

Prime Life Limited

# Rutland Care Village

## 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

Rutland Care Village is a residential and nursing care home, providing personal care for up to 82 people with some people living with dementia. At the time of the inspection 80 people were using the service. Accommodation is provided over four buildings consisting of ensuite bedrooms and communal facilities.

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

People received their medicines safely and as prescribed. Medicine management practices were safe. However, it was highlighted the service should review its recording practices of administration of PRN and topical creams.

People at the home felt safe and well cared for. People's preferences were respected, and staff were sensitive and attentive to people's needs.

There were adequate numbers of staff employed to ensure people's needs were met at the time of the inspection.

Recruitment practices were safe, and staff received the training they required for their role.

Risks to people's health, safety and well-being were assessed and care plans were in place to ensure risks were mitigated as much as possible.

Staff were aware of their responsibilities to safeguard people and the home had procedures in place.

People's care plans contained personalised information detailing how people wanted their care to be delivered.

Staff were keen to ensure people's rights were respected including those related ethnicity and dietary requirements.

The service was provided in a clean environment.

Consideration was given to providing a variety of leisure and social activities for people to enjoy. This included the use of an onsite day centre and utilising technology.

Quality assurance systems were in place to assess, monitor and improve the quality and safety of the service provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; 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](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (report published 10th July 2017).

#### Follow up

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

## 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 is safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service is effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service is caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service is responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service is well-led.

Details are in our well-led findings below.

Good ●

# Rutland Care Village

## 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.

#### Inspection team

An inspector, an Expert by Experience and a specialist nurse conducted this inspection. 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

Rutland Care Village is a 'care home'. People in care homes receive accommodation and personal care as 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 registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

#### During the inspection

We spoke with five members of care staff, the registered manager, the deputy manager, HR manager, regional director, four relatives, six people who use the service and a social care professional. We reviewed a range of records including six care records, medicine administration records, three staff recruitment files and training records. We also looked at a variety of other records relating to the management of 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. However, it was noted that not all PRN and topical creams were recorded adequately during administration. The registered manager assured us during inspection that procedures would be reviewed, and we received confirmation of this.
- Only senior staff who had been trained in the safe management of medicines, and whose competence had been assessed, administered medicines to people.
- There were safe arrangements in place to receive, store and dispose of medicines.

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

- There was a safeguarding policy in place that set out the actions to take in the event of a safeguarding concern.
- The service had systems and processes in place to safeguard people from abuse. Staff were able to explain their role in safeguarding vulnerable adults and could tell us what they would do in the event of any concerns. They also understood when and how to whistle blow.
- There was a safeguarding tracker in place and trends and themes were evaluated by the provider.
- Records showed staff had undergone safeguarding training.
- The home displayed local authority safeguarding information on notice boards.

### Assessing risk, safety monitoring and management

- There were risk assessments in place in people's care records. These covered a wide range of areas such as nutritional and hydration, skin integrity, managing infection and mobility. Staff understood how to care for people and meet their needs.
- Risk assessments were up to date and available to relevant staff.
- Essential services, such as gas, electricity and fire safety systems had been maintained and checked on a regular basis.

### Staffing and recruitment

- Safe staff recruitment processes were in place with appropriate criminal and reference checks taking place prior to staff starting work with vulnerable people.
- There were enough staff deployed to meet people's needs.

### Preventing and controlling infection

- The home was clean, tidy and free from unpleasant odours.

- Staff had access to, and were seen to use, protective clothing such as aprons and gloves to reduce the risk of the spread of infection.

#### Learning lessons when things go wrong

- Records were kept of incidents. The registered manager was able to show us actions taken following incidents and the learning shared with staff. The provider also circulated a lesson learnt briefing across all their homes when incidents occurred. This assists with the training and development of staff.

# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments identified people's care needs and preferences. They provided staff with guidance on how to meet these needs. For example, people with continence needs were checked on a regular basis and this was documented.
- Regular care reviews ensured changes to people's needs were identified quickly and care plans were amended to reflect these changes.
- People were involved in the planning of their care and their wishes were respected.

