

Prime Life Limited

Brockshill Woodlands

Inspection report

Briar Walk
off St Margarets Anne Way
Oadby
Leicestershire
LE2 5UF

Tel: 01162716014
Website: www.prime-life.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

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 with dementia. At the time of the inspection there were 23 people using the service. The service can support up to 30 people.

Brockshill Woodlands provides accommodation across two floors, with a lift to the second floor. People with higher dependency needs are accommodated on the ground floor. There is an enclosed communal garden. There are a range of bungalows in the homes grounds that currently accommodate people living independently.

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

People told us they felt safe. However, we identified concerns with the management of risks to people, risks in the environment and infection control. Systems and processes to monitor the safety and quality of the service had not identified concerns that we found prior to our inspection.

Improvements were needed around people's mealtime experience to ensure people enjoyed their food and were well supported.

Information was not consistently provided in a way that people could understand, we have made a recommendation around this. The provider had plans in place to make the home dementia friendly, this had started at the time of the inspection and would need to be continued and embedded.

Staff were trained to ensure they had the skills they needed to meet people's needs. They received regular supervisions and appraisals. We observed that staff did not always use their knowledge from training and we saw some examples of poor practice around infection control and support for people.

People were protected from abuse with whistle blower support available for people and staff. People told us that staff were kind and caring and we saw examples of this during our inspection.

Medicines were managed, stored and disposed of safely and people received their medicines when they needed them. The service worked in partnership with other professionals to ensure people had access to health care when they needed it.

People were involved in the planning and delivery of their care or where appropriate their family member or advocate were involved to ensure people had choice and control. Regular questionnaires and meetings ensured that people were listened to.

People knew how to make a complaint if they needed to and complaints were managed in line with the providers policy.

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 17 February 2017).

Enforcement

We have identified breaches in relation to the safety of people living in the home and the providers oversight of the safety of the environment and quality of the service.

Please see the action we have told the provider to take at the end of this report.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.
Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection was conducted by two inspectors 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

Brockshill Woodlands is a 'care home'. People in care homes receive accommodation and nursing or 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 did not have a manager registered with the CQC. However, a manager had been appointed and was going through our registration process. This means that the provider is 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. 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 contacted Healthwatch Leicestershire, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted the local authority for feedback.

We used the information the provider sent us in the provider information return. 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 this information to plan our inspection.

During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including, the senior carer, the area manager, three care workers and the maintenance person.

We reviewed a range of records. This included three peoples care records, two people's mental capacity assessments and DoLs records and multiple medication records. We looked at records in relation to training and staff supervision. A variety of records relating to the environment, maintenance and the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies.

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 now deteriorated 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.

Preventing and controlling infection

- People were not always protected from the risk of infection. One person's infection control was not being managed as per the providers policy and procedure. We spoke with three visiting professionals who had not been informed of the risk before treating the person.
- Gloves and aprons were available for staff to prevent the spread of infection and staff had been trained. However, we observed a member of staff to handle a persons medicine before giving it to them without wearing gloves.
- We found discarded care staff gloves, rubbish, towels and a personal care support item littering the garden. We brought this to the attention of the senior carer and area manager, this was not resolved to a satisfactory standard before the end of the inspection.
- The cleanliness of the kitchen required attention. Kitchen cleaning schedules were in place and signed by staff, but we saw that the tasks had not been completed. We found food debris in catering equipment from previous servings, the microwave had dried food debris and the fly catcher was full. The fridge temperature record had not been completed regularly and we found chilled foods incorrectly stored with some food past the use by date or not labelled. This meant people were at risk of becoming ill from the food they ate.

Assessing risk, safety monitoring and management

- Where risks to people had been identified they were not consistently planned into care. For example, care plans for two people with health-related risks did not give staff clear instructions on when to seek medical attention or how often to carry out health checks on people. This meant there was a potential risk staff could miss signs of people's health deteriorating.
- We identified one person with specific dietary requirements around swallowing and observed the support they were given at the lunchtime meal. We saw a staff member was rushing the person to eat and encouraging drinks while their mouth was full. Due to our concerns, we were forced to intervene to ensure the persons comfort and safety. We raised this with the area manager who agreed to review this and arrange further training for the staff member.
- Internal systems and processes had not consistently identified risks around the building. During our inspection we found second-floor windows were not fitted with tamper proof restrictors and they opened wider than current best practice guidance recommends. The senior carer arranged for the maintenance person to reduce the windows openings during the inspection.

