

Prime Life Limited

Brockshill Woodlands

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?

Good ●

Summary of findings

Overall summary

About the service

Brockshill Woodlands is a care home service, it provides personal care to older people, people with physical disability and people living with dementia. At the time of the inspection there were 23 people using the service. The service can support up to 30 people.

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

People felt safe because they had confidence in the staff and could speak with them if they had any concerns. Staff understood their responsibilities to keep people safe and to take action if abuse was suspected. Risks were assessed and management plans were in place to reduce the risk of avoidable harm.

There were enough staff to meet people's needs. Staff were recruited in a safe way because checks were carried out before employment was offered. Staff had training about managing people's medicines and did this in a safe way.

People had their needs assessed before moving in. Staff had the training and support they required to meet people's needs.

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.

People had access to healthcare professionals such as GP's and community nurses.

Staff had developed positive relationships with people and treated people with respect, kindness and compassion. People had autonomy about how they lived their lives.

Care and support was person centred, staff knew people well and understood their needs. People were able to follow their interests and hobbies and were supported to maintain relationships with their friends and family.

The culture of the service was open and inclusive. People and staff felt supported by the registered manager. Audits were carried out and the provider had oversight of the service through reporting systems and audits. Action was taken where shortfalls were identified, and improvements were made.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 November 2019) 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

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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 overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brockshill Woodlands

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

The inspection was carried out by one inspector.

Service and service type

Brockshill Woodlands 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. Brockshill Woodlands is a care home without 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 registered manager in post.

Notice of inspection

The 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

During the inspection we spoke with 3 people who lived at the home and 3 relatives about their experience of care. We observed care and support provided in communal areas. We spoke with a director, registered manager, deputy, senior carer, care assistant and a housekeeper. We reviewed documentation including 4 people's care plans and daily records, sampled medicine records and reviewed 2 staff recruitment files. We also reviewed a range of records relating to the day to day management of the service. After the inspection, we continued to seek validation from the provider regarding staff training and care planned and delivered.

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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

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 to people were assessed and action taken to the reduce risks. For example, risk assessments for pressure sores and falls were carried out. Care plans were developed, and action taken such as providing specialist mattresses for people at risk of pressure sores.
- A relative told us staff had taken prompt action when their relative had fallen and put measures in place to try and reduce further risk.
- Accidents and incidents were recorded, investigated and analysed. The registered manager gave us examples of how analysis of accidents, had enabled them to identify the cause and following consultation with a person's GP, had reduced the incidence of falls.
- Health and safety and safeguarding were an agenda item discussed at every monthly board meeting.
- 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 preventing visitors from catching and spreading infections.
- 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 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

There were no visiting restrictions. Visitors were supported to stay safe and to follow current government guidance about COVID-19.

Staffing and recruitment

- People and staff told us there were enough staff to meet people's needs and keep them safe.
- We observed people being supported during our inspection. Staff responded promptly when people required assistance and there was always staff present in the communal areas.
- Disclosure and Barring Service (DBS) checks were completed prior to staff working with people and were regularly updated. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Staff knew how to identify abuse and how to report concerns.
- Information about safeguarding and a confidential whistle-blower helpline was displayed throughout the service, for the benefit of people, staff and visitors. Staff were confident any concerns would be taken seriously and knew how to contact other authorities such as the local authority or the CQC.

Using medicines safely

- People told us they had their medicines at the right time and staff supported them with this.
- Medicines were managed, stored and disposed of safely.
- Staff had received training and had their competency checked to make sure they continued to manage people's medicines in a safe way.
- An electronic system of medicine management was in use. This supported safety checks and governance as this system alerted managers of any missed doses or discrepancies.
- Additional audits were carried out to ensure systems were safe and effective. Where shortfalls were identified, action was taken to improve procedures and safety.

