were also encouraged to use the on-site hairdressers to promote their self-esteem and wellbeing. Quieter areas were also available for people to access if they wished.

The service had suitable equipment where this had been assessed as required to help ensure the safety, wellbeing and independence of people using the service.

Regular checks and repairs were carried out on areas and equipment within the home. This helped make sure the environment was safe and maintained to an acceptable standard for people to live in.

## How well is our care and support planned?

4 - Good

We generally saw an improved level of information within the care plans about how people's specific medical needs were being met or considered.

We highlighted some specific examples where the intended outcomes could have been recorded clearer. We also found some individual areas within care plans which could have been more consistently recorded.

(See area for improvement 1)

We saw examples where people had been 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.

However, although we found that care reviews were up to date, they were basic in content and were not particularly outcome focussed

(See area for improvement 2)

The care plans we looked at showed ongoing re assessments which helped make sure residents needs were reviewed to make sure care 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.

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.

## Areas for improvement

1. The service should continue to develop and improve on residents' care plans to reflect all information is current and consistent and is outcome focussed.

This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states "My care and support meets my needs and is right for me".

2. Minutes of care reviews should be developed further, to demonstrate that there has been full and meaningful discussions with residents, or where applicable, a relevant person(s) on their behalf. In doing so these should be developed to be more outcome focussed.

This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states "My care and support meets my needs and is right for me".

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

### Requirements

#### Requirement 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 use

**This requirement was made on 29 August 2018.**

#### Action taken on previous requirement

We saw evidence which demonstrated that service users' health needs were being adequately assessed and clinical advice sought where required.

#### Met - outwith timescales

#### Requirement 2

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.

**This requirement was made on 16 November 2017.**

## Action taken on previous requirement

We found that generally the care plans had improved. However, we identified some specific areas that could have been improved upon and these are subject to an area for improvement.

**Met - outwith 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

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).

**This area for improvement was made on 3 October 2018.**

#### Action taken since then

There had been a change of activities staff within the service. Records showed that there were long periods of time between residents being joining in meaningful activities. We generally found there to be a lack of stimulating and meaningful activities therefore this area for improvement has been repeated.

(See area for improvement 1 under Key Question 1)

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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