

Prime Life Limited

# Westerlands 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Westerlands Care Village is a residential care home comprising of 2 different buildings, Elloughton House and Brough Lodge. Brough Lodge is also split into 3 separate units, each with their own communal areas. The service provides personal and nursing care to people aged 65 and above, people living with dementia and those with a physical disability. The service can support up to 62 people. At the time of inspection 45 people were using the service.

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

The quality and the safety of the service has improved. Risks to people's safety and wellbeing were managed by skilled and knowledgeable staff. People received their medicines safely and as prescribed. The safety of the building and equipment had been maintained and a programme of redecoration was underway.

Staff were recruited safely and there were enough staff to meet people's needs. Staff understood different types of abuse and internal and external reporting processes. Safeguarding concerns had been appropriately referred and action taken by the provider when required.

People received a varied diet and their preferences were catered for and specialised diets were provided to those who needed them. Most people received appropriate support at mealtimes, though sometimes opportunities to engage people were missed and the management team advised they would address this.

Induction, training and supervision ensured staff had the required skills and knowledge for their roles. Staff worked closely with relevant professionals to ensure people received appropriate care when they needed it.

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.

Quality assurance systems were in place and effectively operated which had a positive impact on the service people received. Systems were in place which enabled people, their relatives and staff to provide feedback on the service and suggestions for improvements. Information from feedback was used to further develop the service.

The management team were open and honest if things went wrong, though written apologies were not always sent.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 January 2022). 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.

At our last inspection we recommended the provider should seek advice from a reputable source regarding the support and quality monitoring of agency staff. At this inspection we found improvements had been made.

#### Why we inspected

We carried out an unannounced focused inspection of this service on 9 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person-centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westerlands Care Village on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

#### Recommendations

We have made a recommendation regarding duty of candour policies and systems.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Westerlands 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by 2 inspectors and an Expert by Experience who made phone calls to people's friends and relatives. 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

Westerlands Care Village is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Westerlands Care Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 contracts and safeguarding teams 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with 10 members of staff including care staff, senior staff, the cook, laundry assistant, the admin assistant, the deputy manager, the registered manager and the regional support manager. We also spoke with 2 visiting health care professionals and received email feedback from another healthcare professional who regularly visits the service. We spoke 7 relative and 1 friend and observed staff interactions and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around the home to review the facilities available for people and the infection prevention and control procedures in place. We also looked at a range of documentation including care files and daily records for 7 people and medication administration records for 8 people. We looked at 4 staff files for recruitment and supervision and reviewed documentation relating to the management and running of the service such as staff rotas, training and audits.

# 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

At our last inspection the provider had failed to do all that was reasonably practical to assess and mitigate risks and provide safe care and treatment to service users. This was a breach of Regulation 12 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.

- The provider ensured the safety of the building and equipment through regular maintenance and servicing.
- Systems were in place so people could receive appropriate support in an emergency. The provider reviewed fire safety processes during the inspection to ensure they remained effective in providing timely support to everyone who used the service.
- Care plans and risk assessments were regularly reviewed and updated, and staff were knowledgeable about how to keep people safe and well.

### Preventing and controlling infection

At our last inspection the provider had failed to manage risks in relation to the control of infection. treatment to service users. This was a breach of Regulation 12 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.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 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 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

- People were supported to have visitors and to maintain important relationships through face to face meetings, trips out and phone calls. The provider was working in line with national guidance and processes were ready to be implemented in the event of an infection outbreak.

#### Staffing and recruitment

At our last inspection we recommended the provider should seek advice from a reputable source regarding the support and quality monitoring of agency staff. The provider had made improvements.

- The provider had recruited to vacant posts and now used agency staff for occasional support. When agency staff were required, the provider ensured profiles regarding staff skills and training were received from the agency which were then reviewed to ensure agency staff were suitable.
- Systems were in place to ensure the safe recruitment of staff.
- There were enough staff to keep people safe and meet their needs and systems were in place to review and adjust staffing levels as needed. Most people's relatives told us there were enough staff at the service.

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were knowledgeable about identifying safeguarding concerns and how to report them.
- Staff felt confident they could report any concerns to the management team, and they would be addressed.
- Safeguarding concerns had been reported to relevant professionals and appropriate action had been taken by the provider.
- Accidents and incidents had been appropriately responded to. Monitoring systems were in place and lessons learned were shared with staff during regular meetings.

#### Using medicines safely

- People received their medicines safely and as prescribed.
- Medicines were stored safely, though processes for monitoring the storage of some creams was inconsistent. We raised this with the registered manager who advised us they would review their processes.
- Reviews of people's medicines were held with relevant professionals and people's relatives when there were concerns, to ensure people's medicines continued to be appropriate for them.

# 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 our last inspection we rated this key question 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider had failed to identify people's needs and consider their choices and preferences. This was a breach of Regulation 9 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 9.

