

Pressbeau Limited

# Village Green Care Home

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Village Green Care Home is a residential care home providing personal and nursing care to up to 41 people. The service provides support to older and younger adults who may be living with dementia, a physical disability or need support with their mental health. At the time of our inspection there were 24 people using the service. The service is set up over two floors, one of which is set up to support people living with dementia. People have their own bedrooms with access to en-suite toilets and share communal areas such as lounges, dining rooms and a large garden.

### People's experience of using this service and what we found

The manager and provider had made positive changes at the service leading to an improved service for people. They acknowledged more work was needed in some areas to help keep making and sustaining these improvements. There was a positive culture at the service and staff clearly enjoyed their job roles. People and their relatives were happy with the support from the management and staff team. One person said, "There has been a lot of changes to the staff team and things keep getting better. I am very happy and am in a good place here."

People felt safe living at the service. Staff were trained in safeguarding and knew how to report concerns if they thought people may be at risk. The management team assessed risk to people and put plans in place to mitigate these as far as possible. There were enough staff to support people safely. People were supported safely with their medicines. Staff followed good infection control procedures and the service was clean.

People's needs were assessed when they started using the service and reassessed when needed. Staff had the training, supervision, and competency to perform their job roles effectively. People were supported to eat and drink if this was necessary, and food looked and smelled appetising. Health professionals were consulted and involved in people's support if this was necessary. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring and people were very positive about the support they received. People were able to make day to day choices about their support and were involved in discussions about their care. Staff respected people's privacy and dignity and promoted their independence where possible. People received individualised person-centred care, though the management team acknowledged this was not always reflected fully in people's support and care plans. Staff supported people to follow their interests and be a part of their community if this was people's choice. If people had concerns, these were listened to and responded to in a timely manner. People received dignified care at the end of their lives.

People were happy and relaxed being supported by staff. The manager completed audits and surveys to monitor the quality of the service. People, relatives, and the staff team were able to feedback about the

service and this was used to drive improvements. The staff team linked and worked with other organisations and health professionals to promote good outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (report published 05 July 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Village Green Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was completed by two inspectors.

#### Service and service type

Village Green Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Village Green Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a manager in post who had started the process of registering with the CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 8 people who used the service and 7 relatives about their experience of the care provided. We spoke with 10 members of staff including care workers, senior care workers, housekeeping staff, the cook, the manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records and numerous medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection there were not always enough suitably trained staff to support people safely. This was a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had reviewed and increased staffing levels depending on people's needs to ensure they were supported safely. Staff told us they could now spend time with people talking as well as supporting them with essential support needs. One person told us, "There are lots of staff about and I love to listen to what they have to say when they come and talk to me."
- Staff supported people in a timely manner and people did not wait for support for long periods of time. People's call bells were answered quickly and if there was a delay this was considered by the manager to see if improvements could be made. One person said, "I like that I can just call, and the staff come quickly." A relative told us, "[Family member] needs one to one support at night and this is always adhered to. It means they can stay up and use communal areas which is really important to them."
- The provider carried out recruitment checks for staff, to help ensure they were suitable to work at the service, in line with current legislation.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place for all areas of their support needs such as mobilising, health conditions, eating and drinking and using equipment. Some of these risk assessments needed to be more detailed and have specific guidance to help staff support people safely. The manager acknowledged this and was already in the process of updating these.
- Staff completed health and safety, including fire safety checks at the service to help keep people safe. The manager was in the process of reviewing fire risk assessments in place for people to ensure they were reflective of people's current support needs.
- People felt staff had a good understanding of how to manage risks. One person said, "[Staff] help me use [piece of equipment] because I cannot walk anymore. It means I can still do whatever I want, and nothing is too much to ask." A relative told us, "[Staff] do a great job and definitely know how to keep [family member] safe. They have complex needs but the staff know how to deal with these."
- The manager had systems in place to learn lessons when things went wrong and reviewed all incidents and accidents at the service. This included discussing incidents with the staff team and putting actions in

place to help prevent incidents recurring.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt they/their family member were safe living at the service. People's comments included, "I feel very safe and if I do not then I call the staff and they make me feel safe." and, "I feel very safe, and the staff are always asking me if I am alright." A relative told us, "I have no doubt [family member] is safe at the service and the staff know how to support them when they are feeling upset."
- Staff were trained in safeguarding and knew how to report abuse both internally at the service and to external authorities such as CQC or the local authority safeguarding team.

