

The Village Nursing Home Care Home Service

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Cumbernauld
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Type of inspection:
Unannounced

Completed on:
26 October 2023

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300789

About the service

The Village Nursing Home is situated in a residential area of Cumbernauld, North Lanarkshire. The provider is HC-One Limited and is registered to provide care and support for 48 older people.

The home provides long-term nursing 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 on 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.

About the inspection

This was an unannounced follow up inspection which took place on 26 October 2023 between 10:00 and 16:00. The inspection was carried out by one inspector from the Care Inspectorate. This inspection was to evaluate improvements we asked the provider to undertake at our full inspection of 1 June 2023 and our subsequent follow up visit that concluded 14 September 2023.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- obtained feedback from visiting professionals

The views of people and their relatives have been gathered during previous inspection visits.

Key messages

- Staff have undertaken a variety of training that has improved their knowledge and skills.
- Staff demonstrated their knowledge of accountability and emergency procedures to be followed during any high risk incidents.
- The dining experience and timings for this has improved and has resulted in a calm and personalised response from staff that meet people's needs.
- We observed staff presence in all areas of the home who were attentive to the needs of people.

How well do we support people's wellbeing?

Since our last inspection, no new people have been admitted to the care home. We were therefore unable to evaluate the requirement 1 below. We have extended this requirement for a further six weeks.

We will follow up on the expected improvements to oral care records at that time.

Requirements

1. By 7 December 2023 and extended from 26 October 2023, the provider must demonstrate that personal plans make proper provision for people's health, safety and welfare and detail how identified risks will be managed. To do this the provider must, at a minimum:

- Ensure that information received prior to admission is used to identify and assess potential risk areas;
- Ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided including how identified risks will be managed;
- Ensure consultation and involvement with the person experiencing care and/or their representative in the development and review of risk assessments;
- Review and update risk assessments, in particular falls risk assessments, to reflect any health and/or mental health issue which may impact on the risk management plan;
- Provide training so that staff are aware of their responsibility in maintaining accurate records, and follow best practice;
- Demonstrate care staff are aware of the content of the care plans and how support must be provided;
- Demonstrate that managers are involved in monitoring and the audit of records.

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) "My future care and support needs are anticipated as part of my assessment." (HSCS 1.14).

Areas for improvement

1. Oral care should be provided in accordance with care plans and in line with current guidance.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state "My care and support meets my needs and is right for me." (HSCS 1.19).

How good is our leadership?

We agreed to follow up this area for improvement in six weeks time when we return to evaluate requirement 1 highlighted in "How well do we support people's wellbeing?"

Areas for improvement

1. To support a culture of continuous improvement, the manager should ensure they have oversight of all concerns and complaints raised, and that these are fully investigated and responded to, in accordance with the provider's complaints policy and procedure.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me."

How well is our care and support planned?

We agreed to follow up this area for improvement in six weeks time when we return to evaluate requirement 1 highlighted in "How well do we support people's wellbeing?"

Areas for improvement

1. Anticipatory care planning should be discussed with all relevant parties and recorded to ensure end of life care meets the needs and wishes of people.

This ensures that in the event of an unexpected decline in health, there is a plan in place to address this.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state "I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively." (HSCS 1.7).

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

Requirements

Requirement 1

By 26 October 2023, the provider must demonstrate that personal plans make proper provision for people's health, safety and welfare and detail how identified risks will be managed. To do this the provider must, at a minimum:

- (a) Ensure that information received prior to admission is used to identify and assess potential risk areas;
- (b) Ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided including how identified risks will be managed;
- (c) Ensure consultation and involvement with the person experiencing care and/or their representative in the development and review of risk assessments;
- (d) Review and update risk assessments, in particular falls risk assessments, to reflect any health and/or mental health issue which may impact on the risk management plan;
- (e) Provide training so that staff are aware of their responsibility in maintaining accurate records, and follow best practice;
- (f) Demonstrate care staff are aware of the content of the care plans and how support must be provided;
- (g) Demonstrate that managers are involved in monitoring and the audit of records.

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) "My future care and support needs are anticipated as part of my assessment." (HSCS 1.14).

This requirement was made on 15 June 2023.

Action taken on previous requirement

The service have not admitted any new residents since we made this requirement. We agreed to extend this requirement until 7 December 2023.

Not assessed at this inspection

Requirement 2

By 26 October 2023, the provider must demonstrate responsive and effective intervention for people who display stress and distress.

In order to achieve this, the provider must:

- (a) Ensure that staff have the necessary skills and experience to work in conjunction with external professionals when people who use the service require investigations or monitoring to be carried out.
- (b) Evidence the use of medication is used as a last resort when other interventions have not been successful.
- (c) Reviews undertaken for people displaying stress and distress should summarise recent concerns and interventions and family members/welfare appointees should be given opportunities to contribute to this aspect of the review.