Learning lessons when things go wrong

- Lessons were learned when things went wrong and action was taken such as the use of assistive technology to prevent falls.
- Lessons learned from the wider organisation and from the care sector were shared with staff through a monthly management newsletter. For example, the August 2002 newsletter discussed the dangers of dehydration and the factors which lead to people not having enough to drink.
- The provider was reviewing their policies and procedures in relation to falls and falls prevention following a tragic incident which occurred in the care sector but in a different organisation. This showed how lessons were learned and used to improve and reduce further risks.

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 the last inspection this key question was rated as 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.

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

- People told us they liked the food and meals provided.
- We observed the lunchtime meal in the communal dining room. People were supported appropriately and in a sensitive way. The mealtime was unhurried, the atmosphere was relaxed and social. Staff were cheerful and used the opportunity to engage people about the things they were interested in.
- The meals served appeared appetizing and nutritious.
- Dining experience audits were carried out. The September 2022 dining experience audit achieved 91%. Audits were used to learn and improve.
- People had their risk of malnutrition and dehydration assessed. Where risks were identified, action was taken such as consulting with GP's and dietitians. People were supported to follow specialist diets if required, and to receive any prescribed nutritional supplements.

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

- People had their needs assessed before moving in. All risks were considered and discussed at senior team meetings.
- People only moved in if their needs could be met. The registered manager understood the importance of a thorough assessment and considered the needs of people already using the service as part of the assessment.
- Staff kept up to date with current standards and guidance through training and staff meetings.

Staff support: induction, training, skills and experience

- People and relatives told us staff were competent and knew how to meet people's needs.
- Staff received the training and support they required. All staff completed induction training when they first commenced their employment. Care staff completed the 'care certificate', this meant they had the knowledge, skills and behaviours expected in their roles. Ongoing training was also provided so that staff remained up to date and their skills and knowledge was refreshed.
- Staff had the opportunity to access additional accredited training in social care.
- Staff received supervision so they could discuss their learning and development needs.

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

- People and relatives told us staff took prompt action when people were unwell and supported them to access healthcare services appropriately.
- Records showed action was taken when people's health or wellbeing deteriorated. Staff knew people well and noticed changes which may indicate deteriorating health.

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 Act 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 and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had their capacity to make decisions assessed. Decision specific assessments were completed and where appropriate, a best interest decision was made. For example, one person was resistant to receiving personal care. Staff worked in the least restrictive way, they knew how to put the person at ease and gave them time, space and opportunities to make choices.

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

- Since our last inspection, landscaping had taken place in the garden to ensure this area was accessible for people with disabilities and for people living with dementia.
- There was a range of communal areas. We saw people were comfortable moving between these areas and accessing their private rooms.
- People personalised their rooms to suit their individual preferences.

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.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was protected by staff. They told us staff supported them to be as independent as possible.
- Staff supported people sensitively and discreetly. They ensured people privacy was protected and understood the provider's confidentiality policy. Staff only shared information with appropriate others and in line with data protection rules.
- Dignity and Respect audits took place on a quarterly basis; these were completed using observation of practice. For example, the mealtime experience was observed to ensure staff supported people's dignity and treated them with respect.

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

- Staff were caring and compassionate. People were treated with respect. People felt comfortable and at ease and had confidence in staff. People and relatives, we spoke with told us staff were always kind and welcoming.
- Staff knew people well. They understood and respected people's diverse needs. One person was unable to communicate verbally. Staff understood the person's likes, dislikes and preferences. They worked closely with the person's family members to ensure care and support was meeting their needs.
- Staff understood the triggers which could cause distress and knew how to provide reassurance if people were distressed.

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

- Staff involved people in decision making and ensured they were offered choices. Where people had communication difficulties, staff had recorded information about their personal preferences. This supported staff to know and understand each person's preferences and lifestyle choices.
- Staff explained what they were doing before providing care and support and did not proceed until consent was established.
- Where possible, people and their families were involved in care plan development and review. Meetings were held so that care and support needs could be established or reviewed.

