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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Westerlands care village is a 'care home' set across two separate buildings. 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. Westerlands Care Village comprises of: Elloughton House and Brough Lodge. Brough Lodge is split into three floors The Garden Suite, Humber Suite and The Ridings Suite. Together the two buildings provide a total of 62 places to older people requiring personal care, some of whom may be living with memory impairment. The Garden Suite primarily cares for people with needs that may challenge.

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

At our previous inspection on 25 January 2017, we rated Westerlands Care Village as Requires Improvement. The provider needed to evidence a longer track record of consistent good practice in person-centred care; safe care and treatment; consent; nutritional and hydration needs; dignity and respect; safeguarding people from abuse; staffing; medicine management and good governance. At this inspection we found Westerlands Care village provided evidence of consistent good practice and all of these areas and the service no longer required improvement.

The environment at Westerlands Care Village was pleasant, inviting and calm. The registered manager and the staff team were all welcoming and approachable. There was a strong commitment to continuous improvement.

Medicines were managed safely and staff had a good knowledge of the medicine systems and procedures in place to support this.
Staff understood how to safeguard people from abuse; they had training in this area and were able to put this into practice. There was sufficient staff to ensure people were kept safe and the provider evidenced they were working proactively to fill the vacant posts they were recruiting to.

There was a positive culture within the service; people were treated with dignity and respect. Staff had signed up to a dignity pledge and this on display and promoted around the service. People's care plans showed that there was a strong commitment to person centred care and risks to people were assessed and managed. People were supported to make their own decisions; this was encouraged and reflected in their care plans. Care plans demonstrated that the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) had been applied. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People's nutrition and hydration needs were catered for. A choice of meals was available three times a day

and snacks and drinks were made readily available throughout the day. The registered manager addressed nutritional concerns, such as weight management, in a proactive manner.

We also looked at recruitment processes and found that staff had been recruited safely. We looked at staff training and found staff had developed a wide range of competencies which demonstrated they could perform their duties effectively. Training was service specific to meet the needs of people; this enabled staff to develop their knowledge to provide person centred care. Staff received regular supervision and appraisal and told us they felt supported in their roles.

People's wider support needs were catered for through the provision of daily activities provided by the care staff and visiting entertainers.

The management completed investigations into incidents and accidents. Investigations were thorough and comprehensive and lessons learned were reflected upon and recorded. This meant that the likelihood of future similar incidents was reduced.

The service was clean and infection control measures were in place. The manager and senior care workers had robust audits in place to monitor the risk and spread of infection.

There was a complaints procedure in place which allowed people to voice their concerns if they were unhappy with the service they received. There were no active complaints at the time of the inspection.

There was a range of quality audits in place completed by both the manager and provider. These were up to date and completed on a daily, weekly and monthly basis. All of the people we spoke with told us they felt the service was well-led and that they felt listened to and could approach management with concerns. Staff told us they enjoyed working at the home and enjoyed their jobs.

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.

People received their medication safely from competent staff.

Recruitment checks were robust and ensured suitable staff were recruited to work within the service.

People had individual risk management plans in place to keep them safe. Incidents were analysed to reduce the likelihood of a reoccurrence.

The premises were well maintained and the environment was safe.

Is the service effective?

Good

The service was effective.

Care plans took into account the principles of the Mental Capacity Act 2005 and the provider had met their responsibilities with regards to Deprivation of Liberty Safeguards (DoLS).

People's nutrition and hydration needs were met.

An induction programme and on-going learning and development plan ensured staff were trained and experienced to deliver effective care.

Is the service caring?

Good

The service was caring.

Positive feedback was received from people who used the service and their relatives. They commended the caring nature of the staff.

Staff had a good understanding of people's needs and were able to provide person centred support.

People's rights to privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People received person centred care which focused on their individual needs.

People, and their relatives, knew how to raise concerns and were confident the registered manager would listen.

People had access to activities to meet their wider needs.

End of life care plans were person centred and respected choice.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager who understood the responsibilities of their role. Staff felt well supported by the registered manager.

There was a strong commitment to continuous improvement with extensive quality assurance systems in place.

The provider listened to, and acted on, feedback from people, their relatives and members of the staff team.

Westerlands 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 was planned to check 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.

This inspection took place on 9 and 10 January 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors, one medicines inspector 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.

Before the inspection, we reviewed the information we held about the service. This included notifications we had received. A notification is information about important events such as accidents or incidents, which the provider is required to send us by law. We also spoke with two professionals who visit the service.

