

Prime Life Limited

Rutland Care Village

Inspection report

Huntsmans Drive
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rutland Care Village provides accommodation, nursing and personal care for up to 82 people. At the time of our inspection 70 people were using the service. The service has 4 separate units and supports older people, some of whom were living with dementia and/or physical disabilities.

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

Relatives made many positive comments about the service and said they would recommend it to others. A relative told us, "I'm impressed with the home. It's clean, and the staff are wonderful. [Person's] getting great care."

The service had a happy, homely atmosphere. Mealtimes were lively and sociable. A relative said, "There seems to be an endless supply of food and drinks!" Staff did activities with people, socialised with them, and met their needs promptly.

Staff knew how to keep people safe and took action if they had concerns about their well-being. They were trained in safeguarding and knowledgeable about protecting people from risk.

The service was well-staffed with nurses and care workers. Staff were trained, experienced and understood people's needs. A relative said, "It's very good care – they know [person] very well."

The registered manager and staff had good working relationships with external healthcare professionals. They met with them regularly to ensure people's healthcare needs were met, and made referrals when people needed extra support with their health and well-being.

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.

The registered manager was well-regarded by people, relatives and staff. A relative said, "[The registered manager] is on top of everything, really on the ball. I see them a lot and they are always able to chat." A staff member told us, "[The registered manager] always listens, is always upbeat, helps us care for the residents, and supports us in everything we do."

There were effective management systems in place to monitor how the service was operating and plan any improvements that were needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (report published on 10 April 2020).

Why we inspected

The inspection was prompted in part due to concerns received about people's safety. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well-led question sections of this report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We also looked at infection prevention and control measures under the Safe and Well-led key questions. 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rutland Care Village on our website at www.cqc.org.uk.

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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Rutland 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 two inspectors, a specialist advisor with expertise in this type of service, 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

Rutland Care Village is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rutland Care Village is a care home with 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

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority and commissioners. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with 4 people, 11 relatives, and a visiting healthcare professional to gather their views about the care provided. We also spoke with the registered manager, deputy manager, clinical lead, team leader, and 4 care workers. We reviewed a range of records including 6 people's care records, staff records, and records relating to the management of 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.

Systems and processes to safeguard people from the risk of abuse

- Relatives said people were safe at Rutland Care Village. A relative said, "Yes, it is excellent. I have every confidence in the home and the carers. They are attentive and nice people."
- Staff took prompt action if they had concerns about people's well-being. A relative told us staff noticed a bruise on their family member and immediately contacted the person's GP and the relative to report the incident.
- Staff followed the provider's safeguarding policy and procedure. They reported safeguarding concerns to the local authority, CQC, and other agencies as appropriate. A care worker said, "I have never seen poor care here, but if I did, I would report it."
- If safeguarding concerns were identified managers and staff worked closely with the local authority to ensure they were thoroughly investigated and action taken as necessary to protect people from harm.

Assessing risk, safety monitoring and management

- One person at risk of pressure damage needed re-positioning every 4 hours. However, staff had not always completed their re-positioning chart. This meant there was no record to evidence the re-positioning had been carried out at the frequency required. The person had not sustained pressure damage, so this was likely to be a recording issue. The registered manager said they would address this issue.
- People had risk assessments instructing staff how to reduce the risk of them coming to harm. These were reviewed on a monthly basis and/or in response to changes in their care needs or incidents such as falls. A visiting healthcare professional said, "The staff will let us know if someone had a fall even if they're not injured so we can update our records."
- Staff referred people to healthcare specialists if they needed extra support with their healthcare needs. For example, a person at nutritional risk, and at risk of choking, was referred to the speech and language therapy (SALT) team. They recommended a soft diet and food and fluid monitoring. As a result, the person has gained weight which was the desired outcome.
- Care workers alerted the nursing team if they had any concerns about people's health so these could be promptly addressed. Staff discussed risk at handover meetings to ensure all staff knew how to support people safely in response to their changing needs.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing levels and recruitment

- The provider carried out pre-employment checks to ensure staff were suitable to work with the people using the service. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. Staff files were mostly complete. One staff member did not have a recent photograph on their file. This was supplied following our inspection.

- The service was well-staffed with permanent and bank staff. A person said of the permanent staff, "I can't fault them." They said the bank staff 'knew what they were doing' but didn't know them as well as the permanent staff did. The registered manager said the service had an ongoing recruitment drive with a view to employing more permanent staff.

- Staff were well-trained and supervised. Nurses had additional clinical competencies they completed when they started working at the service including wound management, catheterisation, and palliative care. A nurse said, "There is regular supervision, usually quarterly, with additional sessions if something urgently needs addressing."

