



**Nottinghamshire
County Council**

Quality Monitoring Audit Form

Gedling Village Care Home

Home Name:	Gedling Village		
Manager: (Are they registered with the CQC?)	Michelle Garland CQC registered		
Provider:	Pearlcare		
Type of Service:	Residential		
Home Address:	73 Arnold Lane, Gedling, Nottingham, NG4 4HA		
Email Address:	manager.gedlingvillage@pearlcare.co.uk		
Date of Audit:	05.12.23		
Band:	5	Previous Band / Score:	4
Score:	46	Action Plan Required?	No

Key:	Excellent	Good
	Improvement Required	Does Not Meet

Standard One: People who use the service experience outcome focussed person centred care: People who receive a care service receives outcome focussed person-centred care, which considers their choices and preferences. Care is provided in a positive risk-taking environment, which supports people to make decisions regarding their care.

1.1 Each service user has a personalised support plan which identifies patterns of daily living. Service users and / or families / advocates are involved in the process and are able to contribute their views.

Score	Recommendations:	Observed Evidence
Good	Ensure when care plan reviews are completed that the review evaluations record the process and who has been involved in the review.	<p>We looked at the care and support plan records for three people who live in the service and found that the care plans were clear, concise and easy to navigate. The care plans focused on individual strengths and personal preferences and reflective of initial assessment of need.</p> <p>Care and support needs were documented and considered the physical, mental, social, emotion and spiritual needs of the person.</p> <p>We saw that some life history information has been gathered in enough detail to ensure staff have an awareness of family, past experiences, choices, preferences, and interests. Care and support plans have been developed with the support of the resident and/or their family members.</p> <p>We saw that Care and Support plans were evaluated/reviewed and updated regularly so they reflected current Care and Support needs.</p>

1.1 Each service user has a personalised support plan which identifies patterns of daily living. Service users and / or families / advocates are involved in the process and are able to contribute their views.

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1.2 Care / support plans include identified areas of risk and details how these will be managed and are reviewed, supporting service users to make informed choices.

Score	Recommendations:	Observed Evidence
Good	Ensure consistent implementation of risk assessments for equipment.	<p>We looked at the care plans and support plans for three residents. We found that they typically identified areas of need and any associated risks or hazards. Where a risk/hazard had been identified, there was a corresponding risk assessment. For example, where a falls risk has been identified, a falls risk assessment is in place as well as risk assessments for assistive equipment. The risk assessments balanced safety with residents' right to make choices. The requirements of the Mental Capacity Act 2005 (MCA) were considered as part of implementation.</p> <p>We found that risk assessments had been reviewed monthly or as the residents needs changed. For example, we observed a residents care plan was updated to reflect clinical guidance following medical intervention.</p> <p>We found that the reviews did not always document the views of the residents' or the significant others in their lives. This was discussed with management who advised reviews are conducted at a 6 monthly interval with input from relatives.</p>

