

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Rutland Care Village

Huntsman Drive, Barleythorpe Road, Oakham,  
LE15 6RP

Tel: 01572722350

Date of Inspection: 20 January 2014

Date of Publication: January  
2014

We inspected the following standards as part of a routine inspection. This is what we found:

**Care and welfare of people who use services** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**Records** ✓ Met this standard

## Details about this location

|                         |  |
|-------------------------|--|
| Registered Provider     | Prime Life Limited   |
| Registered Manager      | Miss Gemma Ann Elgar   |
| Overview of the service | Rutland Care Village is a care home providing nursing and personal care for up to 82 people. At the time of our visit 82 people were living in the home. The care village is made up of a purpose built home split into four units. The village also includes a day care facility and residential bungalows which were not included in our inspection. Rutland Care Village is one of 60 care homes owned by Prime Life Limited. |
| Type of services        | Care home service with nursing<br>Rehabilitation services  |
| Regulated activities    | Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury  |

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

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### What people told us and what we found

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We visited Rutland Care Village to see whether improvements had been made since our visit 03 and 04 July 2013. We found that there had been improvements to the recording and monitoring of people's care. We noted some areas where the provider may need to make further improvements.

We looked at a sample of monitoring sheets and found an improvement in the detail recorded. We spoke with the team leaders on each unit and they told us that they checked the monitoring sheets twice a day to ensure people were having adequate food and drinks and that care was being given appropriately. We found a few instances where there were discrepancies on the monitoring sheets but no record that this had been identified or addressed.

We spoke with twelve people who used the service and five relatives. The feedback we received was generally positive with comments such as, "The girls (staff) are good here. I trust my relative with them." And "Absolutely brilliant. You cannot fault any of them".

We looked at a selection of the audits that had been completed such as audits of the numbers and treatment of pressure ulcers, audit of when people had fallen and an audit of response times for staff to answer people's call bells. We saw that the manager had included a front sheet with details of the purpose of the audit and a summary of the findings and actions.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

When we visited Rutland Care Village 03 and 04 July 2013 we found instances where people's fluid and food intake was recorded as being low but there was no record of action taken to offer people additional drinks. Records also showed that people were not being assisted to change position as often as specified in their care plans which put people were at increased risk of developing pressure ulcers.

During our visit to Rutland Care Village on 20 January 2014 we looked at a sample of monitoring sheets on three of the four units within the home. We saw that staff were recording where people had been offered and refused food and drinks. We saw that snacks between meals were also being recorded. We spoke with the team leaders on each unit and they told us that they checked the monitoring sheets twice a day to ensure people were having adequate food and drinks and that care was being given appropriately. We observed that both people in their bedrooms and in communal areas were offered regular drinks and assisted to drink them where needed.

We looked at care plans for six people across the four units within the home. We found that they contained most of the information that staff needed to care for people. The provider may find it useful to note that we discussed with the manager the need for one person's care plan to clearly record the detail of advice given by a visiting health professional to ensure that any risks to the person were fully understood by all of the staff.

During our visit we spoke with twelve people who used the service and five relatives. The feedback we received was generally positive with comments such as, "The girls (staff) are good here. I trust my relative with them." And "Absolutely brilliant. You cannot fault any of them". People gave mixed responses about whether they had to wait when they needed help with one person saying, "sometimes I have to wait for someone to come but generally they are pretty quick." another said "they are pretty quick." Another person told us "they come in their own time, but you know, when you need them, you need them!"

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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When we visited Rutland Care Village 03 and 04 July 2013 we found that although there was a program of audits and checks in place recording charts such as those to record what people had to eat and drink were not being regularly reviewed to ensure people were receiving appropriate and safe care.

During our visit to Rutland Care Village on 20 January 2014 we spoke with the team leaders on each of the units. They told us that they checked all of the monitoring sheets at least twice a day to ensure that they had been completed correctly. They explained that at 4pm each day the monitoring sheets were taken to the manager who also checked them. The provider may find it useful to note that we found a few instances where there were discrepancies on the monitoring sheets but no record that this had been identified or addressed.

We saw that care plans and assessments were being evaluated each month to ensure they were up to date and accurate. We discussed with the manager how care plans and assessments were monitored to ensure that they contained the relevant information that staff needed to care for people appropriately. The manager told us that team leader were in the process of rewriting all of the care plans and that once this had been completed regular audits of care records would take place by sample checking a selection of care records from each unit each month.

We looked at a selection of the audits that had been completed such as audits of the numbers and treatment of pressure ulcers, audit of when people had fallen and an audit of response times for staff to answer people's call bells. We saw that the manager had included a front sheet with details of the purpose of the audit and a summary of the findings and actions.

The manager told us that she had recently sent out satisfaction surveys to people living in the home and to their relatives as well as to visiting health and social care professionals. We looked at a sample of these that had been returned and saw that although people were generally satisfied with the service there were some issues raised where people wanted improvements. The manager explained that when all of the surveys were returned

the results would be collated and any issues addressed.

The manager explained that she met with the team leaders from each unit and the nursing staff for ten minutes each morning to discuss anything significant happening in the home and share any relevant information. We attended this meeting during our visit and saw that the manager discussed some of the initial feedback from the satisfaction surveys in relation to the food served in the home and explained that she had spoken with the catering staff about the suggestions made.

The provider may find it useful to note that during our visit we saw that some areas of the home required cleaning. We looked at the infection control audits carried out on each of the units but saw that these had not identified and addressed the areas that we found.



## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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When we visited Rutland Care Village 03 and 04 July 2013 we found that people were at risk of unsafe or inappropriate care and treatment because accurate and appropriate records were not consistently maintained in relation to people's care.

During our visit to Rutland Care Village on 20 January 2014 we found an improvement in the care records. We found that records could be located promptly by staff members and that they were dated and the information required was accessible. We looked at a selection of assessments, care plans and monitoring charts from across each of the units in the home and found that they contained most of the information that staff needed to care for people appropriately.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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