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

- Each person had an individual care plan which was personalised and set out the way they wanted care and support. People told us staff knew how to meet their needs.
- Information about people's life history, social and cultural needs and the things that were important to them was recorded. This supported staff to know and understand people even when they may have difficulties communicating their needs.
- Staff were motivated to provide person centred care. A staff member told us how they ensured care and support was personalised. They told us, "Everyone is an individual."

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

- People were supported to follow their interests and hobbies. The garden had been landscaped so it was accessible to people with disabilities. One person enjoyed watering the garden. The registered manager told us they had plans to develop the garden further with more planting people could get involved with.
- The provider had an adapted vehicle accessible to people with disabilities, so people had opportunities to take part in activities in the local community.
- Activities provided were appropriate to each person's needs. For example, one person enjoyed sensory activities and was supported to access this type of activity. Staff used music streaming technology for people to request their favourite songs. One person told us how they enjoyed this activity and enjoyed county music.
- People and relatives told us they were supported to maintain important relationships. A relative told us communication was good and they were kept informed and consulted.

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.

- The registered manager understood their responsibility to provide information in accessible formats. Documents were available in large print or easy read formats or could be translated into different languages should this be required.
- One person used technology to keep in touch with his family.
- Staff showed people the choice of meal at lunch time to support them to select their choice where people

had difficulty with communication.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint and would feel confident doing so.
- The provider had a complaints procedure and used complaints as an opportunity to learn and improve. For example, following a complaint about the lack of visiting during the pandemic, additional literature was sent to all relatives about the visiting protocols and how the provider had to adhere to Government guidelines.

End of life care and support

- People's end of life decisions were recorded where possible so that staff knew people's preferences.
- Health care professionals such as GP' s and community nurses supported staff to provide end of life care.
- The provider employed a senior nurse who was also available to provide support for end of life 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider's systems and processes were not effective to monitor the quality of the service and identify risks. 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 service had a registered manager, they understood their responsibilities and had effective systems in place to identify and monitor risk and to drive improvement. A staff member said, "There is never any confusion about what needs to be done and to what standard."
- The registered manager sent us notifications about significant events as they were required to.
- Audits and checks were carried out to ensure people were safe and receiving the care and support they required. These were discussed at monthly board meeting along with any health and safety issues. Actions required along with who was responsible were recorded. For example, where additional training or new equipment was required, this was planned for.

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

- The culture was positive and person centred. The registered manager and staff had shared values and were motivated to achieve good outcomes for people. People told us they liked the service and had their needs met in the way they preferred.
- Relatives told us staff were responsive to any changes and were always good and kind.

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 management team had a good understanding of their responsibility to be open and honest with people when things went wrong and had reported to the local authority and CQC appropriately.

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

- Staff had confidence in their manager. They told us the register manager was supportive, open and accessible. A staff member told us 'things were much better' following changes made by the registered manager.
- Regular surveys were distributed to people and their families. These were analysed and used to drive improvement. The 2021 quality assurance results for the service were very positive. The results were communicated to people during 'meetings' and people were asked for their ideas for further improvements.
- There was a consistent and regular staff team who knew people well. We were given examples of how staff used body language and nonverbal skills to ensure people had their needs met if they had communication difficulties.
- Staff meetings were held and people's individual needs including their equality and diversity needs were discussed. Staff were able to make suggestions and provide their feedback. For example, a person with a sensory impairment had recently moved in. Staff discussed their needs and any risks they were required to manage in detail. People were supported to follow their chosen religions.

Continuous learning and improving care

- A number of improvements had been made to the environment and to the garden area.
- Staff had opportunities to improve their knowledge with additional training.

Working in partnership with others

- The registered manager and staff worked with healthcare professionals and other agencies such as the Local Authority to ensure people received joined up care and support.
- Staff had consulted with 'vista' a charity working with people who have sight loss. This ensured care and support met the person's needs and any assistive technology to support the person was considered.