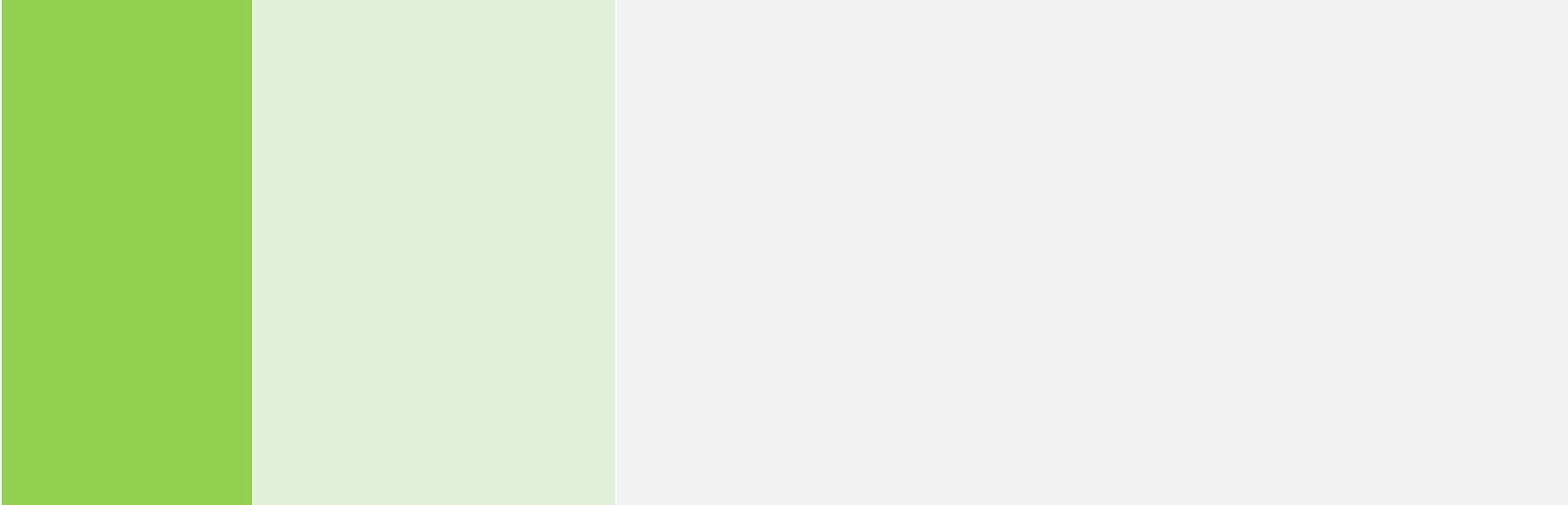
1.2 Care / support plans include identified areas of risk and details how these will be managed and are reviewed, supporting service users to make informed choices.

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1.3 Accurate records relating to service users are completed in a timely way and stored in a safe place.

Score	Recommendations:	Observed Evidence
Good		<p>We reviewed the documentation and supplementary charts for three residents. We found that a live record of significant events had been maintained, and where there was an identified need, appropriate monitoring forms were in place such as nutrition and hydration and body maps. Where residents had received interventions, this had been documented.</p> <p>We found that supplementary charts gave clear information in changes to resident's needs, and where appropriate, escalation had been sought. Trends had been identified and escalated where required. For example, the staff handovers observed documented escalation following a resident fluid intake falling below desired levels. Documentation and escalations were noted through PCS system.</p> <p>We found that confidential records were stored in line with GDPR. We spoke with staff and found that they mostly understood their responsibilities in relation to the storage and handling of confidential information.</p>

1.3 Accurate records relating to service users are completed in a timely way and stored in a safe place.



1.4. Service users are afforded a choice of suitable nutritious food and in sufficient amounts in accordance with their identified needs and wishes.

Score	Recommendations:	Observed Evidence
Excellent		<p>We reviewed the kitchen and dining areas. We found that menus were displayed and accessible for all residents. We found the kitchen staff knowledgeable, menus offered choice, and that residents were able to choose a variety of foods.</p> <p>We found that where residents required support to eat, that this was given as the care plan dictated. We found that where residents had been identified at risk, that appropriate assessments had been undertaken by external professionals such as SaLT and residents were in receipt of modified diets where required. We found that where residents required equipment such as adaptive cutlery or plate guards, these had been provided and were in use as the care plan dictated. We found that there were suitable amounts of nutritious food on the menu.</p> <p>We found that where possible, residents were involved in the planning of menus although this was not always evident.</p>

1.5. Service users are supported with dignity through individual stages of life, by staff respecting their choices and preferences.

Score	Recommendations:	Observed Evidence
Score		<p>End of life plans were mostly in place for residents and gave details of funeral arrangements, but it was not always clear how residents would like to spend their final days.</p> <p>We found evidence that RESPECT was being used with some residents but not in all cases. Where RESPECT was used it was completed appropriately and there was some evidence of advance care plans being completed. Appropriately completed DNACPRs were in place and staff were aware of where this information was found.</p> <p>We found evidence where lasting power of attorney status was recorded for residents, and it was recorded how they were supported with this. There was some evidence of family involvement in care planning, but this was not always recorded in detail. The majority of staff had received training on end-of-life needs.</p>

Standard Two: Keeping People Safe: People are protected from abuse or the risk of abuse, including financial abuse and the safe handling of their medication. People are supported and needs are met in line with MCA and DoLs / DoLiC requirements.