This was a breach of Regulation 12 (Safe) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014

Staffing and recruitment

- People told us there were enough staff and most staff agreed with this. One staff member said, "We have enough staff, we are always fully staffed. We use bank staff if needed." One person told us when they used their call bell at night staff came quickly. We saw that call bells were answered promptly.
- We could not be reassured there were enough staff available to support people at meal times. We observed care staff were multi-tasking by serving meals and trying to support people. One staff member said, "Sometimes we struggle with doing all the jobs like prepping food and laundry, we can do it but sometimes it makes it very very busy." We found the lunchtime serving to be disorganised with people waiting to be served. One person was missed and not served a lunch until we highlighted this to staff members. We discussed this with the area manager who agreed to review how staff were deployed at meal times and we saw an improvement with the tea time serving, this would need to be continued and embedded in practice.
- 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 were trained and knowledgeable around types of abuse, how to recognise the signs and how to report concerns. One staff member explained the providers whistleblowing procedure and felt confident staff and people would be listened to if they had concerns.
- Information about safeguarding and a confidential whistle-blower helpline was displayed throughout the service, for the benefit of people, staff and visitors.

Using medicines safely

- Medicines were managed, stored and disposed of safely. Regular temperature checks of the medicine storage room and refrigerators ensured medicines were stored in line with the manufacturer's instructions.
- Peoples medicine records were clear and easy for staff to follow. People were given their medicines when they needed them by a trained senior member of staff.

Learning lessons when things go wrong

- The staff team understood their role in reporting accidents and incidents that happened at the service. The management team ensured accidents and incidents were reviewed to identify learning and staff told us that learning was shared amongst the team.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's feedback on the food was negative. One person said, "The food is not good, it's not done here (referring to food being prepared and cooked off site)." Another person said, "If it's warm, it's a bonus, not a good choice." We observed that one of the food options that arrived on site for lunch was not what was on the menu. Some staff members did not inform people of the change before giving them the replacement meal.
- The lunchtime experience for people was disorganised. People who needed assistance or prompting were left waiting for staff help. We saw that one person was assisted by three different staff members during their meal.
- People's food and drink needs, and preferences were assessed and planned into care. People were checked regularly for weight loss and food and fluid monitoring records were in place for people where needed.

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

- Further development was required to ensure a dementia friendly environment. We saw some dementia friendly signage to help people with orientation, but this was not consistent and not present in communal areas.
- A garden room had been recently refurbished as a dementia friendly area. This was a pleasant and bright space and was decorated with people's handmade artwork. However, the seating was not well constructed and felt unstable to sit on. One person told us they would like to see more comfortable seating in this area.
- The provider had plans to landscape the garden to make it dementia friendly, work had not started at the time of the inspection. The grounds were untidy and unpleasant for people to view with discarded boxes and furniture, this was visible from one person's room.
- People were able to personalise their rooms with their own decoration, art work, furniture and photographs if they wished to. An adapted bathroom was available for people with poor mobility or who required full assistance.

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

- People received an initial assessment before moving into the home to ensure that staff could meet their needs. People were asked about their health conditions, religion, relationships, likes, dislikes and hobbies, this information was used to plan their care and support.

Staff support: induction, training, skills and experience

- Staff received an induction that included working alongside existing staff to get to know people. Regular training ensured staff had the skills they needed to do their job. One staff member told us they had recently completed specialist training around the health care conditions of a person they were supporting.
- Staff received regular supervision and appraisals and told us they felt well supported by the management team.

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

- Records showed regular input from healthcare professionals when needed and staff had worked in partnership with other professionals such as GP's, social workers and occupational therapists.
- Staff had a good understanding of the action to take in an emergency such as a fall and were able to explain the providers policy around this.

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 and found that they were.

- Staff had received training in MCA and had a good understanding of the principles. Individualised assessments were in place to be clear around what decisions people could or couldn't make for themselves.
- People were being supported in the least restrictive way possible. People and their families had been involved in the assessment and planning process. Where required independent mental capacity assessors (IMCA) were used to support people in making decisions about their care.
- Some people were being supported under a DoLS, where conditions had been put in place on how the person must be supported they had been planned into care. A staff member explained for one person how they ensured their conditions were met.

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 remained the same. This meant people felt well-supported and cared for, records and staff knowledge suggested people were treated with dignity and respect, but we could not be reassured this happened in practice.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated a good understanding of protecting people's privacy. One staff member said, "Most important thing is when you are in the bedroom and helping someone make sure we close the door and curtains, we have some little signs we can put on the door so that staff know we are working and need to knock to come in." We could not be sure that this happened in practice. People told us that staff didn't always knock before entering their rooms. One person said, "No, they never knock they just walk in." Another person said, "I don't think they do knock, they just come in."
- One person had not been supported appropriately with a personal care task, this did not promote dignity for this person and posed an infection control risk. We highlighted this to the area manager who arranged immediate personal care support.
- People were supported to be independent. One person had requested support to find their room independently. Signs had been made specifically for the person to guide them, this had helped to maintain their independence.