This is in order to comply with regulation 4(1)(a) make proper provision for the health, welfare and safety of service users; and (b) provide services in a manner which respects the privacy and dignity of service users; of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "My care and support meets my needs and is right for me." (HSCS 1.19).

This requirement was made on 14 September 2023.

Action taken on previous requirement

We received positive feedback from the mental health professional supporting the service regarding the communication from the staff team and advice being followed. We were able to see good information regarding updates and referrals for people in records where this was required. This had improved since the last inspection.

We acknowledged a lot of training and discussions in meetings had taken place with staff to ensure records were recording fully when "as required" medication had been administered. The procedures and expected recording was evident for the permanent staff, however we noted a lack of detail in records from agency staff who had not evidenced what other support was provided prior to administration of medication. The management team will continue to fully monitor entries in records undertaken by agency nurses to ensure this improves in line with the recording of the permanent staff.

We noted that the six monthly review paper work had been changed and updated to consider discussions regarding stress and distress. This meant families would be up-to- date with their relative's wellbeing and be included in any suggestions for a supportive response.

Met - within timescales

Requirement 3

By 26 October 2023, to improve care experiences for people and their families, the providers must develop effective and robust protocols that respond to serious incidents. In order to do this the provider must:

- (a) Ensure procedures and guidance are available for staff to follow in an emergency and that staff are fully confident with what is expected of them.

(b) Ensure on call managers are contacted out of hours.

(c) Ensure supervision is undertaken after incidents of concern where required.

This is in order to comply with regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I use a service and organisation that are well led and managed." (HSCS 4.23).

This requirement was made on 20 June 2023.

Action taken on previous requirement

This requirement was made in June at our full inspection and during our visit in September we extended the time for this requirement to be met.

We noted good information had been cascaded to staff and group supervisions had taken place with key staff. Training had also been provided with a focus on accountability for all staff.

Information and key details of on-call staff, contact information and circumstances of when contact should be made was provided to all staff. This information was also displayed clearly in nursing stations.

A high volume of individual supervision sessions had taken place since our last inspections, some of which had focussed on findings from staff observations. This meant that any improvements identified were immediately discussed and corrected, and if necessary, additional training provided.

We spoke with staff from all units who appeared confident and knowledgeable about their roles, responsibilities and escalation of matters to the management team.

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 support a culture of continuous improvement, the manager should ensure they have oversight of all concerns and complaints raised, and that these are fully investigated and responded to, in accordance with the provider's complaints policy and procedure.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me."

This area for improvement was made on 15 June 2023.

Action taken since then

We did not assess this area at this inspection and will follow this up at our next visit.

Previous area for improvement 2

People should have their property and clothing kept securely. Missing items should be recorded, and action taken to find or replace.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state "I have an accessible, secure place to keep my belongings." (HSCS 5.4).

This area for improvement was made on 1 June 2023.

Action taken since then

Steps had been taken to improve on the laundry service, and relative meetings discussed the procedures in place to minimise risk of loss of clothing being brought in for family. We had no concerns during our recent visits with regard to missing clothing. This area for improvement has been met.

Previous area for improvement 3

People should be offered the choice to transfer to dining seating. People must be able to sit safely and comfortably at a dining table. If remaining in a wheelchair the dining table must accommodate this. People should be alert for their meals.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state "I have enough physical space to meet my needs and wishes." (HSCS 5.20).

This area for improvement was made on 1 June 2023.

Action taken since then

We observed meal times during our visit for the high dependency unit. We saw that meals were now offered at two different sittings. This meant those people who needed additional support were provided with this first, with the staff providing the individual attention that people required. The environment was calm and peaceful with residents sitting comfortably in an area of their choosing. This area for improvement has been fully met.

Previous area for improvement 4

Oral care should be provided in accordance with care plans and in line with current guidance.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state "My care and support meets my needs and is right for me." (HSCS 1.19).

This area for improvement was made on 1 June 2023.

Action taken since then

We did not assess this area at this inspection.

Previous area for improvement 5

To support wellbeing, learning and development, all staff should be offered supervision on a regular and structured basis.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational code." (HSCS 3.14).

This area for improvement was made on 1 November 2023.

Action taken since then

A high quantity of individual supervisions and group supervisions had been undertaken since our last inspection. This ensured staff were able to discuss any training needs or further development they required. This area for improvement has been fully met.

Previous area for improvement 6

Anticipatory care planning should be discussed with all relevant parties and recorded to ensure end of life care meets the needs and wishes of people.

This ensures that in the event of an unexpected decline in health, there is a plan in place to address this. This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state "I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively." (HSCS 1.7).

This area for improvement was made on 1 November 2023.

Action taken since then

We did not assess this at this inspection and will follow up on our next inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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