2.1 Service users are protected from abuse or risk of abuse. Their human rights are upheld through the effective operation of safeguarding arrangements. These identify and prevent abuse and are responded to appropriately.

Score	Recommendations:	Observed Evidence
Excellent		<p>We found that the management were aware of Making Safeguarding Personal and was evidenced within internal investigations. We found that management made appropriate referrals, and referrals included information on the incident, subsequent internal investigations and immediate risk mitigating strategies taken. Where incidents had occurred, trends had been analysed to reduce or prevent similar incidents occurring. We found that findings from Safeguarding enquiries had been discussed in team meetings, where appropriate.</p> <p>We spoke with residents and found that they were knowledgeable of who they should report to if they had a concern. We spoke with staff and found that they were knowledgeable of national and local reporting requirements and knew how and where to report safeguarding concerns. Staff were able to describe what steps they would follow if they suspected or witnessed abuse.</p> <p>We looked at the safeguarding records maintained by the management. We found that the manager kept a clear record of safeguarding referrals, themes and recommendations using a Tracker. We also found that the management completed statutory notifications where required.</p>

2.2 Where the service user lacks capacity to make decisions, the requirements of the Mental Capacity Act 2005 are met.

Score	Recommendations:	Observed Evidence
Good	<p>Review Best Interest decisions and ensure where these are in place, all relevant parties have been consulted in the decision and ensure documentation of the options considered.</p>	<p>We spoke with staff and found that they had a good understanding of Mental Capacity. We found that residents had two stage Mental Capacity assessments in place, where appropriate, and these were decision specific. We found that Mental Capacity assessments were evidential, and gave information on the environment, time of day, communication (i.e., questions asked, and answers given) and any further communication aids.</p> <p>We found that where residents had been assessed as lacking capacity, corresponding Best Interest decisions were completed. We found that the residents and their relatives and representatives tended to be involved in capacity assessments and best interest decisions, however, it was not always documented how Best Interest decisions were weighed and considered.</p> <p>We found that mental capacity assessments and best interest decisions had been reviewed alongside the care plan.</p>

2.3 Service users are protected and supported to live with the least restrictions to their liberties. Where the service user is subject to restrictions and restraint, they must be authorised under the Deprivation of Liberty Safeguards (DoLS) and Deprivation of Liberty in Community referred to in Nottinghamshire as (DoLiC).

Score	Recommendations:	Observed Evidence
Excellent		<p>Through observation people have freedom to move about without restriction unless supported by a DoLS. Staff had a clear understanding of when a DoLS are necessary and what actions to take to apply for a DoLS. Staff and management were clear of the timescales for application and renewals. Referrals been made where necessary to DoLS and CQC were notified of applications.</p> <p>Appropriate, accurate and adequate records are maintained regarding any restraint/restrictions. Relevant conditions had been implemented in relation to DoLS where these were specified. Referrals been made where necessary to DoLS and CQC were notified of applications.</p> <p>Where limitations to freedom and choice had been identified there were some examples of care plans linked to linked to MCA and DoLS assessments and these were generally of a good standard. Where conditions to DoLS were specified these were recorded but it was not always specified within plans.</p>

2.4 Service users are protected from financial or material abuse.

Score	Recommendations: Observed Evidence
Excellent	<p>We found that the provider had an up-to-date policy for finances. We found that service users were supported to manage their money and finances, and that the provider kept an up-to-date log of resident's appointees or Lasting Power of Attorney (LPA) within care plans.</p> <p>We found that staff were aware of who to report to, should they suspect financial abuse. We found that the service kept accurate records of resident's finances, including a running record of incoming and out-goings. Receipts were stored where purchases had been made and we found this tallied with the records kept by the service. Where money had been brought in for residents, a receipt had been issued that had been signed by the depositor and receiver. We found that finances had been audited regularly.</p> <p>We found that there was a process in place to support people to manage their own money safely and that high value items can be stored securely if required.</p> <p>We found that inventories were kept for high value items within the service.</p>

2.5 There are systems in place to ensure medication is obtained, stored, and administered, reviewed documented and disposed of effectively and safely.

