

Nottingham Care Village Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Nottingham Care Village is a care home registered to provide personal and nursing care to younger adults and older people, including to those living with dementia. The service can support up to 35 people. At the time of our inspection 21 people were living at the home and no one was in receipt of nursing care.

Nottingham Care Village is purpose built and split over two floors with communal areas on each floor and outdoor communal space surrounds the property.

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

People and their relatives told us they felt safe. Staff were knowledgeable about how to protect people from the risks of harm, abuse and neglect.

Safe recruitment practices were in place to ensure only suitable staff worked at the service.

People received their medicines in a safe and timely manner and people were supported to remain as independent as possible when administering their own medicines.

The service focused on building and maintaining open and honest relationships with people and their families and friends. People were consistently treated as individuals and changing needs were responded to quickly.

There was an open culture in which all safety concerns raised were addressed and valued as integral to learning and improvement.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 October 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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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.

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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Nottingham Care Village 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. Nottingham Care Village 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 not a registered manager in post; however, the new manager of the service had submitted an application to become registered.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with five members of staff including the manager, director, deputy manager and care assistants.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and multiple agency staff profiles. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse, harm and neglect. The provider followed local safeguarding protocols when required.
- Staff had received training to recognise abuse and protect people from the risk of abuse. They understood the provider's whistleblowing procedure and how to report any concerns.
- People told us they felt safe living at the home. One person said, "Staff make me feel safe, I rely on them. They know how to take care of me, and they never forget me."

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed safely.
- Robust person-centred risk assessments and regular checks and audits were completed on the environment and equipment used to ensure people's safety and enhance the care they received.
- Staff supported people to remain as independent as possible. One staff member told us, "Nothing is off limits, it's about how we support people safely to achieve what they want to do."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Some people had restrictions imposed on their liberty through DoLS procedures, however not all DoLS had been submitted for re-authorisation in a timely manner. The manager had identified this and had taken appropriate action. We did not find any negative impact upon people due to this.

Staffing and recruitment

- There were enough competent staff on duty. Staff had the right mix of skills to make sure that practice was safe, and they could respond to unforeseen events. For example, on the day of inspection the lift was out of use due to a malfunction. Staff ensured people on the first floor received the same level of care as others by

delivering meals to them on trays.

- Staff were recruited safely, and robust checks were in place. Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard practice. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider promoted an open and honest relationships between staff and management, supporting an open culture which ensured the right staff were recruited and retained to support people to stay safe.

Using medicines safely

- Medicines were managed appropriately, which meant people were protected from unnecessary risks and harm.
- Records were available to staff to clearly show how people preferred to be given their medicines and people received support from staff to make their own decisions about medicines wherever possible.
- The manager undertook a recent audit of medicines practice and identified areas which required actions. For example, changes were made to medicine administration records to make the documents easier to read and complete. Staff told us this kept people safe by reducing the likelihood of a mistake occurring.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping premises clean and hygienic.
- 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 accessing testing for people using the service and staff.
- 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.

Visiting in care homes

- The service supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- Processes were in place for staff to follow should an incident or accident occur. Appropriate follow up action was taken. This included consideration of how to reduce the risk of something similar happening in future.
- The manager had implemented key workers for people living at the home. This meant issues could be identified and acted upon earlier, and staff were able to discuss and share person-centred best practices.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received care from staff that was person-centred and aimed to provide positive outcomes.
- Positive feedback was received from people and staff about the approach and availability of the manager. One staff member told us, "Management have an open door and they listen, they're not afraid come out their office and see what's happening on a daily basis."
- One person living at the service said, "I am happy, and I am lucky to be here. I can do what I want within reason."

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 provider had processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that their concerns were acted on.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and manager were clear about their roles and responsibilities to people using the service now and in the future.
- The manager had started to develop their system of quality assurance checks to ensure good oversight of the running of the service. For example, audits of medicines and analysis of weight management, falls and pressure care were in place.
- At the time of inspection there was a new manager in the service who was applying to become the registered manager. The manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People, relatives and staff were fully involved in giving their feedback and a variety of formats were used to do this ensuring every voice could be heard. One person living at the service said, "I don't need to be asked for feedback, it happens all the time. They [staff] are always checking everything is ok."
- Staff described how they felt supported by management. For example, a staff member described how flexible management were in requests for changes in working hours.

- Regular auditing of the quality of the overall care provision was carried out. Action plans were in place to address any shortfalls.
- The service continued to work collaboratively with external professionals and commissioners, which ensured people's needs were met.