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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was aware of their duty relating to DoLS. They confirmed several people were subject to restrictions to their liberty under the DoLS. There was a system in place to record when they were applied for and when due for renewal.
- People's mental capacity was assessed, and the outcomes were noted on care records.
- Staff understood the importance of gaining consent before providing care.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to do their job. When staff were conducting manual handling good practice guidance was followed.
- The home had a training matrix in place that identified when training was due.
- Staff had the opportunity to discuss their training and development needs at supervision.

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

- People had choice and access to sufficient food and drink. People told us "The food is beautiful here."
- Where people were not maintaining a balanced diet, their weight was closely monitored and referrals were made to the local GP.

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

- People's healthcare needs were being met. This was also confirmed by a social care professional during inspection who stated, "Nursing care was of a good standard."
- Records showed referrals were made to the dentist, GP, optician and community nursing services when required.
- The service ensured people's oral health care needs were met. People had oral health assessments in place.

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

- Accommodation is provided in ensuite rooms with communal lounges, dining facilities and an adjoining day centre. The design met the needs of the people living there at the time of the inspection.

# 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 good. At this inspection this key question has remained the same. 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 supported by staff who knew their needs, likes and dislikes well. A relative stated, "I think the staff should have a gold medal for the things they have to deal with." Another said, "On the whole I think the care is good and the staff are kind."
- Our observations showed staff were kind, caring, friendly and attentive. It was observed a carer bring a drink of tea to a resident. It was in a plastic beaker with 2 handles and a straw, so the resident could drink it them self. Another resident asked for a drink and this was provided.
- Staff told us they enjoyed working at the home.

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

- People, and their relatives where appropriate, were fully involved in creating and reviewing their care plans.
- People's views were sought, listened to and used to plan their care and improve the home.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. We observed staff knocked on doors and waited for a response before entering.
- Staff were keen to ensure people's rights were respected. They gave us examples of how they had provided support to meet the diverse needs of people, including those related to disability, gender, ethnicity, faith and sexual orientation. This included supporting people to meet clergy of various religious denominations.

# 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 good. At this inspection this key question has remained the same. 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

- People received care and support in a way that was flexible and responsive to their needs.
- Staff knew people well and could describe their likes, dislikes and preferences.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences.

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 identified, and staff were guided to ensure people had their hearing aids and glasses to support their communication. The home could provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard.

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 told us they enjoyed a wide range of activities. The home has an adjoining day centre people could access. One person told us, "I enjoy going to the hairdressers here and the staff have painted my nails for me."
- A range of activities were displayed throughout the home on noticeboards. For people living with dementia the home also used a table that incorporated interactive technology to stimulate physical, mental and social activity.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure and complaints records were maintained.
- The registered manager recorded all complaints onto a tracker and this was monitored by the provider to identify any themes or trends.

End of life care and support

- An end of life policy was in place. When people wanted were to discuss their end of life wishes this was recorded in detail in their care records.

# 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 good. At this inspection this key question has remained the same. 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; 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 service was providing person centred care to people and this was evident from care records and from talking with people and their relatives.
- The registered manager was open and transparent. People told us the service was provided in the way they wanted. Health professionals spoke highly of the service. One health professional said, "The manager is very receptive."

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

- The registered manager undertook quality audits in a key number of areas including medicines, the environment and hygiene. There were systems in place to prompt supervision, training and competency checks.
- Staff were clear about their role and told us they were supported.
- The registered manager had made notifications to CQC and the local authority as required to do so.

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

- People and their relatives were involved in the setting up of their care.
- The home asked people to complete quality questionnaires. The responses were reviewed and actions were taken in response to people's feedback.
- Staff team meetings took place and staff told us they could give their views on how best to meet people's needs
- The home worked closely with the community nurses, and other healthcare professionals, to ensure people's needs were met.

Continuous learning and improving care

- The registered manager was supported by a deputy manager, team leaders and nursing staff. Each had recognised responsibilities and there were clear lines of accountability.
- Quality assurance processes, such as audits and resident and staff meetings, ensured the registered manager and provider had the information they required to monitor staff performance as well as the safety and quality of the care provided.