Score	Recommendations:	Observed Evidence
Good	Ensure PRN protocols are regularly reviewed.	<p>The provider has an up to date medication policy that staff can easily access. Each resident has an up-to-date medication support plan and MCA assessment where required. MAR, TMAR and transdermal patches charts are completed consistently, appropriately and processes for auditing are in place. MAR front sheets are consistent and provide an effective summary of patient allergies, medication administration preferences, correct DoB and current photograph.</p> <p>Suitable systems are in place for ordering and disposing of medication including records in and out of service. The home monitors the medication room and fridge temperatures on a daily basis and these are within the correct range i.e. room less than 25 degrees and fridge between 2-8 degrees. We found the controlled drug record is effectively maintained including the use of counter signatures when controlled drug medication has been counted or administered.</p> <p>We found that staff were knowledgeable about how to follow and effectively maintain records for supporting people with medication and were aware of the medication and drug's policy. The needs of those people in receipt of 'When required' (PRN) medication were reviewed in accordance to plans and staff know if & when to administer this. Staff were able to show they knew what to do if medication has been missed or given in error.</p> <p>We saw that staff members were competent around medication handling and were assessed, evaluated and improved through regular training.</p>

2.5 There are systems in place to ensure medication is obtained, stored, and administered, reviewed documented and disposed of effectively and safely.

Standard Three: People who use services are supported by competent staff: People are supported and cared for by sufficient numbers of staff who are suitably recruited and sufficiently inducted and trained to provide them with the knowledge, skills and experience to be competent and professional.

3.1 Robust recruitment processes are completed with structured probation, supervision and appraisal arrangements in place for staff in line with Policies and Procedures

Score	Recommendations:	Observed Evidence
Good	<p>Ensure staff risk assessments are robust and thoroughly explore risk and mitigating factors.</p> <p>Ensure records of agency staff inductions are kept on file once completed.</p> <p>Ensure that Supervisions are completed as per policy and are effective.</p>	<p>We reviewed the staff files of 3 staff members within the service. We found that the management had undertaken a robust recruitment process of staff. We found that pre-employment checks had been undertaken such as right to work, identity checks, certification of learning and where appropriate, risk assessments. We found that adequate references had been obtained.</p> <p>We found that there was a probation period for new recruits starting at the service, and we found that staff had a probationary review meeting which was conducted by the management. Staff reported that they received supervision regularly. We reviewed some sample supervisions and found that staff were able to freely speak about their role, as well as any areas of progression. We found that supervisions were not always undertaken as the policy dictated, alongside annual appraisals. We found that there were policies in place to support disciplinary, performance management and attendance management.</p> <p>We found that the management kept profiles of agency staff, where appropriate. This included an up-to-date photograph of the staff member and competencies.</p> <p>We found that regular staff meetings were undertaken with a clear record of discussions that took place as well as corresponding actions. Staff told us that they feel supported and listened to.</p> <p>We found that DBS (Disclosure and Barring Service) checks had been undertaken and information was stored within the staff member's file. We found that where convictions had been identified following an adverse DBS referral, appropriate risk assessments were in place. However, risk assessments were not always thorough. For example, a</p>

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risk assessment viewed on the day did not thoroughly explore the potential risk posed to residents and highlight practical steps taken to ensure these risks were mitigated.

3.2 Staff have the knowledge, experience, qualifications and skills to support the service users.

Score
Good

Recommendations: **Observed Evidence**

We found that new staff members undertook a robust induction process, and staff were expected to complete Care Certificate (or equivalent). We found that this was managed effectively, and induction was signed off by both carer and management. We found that the induction process included shadowing opportunities and staff were placed on the rota for supernumerary shifts to complete this. We reviewed the training matrix. We found that staff had received training in subjects deemed as mandatory.

