

Prime Life Limited

Westerlands Care Village

Inspection report

Elloughton Road
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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 set across two separate buildings, Elloughton House and Brough Lodge. Brough Lodge is split into three floors; The Garden Suite, Humber Suite and The Ridings Suite. The service provides personal and nursing care to people who may be living with dementia, people aged 65 and above, and people with a physical disability. The service can support up to 62 people. At the time of inspection 50 people were living at the service.

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

People were happy with the service they received and were supported to feel safe. Risk assessments identified potential risks to people and how to reduce these. People received their medicines as prescribed.

Staff had received infection control training and appropriate measures had been put in place during the coronavirus pandemic. This included enhanced cleaning, use of personal protective equipment and regular testing for staff and people who used the service. The provider had recently purchased a visiting room to allow for safe relative visits.

Staff received induction, training and ongoing support through supervision to ensure they had the appropriate skills and knowledge for their role. We received positive feedback from staff regarding the support they received from the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to access health care and we received positive feedback from health professionals regarding the positive partnership working with staff.

Systems were in place such as audits and surveys to monitor and improve the quality of the service. People, their relatives and staff were engaged in the service through meetings and surveys.

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 8 February 2018).

Why we inspected

This inspection was prompted through our intelligence monitoring system and other information we have received.

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 coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 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 Care Act 2014.

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

Three inspectors carried out this inspection. An Expert by Experience made telephone calls to people's 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 or personal care as a 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 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 used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and contacted nine relatives via telephone about their experience of the care provided. We spoke with eight care workers, the team leader and the registered manager. Two regional directors also supported the inspection.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two health professionals who regularly visit 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.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People were supported to feel safe. One relative told us, "I do think my relative is safe in the home. The staff are very attentive and are always ready to help."
- Risk assessments were detailed and individualised to reduce any risks to people.
- Staff had received safeguarding training and had knowledge of how to recognise signs of abuse and what action to take.

Staffing and recruitment

- Recruitment checks had been carried out to ensure staff were of suitable character.
- There was sufficient staff to meet people's needs. Relatives confirmed this, "They do have enough staff to make sure [Name] gets the care they need. They always do [Name]'s hair which makes her feel like her old self."
- The provider used a dependency tool to assess and review the staffing levels.

Using medicines safely

- Prescribed creams were not always stored securely. This was resolved during the inspection.
- People received their medicines as prescribed. The provider was in the process of changing pharmacy to improve medication records and processes.
- Staff had received medicines training and had competency assessments to ensure they had the skills and knowledge to administer medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accident and incidents were reviewed by the registered manager. These were reviewed on a monthly basis to look at any trends and lessons learnt.

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 were carried out prior to people being admitted to the service to ensure their needs and wishes were recorded.
- The registered manager was in the process of developing records regarding oral hygiene.

Staff support: induction, training, skills and experience

- Staff received induction and ongoing training to ensure they had the required skills for their role.
- Staff were supported by the registered manager through formal processes such as supervisions and the manager's 'open door' policy.
- Staff were knowledgeable and skilled in their roles. We received consistently positive feedback about staff from people and relatives. Comments from relatives included, "The staff certainly know what they are doing, and I have every confidence in them."

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

- People were supported with their nutritional needs.
- People were offered a choice of meals from a menu. People told us if they didn't want what was on the menu, the cook would make them what they requested.
- People's weight was monitored, and support put in place to help people achieve and maintain a healthy weight.

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

- People were supported to access health care services.
- One health professional told us, "Staff are brilliant. We communicate really well together, they tell us concerns. They are forthcoming with information and I can go to any of the staff there and ask what I need to know. It's a really good working relationship."

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

- People had access to a variety of communal spaces. The provider had been creative in preparing areas which stimulated and motivated people to reduce distress and confusion. For example, an indoor garden area and a library.
- People's rooms had been personalised in line with their preferences. One person told us, "I have moved rooms recently into this beautiful room. It is so lovely and I have my own things and TV in here."

- People had access to outside garden areas that were well maintained.

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.

- Staff gained consent prior to providing people with care.
- When people were unable to make decisions themselves, capacity assessments and best interests decisions had been carried out.
- Any restrictions were regularly reviewed to ensure they were still necessary.

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

- People received person centred care from staff who knew them well.
- People told us they were happy with the care they received. One person told us, "I'm so grateful to be here. The carers are lovely and so are all the staff here."

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

- Quality assurance audits took place to identify any areas for improvement. Action plans were developed from the findings.
- Regular reviews of the services performance were carried out to look for trends and any learning.
- Satisfaction surveys were carried out to gather people's views. The results were analysed, and action taken to improve the service.
- The registered manager received support from the senior management team who regularly visited the service.

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 registered manager understood their role and responsibilities in relation to the duty of candour.
- The registered manager was aware of their obligation to notify CQC of all of the significant events that had occurred, and appropriate notifications had been made.

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

- There was effective communication with staff, people and their relatives. Feedback from relatives included, "The manager is lovely and approachable, and nothing is too much trouble for her."
- People and staff were engaged in the service through meetings, surveys and reviews.
- People had been supported to maintain communication with relatives throughout the coronavirus pandemic, through use of technology. The provider has recently purchased a safe visiting pod which allowed people to see their relatives.

Working in partnership with others

- The registered manager worked in partnership with health professionals and relatives to ensure people were fully involved in their care.
- We received positive feedback from health professionals regarding partnership working.□
- The registered manager promoted engagement with the local community, for example working with the local schools.