

Prime Life Limited

Clarence House & The Granary

Inspection report

53 West Street
Horncastle
Lincolnshire
LN9 5JE

Tel: 01507524466
Website: www.prime-life.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Clarence House & The Granary is a residential care home providing personal care for up to 21 people who live with learning disabilities. The accommodation consists of two houses situated in the same grounds. Clarence House can accommodate up to 12 people; The Granary can accommodate up to nine people. At the time of the inspection 16 people were living at the home.

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

Quality monitoring systems were in place; however they had failed to identify some of the shortfalls found at inspection. In addition, analysis and follow up of specific incidents had not been robustly documented.

Staff knew how to manage risks identified in relation to people's care and support. However, care plans and risk management plans did not always reflect the knowledge staff had and applied in practice.

Staff knew how to keep people safe from abuse and were confident to raise concerns with the registered manager or external agencies.

There were enough staff to support people's needs and wishes. Staff had received training for their roles. Safe recruitment procedures were in place for new staff.

Medicines were administered safely, and we were assured measures were in place to prevent the spread of infection to people, staff and visitors.

There was a positive and open culture in the home. People, their relatives and staff were encouraged to share their views about the services provided.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture such as choice, promotion of independence and inclusion.

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 24 January 2020).

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a coronial investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of falls risks. This inspection examined those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Clarence House & The Granary

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Clarence House & The Granary is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave Clarence House & The Granary a short period notice of the inspection. This was due to the COVID-19 pandemic to ensure we had enough information prior to the inspection to promote safety.

What we did before the 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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who lived at Clarence House & The Granary about their experience of the care provided. We also observed the care and support people received as some people were not able to share their experiences with us. We spoke with three members of care staff, a senior carer and the registered manager.

We looked at a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked, for example, at quality assurance records, minutes of staff meetings and the provider's policies.



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

- Risks associated with people's care had been assessed. However, some risk management plans lacked detail. For example, one person was identified as lacking co-ordination and may resist offers of support from staff. The care plan did not clarify how a lack of co-ordination impacted upon the person's mobility or give clear guidance about how to manage resistance to support.
- A second care plan identified a person was at risk of falls on stairs. As part of their management plan, handrails had been installed to reduce risk for the person. However, this was not recorded in the care plan or risk assessment.
- Reviews of the care plans and risk management plans had been recorded. However, some reviews lacked detail such as the date on which the review had been carried out.
- People told us how they were supported to manage risks to their health, safety and welfare. For example, one person described in detail how staff helped them to walk with a frame following surgery to regain independence. Another person described how staff helped them to use stairs safely.
- Staff were knowledgeable about people's identified risks. They described in detail how they supported people to manage those risks such as the use of pressure mats, door alarms and the level of observation people needed. In addition, we saw several examples of staff providing the support they, and people, had described to us.

Learning lessons when things go wrong

- Staff told us the registered manager discussed accidents or incidents with them so they could learn lessons and improve how they supported people in the future. The minutes of staff meetings confirmed this on most occasions. However, on two occasions following falls we were told the learning lessons process had been carried out verbally and there was no documentation to confirm this.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Clarence House & The Granary. One person said, "I feel safe. The staff look after me well." Another person said, "Yes I feel safe. The staff help me with everything."
- People were supported to understand what to do if they felt they were at risk of abuse. One person told us, "I'd talk to [registered manager] or the police." The person then showed us information displayed in the home, in easy to read formats, about keeping safe and where to go to get help if they needed to.
- Staff received training about how to keep people safe from the risk of abuse. They knew how to report any concerns they had both within the home and externally.

Staffing and recruitment

- There were enough appropriately trained staff employed to meet people's needs. People told us there was always staff available to support them when they needed anything.
- Systems were in place to ensure staff were recruited safely. Checks had been made through the Disclosure and Barring Service (DBS). This check is made to ensure potential staff do not have any criminal convictions that may affect their suitability to work with vulnerable people. The provider also checked information such as references from previous employers and information about identity.□
- The provider ensured staff received a programme of induction and on-going training. Records showed, and staff told us, training included topics such as equality and diversity, dignity in care and learning disability awareness.

Using medicines safely

- Medicines were administered by staff who were trained to do so. Regular checks were made to ensure they maintained their skills and knowledge.
- Systems were in place to ensure medicines were safely ordered, stored and disposed of.
- Protocols were in place to ensure people received their 'as required' medicines (PRN) and guidance for each of these medicines was in place.
- People told us they received their medicines in the ways they preferred and at the right times.

Preventing and controlling infection

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

We have also signposted the provider to resources to develop their approach.

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; 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

- Quality assurance checks had been carried out in line with the provider's policy. However, audits had not always identified shortfalls in documentation. For example, as noted earlier in this report, within care plans and risk assessments.
- The registered manager and a provider representative told us they had looked at circumstances surrounding specific incidents and learned lessons. However, at the time of the inspection there was no documentary evidence to demonstrate that incidents had been robustly analysed. In addition, there was no documentary evidence to show what lessons had been learned or that they had been embedded into practice.
- The registered manager understood the requirement to report incidents and events to CQC in a timely manner. However, we found one incident which resulted in injury to a person had not been reported and quality assurance checks had failed to identify the oversight. The registered manager submitted a notification retrospectively when this was identified.
- There were systems in place to ensure compliance with the duty of candour. Records showed the registered manager generally worked in an open and transparent way when incidents occurred.

Shortfalls in quality assurance processes and the lack of adequate documentation was a breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us the registered manager and staff made sure they were included in discussions and decision making about their support and how the home was run. One person said, "Marvellous job done by [registered manager] and staff." Two other people agreed with the person and told us about house meetings where everyone had a voice.
- Staff told us they felt well supported by the registered manager. One staff member told us, "It's a family atmosphere; [registered manager] is very supportive."

- During the pandemic the registered manager had ensured arrangements were in place to maintain contact with people's relatives, for example, the use of electronic devices and telephone calls. In addition, the provider had put in place COVID-19 safe arrangements to facilitate visiting in line with government guidance.
- Questionnaires were used to gain feedback about the services provided from people and their relatives. The registered manager also told us they contacted relatives by telephone if they were unable to complete questionnaires.

Working in partnership with others

- The registered manager and staff worked with key stakeholders, such as the local authority and health partners. This had, for example, enabled collaborative work during the COVID-19 pandemic to support the health and welfare of people and staff.
- The registered manager and provider were open and receptive to feedback following our inspection.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure governance systems were robust; record keeping systems and processes were not being operated effectively.</p>