

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

We carried out an unannounced inspection of the service on 6 June 2017

Rutland Care Village provides nursing and personal care for up to 84 people. At the time of our inspection 76 people were using the service. Rutland Care Village is a purpose built service consisting of four buildings. All accommodation and communal areas are on ground floor level. The village includes a day care facility used by people who use the service and people who live in Rutland.

At the last inspection in May 2015 the service was rated Good overall. We rated the service as requiring improvement for being Responsive because a person's care was not consistent with what was in their care plan. We found at this inspection that the care and support people received was in line with their needs and preferences.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because staff knew how to recognise and report signs of abuse. People were supported to be as independent as they wanted to be. Staff were safely recruited and enough suitably skilled and experienced staff were available to meet people's needs, though on occasion the provider's procedures for covering unplanned staff absences did not work. This was something the registered manager was addressing.

Staff used equipment safely when they transferred people or assisted them with their mobility.

People received their medicines on time, though arrangements for administering medicines did not always reflect best practice. The registered manager addressed this on the day of our inspection and arranged by amending the medicines administration policy.

People using the service told us they felt staff were knowledgeable about their needs. Staff received relevant training and support to be able to meet the needs of people using the service. Refresher training was sometimes late, but all staff had training scheduled. Staff had received specialist training about supporting people who lived with dementia.

The registered manager, deputy manager and all staff we spoke with had a good working knowledge of the relevance of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.

People's nutritional needs were met. People had a choice of foods and drinks and most spoke in complimentary terms about the meals that were provided. Meals were prepared by a chef and looked appetising and well presented. Staff were attentive to people's health needs and supported people to access health services when they needed them. People had access to a medical centre adjacent to Rutland Care Village. The service worked collaboratively with the medical centre to meet people's health needs.

Staff were caring. We saw examples of staff showing kindness and compassion. People using the service and their relatives had opportunities to be involved in decisions about their care and support. People were treated with dignity and staff respected people's privacy.

People received care and support that was centred on their needs. People had access to social activities and staff supported people to follow their interests and hobbies. They were supported with their cultural and faith needs.

The provider had commissioned a consultant to lead a project to improve the décor and furnishings of an area used by people who lived with dementia. The improvements had a beneficial impact on the people who lived in and used that area. People had opportunities to make suggestions and raise concerns. They told us they were confident about raising concerns and that they would be listened to. The provider had acted upon people's comments and feedback, for example in relation to social activities and meals.

The management team were visible and available to people using the service. The management team had clearly defined aims and objectives about what they wanted to achieve for the service. Staff said they were well led and supported. The provider had effective procedures for monitoring and assessing the service.

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 continued to be safe.

Is the service effective?

Good ●

The service continued to be effective.

Is the service caring?

Good ●

The service continued to be caring.

Is the service responsive?

Good ●

The service continued to be responsive.

Is the service well-led?

Good ●

The service continued to be well led.

Rutland Care Village

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out an unannounced inspection on 6 June 2017. The inspection team was made up of two inspectors, a nurse specialist advisor and two experts 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. Our experts by experience had expertise in caring for elderly people and people living with dementia.

Before our inspection we gathered and reviewed all of the information we held about the service since our last inspection in May 2015. This included the notifications we had received from the service concerning deaths, serious injuries and incidents involving people using the service.

We used the Short Observational Framework for Inspection (SOFI) in one of the areas used by people living with dementia. SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We spoke with nine people who used the service and relatives of five other people. We spoke with the registered manager, deputy manager, four team leaders, a nurse, six care workers and a chef. We also spoke with a doctor who made a professional visit to the service on the day of our inspection and an expert in dementia care who was supporting the service with a project. We looked at eight people's care plans and associated records. In addition we looked at the provider's recruitment procedures and records of the provider's monitoring of the service.

We contacted the local authority that funded some of the care of people using the service and Healthwatch Rutland, the local consumer champion for people using adult social care services, to see if they had feedback about the service.

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Is the service safe?

Our findings

People received care and support from a dedicated and caring team of staff. People told us they felt safe. Recruitment and induction processes ensured that staff were suitable for their role. A person told us, "It is safe here and the things in my room are safe. The staff are ok and they know what they are doing." Other people told us they felt safe because they had confidence in staff and the security of the building. Staffing levels were responsive to people's needs. Staffing levels were determined by people's assessed needs. A team leader told us, "We usually cover absences." People told us they did not have to wait an unduly long time when they used calls bells and relatives told us there were enough staff though staff were often very busy. Staff we spoke with told us that there were enough staff. A care worker told us, "The staffing is sufficient. We pull together to cover absences." The provider had procedures to cover unplanned absences.

