Prime Life Limited

Westerlands Care Village

Inspection report

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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 well-led?	**Requires Improvement**

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. 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 48 people were living at the service.

People's experience of using this service and what we found
Quality assurance processes did not always improve the service. Audits had not identified some of the areas we found at this inspection. When audits had identified areas, prompt action had not always been taken to rectify the issues.

Risks to people's health and safety had not been mitigated. There was a serious risk with the safety of windows. The provider addressed the issues and window safety had improved by the final day of the inspection. The service was not always clean, the provider organised a deep clean of the service during the inspection.

People were not fully supported with choices of meals. People were not always supported in a dignified manner and in line with their care plans.

Recruitment checks had been carried out, but records were not always robust. We have made a recommendation regarding the induction and support of agency workers.

People were supported to access healthcare appointments.

We received positive feedback regarding the new managers at the service. Staff felt well supported by the management team.

People were supported to have maximum choice and control of their lives and staff supported /did them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Best interest decisions had been carried out when appropriate.

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 22 December 2020).

Why we inspected
We received information of concern in relation to management of risk, medicines and nutrition. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risk management, infection control, person centred care and governance at this inspection.

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

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

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.

Inspection team
Four 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 did not have a manager registered with the Care Quality Commission. 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 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. We made telephone calls to eight relatives about their experience of the care provided. We spoke with a variety of staff including two managers, two regional managers, senior care workers and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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.

Requires Improvement

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
- Risks to people were not always mitigated.
- Risks in relation to window safety had not been thoroughly assessed or mitigated. For example, windows were single paned glass and posed a risk of shattering. Other windows were not safe, for example window restrictors allowed some to open wider than the recommended health and safety guidance advises, and some window frames were broken.
- One person's bedroom door was wedged open with a piece of furniture. This meant in the event of a fire their door would not close.
- The provider had not effectively learnt from previous incidents that occurred. Previous choking incidents had occurred. We identified one person did not have detailed guidance in place to reduce the risks in the event of this person choking.

The failure to do all that is reasonably practical to assess and mitigate risks and provide safe care and treatment to service users was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider took action during the inspection to address the above concerns in relation to people's safety.

Preventing and controlling infection
- The risk of spread of infection was not effectively managed as the service was not always clean and tidy. There were stains on walls and ceilings in some bedrooms and communal rooms, and carpets required cleaning.
- Equipment such as bins, bath chairs and crash mats were not always clean.
- Areas to put on clean PPE and take off dirty PPE were not organised appropriately. Bins were stored next to clean areas.

Risks in relation to the control of infection were not being managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the provider hired a cleaning company to do a deep clean of the service and increase the domestics hours.

Using medicines safely

● People received their medicines as prescribed.
● Some records were not always in place or did not contain sufficient information such as records of where transdermal patches have been applied and protocols to guide staff on when to administer when required medication. The management team started to address this during the inspection.

Staffing and recruitment
● Recruitment checks were carried out; however, some records were not fully completed. For example, interview records were not scored.
● There was a high amount of agency use in the service. Some night shifts mainly had agency staff on duty. One relative told us, "The only problem is that the night staff aren't always attentive."
● The provider was working to reduce the amount of agency staff used and were actively recruiting.
● Records for agency workers who were working at the service were not always available or robustly completed.

We recommended the provider seeks advice from a reputable source regarding the support and quality monitoring of agency staff.

Systems and processes to safeguard people from the risk of abuse
● Staff were aware of safeguarding procedures and felt confident to report any signs of abuse.
● People felt safe at the service. One relative told us, [Name] is very safe at Westerlands. Anything that happens the staff are on it straight away, they look after [Name] well.

Requires Improvement

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

- Choice of meals was not always fully promoted when people had specific nutritional needs. One person told us they were unhappy with the puddings they were provided.
- Menus were not in place and other methods to promote choice were not always used. Staff were not always aware of what they were supporting people to eat so were unable to give inform the person they were supporting.
- People were not always supported with their meals in a person-centred manner. Staff were observed to be talking to other people across the room whilst supporting people with their meals. This did not promote people's dignity.
- People did not always receive person centred care. For example; We observed one person becoming distressed due to the doors banging, nobody had identified this so this continued to cause distress.

Failure to consider people's choices and preferences and identified people's needs was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was developing picture menus to support people to make choices.

Staff support: induction, training, skills and experience

- Staff did not always receive supervision in line with the providers policy. Supervisions that had been carried out were not always robust. However, staff told us they felt supported by the management team.
- Staff received mandatory training. Not all staff have received first aid training. The provider ensured there was a first aid qualified staff on every shift but given the size and layout of the building this could cause potential delays to people receiving first aid.
- The managers were aware some training was required and were organising this.

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

- People received support to access health appointments. One relative told us, "If there's any concerns straight away as soon as there's a problem they're on to the GP."
- People's weight was monitored but when people had refused this over a number of months care plans had not always been developed to look at alternatives.

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

- There was space for people choose where the spend their time. However, two activity rooms were not available for people to use effectively as items were stored in them.
- Some decoration work was required to communal areas, this included painting and replacing wallpaper.

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.

- When people had nominated someone to be involved in decisions on their behalf the service consulted with them appropriately. One relative told us, I have POA and so they do keep us informed. They asked for permission for [Name's] booster vaccination for example.
- DoLS applications had been submitted were appropriate.

Requires Improvement

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; Continuous learning and improving care

- Risks to people's health, safety and wellbeing was not always identified and mitigated effectively through on-going monitoring of the service.
- Systems in place were not effective at identifying and addressing areas we found at this inspection. This included risk management, cleanliness of the service and record keeping.
- When audits had identified areas for improvement prompt action had not always been taken.
- Oversight of accident and incidents were in place but not effective. They did not always include all incidents and lessons learnt had not been fully embedded across the service.
- Supervisions were not carried out in line with the providers policy.
- Governance systems in place had failed to ensure people received person centred care.

Failure to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no registered manager in post. The provider has recently changed the management structure of the service and employed two managers to improve oversight of the service. Both managers were planning to register.
- Staff felt well supported by the new managers and felt improvements where been made to the service. One staff told us, "Since [Name] started things have been better, they are doing the best they can and people respect [Name]. I would 100% feel able to go to them about anything."

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

- People did not always receive person centred care due to lack of choice and staff practice. However, people told us that staff were kind and caring.

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 understood their responsibilities in relation to the duty of candour.
- The management team was aware of their obligation to notify CQC of all of the significant events that had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Satisfactions surveys were carried out to gather people's views.
- The managers worked in partnership with health professionals.
- Relatives felt engaged in the service and were positive about the new managers. Feedback included "The new manger is brilliant" and "I am happy with the communications; any changes they kept me informed."

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 9 HSCA RA Regulations 2014 Person-centred care People were not supported to have sufficient choice and were not always supported in line with their preferences 9(3)(b)(g)

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 failed to ensure risks to the health and safety of people had been effectively mitigated. The provider had failed to reduce the risk of spread of infection. 12(2)(a)(b)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the service, They provider had failed to assess monitor and mitigate risks relating to the health and safety of others. The provider had failed to maintain accurate, complete and contemporaneous records. 17 2 (a)(b)(c)