Our observations of staff interactions with residents showed us that staff were friendly, and responsive. We spoke with staff regarding their understanding of why they support residents and found them to be caring and established good relationships with residents.

We found that there was good evidence of how people were supported to share their views about the service. There was a positive attitude towards personal development to provide a good quality of life for people.

3.2 Staff have the knowledge, experience, qualifications and skills to support the service users.

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3.3 Staffing levels for the service are determined and deployed according to people's assessed needs.

Score	Recommendations:	Observed Evidence
Good		<p>We spoke with the home manager regarding how they determine the number of staff required. They told us that they use a dependency tool to determine the staffing hours, based on resident's needs. We looked at the dependency assessments for a sample of residents and found these to be an accurate assessment of the needs of the person, based upon our observations. We looked at the staff rota and found the staff planned to be working on the day of our visit matched those who were at work. We looked at how staff were deployed around the care home and found that staff were well distributed. Staff rotas documented the same staffing levels at weekends. We looked at how meaningful group and individual activities were planned. We found activities were planned and the staff were available to facilitate these activities. For example, on</p>

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the day of the visit a Stay and Play had been organised with a local playgroup. I spoke with residents who expressed being excited to take part.

We saw enhanced levels of care for example 2:1 for moving and handling or personal care on occasions this impacted on service delivery for others and people had to wait for care and support to be delivered.

Staffing levels were sufficient to allow staff to have a good work life balance and the service however the service occasionally had to rely on staff doing overtime.

There were ancillary staff deployed around the service to allow care staff not to have to undertake additional duties alongside providing care and support. These staff had training associated with their job role and had a good level of knowledge to evidence this.

We saw evidence of care delivery within handovers /daily records in line with care and support plans. We saw appropriate escalation of care within these records.

We saw evidence of the service business continuity plan and that they had plans in place to cover staff sickness. We gathered evidence that there were suitably trained staff on duty 24hrs a day to provide timely and effective care such as medication if required during the night.

Standard Four: Services are managed effectively: People receive high quality care through an effectively managed service. The provider/manager takes responsibility, is accountable for their actions, and has an effective system for identifying, assessing and monitoring the quality of the service provision.

4.1 People receive high quality care through an effectively managed service.

Score	Recommendations:	Observed Evidence
Excellent		<p>We looked at the provider's CQC registration and found that care was delivered in line with the registered regulated activities. We found that where conditions to the provider's registration were documented, the provider was adhering to these conditions. We found that the home manager was registered with the CQC.</p> <p>The staff we spoke with told us they felt supported by the manager and felt the manager lead the team well. Our observations of the home manager found they had a good rapport with staff.</p> <p>We found that the manager had a clear support system in place and had regular supervision. There was a clear plan for 7-day management cover within the service and clear escalation in the case of an emergency. We saw robust on call arrangements and staff told us that they felt supported at weekends.</p> <p>There was an updated business continuity plan that showed detailed information covering all aspects of care delivery.</p>

4.2 There is an effective system for identifying, assessing, monitoring the quality of service delivery.

Score	Recommendations:	Observed Evidence
Excellent		<p>We found clear evidence of comprehensive auditing processes in place to monitor quality of service delivery. The audits were evidence based and were relative to ensuring quality processes are in place.</p> <p>There is evidence of auditing being completed on a regular basis, with an overarching annual review to inform the business plan/organisation. External audits / reviews were completed by designated teams. People were consulted about the running of the service through regular meetings and through annual questionnaires, comments and complaints and there was evidence that action had taken place in response to these.</p> <p>The provider/manager used findings from audits to form an action plan. The action plan had clearly been implemented, evaluated, and reviewed.</p>

4.3 There is an effective system for identifying, receiving, handling and responding to and learning from complaints and concerns raised.