Using medicines safely

- Relatives were satisfied with how staff supported people with their medicines. Two relatives said the staff were 'very careful' with people's medicines.

- We observed part of the morning medicines round. The staff member followed the principles of safe administration. They explained to people what their medicines were for and waited until they were taken.

- Medicines were stored safely in a clean and well-organised temperature-controlled room. Eye drops and liquid medicines were dated when opened. Medicines and sharps were disposed of safely in line with National Institute for Health and Care Excellence (NICE) guidance.

- Staff followed prescribers' instructions when administering medicines. There were protocols in place for 'as required' (PRN) medicines so staff knew when to administer them. People had person-centred medicines care plans stating how they like to be supported with their medicines.

- All staff administering medicines were trained and had their competency assessed annually to ensure their skills were up to date,

Preventing and controlling infection

- All areas of the premises were clean and tidy. Personal protective equipment (PPE) stations and hand-washing facilities were available throughout the service. Staff followed government guidance to reduce the risk of infection. They wore appropriate PPE and ensured used PPE was disposed of safely.

- 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

There were no restrictions on visiting. Visitors were able to visit at any time without appointments.

Learning lessons when things go wrong

- Lessons were learnt following accidents and incidents. A relative said that after their family member had falls the service installed motion sensors to alert staff if they got up. This improved the person's safety.
- The service had a 'falls champion' (a staff member with additional training and mentoring on falls management strategies) who met weekly with a local authority representative to discuss falls management. This led to improved falls prevention at the service.
- The registered manager and team leaders met daily to discuss people's care and safety and ensure lessons were learnt following accidents and incidents. The registered manager analysed accidents and incidents to identify any themes and to reduce the risk of reoccurrence.

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 good. At this inspection the rating for 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

- Staff listened to people and took account of their views. In one of the units, people were seated at a large, communal table for lunch. Some people said they would prefer to sit at separate tables in small groups. The registered manager said they would consult with people and make changes in line with their preferences.
- The service had a happy and calm atmosphere. People did activities and socialised with each other, staff and relatives. A visiting healthcare professional said, "I am always impressed how the staff get people up and doing things. There are more people out of their bed here than in a usual care home."
- People received a personalised service. Care plans reflected people's choices and preferred daily routines. Staff respected people and consulted with them about how they wanted their care provided.

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 and staff understood their responsibilities to be open and honest with people when things went wrong.
- The registered manager submitted notifications to CQC as and when required. Notifications are changes, events and incidents that affect their service or the people who use it.
- A staff member said, "The [registered] manager takes any concerns raised very seriously and if they can't sort something out, they will escalate issues up the line [of management]."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service had clear and effective governance, management and accountability arrangements. The provider's representative visited weekly to oversee the service and support the registered manager and staff.
- The provider, registered manager and staff audited all aspects of the service to monitor its quality. This included quarterly 'dignity audits' based on people's feedback and staff self-assessment tools allowing them to reflect on their own practices.
- The registered manager worked occasional shifts at the service as a nurse. This enabled them to get to know people and staff better and gain an overview of the service from the perspective of people and staff.

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

- The registered manager knew all the people using the service and interacted with them every day. We saw

people speaking to them and waving and smiling at them as they visited communal areas.

- The provider sent out surveys to people, relatives and staff to get their views on the service. The results were analysed and improvements made where necessary.
- People and relatives were invited to attend regular meetings with the registered manager and staff where they had the opportunity to share their views. Minutes showed people and relatives speaking out about the service and making suggestions for activities and improvements to the décor.
- The registered manager had an excellent relationship with the staff team. A staff member said, "If I need the [registered] manager they come straight away, even on their day off."

Continuous learning and improving care

- Managers and staff completed a wide range of essential and specialist training to ensure they had the knowledge and skills they needed to provide good quality care and support to people.
- The provider's workforce development department provided information about changes in health and social care with all its services. For example, learning from the National Dementia Congress 2022 on providing personalised care and support to people from the LGBT community was shared with the staff at Rutland Care Village.
- Any concerns the service received were investigated in a sensitive and confidential way. Lessons were shared amongst the staff team and acted on.

Working in partnership with others

- The staff had excellent working relationships with other health and social care professionals. The registered manager said, "I believe only in teamwork both inside and outside the home." This meant staff worked in partnership with others to ensure people had the care and support they were entitled to.
- Staff attended regular meetings with local health and social care professionals including GPs, district nurses, physiotherapists, and local authority representatives. They shared knowledge and discussed people's needs and how best to support them.
- A GP did a weekly ward round at the service and worked with the nurses and care staff to ensure people's healthcare needs were met. A visiting healthcare professional said, "The staff are good at flagging medical concerns up and referring people to us."