

Prokare Limited







The Limes

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	

Overall summary

The inspection was unannounced and took place on 7 July 2015. At the last inspection in September 2013, the provider was meeting all of the requirements of the regulations we reviewed.

The Limes is registered to provide accommodation and personal care for a maximum of six adults who have an acquired brain injury. There were six people living at home on the day of the inspection. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home and considered there were enough staff to support them. Staff followed risk assessments to keep people safe. Staff were experienced and had received training in protecting

Summary of findings

people from harm. They knew what action to take if they had any concerns about potential abuse. People were supported with the management of their medicines to support their well-being.

Staff were provided with training which they felt reflected the needs of the people they supported. Staff knew how to support people's rights and shared examples of how they respected people's choices.

People told us they had enough to eat and drink to keep them healthy. People told us they enjoyed the meals provided and were involved in shopping for, and choosing what they ate. We found that people's health care needs were assessed, and care and support was planned and delivered to meet their needs. People had access to healthcare professionals that provided treatment, advice and guidance to support their health needs.

People described staff as kind and caring. They told us they were happy with the care and support they received and felt listened to. Staff respected people's right to privacy and promoted their dignity.

People were involved in the planning and reviewing of their care. People's needs were assessed and detailed plans were in place to meet their needs and preferences. People told us they went out into the community most days to participate in activities they chose. We saw people were encouraged to be as independent as possible. People knew who to speak with if they had any concerns or complaints about the service they received.

The registered manager promoted an open culture within the home and was available to staff for guidance and support. There were systems in place to gain people's views and to monitor and review the quality of the service people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People felt safe living at the home. Risk assessments were carried out so that risks to people were minimised while still supporting people to remain independent. There were enough staff to meet people's individual needs. People received their medicines as prescribed.

Good



Is the service effective?

People's needs and preferences were supported by trained staff who received support to carry out their role. People were supported to make their own decisions and choices. People were supported with maintaining good health to support their well-being.

Good



Is the service caring?

People told us staff were kind and caring. Staff provided care and support that met people's needs whilst being respectful of their privacy, dignity and individual preferences.

Good



Is the service responsive?

We saw that people were able to make some everyday choices and were engaged in their personal interests and hobbies. People knew who to speak with if they had any concerns with the service they received.

Good



Is the service well-led?

People felt the registered manager was approachable and listened to their views and involved them in the running of the service. Systems were in place to monitor and review the quality of the service people received.

Good



The Limes

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.

The inspection was unannounced and took place on 7 July 2015 and was carried out by two inspectors.

Before the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform

us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority for information they held about the service. This helped us with planning the inspection.

During the inspection we carried out observations of the care and support people received. We met and spoke with the people who lived at the home, a visiting relative, three staff and the registered manager. We looked at two records about people's care and support and records relating to the management and monitoring of the service to include audits and staff training records.

Is the service safe?

Our findings

People we spoke with told us they liked living at the home and said they felt safe living there. One person said, “It’s sound here, I feel safe here”. Another person said, “The staff are kind”.

We carried out observations throughout the day and saw that people were treated well. Staff we spoke with were able to explain the different types of abuse and told us what they would do if they saw poor practice. Where an allegation of abuse had been made we saw this had been reported appropriately to the local authority and that the provider had taken appropriate action to safeguard people. Following the inspection of incident records, we advised the registered manager that it would have been appropriate to have made a referral to the safeguarding team in relation to a previous incident. They therefore made a referral to the local authority who lead on investigating potential abuse.

Care and support was delivered in a way that promoted people’s safety and welfare. Staff we spoke with demonstrated a good understanding of the plans that were in place to prevent or minimise any identified risks for people to help protect them from harm. For example, they ensured a person with a health condition took their identification card and made sure their mobile phone was charged before going into the community alone. We saw risks to people were identified, assessed and reviewed so that risks to people were minimised while still supporting people to remain independent. The registered manager told us in the Provider Information Return (PIR), “Staff provide clients with clear information and discuss the risk, benefits and alternative options available to them. Key workers carry out on going risk analysis and management on daily, monthly and six monthly basis dependent on the needs and relevance to the client’s needs”. This was reflective of our findings. We saw records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect the person.