During the inspection, we completed a tour of the building, spoke with the registered manager, two regional directors, one senior care worker, four care workers, the chef and the laundry worker. We also spoke with four people who used the service and four of their relatives and friends. We carried out a SOFI observation. This is a structured observation that helps us understand the experiences of people who aren't able to speak with us.

After the inspection, we contacted eight professionals who visit the service to seek their views and opinions, four of whom provided feedback. We looked at four people's care records, four staff recruitment files, staff training and supervision records and records about the management of the service, including quality audits, surveys and development plans.

Good

Is the service safe?

Our findings

The service was safe. We asked people if they felt safe and they told us, "Definitely, when you've got people like that [pointed to a carer] you couldn't feel safer could you" and "I have a key to my room, I keep it locked. We are safe."

The administration of medicines was safe and staff were knowledgeable about the process and procedures in place. Medicines were stored securely and access was restricted to authorised staff. Some people were being given their medicines covertly (disguised in food or drink). We checked care records and found appropriate assessments had been undertaken and decisions made in accordance with the Mental Capacity Act. Staff had received medicines handling training and their competencies were assessed regularly to make sure they had the necessary skills.

We saw medicines audits which had been developed since our last inspection. These included regular checks by managers and external audits which had been carried out by the supplying pharmacy. Issues that had been identified through this auditing process had been acted upon and improvements made. Following an audit check the supplying pharmacy forwarded a compliment to the registered manager, this read, 'fantastic progress you and your team have made in the last 6 months, very well done to you all.'

Accidents and Incidents were thoroughly investigated by the registered manager. Actions taken following investigations included additional monitoring of people and referrals to other agencies. Monthly audits were conducted by the registered manager and overseen by regional directors. This enabled patterns and trends to be monitored and, where appropriate, lessons learned could be implemented to improve future service provision.

The registered manager provided us with their needs analysis which determined the staffing levels required in the service. On the day of inspection we observed sufficient staffing was available to meet the needs of people. People we spoke with confirmed, "Yes, there's plenty of people." Staff confirmed they felt staffing levels were safe to meet the needs of people however new staff members were needed to ease the need for current staff to pick up additional vacant shifts. A relative informed us, "They could always do with more [staff] – if someone is on holiday they're on a knife edge." There were a number of vacant positions at the service. The registered manager and regional director provided us with information regarding their ongoing recruitment plans and confirmed that they had new staff waiting to start once all pre-employment checks had been completed.

Systems were in place to identify and reduce risks to people living within the service. People's care plans included detailed risk assessments. Documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. Where people had behaviours that challenged we saw positive behavioural support plans in place. One of the plans described how sitting and brushing the person's hair offered a calming effect and redirected them from engaging in behavioural challenge. We observed this happening on the day of inspection; this demonstrated that staff had a good understanding of that person and how to address their behaviours positively.

Safeguarding and whistleblowing policies were in place at the service and staff we spoke with demonstrated knowledge of what to do if they had concerns. This meant the people who used the service were protected from potential abuse and neglect. Records showed us that safeguarding training had been provided. Staff told us the registered manager dealt with concerns promptly and effectively. The registered manager demonstrated competence and transparency and lessons were learned where appropriate.

Recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced employment, this included Disclosure and Barring Service (DBS) checks. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands helping employers make safer recruitment decisions.

The implementation of infection control procedures was visible and this ensured people and staff were protected from the risk of infection. Staff had access to Personal Protective Equipment (PPE) including plastic aprons and gloves. The registered manager completed regular audits and daily checks were part of the senior care workers duties completed twice daily.

The service had received a five star rating from the food standards agency. The food hygiene rating reflects the standards of food hygiene found by the local authority. The rating is from one to five, with five being of a high standard. Staff had also received training on COSHH (Control of Substances Hazardous to Health Regulations) which sets out standards for the safe storage of hazardous substances like cleaning products in working environments.

We saw Personal Emergency Evacuation Plans (PEEPs) were in place for each of the people who used the service. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed staff undertook regular evacuation practices and recorded the events.

Good

Is the service effective?

Our findings

The service was effective. A relative told us, "You couldn't have better trained staff, they are watching people all the time and they know what they are doing."

Care plans we looked at during the inspection showed that people's needs were assessed and evaluated on an ongoing basis. People's care plans gave information about their health needs and how they were to be addressed. We saw records which detailed community health professional's involvement, for example GPs, district nurses and chiropodists. Health professional's involvement was timely and responsive to changing needs; examples included contacting emergency services, the GP or district nursing staff.