People told us that if they had any concerns about their safety they would talk to staff. They knew which senior staff to approach with any concerns. A person told us, "The staff look after me. I would tell them off if they didn't look after me properly." On occasions people presented behaviour that others found challenging staff supported people understand others and respect them. The manager and deputy manager made themselves available to people by spending time amongst them.

Risks to people, such as risk of falling, had been assessed and we saw that staff were attentive to people's needs and supported them to be safe. Two people who had experienced falls told us that staff advised them about falls prevention and that they had no further falls. The provider had safeguarding procedures that staff knew how to identify and report any safeguarding concerns, including through a whistleblowing 'hot-line' to directors of the service.

People told us they had their prescribed medicines at the right times, including medicines on an 'as required, basis, for example for pain relief. A person said, "The staff look after my tablets and I am happy they do." Another told us, "I chose to come here because they have nurses and they look after my tablets and inhalers." The provider's policy for administration of controlled drugs did not reflect best practice because it made no requirement for a member of staff witnessing the preparation of controlled drugs to be trained. The registered manager immediately arranged for the policy to be amended after we brought this to their attention.

Is the service effective?

Our findings

People received care from staff that were knowledgeable and had received the training and support they needed. People told us that staff were competent. A person told us, "I feel very well looked after" and another said, "The staff are skilled." A relative told us, "I have confidence in the staff." Staff described the training they had as "high quality" and told us it was helpful because it included real life scenarios." Staff were particularly enthusiastic about the training they had about supporting people living with dementia. A care worker told us, "The trainer is very good and makes it easy to understand. It is all relevant to my job. Training is fun but also a knowledgeable experience."

The service had a training and development plan for staff that was monitored monthly by the registered manager and the provider's human resources department. This ensured that action was taken to address non-attendance at training. Monitoring of the training plan had ensured that the majority of staff had either completed training or were booked to attend training. Training included understanding equality and diversity. Staff were also supported to develop their careers with the provider and to progress to the 'next level'. A care worker told us, "I've done every course going for my development."

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. People were encouraged to make decisions about their care and their day to day routines and preferences. Staff respected people's decisions, for example, a person twice declined to take their prescribed medicines but because the person had capacity to make that decision staff respected it but made a note for future reference. Staff obtained consent from people before they provided care and support. A relative told us, "The staff do talk it through with my relative when they are hoisting them." Assessments had been made about people's ability to make specific decisions and where they lacked capacity to do so appropriate Deprivation of Liberty Safeguards (DoLS) authorisations had been obtained from the local authority to provide care and support in people's best interests.

People were supported to maintain a healthy and balanced diet and those at risk of not eating and drinking enough received the support they required to maintain their nutritional intake. A person told us, "The food is very good. There is enough to eat and drink." A person told us, "Plenty of things to drink. You can have tea, coffee and hot chocolate. The water is topped up in my room during the day." People had a choice of two main meals and could have an alternative meal if they preferred. A very small number of people ate little of their meals but staff did not enquire why. We brought this to the attention of the registered manager who told us staff would be asked to enquire of people if there was a reason they hadn't eaten and to offer an alternative.

People had easy and regular access to healthcare professionals. This was made possible because the service had a close working relationship with a medical centre next to Rutland Care Village. A person told us, "If I am poorly they (staff) look after me and get the doctor." A health professional from the medical centre told us that staff made appropriate and timely referrals of people to the medical centre. People with nursing needs were supported by a team of registered nurses.

Is the service caring?

Our findings

People developed positive relationships with staff and were treated with compassion and respect. A person told us, "The staff are very caring, approachable and friendly". Staff supported people with things that mattered to them. A person told us, "They help me to brush my hair" and we heard a care worker compliment people how nice their hair looked. Another person told us, "When it's my birthday they make a special tea for me. I feel special when they take me out". Staff were allocated to specific areas of Rutland Care Village which meant they supported the same people and developed caring relationships with them.

The atmosphere in Rutland Care Village was calm friendly and it was evident that the staff enjoyed their work and cared about the people. A person told us, "The staff are always happy and lovely." A relative said of staff, "Anyone who does this job has to be motivated. They do the job happily and professionally." Staff treated people as individuals, listened to them and respected their wishes, for example, how people wanted to dress. They explained to residents what was being done when cleaning or lifting them and offered choices on clothing and whether people wished to participate in activities. Staff treated people with dignity and were attentive to people's comfort needs. They respected people's privacy. Staff knocked on doors before entering people's rooms and locked doors and maintained privacy when bathing and dressing people. A person told us, "I feel very well looked after. They close the door when washing and changing me. Staff explain what they are going to do."