People told us they felt there were enough staff available to support them and meet their needs. This was confirmed by staff we spoke with. We saw that staff were available and people did not have to wait for support. The registered manager and staff we spoke with all considered the skill

mix was right for the people living at the home. The registered manager showed us the duty rota and explained the staffing arrangements and current vacancies. Existing staff and the registered manager were working additional hours to cover the two full-time vacancies. We were told the provider was actively recruiting to the vacant posts but that the recruitment process took time but did not impact on the care and support people received. One member of staff told us, “We only use agency to cover sickness”. Another member of staff told us, “We work as a team and pick up extra shifts”. We saw agency staff were used as a last resort in order to provide people with continuity of care and support. The registered manager told us, “We request the same agency staff wherever possible as a couple of people don’t react well with new people”. Staff confirmed although they worked long hours they took regular breaks.

The registered manager described the process for recruiting new staff and the pre-employment checks carried out to help safeguard people who lived at the home. They told us, “It’s so robust and as tight as it can be; therefore it’s slow and time consuming”. They said people living at the home were able to get involved in the recruitment process.

We saw staff ensured that people received their medicines when they needed them. One person said, “Staff make sure I get my tablets”. Two people kept their medicines in their own room and staff supported one of the people with opening their medicines as they were unable to physically open the pack. Staff were able to tell us how they managed people’s medicines safely, such as checking the label on the person’s medication against the medication administration record held. We saw people’s medicines were securely stored and disposed of correctly and had been recorded when they had received them. One member of staff told us that there were policies in place which they could refer to if they needed to. Staff told us they had recently received medication training and their competency was regularly monitored and assessed by the registered manager. We saw a designated member of staff was responsible for ensuring people received their medicines as prescribed. We saw controlled drugs were stored, administered and recorded in line with good practice. Two people were diabetic and staff had received training and had their competency to administer insulin assessed annually by a healthcare professional.

Is the service effective?

Our findings

People told us the staff knew them well and they were happy with the care and support they received. One person commented that the staff were well trained and knew them well. They told us, “They [staff] work as a team. They are a good team”. We saw people were supported by staff who understood their individual needs and preferences. The registered manager told us, “We’re a good team and really do care for the people we support”.

The registered manager told us in their PIR, “We put a high premium on staff development and training, encouraging initiative innovation when this helps to improve people’s lives. This emphasis is reflected in our staff turnover rates, which are low”. We spoke with three support staff and they told us that they felt supported in their role and had regular meetings with the registered manager. They described communication between the team as “excellent”. One member of staff told us, “We are like a family here and we get on very well. There is no bickering like other places I have worked. It’s just like a second home!”. Staff were confident in talking about the training they received and thought that they had the skills to meet people’s needs. One member of staff told us, “I think I have the right skills. There is always room for improvement and we can ask the manager for more training. We have regular training sessions with the provider about acquired brain injuries, korsakoffs and diabetes”. Staff told us they had completed essential training and other courses relating to their work. The registered manager told us in their PIR that these monthly training sessions ensured staff were able to recognise and provide timely and appropriate support to people using the service. Staff told us they had also obtained a professional qualification in health and social care qualification. The registered manager told us as part of the interview process they discussed applicants experience with them and their prior knowledge of care and acquired brain injury.

Two of the most recently recruited staff shared their experience of the induction process when they started working at the home. They said they were given an induction folder and worked alongside more experienced staff until they were confident they knew the people they were supporting and the people knew them. The registered manager told us all new staff appointed would complete the Care Certificate within their induction and existing staff

would also be expected to complete this through a phased in programme. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Discussions held with people and care records we reviewed showed people were involved in making decisions about their care and support. We saw staff asked people and involved them in their daily routines and obtained their consent. For example, where they wanted to go and what they wanted to do. They were clear when people had capacity to make their own decisions. We saw a person put their ‘thumbs up’ to communicate their wishes and give consent. Staff confirmed they had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation is used to protect people who may not be able to make informed decisions on their own, to protect their rights and not restrict their freedom. One member of staff told us, “If somebody has the capacity to make a decision and they understand the consequences of the decision then they are able to make the decision themselves”. The registered manager advised us of the purpose and outcome of a ‘best interest’ meeting that had previously been held in relation to one person and their health condition. They said they had recently liaised with a healthcare professional in relation to a person who required invasive treatment against their wishes. The registered manager told us that they had submitted DoLS applications to the Local Authority for the people who required continuous supervision in the community and interim measures were put in place including risk assessments to support people in the community.