People had an individualised 'hospital grab sheet' with important details including their health needs, medication, communication needs, religious beliefs, capacity and preferences. This would be handed over to hospital staff if the person was admitted. This supported the continuity of care for that person, even outside of the service.

The premises were well-appointed and pleasant throughout. The majority of people's bedrooms were personalised with photos, pictures and belongings. People's bedroom doors displayed the name and a photo of the person whose room it was, along with animated pictures. Staff informed us that these pictures illustrated the person's interests and provided topics of conversation prompts for staff and visitors.

Care plans clearly identified people's capacity to make decisions under the Mental Capacity Act 2005. The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack 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, People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS].

We checked whether the service was working within the principles of the MCA. Records we examined showed that the restrictions were deemed to be in the person's best interests and the least restrictive option. Best interests meeting records evidenced that the decisions were made in consultation with staff and relatives. It wasn't recorded that key workers attended best interest meetings and on discussion with the provider they confirmed that this would be amended for future meetings.

The chef knew people's dietary requirements, including those who were diabetic or required a soft diet. We were told that people had choice in what they wanted to eat and these choices were accommodated. People told us that they were generally happy with the food. One person said, "The food is good, especially the dumplings." There were plenty of staff distributing the plates of food which was served promptly but not rushed. People who required assistance had support and we observed carers engaging in conversation with people and when possible, encouraged them to try and eat independently.

The service was proactive to meet people's nutritional needs with particular focus on weight loss. If staff had concerns that person was assessed and necessary action taken. Positive outcomes were observed for people who needed support to maintain a healthy weight.

Staff received training which provided them with the skills to meet the needs of the people. The staff we spoke with throughout the inspection were positive about the training provided. One member of staff told us, "The training is really good; we have recently had positive behaviour support training over two days. Since doing this training I can support people better." Positive behavioural support (PBS) is a method of learning about a person and why they may become anxious or distressed. Once staff understand why, they can work to remove triggers and/or support people better to prevent anxiety.

New staff were supported to understand their role through an induction that was aligned to the care certificate. The care certificate is a modular induction which introduces new starters to a set of minimum working standards. Following induction, all staff entered into an on-going programme of training. Training records confirmed that the provider had a wide variety of courses available to the staff team to meet the needs of the people using the service.

Staff told us that they felt supported by the management. Feedback from staff and relatives confirmed the registered manager had an open door policy and was very approach able. A staff member told us, "They [the registered manager] are very approachable. If I have any concerns I know I can talk to them in confidence" another said, "I definitely get a lot of support, there is always people to ask. They are very knowledgeable." Records observed on inspection showed that staff received regular supervision and this this was tracked and monitored.

Good

Is the service caring?

Our findings

The service was caring. People we spoke with told us that staff were kind and caring. Comments included, "Staff are very caring", "If you want something, someone gets it" and "Oh yes; if you're not happy you tell them and they sort it." Relatives we spoke with confirmed this. Comments included, "They [staff] are always kind to everyone", "They are very caring, they go beyond the norm, they will sit and talk to people and that makes for better care" and "They [the staff] look after me too, cups of tea are offered every day."

People's friends and relatives were welcome to visit, there were no restrictions to the amount of time they could spend at the service. Relatives we spoke with said, "I am made to feel welcome now. It has got a lot better" and "It's an open door, I'm here from about 11:30 to 20:30 most days, it's my home." We observed how the care also extended to relatives. When one relative's family member died whilst in the service, the registered manager informed them 'don't forget we are still here for you'. This relative still visits the service once or twice a week undertaking light gardening duties.

People's cultural and religious needs were considered when support plans were being developed. We observed how people completed a 'getting to know you' document when they first moved into the service. This document contained personal history information and cultural and religious needs which was then incorporated into their care plan.

Staff evidenced that they had good knowledge of the people they cared for and respected their life history. For example, one person chose not to sleep in their room but in the communal lounge in a chair. The care plan explained that this person was once a nurse and worked nights and has struggled with a sleeping pattern since then. A staff member told us, "One person is catholic and they used to attend a convent school. They talk about this one particular sister and we have found that if you mention this sister's name it can help calm them down if they are upset." The 'getting to know you document' also recorded people's strengths. One document stated, 'I am a caring and sensitive person, I am quiet by nature but enjoy being with others'. This information enabled the reader to gain a better understanding of the person they were supporting. Discussions with staff evidenced that they had time and opportunity to read through these documents ensuring they had the knowledge of the person to enable them to provide good care.