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

- People's religion, culture and relationships were recorded in their care plans, However, a visiting professional told us one person's cultural needs around food had not yet been met. We checked the persons care plan and found no reference to this person's cultural needs around food. There was a regular religious service arranged in the home for people to join if they wished. One person was supported with regular visits to the temple.
- People had developed good relationships with the staff team and staff knew people well. We observed shared smiles and laughter, staff demonstrated kindness and were patient with people. One person said, "If you need help in any way, they will help you, they are nice and polite, they are there for you."

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

- People were invited to regular residents' meetings where they were encouraged to share ideas for activities, meal planning and changes in the service.
- Care records included input from people, their family or representative. One relative told us they did not remember being involved in developing a care plan record, but they had been involved in other ways. We observed that staff listened to people and asked people where they would like to sit or what they would like to do. One person said, "Staff are lovely, they get you involved."

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 now deteriorated to requires improvement. This meant people's needs were not always met.

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.

- Care plans and records could be made available to people in other formats such as easy read, large print or other languages where required. However, one person that spoke English as a second language was experiencing some communication difficulties. The care planning process had not considered if the person may benefit from having information made available to them in their first language, their family were translating for them and using picture cards.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's choices and preferences were considered and planned into care. However, further development was required to ensure people's needs were met, for example, choices and cultural needs around food.
- People had individualised "getting to know me" documents, this gave good insight into the person's life history including, work history and important relationships. A staff member told us, "Everyone is different with different needs, the most important thing is that I listen to them. I read the care plan to find out about people, I talk to the family to find out about their favourite food and drink. When we do an activity, we can find out what the person would like to do."

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 maintain relationships that were important to them. One person told us, that their family can visit whenever they want and we saw several visitors at the home during the inspection. Friends and relatives were welcome to eat meals with people and there had been a recent garden party.
- There were a range of activities for people including games and crafts. There were also activities available for people with dementia or sensory impairments. For example, one activity involved the use fragrances and sound to simulate the outdoors.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place which people and staff had access to. There was a pictorial complaints procedure displayed which also signposted people to the local authority and CQC. People told us they would talk to staff if they had any complaints.
- Complaints were responded to appropriately in line with the providers policy and were reviewed regularly

for trends.

End of life care and support

- During our inspection there was no one receiving end of life care. Information on how people wished to be supported was not consistently discussed. One person had an advanced care plan in their file to support them with end of life decisions however this had not been fully completed. Information for other people was limited.
- Staff were trained in end of life support and were able to describe good practice. Staff had information available on people's end of life decision in relation to resuscitation.

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 now deteriorated 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.

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

- The provider had insufficient oversight of the service to ensure people received safe care. The provider had implemented regular auditing and records checks however these were ineffective. They had not consistently identified safety risks posed to people that we found during the inspection. This meant people were at risk of potential harm.
- The systems had also not highlighted errors in record keeping. For example, missing information to support people with risk associated to their health conditions.
- The provider had not maintained oversight of the mealtime experience for people. There was not an effective system in place to ensure everyone had received a meal and we observed one person was missed until we highlighted this.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014

- There was no registered manager in place at the time of the inspection. A manager had been recruited and was in the process of registering with CQC. The service had notified CQC of significant events appropriately.

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

- The provider had not consistently ensured an inclusive, empowering culture and environment. People with communication and understanding difficulties were not consistently supported.
- There was a regular team of staff who knew people well. People and staff found the new manager friendly and approachable and staff felt well supported in their role. One staff member told us they felt confident they could speak to senior management if they needed to.

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

- Regular surveys were distributed to people or their families or representatives to monitor quality. People were also invited to monthly meetings to discuss services and ideas such as menu choices or activities and days out.
- There were regular staff meetings and handover meetings where staff could make suggestions or share information and learning.
- People could access the community. This included bus trips into the local city for shopping and there had been a trip to the zoo. Musicians were invited into the service to perform.

Continuous learning and improving care

- The provider gave staff the opportunity to improve their knowledge with extra training when requested.
- The provider and management team had an open door policy and invited people to regular manager surgery's where they could discuss concerns or ideas on a one to one basis.

Working in partnership with others

- The manager worked in partnership with other healthcare professionals to ensure people had timely access to healthcare when they needed it. One visiting professional we spoke with was complimentary of the home.
- The service worked with an organisation that provided art and craft activity, we observed this was enjoyed by people and their family members.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured people were protected from the risk of harm. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not been effective in maintaining oversight of the quality and safety of the service. |