Score	Recommendations:	Observed Evidence
Good		<p>We looked at the provider's complaints procedure and found that it reflected information relating to timescales, responsible people, and a layered process, for example, including the information of the local authority or CQC. We saw copies of the complaint's procedure on display in the care home.</p> <p>We spoke with residents whether they knew how they would make complaints to / raise their concerns if they were not happy with the care they received. All the residents spoken with were clear this could be raised with the manager and felt comfortable doing so. We looked at residents and relatives' meeting minutes and found that there were opportunities to raise concerns/complaints and corresponding actions.</p> <p>We saw evidence of a clear whistle blowing policy and this was displayed with in the home. Staff are given copies and are aware of the organisation's whistle blowing policy & procedure. There are ongoing reviews that check whether there is sufficient awareness of the complaints procedure and to identify what could possibly inhibit complaints.</p>

4.4 How is technology used to enhance the delivery of effective care and support?

Score	Recommendations:	Observed Evidence
Excellent		<p>Sensor mats were in place where required and were regularly checked. Call bells were seen to work as expected. There are checks and audits in place to ensure that all systems are operating effectively.</p> <p>There were other forms of assistive technology available to enhance the wellbeing for people living in the service for example the use of PIR sensors.</p> <p>Technology is widely used by staff daily, for example all support plans are recorded electronically, PDA's are used, electronic rota systems are in place and the impending introduction of EMARs. Electronic care plans / assessments allowed for person centred care approaches and were not generically created. Staff have received training on how to use the technology in place. There was a clear contingency plan in place if technology fails, which was observed in service and was recently reviewed.</p>

Standard Five: Environment is safe and homely: People live in an environment which is clean, safe and personalised.

5.1 The accommodation is safe, comfortable, and suitable for the service delivery and promotes well-being. There are effective cleaning and maintenance schedules in place which ensure suitable standards of living are maintained.

Score	Recommendations:	Observed Evidence
Good		<p>Individual spaces were personalised and decorated to a good standard and of their choosing. Gardens were fully accessible, free from clutter/debris and were well maintained. Communal areas were clean, welcoming, and maintained regularly.</p> <p>There is a system for supporting people to report safety and maintenance issues and there is evidence of completion of tasks. The home was well maintained.</p> <p>Cleaning schedules show detail and were consistently followed and effective in ensuring the home is suitably cleaned. Cleaning rotas are in place for staff including cleaners and other staff which clearly identify duties and action taken. Staff have good access to hand washing and toileting facilities. There were no concerns raised by staff/family/advocates about the cleanliness of the service. Deep cleans were carried out regularly and clearly recorded.</p>

5.2 Infection Prevention Control, risks to health, welfare and safety of service users including fire safety and management.

Score	Recommendations: Observed Evidence
Excellent	<p>There is a clear and robust system for managing and monitoring health and safety within the service. Staff are well informed and educated about general health and safety, fire and infection control policies and procedures within the home as evidenced by training records.</p> <p>Equipment and goods are regularly checked and maintained. Staff know who to contact if there are any issues with equipment use, delivery and/or maintenance, this is well documented between the maintenance book and cleaning schedules.</p> <p>Legionella checks are completed as required by a trained individual. If issues are identified following checks all measures are followed to rectify issues with clear actions documented.</p> <p>All equipment & COSHH products are stored appropriately and in line with requirements. Sluice rooms were locked and cleaned appropriately. Sharps bins are provided and adequately stored, maintained and monitored. Laundry facilities were clean and appropriate with evidence of correct PPE in use.</p> <p>There was appropriate PPE stock and supplies available. Staff were observed wearing appropriate PPE in line with government guidelines throughout the visit.</p> <p>Fire risk assessments were completed and fire equipment checks completed as required. People knew how to exit in an emergency and there is an emergency plan in place including detailed PEEPs for individuals and their needs. Where PEEPS were in place, they were detailed including zones, mobility needs and cognition. There is fire evacuation plan in place and it is up to date. There is an evacuation grab bag in place and it was accessible to staff and included up to date information.</p>