Using medicines safely

- People were supported safely with their medicines. Staff administered people's medicines in a timely manner and in line with how people wished to take their medicines. The manager and staff team completed regular audits and counts of medicines to help ensure they were being administered safely. One person said, "I am on lots of medication and would get very muddled if I tried to do it myself, so it is great the staff know what they are doing with all the medicines."
- Staff ensured people had care plans in place regarding medicines and these included guidance for staff to administer 'as and when required' (PRN) medicines. This helped ensure people were given these medicines whenever they needed them. We advised the manager to review their processes in relation to the storage of medicated creams and they reviewed this immediately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service looked clean, and we observed housekeeping staff had time to clean all areas of the service to a high standard. One person said, "[Staff] are always cleaning and just look around. It is spotless."

Visiting in care homes

- People's friends and relatives could visit them at any time without the need to book and appointment. One relative told us, "We can go and see [family member] any time which is very reassuring, and we are always welcomed. It is like visiting them in their home rather than a care home."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices, delivering care in line with standards, guidance, and the law

- People's needs were assessed when they started living at the service and assessments focused on people's preferences as well as their support needs. People's needs were reassessed when their needs changed. A relative said, "When [family member] started at the service [manager] spoke with us to make sure everything was in place for them. Little things like what drinks they like and what TV programmes they liked were talked about which was nice."
- The manager was passionate about staying up to date with best practice guidance. They shared this with the staff team to help ensure people were supported in line with current care standards.

Staff support: induction, training, skills, and experience

- Staff were trained in areas such as moving and handling, fire safety and supporting people living with dementia. Some staff told us they would like training in how to support people who showed how they were feeling by trying to harm themselves or others. The manager said they would enrol staff on this training. Nursing staff had not completed some mandatory training the provider expected them to have completed. The manager was aware of this, and plans were in place for nursing staff to update their training.
- The management team checked staff competency to ensure their training had been effective. The manager told us they planned to add further competency checks in areas such as treating people in a person-centred manner. One relative said, "[Staff] definitely seem to know what they are doing, and I think the manager is on top of the training. I certainly have no worries when it comes to staff supporting [family member] with whatever they need."
- New staff had an induction to help ensure they knew how to support people. One person said, "We had lots of new staff a while ago and they were shown around. They are not new anymore and we all know each other well."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink in line with their assessed nutrition and hydration needs. The cook was passionate about the food and drink they prepared for people and food and drink looked and smelled appetising. People's comments included, "The food here is excellent and even if it is not quite what you like [cook] will make something different." and, "Delicious food here. Usually I have second helpings."
- Staff made sure people had access to food and drink throughout the day. If needed, people had their food and fluid intake monitored so support could be put in place if they lost or gained weight. One relative told us, "The support staff have put in place for [family member] means they really like their food now and they are much healthier."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The manager and staff team worked with external health professionals such as GP's and occupational therapists to support people. The manager had worked hard to build a good relationship with the local GP surgery, and this had led to people getting timely support with any health concerns. One relative said, "Since the service was taken over by [provider] there has been a lot more involvement from the GP. Whenever [family members] health changes the support is there straight away."
- Staff supported people to stay healthy in a number of ways. For example, by making sure people always had access to food and drink or supporting people to follow advice from health professionals. One relative said, "[Family member] was having difficulty swallowing so the nurses made a referral to the speech and language therapist to get some help in place."
- Nursing staff at the service helped staff to follow any advice in place from health professionals and made sure people's care plans were updated with any information from health professionals. One relative said, "The nursing staff are always very helpful and make sure things are done properly."

