

Gedling Village Ltd

# Gedling Village Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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

Gedling Village Care Home is a care home providing personal care for 36 people aged 65 and over, some of whom were living with dementia. The service can support up to 60 people in one adapted building over three floors.

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

Changes had been made to the management of medicines although we found there were still areas which required improvement. Storage of prescribed creams and medication competency training still required further development in order to ensure all prescribed medications were managed safely and reduce risk further.

Infection control practices had improved, and we were assured that government guidance was being followed. Some signposting in regard to monitoring the testing process for COVID-19 was given in relation to agency staff.

Action had been taken by the new manager to improve the culture within the home. People told us the manager had been open and transparent about issues within the home. Action plans were in place to learn from previous incidents and improve the quality of care people received. The service was undergoing several changes and the manager was well supported by the provider. The manager acknowledged that sustaining and embedding the changes would take time.

Improvements had been made to assessing risk and changes to the governance system had been made to ensure people were cared for safely. Changes to staffing levels improved the care people received and significantly reduced the times people waited for care. Appropriate action had been taken following several safeguarding concerns, although there were some inconsistencies with the level of investigation that had taken place.

People were offered choice in what activities they wanted to undertake, and we observed people to be happy and engaged with the staff. Staff treated people with kindness. Relatives felt when they raised concerns they were listened to.

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 inadequate (published 23 March 2021). 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.

This service has been in Special Measures since 23 March 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or

in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced focused inspection of this service on 19 January 2021. Breaches of legal requirements were found. Breaches were around safe care and treatment, good governance, staffing and person-centred care. We also received safeguarding concerns relating to how people were treated following our last inspection.

We undertook this focused inspection to check they now met legal requirements and to examine the safeguarding concerns raised. This report only covers our findings in relation to the Key Questions Safe, Caring, Responsive and Well-led which contain those requirements. 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.

The ratings from the previous comprehensive inspection for the key question not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gedling Village Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 not always safe.

Details are in our safe findings below

**Requires Improvement** ●

### 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** ●

# Gedling Village 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This Inspection was carried out by two inspectors

#### Service and service type

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

The service had a manager who has applied to become registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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 all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with ten members of staff including the manager, deputy managers, senior care workers, care workers and cook. Some people were not able to fully share with us their experiences using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas.

We reviewed a range of records. This included multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits were reviewed.

After our inspection site visit, we contacted nine relatives to ask about their experience of the service. We contacted three staff to ask them about how they cared for people and their experience of working at Gedling Village Care Home. We reviewed further records this included five people's care records, staff training information, staff rotas and policies.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one professional who regularly visited the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) 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.

- Action had been taken to improve the safe management of medicines, although we found there were still areas that required improvement.
- Prescribed creams and eye drops required dating upon opening to ensure they were not used after the recommended opening times. This placed people at risk of receiving medication unsafely. This was fed back to the management team during our inspection and immediate action was taken.
- We found further medication training had commenced to ensure staff administered prescribed medications safely, but this had not yet been completed.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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.

- Risks had now been assessed and managed effectively.
- The manager had implemented and strengthened safety monitoring processes to prevent further incidents from occurring. For example, a member of the management team completed a robust walk round each day to highlight any risks and action was taken if issues were found.
- Information surrounding people's needs were now readily available and detailed daily handovers ensured any additional needs were highlighted and acted upon.

### Preventing and controlling infection

At our last inspection the provider had failed to ensure that infection prevention control measures were in place to ensure people received care and treatment in a safe way, This was a breach of regulation 12 (Safe Care and Treatment) 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.

- We were somewhat assured that the provider was accessing testing for people using the service and staff. Although the manager had implemented a testing process for agency staff for the detection of asymptomatic COVID-19; this was not consistently followed. This was fed-back to the manager and action promptly taken.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Staffing and recruitment

At our last inspection the provider had failed to ensure they were enough staff to meet people's needs. This is a breach of regulation 18 (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 18.

- There were enough staff and they were suitably deployed to safely meet people's needs.
- Staff numbers had now been adjusted when needed, in response to people's changing needs. For example, one person required extra staff to support them and this had been implemented in order to support them safely.
- People were no longer left for long periods of time and we observed people receiving support in a timely manner.
- Safe recruitment practices such as carrying out criminal records checks was in place for all staff however; we found the most recently recruited staff did not all have two references to assure the service of their suitability. The manager and admin manager were aware of this and were taking appropriate action.