Staff were able to describe how they communicated with individuals who were unable to communicate verbally. This included writing things down and also reading body language. Throughout our inspection we observed staff writing down menu choices and communicating with people through writing. Care plans detailed how to communicate with people for example 'speech is muddled but can answer 'yes' or 'no' and also detailed when staff should be looking for physical prompts from people regarding their wants and needs.

We carried out a SOFI observation in one of the communal lounges of the home. During this time staff demonstrated a commitment to ensure people were able to communicate their choice. This was demonstrated through respectful and patient interaction with people.

Information regarding advocacy services was displayed around the buildings. An advocate represents the interests of people who may find it difficult to be heard or speak out for themselves. Care plans recorded advocates involvement with people using the service.

People's privacy and dignity was respected and promoted. In the entrance hall of Elloughton Lodge we observed a 'dignity wall' which contained a pledge and certificates from all staff members who had signed up to uphold the dignity pledge. Senior staff completed monthly dignity in care audits. This consisted of observations under headings including; communication, meal times, environment and personal care. Staff training records confirmed attendance on dignity in care training annually. Examples of how staff respected people's privacy and respect was provided including; knocking on doors, ensuring doors/curtains were closed when people were changing and standing behind doors (if suitable) whilst supporting with personal care tasks. Staff told us how they spent time chatting to people to build up a rapport. They did this over a period of time before offering to support them with areas of support such as personal care. They were then able to successfully support that person with their personal care routines due to the relationship they had established with them. A relative told us, "They are very conscious of dignity, they do what they are supposed to do and beyond."

People and their relatives felt that their independence was promoted. When speaking to relatives about whether people were encouraged to be independent they told us, "Yes, as much as they can" and "They let them do what they can." We saw people's abilities were recorded in their care plans such as 'is able to choose their own clothes with prompting' and 'requires assistance with eating but can eat finger foods and drink independently.'

Good

Is the service responsive?

Our findings

The service was responsive. A visiting professional told us, "They [The service] demonstrate very person centred practice." People and their relatives were involved in the development of their care plans. Plans contained detailed individualised information about all areas of support including physical health, mobility and communication. Support planning documentation was easy to read, this assisted the reader to have a clear understanding of the individual's needs. Evaluations of people's care plans were regularly conducted.

The service routinely listened to people to improve the service on offer. Meetings took place monthly for people who used the service, topics discussed at these meetings included; what activities do you enjoy doing, what meals do you enjoy and do staff treat you with respect. Comments included in minutes of meetings were, "Yes staff are all lovely" and "We would like to see more of the music people." We saw evidence that staff responded to requests and feedback demonstrating that people were listened to and staff were committed to meeting their wider needs.

Relatives were invited to attend regular meetings at the service. Attendance wasn't always high but the provider was seeking feedback about the frequency of meetings and the best time/day for people to attend.

The service was responsive to concerns or complaints raised. The management had dealt with all complaints received in the year prior to our inspection, quickly and effectively, conducting an investigation and taking disciplinary action if appropriate to do so. The provider had a complaints policy and procedure in place and information on how to make a complaint was on display. Complaints were audited monthly by the registered manager. We spoke with relatives of people to see whether they had ever felt they needed to complain and they told us, "No serious complaints, just niggles and they were dealt with", "I would see [name of senior] in charge of unit - no complaints yet" and "No, every issue I have ever had has been dealt with there and then. I'm here every day."

People were supported to maintain relationships that were important to them. Relatives were welcomed to be part of events at the service creating a family feeling atmosphere. This included a valentine's 'pop up' restaurant were tables were set up with candles/balloons and flowers. A compliment sent after the event stated, "You really excelled on this one…you certainly did us all proud, the four course meal with wine could have put many restaurants to shame." Christmas was another special time where relatives were encouraged to be part of service. The registered manager advised that six relatives enjoyed their Christmas lunch with their family members at the service and we saw records from relatives meetings that all had been invited. We were also made aware of a number of people's pets that have been to visit people. The registered manager allowed people's pets to visit them at any time. One relative told us, "We bring her dog to visit her – she [relative] loves it."