Adapting service, design, decoration to meet people's needs

- The service had been designed to support people living with dementia and physical disabilities. For example, some areas of the service were coloured differently or set up to look like an area in the community (like a café) to help people orientate. The nominated individual told us their plans to further improve the environment at the service. One person said, "I really like living here. There are lots of different places to go and sit down and it feels like a home."
- The service was large and spacious allowing people to move around freely if they needed to use equipment to mobilise. One relative told us, "There is a lot of room at the service so [family member] can do whatever they like. This has always been important to them."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were able to make their own choices about their support. Where necessary, capacity assessments and best interest decisions had been made where people lacked capacity to make their own decisions, in line with current legislation and guidance. DoLS were in place for people where necessary and these were understood and followed by the staff team.
- People were asked for their consent by staff before they supported them with anything. Staff had a good understanding of the MCA. One person said, "[Staff] are all very polite and will always make sure I am happy before they do anything. They would never force me to do anything I say no to."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, respecting equality and diversity

- People were treated with kindness and respect by the staff team. We observed staff speaking with people calmly and in a friendly manner. People were relaxed and happy being supported by the staff team. Staff took time between essential care tasks to talk with people and engage with them socially and this had a positive impact on people's experiences at the service.
- People and relatives' feedback about staff was very positive. People's comments included, "[Staff] know me very well and know exactly how to look after me. I cannot fault them." and, "[Staff] are lovely and helpful and have been very good to me. They are the best." A relative told us, "The staff are so patient and understanding with [family member]. They are so kind, and I really do think they work wonders. [Family member] adores them."
- Staff had to know people as individuals and respected their preferences, likes and dislikes. For example, staff knew what food people liked and what routines were important to people. One person told us, "[Staff] know what I am like and know what is important to me."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make day to day choices about their support such as what to wear or what to eat. One person said, "[Staff] always offer me choices of what to do, even when they know I will say no. They ask in case I have changed my mind and never assume."
- People and relatives were asked to be involved in reviews of care and support plans to make decisions about their long-term care. One relative said, "We are always asked what we think about the care plans and if there are any updates then [manager] lets us know. They always make sure [family member] is asked for their views."

Respecting and promoting people's privacy, dignity, and independence

- Staff respected people's privacy and dignity. For example, they knocked on people's bedroom doors before entering and let people know what was happening when they supported them to eat and drink or use equipment. One person told us, "[Staff] are very respectful and always let me know what is going on when they help me [with personal care]."
- People were supported to be independent if this was their choice. Some people were supported to clean and tidy cutlery away or had access to equipment to maintain their independence when walking or eating and drinking. One person said, "[Staff] always give me [piece of equipment] so I can eat by myself. This is important to me."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection people were not being supported to engage in their social interests. Their personal preferences were not always being met. This is a breach of regulation 9 (Person Centred-Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The manager and staff team had improved the way people were supported to engage in social pastimes and interests. People were supported to follow their interests and took part in a wide variety of pastimes such as bingo, cooking and baking, watching movies in the services 'cinema room' and artwork. Staff also supported people to take part in specific events based on themed days such as chocolate day or quiz day. People's comment included, "There is always something to do here. Even if I am not keen on taking part I enjoy watching." and, "[Staff] have really tried hard to make everything interesting and exciting. Much better." The manager was proud of the work they and the staff team had done in this area and shared lots of evidence of people enjoying these pastimes.
- People were supported to go out into the local community if this was their choice to places such as churches, pubs, and café's. One relative said, "I could not believe it when [family member] told me they go out to the pub now. It has been a long time since they have been able to go out and this made their day."
- The manager had made efforts to update people's care and support plans to make sure they were personalised and contained information about people's specific likes, dislikes, and preferences. However, some of these support plans still needed more detail so staff had more guidance about how to support people as individuals. The manager acknowledged this and told us this was still a work in progress.
- Staff knew people well as individuals and knew what their preferences were. For example, they knew when people wanted to have personal care or knew which drinks people liked to have throughout the day. One person said, "[Staff] know I like to get up early and always have a nice hot cup of tea ready for me. They know me really well and I wish there were more people like them."
- People's individual support needs such as living with dementia or diabetes were recorded in their support plans. Staff had a good understanding how to support people with these needs. One relative told us, "[Staff] are all really kind and I know it sounds odd, but they really know [family member]. They don't just look after him, they know how he liked to be looked after."
- The manager and staff team dedicated one day a month to people and called them the 'resident of the

day'. During this time the manager and staff team updated care plans to make sure they were relevant, cooked the person a meal of their choice and asked them for their feedback about what they would like to do at the service. One person said, "Being resident of the day is a brilliant thing [manager] has started. It really makes me feel like I am listened to."