Systems and processes to safeguard people from the risk of abuse;

- People were protected from the risk of abuse.
- We received positive feedback from staff about the changes the new manager had implemented. For example, a new system had been implemented for staff to raise concerns, we found that when staff had used the new system action had been taken.
- We received several serious safeguarding concerns about the service, we found evidence that both the new manager and provider had taken action to protect people from the risk of abuse.
- People who used the service knew who to raise concerns. One person told us they had raised safeguarding concerns to the manager, and these were dealt with immediately.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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 care, respect and compassion. One relative told us, "The staff help my [relative] and encourage them but never force anything, they respect their choices".
- We observed staff engaging and interacting with people during our inspection. Staff told us the changes within the home have allowed them to sit and talk to people. One staff member told us "The best part of my job is simply sitting and chatting with people, you see a real difference in people when they talk about the things they love".
- The manager promoted a service which ensured people were treated according to their wishes and beliefs, we were informed of an incident where staff had not displayed these behaviours and the manager took immediate action.

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

- People were encouraged to express their views and were involved in decisions.
- The provider held residents' meetings regularly where people were encouraged to express their views on how the service is run and what changes they would like to see.
- People were involved in care planning meetings. One relative told us "we sat and planned [my relatives] care together and discussed this extensively and slowly so my [relative] could make their own choices".

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and had their dignity maintained.
- We observed people being transferred using manual handling equipment, throughout each transfer, people were reassured continuously and treated with kindness throughout each movement.
- People told us staff respected their wishes and helped them to be independent. One person requested that they were not woken in the night and this was respected by staff.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

At our last inspection the provider had failed to ensure people's needs were met through a personalised service and this left people at risk of inconsistent support. This resulted in a breach of regulation 9 of the Health and Social care act 2008 (Regulated Activities) Regulation 2014.

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

- Care and support was now delivered in a person-centred way.
- Care plans were in the process of being updated, care plans we reviewed had been updated and reflected people's needs. For example, one person's mobility needs had changed significantly, and this was accurately documented within their care plan.
- People and their representatives had been involved in the reassessment of needs. One relative told us "I have had several telephone calls to discuss my [relatives] needs, as due to their health condition they can't make informed choices anymore".
- During our inspection whereby, we arrived at 6am we found that no one was woken against their wishes. One person was awake, and their care plan indicated they liked to wake early.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were being met.
- People's communications needs were documented in their care plan.
- Information relating to meals, activities and hand hygiene were displayed in written form, easy read and pictorial.

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

- Peoples interests were recorded in their care plans.
- A variety of activities were offered, and these were developed in line with people's interests. People told us they recently enjoyed making bird feeders and knitting.

- The manager had recently introduced pet therapy and had seen positive engagement from people who had not engaged in activities before.
- Visiting was available for all people in line with current guidance.

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

- Concerns and complaints were responded to and acted upon to improve the care people received.
- One relative told us they knew how to make a complaint and felt the new manager had acted swiftly to resolve recent issues. For example, one person told us "The management have listened to us regarding concerns and acted upon them immediately".

#### End of life care and support

- Care plans contained clear information relating to end of life care and support.
- Where people had wanted to discuss end of life wishes these had been documented.

# 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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

At our last inspection the provider had failed to ensure that systems and processes were in place to promote a transparent culture to improve the quality of care in the home. This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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

- The culture within the home had improved and the service was more open and inclusive. However, further work was needed to embed and sustain these changes.
- Staff told us, "The new manager is great really approachable, firm but fair but sometimes when [they] are not around things slip", whereas another staff member told us "sometimes there seems to be some tension within the management team".
- One professional told us they felt that internal investigations could be more detailed to achieve the best outcomes for people.
- People's health outcomes had improved as a result of the care they received. The manager promoted person centred care and we found improvements had been made because of this. For example, staff had worked with the physiotherapy service to significantly improve a person's mobility.

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 the provider had failed to ensure consistent management and leadership to enable a culture that improved care. 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 had quality assurance systems in place, however improvement was required to ensure these were consistent in identifying issues and driving further service improvements. For example, medication audits were in place but had not picked up the issues we found.
- Investigations into safeguarding incidents were completed however we found one incident which had been completed to be lacking in detail. This meant there was a risk the incident could be repeated leaving

people at risk.

- The manager was aware of their responsibility and had made a positive impact on the service; with support from the provider. Staff told us "Lovely new manager, a lot more approachable, they are always there for us".
- The management team had created an action plan following our last inspection and prioritised actions based on the possible impact on people.

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

- Feedback was sought from people and their relatives through residents' meetings and regular communication. People were actively encouraged to express their preferences.
- Regular staff meetings and supervisions were held for staff to share their ideas and highlight any concerns.
- One relative we spoke with felt the manager had included their loved ones in recent changes. One person's representative explained "We were shown fabric and sample boards to choose from, with [our relative] making the final decision. In our opinion, this was a very sensible and touching gesture to acquire a homely feel".

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

- The manager understood their responsibility to be open and honest with people and acted appropriately when things went wrong. One relative told us, "My [relative] had a recent fall and I was informed straight away, they communicate very well".