People were enabled to engage in activities both within their home and in the local community. With no activities coordinator on site it was the care staff's responsibility to provide access to activities throughout the day. We observed magazines and newspapers available for people to read. Activities were both group based and individual including painting nails, brushing hair, singing, listening to music and looking at and

discussing reminiscence cards. The registered manager informed us of a number of external groups that visited to provide activities. This included weekly armchair exercises and fortnightly motivation to music classes. The service organised two bus trips per month and people spoke of past parties with singers and impersonators. We observed notices in the building highlighting events around the world that would be celebrated at the service. This included national popcorn day (a film and popcorn event), Burns night (a burns supper) and future events such as St Patricks day, world autism day and armed forces day. The registered manager had a record of activities undertaken on a daily basis and had recently developed an evaluation form to measure the success and impact of the activities.

Care plans included 'my life and social inclusion plan'. This included key information about the person's hobbies and interests including; any spiritual/religious needs, hobbies, interests, newspapers or magazines they like. It was evident that staff had knowledge of people's interests through discussion and observation. For example, one staff member told us how a person loved to sing one particular song and that they often sang it together. This was recorded in the care plan and service documents captured this taking place.

There was end of life paperwork in some of the care plans that we saw, staff informed us that this was due to individual choice. Where the plans were in place they were detailed and person centred providing information about who was to be informed, their religion and their end of life preferences. End of life preferences was also recorded in the 'hospital grab sheet' which ensured that their wishes and preferences were communicated outside of the service.

Good

Is the service well-led?

Our findings

The service was well-led. Staff were positive about the registered manager and the improvements they had implemented, they told us, "They [registered manager] is really good and helpful", "The culture has definitely improved. Its great team work, I ask for help and they will be there", "They [manager] are a friendly manager but with no cliques, everyone is included, they have a good balance of being friendly and being the manager" and "Staff morale has improved, we are supported by management and clients are happier." Relatives were also very complimentary. They told us, "Very good, they sort problems out straightaway - you can talk to them", "Top rate, not a single issue at all" and "You say something to [name of registered manager] and they write it down and it gets sorted." It was evident that the culture within the service had changed and it was open and accountable. People were supported by a staff team who were motivated and skilled.

We witnessed an open door culture which was confirmed by the staff. A member of staff we spoke with said, "Their [the manager's] door is always open." The open door culture of the service was reflected in care plans. One care file we read stated, 'They like to visit the manager's office daily to see who is there and say hello'.

The registered manager had good communication with the staff team. Staff meetings were held monthly across different days and times to accommodate people's shift patterns ensuring all could attend. Minutes of meetings included a section for staff input and it was evident that staff members were encouraged to participate and engage in the discussions.

Feedback from people, relatives and staff was sought through meetings and also annual surveys. The most recent family, friends and visitors questionnaire returned nine completed responses. The registered manager reviewed this information and produced an eight page report detailing the findings and actions to be completed in response. This was shared with all relatives and made available around the building. The survey asked relatives a number of questions relating to service delivery. All responses rated these questions as outstanding or good.

We found that leadership within the wider organisation was visible at different levels. During the inspection we met with two regional directors who advised that they visit on a regular basis. We saw evidence that their visits were business focused with records of discussion points including; care delivery, monitoring of quality and safety, monthly audits, staffing, complaints and actions to be completed.

There was a culture of continuous improvement and the registered manager was supported with this by the regional directors. There was a quality monitoring system in place to help monitor and drive improvements to the care that people received. The registered manager completed a large number of weekly and monthly audits to ensure that they understood what was happening directly with people and how they can learn from any mistakes. The audits included; safeguarding, complaints, incidents/accidents and falls. These audits were shared with regional directors monthly for their oversight. Seniors care workers had their own daily audits to complete and share with the registered manager.

We observed records from the providers 'compliance director' who conducted a three day compliance visit producing an in-depth report to detail their findings. The compliance director involved in this process; six people who used the service, 10 staff members and six relatives. The report evidenced high scores under each of CQC's key questions and any identified actions were undertaken immediately by the registered manager.

Feedback we have received confirmed that staff at the service had positive relationships with visiting professionals including, "I have found the manager to be approachable and willing to take advice on board", "The manager appeared to be honest, open, informative, interested and very supportive", "The senior carer had good knowledge of the person's needs" and "The key worker had very good understanding of my client's needs."

Professionals from Healthwatch provided positive feedback from their visit to the service. They spent the day observing practice and speaking with people, their relatives and staff. Their recommendations stated, 'Healthwatch East Riding have no specific recommendations to make; however we recognise the hard work that is being put into current improvements which should continue.'

The manager understood the relevant legal requirements and had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. We saw the ratings from the last inspection were displayed in the service and on the provider website which is a legal requirement.