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager and staff team had started work to support people in line with the AIS. Staff now used pictures or objects (such as physically showing people clothes) to support people to make choices. Signs were placed around the service to let people know what rooms they were entering. The manager acknowledged there was still more work to be done in supporting people in line with the AIS and told us they and the staff team would continue working on this
- Staff were confident when communicating with people and took their time when speaking with them. One person told us, "Since you were last here staff take a lot more time to sit and speak with me and explain things to me carefully."

#### Improving care quality in response to complaints or concerns

- There was a complaints policy in place at the service and people and relatives felt confident to raise any concerns. One relative told us, "I have no reason to complain but know if I had a problem, it would be sorted out quickly."
- The manager recorded any complaints and investigated them thoroughly. They responded to the complainant to ensure the issue was resolved to their satisfaction.

#### End of life care and support

- People had been supported to put plans in place for the end of their life with the support of staff and their relatives. These plans were detailed and gave staff good guidance about how to support people at this time of their lives.
- Staff had received numerous compliments from relatives, about the way they treated people with dignity and respect at the end of their life. One relative said, "I want [family member] to stay at the service as I know they will get the best care."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care

At our last inspection systems were not fully embedded to assess and monitor the quality of the service. This made improvements difficult to implement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider and new manager had worked hard to put improvements in place at the service. This had resulted in a better experience of care for people. However, despite these improvements, there were still some issues at the service which still needed resolving or had not been picked up by systems and audits in place at the service.
- Some people's risk assessments and care plans were not detailed enough to fully guide staff how to support people safely. Audits to check fire safety were not always robust. Staff felt they would benefit from training not yet provided to them and staff were not receiving competencies to support them when interacting with people on a day-to-day basis. Some people's support plans would still benefit from more detailed personalisation.
- The manager and provider acknowledged there was still work to be done at the service. They also acknowledged whilst improvements had been made, they still needed time to fully embed at the service. The manager explained their plans to continue to improve the service based on the feedback from people, their relatives, and staff team.
- The manager and provider completed audits to monitor the quality of the service in areas such as medicines and health and safety. The manager had created several improvement plans and was working through actions to support people to have better experiences of their support. One relative said, "Since [provider and manager] have started there has definitely been a positive change at the service and things keep getting better."
- The manager and staff team had a good understanding of their job roles and spoke to us confidently about them. One person told us, "[Manager] seems to know what they are doing, and they make sure the staff do everything properly."

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a positive culture at the service. Staff were happy in their job roles and were clearly passionate about supporting people to have the best lives they could have. There was a calm and relaxing atmosphere at the service and staff and people had built friendly relationships.
- The manager had taken an active role in the service and made sure they spoke with people and the staff team, so they knew how to support good outcomes for them. The manager supported people with social pastimes and was present at different times of day such as mealtimes and night-time to support staff and help ensure people were being supported in an inclusive and empowered way.
- People and relatives were positive about their support. People's comments included, "[Manager] has really made a difference here. You can see how much happier the staff are." and, "I would not change a thing about living here. [Staff] are very good to me." A relative told us, "[Staff] cannot do any more for [family member]. They could not be in a better place."
- The manager was open and honest with people and their relatives if things went wrong. They reported notifiable incidents to CQC where this was necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were asked for their thoughts about the services regularly, both in one-to-one meetings with staff and in larger meetings. One person said, "[Manager] always comes and listens to what I have to say and tries to put things in place to make things better." A relative told us, "We have regular meetings with [manager] where they keep us up to date with what is going on. It is good to be so involved and I appreciate this."
- Staff were regularly engaged with to get their feedback about the service in one-to-one supervisions and staff meetings. The manager acted based on staff feedback, for example, increasing the number of staff on shift at key times of the day. Staff said they felt listened to and respected by the manager and the provider.

Working in partnership with others

- The staff team linked with health professionals to help achieve good health outcomes for people.
- The manager was passionate about working with and becoming a part of the local community. They showed us evidence of where they were working with the local community such as churches and restaurants to give people more opportunities to leave the service and be a part of this if this was their choice.