People who were able to be involved in decisions about their care and support. They told staff what their likes and dislikes were and how they preferred to be supported. The information they gave was added to care plans and used by staff. Relatives were involved on behalf of people who were less able to communicate their needs. People were involved in decisions about how their rooms were furnished and decorated and in more general aspects of their care and support such as activities.

Relatives were able to visit without undue restriction which people told us was important to them. A relative told us, "I can visit when I like without any restriction. I visit every day for most of the day." The visitor's book showed that relatives visited throughout the day and early evening.

Staff were respectful of people's cultural and spiritual needs. The service had arranged for people who wanted to attend services led by a representative of their faith. People's choices for their end of life care were respected. We saw in care records that those people's needs were reviewed and that they received the care they required. Referrals were made to people's GP to ensure people's medication was being reviewed to meet their changing needs.

Is the service responsive?

Our findings

People received care that met their individual needs. Every person's needs had been assessed and care plans had been developed with people if they were able or wanted to participate. A person told us, "I'm aware of my care plan. When I came in we discussed the falls and a need for a walker and changes to my medications." People were satisfied with the care and support they received. A person told us, "They [staff] are helpful. The place is clean and they help me with showering and getting dressed. I came here from a hospital. I do not want to go back to where I used to live."

Care plans were detailed and included information for staff to support them to meet people's needs. Staff were knowledgeable about people's care plans, their needs and how to support people to achieve a level of independence was important to them. For example, a person described how their relative's life had been improved. They told us, "[When my relative moved here they were bedridden but now they are walking again using their walker. It is fantastic how staff managed that. They are walking with the frame now."

Staff knew people well. People's care plans included a 'getting to know you' section which staff used to learn about people, their likes and interests. A person told us, "They can see what I like to do. They know I like hot chocolate. I'm not interested in bingo. I can pick and choose from the events held at the Brambles [a day centre on the site of Rutland Care Village]." Staff knew what sports people liked to watch and reminded them when sports events were broadcast. We saw people participate in dancing and singing activities which contributed to the friendly atmosphere of the service. People participated in activities that were aimed to give them a sense of achievement. For example, several people took five weeks to complete a jigsaw. Most people spent time in their rooms reading, watching TV or listening to the radio because that was how they preferred to spend their time. People's rooms were personalised because people and relatives were encouraged to bring things that made them feel comfortable at 'at home'.

Since our last inspection the area used by people who lived with dementia had been refurbished to make it more 'dementia friendly'. For example, the lighting had been improved, furnishings were colour coordinated and people had access to sensory and 'quiet' areas. The area was more stimulating for people than it had been before and it was evident that people enjoyed the improvements. We saw people using the facilities that had been added. The refurbishment had the effect of making the area calmer and relaxing for people. Since the refurbishment there had been fewer incidents where people's behaviour challenged others.

People and their relatives knew how to make a complaint or to raise concerns if they needed. People told us they would do this by speaking with a 'team leader' of the registered manager. A person told us, "I would have no hesitation in complaining. But I have no complaints". A relative told us, "I know the [team leader] and the overall manager. Both are very good and accessible. I asked to see him once and he made time for me". The provider had a complaints procedure that focused on identifying from people's feedback how the service could be improved.

Is the service well-led?

Our findings

The service had a positive ethos and open culture. Staff we spoke with were enthusiastic about working at the service. A care worker told us, "It's an honour to work with the people who live here." Another told us that the level of training and support they received made them feel the provider had invested in staff. They added, "The home is excellently managed. People's wellbeing is imperative, but management also looks after the staff." The provider ensured that staff were able to challenge the management team through a whistleblowing procedure if they had any concerns about people's welfare.

People and their relatives were positive about the management of the service. They told us that the registered manager and members of the management team were friendly and approachable. People told us they sought and acted on their feedback. For example, relatives told us that after they told the manager that they felt a room was not suitable for their relative, the registered manager arranged for the person to have another room they liked.

Quality assurance systems were in place to drive improvements. These included internal checks and inspection visits by a regional manager. These had highlighted areas where the service was performing well and areas which required improvement. This resulted in the project to improve the experience of people who lived with dementia.

The registered manager and deputy manager had a clear idea of how they wanted to continue to improve the service. They told us their latest challenge was ensuring that more unplanned staff absences were covered and they were working with the provider's head office on how to improve on existing arrangements.

The service was supported by the provider's estates department which was responsible for maintaining the premises, including people's rooms and communal areas. Relatives told us, and we found, that some areas required repainting and repairing. The estates department was scheduled to carry out an audit of the premises in July 2017 and we asked the registered manager to provide us with the resulting maintenance plan and confirmation that work had been satisfactorily completed.