- People's needs were assessed, reviewed and information was used to create and update care plans which guided staff how to meet people's individual needs.
- Care plans contained detailed information about people's needs, preferences and how to support people to maintain their independence.
- People had a choice of meals each day and had contributed to the development of a new menu where their preferred meals were included.
- Staff understood people's dietary needs and preferences, and these were catered for.
- People's weight was regularly monitored and action was taken if there were any concerns. This included increasing weight monitoring, food and fluid charts, providing a fortified diet and referrals to relevant healthcare professionals. A relative told us, since moving to the service staff "Had got [Person's name] back to where they should be, putting on weight and they are happier."
- Most staff provided people with appropriate support at mealtimes. However, we saw staff missed some opportunities to provide encouragement and manage people's anxiety during a mealtime. We raised this with the management team who advised they would closely monitor and address this.

Staff support: induction, training, skills and experience

- Staff received an induction which included shadowing experienced staff, completed regular appropriate training, their skills were assessed and staff received regular supervision to ensure they were able to meet people's needs.
- Champions promoted best practice in the service. The management team developed staff to become champions of different areas of care in order to encourage all staff to follow best practice.
- Staff were positive about support and guidance provided by the management team. Staff told us, "I think the support has been great in the past year. They support without being condescending and push you to achieve you potential but there is always a safety net there" and "It's very stable, in the past there were lots

of different managers, but a better management team is now in place to support the home, so it feels more secure."

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

- Staff knew people well and recognised changes in their health and well-being. Concerns were reported to relevant professionals who staff worked closely with. Care plans had been updated with professional advice though some needed clearer recording. A healthcare professional said, "Staff are very responsive and they keep me informed properly of any changes."
- Most relatives told us they were kept informed following visits by healthcare professionals. We shared feedback with the management team who agreed to contact people's relatives to discuss how improvements would be made for relatives who identified communication as a problem.
- People received appropriate support with their care needs. Some relatives told us their loved one's health had improved due to staff support.

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

- People's rooms were spacious and nicely decorated. Signs and pictures were used to help people locate their bedrooms and communal areas or facilities.
- People could spend their time where they chose around the service. People had their own bedrooms and access to communal lounges, dining areas, gardens and an indoor area which had been decorated to look like a shopping street.
- The service was undergoing a programme of redecoration and people's views had been sought on their preferred colours.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff sought people's consent and respected people's right to refuse support. If someone declined support staff returned at other times in the day to offer support again, to see if the person would be willing to accept the support later.
- Staff supported people to make their own decisions where possible. Staff gave people choices about their care in a way they could understand.
- Where people lacked capacity, decisions were made in their best interests with the involvement of their family or legal representative.
- Applications to deprive people of their liberty had been made when restrictions to their liberty were identified. Though some bedroom doors were locked which impacted on people's ability to access their

own space and clearer care planning was needed regarding these decisions.

- Systems had ensured most DoLS authorisations were appropriately requested, and the registered manager had addressed shortfalls with 1 DoLS application.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy and procedure in place to promote the duty of candour and the management team understood the need to be open and honest. We found a person had been hurt by a piece of mobility equipment. Their relatives were informed and offered a verbal apology. However, there were no records provided to show this had been followed up in writing.

We recommend the provider reviews their policies, procedures and monitoring systems relating to the duty of candour to ensure robust records are kept in compliance with the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 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.

- Quality assurance systems and oversight of the service had improved the quality and the safety of the service. There was regular oversight of the service by the management team.
- Systems were in place and regularly completed with prompt action taken to address shortfalls and make improvements.
- Systems were in place to monitor accidents and incidents and showed they had been appropriately responded to. Though monitoring records did not always show how information was used to support learning across the service.
- Learning from accidents and incidents had been shared with staff during meetings to reduce the risk of them reoccurring.
- Daily records regarding care provided to people was not always consistently completed or to the same quality. We raised this with the management team who advised they would monitor this and work with staff to ensure consistent recording in daily records.

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

outcomes for people

- Staff provided person-centred care for people. Staff were knowledgeable about people's needs and personal preferences which supported people to have care delivered in the way they wanted. One relative told us how staff had started getting their relative up an hour earlier as they always got up early. This change to their care had made the person happier.
- The management team promoted a caring culture. Relatives told us, "There's a very friendly environment," "It's very welcoming" and "The staff are absolutely fantastic and we feel so lucky to have found them."

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

- Systems were in place to gather the feedback of people who used the service, their relative, staff and visiting professionals. These included regular meetings and questionnaires.
- A 'Suggestions box' was in place where ideas to improve the service could be submitted. Though people's relatives told us the management team were approachable and they could knock on their door to speak with them when needed.
- Changes had been made to the service in line with people's suggestions and a 'You said, we did' board was used to keep people and staff updated with action taken.

Working in partnership with others

- Referrals were made to relevant professionals when required. The management team and staff engaged with healthcare professionals about people's needs to promote good outcomes.
- We received positive feedback from visiting healthcare professionals regarding the timeliness of referrals and staff following professional advice.