People told us they enjoyed their food and chose what they wanted to eat. One person told us, “The staff sit with me to eat. I eat too fast. They tell me to slow down so I don’t choke”. The registered manager was able to share the reasons for this and we observed this during the lunch time meal. People told us they were involved in shopping and preparing their meals. We observed this during the inspection when we saw a person was supported with preparing the lunch time meal. We saw people chose to sit together for their meal. Although people told us they enjoyed their meal we considered it was not a balanced meal. The registered manager agreed to review this to ensure the food provided met people’s dietary requirements. They told us in their PIR that a dietician was engaged to provide information and guidance about

Is the service effective?

healthy eating choices to people and staff, with a view to reviewing menus. Throughout the inspection we saw people had access to refreshments as and when they wanted them.

People told us they were supported to attend healthcare appointments. One person said, “I go to the doctors and dentist when I need to”. Another person said, “They [staff] take me to the doctor’s and the dentist when I need to”.

During the inspection one person was supported to attend a hospital appointment to monitor a specific health condition. Staff worked closely with professionals to ensure people’s health was safeguarded. Records showed they had regular health checks and saw a range of health professionals when they were unwell in addition to monitoring any specific health conditions such as diabetes.

Is the service caring?

Our findings

People described staff as caring and friendly. One person told us, “They [staff] listen to me when I talk to them. I tell them what I want. They are very thoughtful when they are delivering care”. People told us they were happy with the care and support they received. One person said, “The staff support me with a shower every morning”. A relative told us they thought their family member was well looked after and was always clean when they visited. We saw staff supporting people in a friendly, caring and inclusive way and people were relaxed in the company of staff and the people they shared their home with. Staff demonstrated they were aware of people’s preferences and told us that they took into account people’s likes and dislikes when providing care and support. One member of staff said, “One resident doesn’t like showers” and explained the reasons for this. Another member of staff told us, “I follow their care plan and I always ask them how they feel when speaking with them”. The registered manager told us, “Our clients are happy, healthy and achieving what they can. We are trying our best”.

People told us they were happy living at the home. One person said, “I have been in other places. This is more like a home”. People told us they were involved in planning and reviewing their care. People’s needs and individual preferences were recorded on their care records so that staff had access to guidance on how people preferred their care and support. Each person had an allocated key worker who was responsible for reviewing and updating their care records to ensure they were reflective of people’s current needs. One person told us, “I really like my key worker, they’re great”.

We saw people were given choice about where and how they spent their time. One person told us they went out on their own every day. We saw this during the inspection. Other people were also supported to access the local community. The registered manager told us in their PIR, “All staff support clients to achieve their maximum potential by providing them with encouragement, structure and motivation through daily programmes to improve daily living skills”. We saw staff encouraged people to be independent while providing support and assistance where

required. For example, we saw one person was supported to use a piece of equipment in the kitchen so that they were able to help with making lunch for people. One member of staff told us that they took people shopping to buy their own personal items and choose their own clothes. They said in order to maintain people’s independent living skills they encouraged them to help out where they could around the house and garden. A person told us that they liked to look after their own bedroom and keep it clean. One person’s care records detailed how staff should support the person to make a cup of tea through the use of set instructions and sequencing as part of their long-term goal.

All the staff we spoke with were able to share examples of person centred care and what it meant to them. One member of staff said, “We treat people as individuals. They are all different with different likes and dislikes. They are not all the same”. Another member of staff told us, “They are able to choose when to get up and how and where to spend their day. We ask people what they want to do”. Staff were aware of people’s preferred communication styles when talking with them and the registered manager was able to tell us about each person’s life history and their current support needs. We saw a person, who was unable to verbalise their needs, was encouraged to write down what they wanted and sound out key words and were praised by the staff. A member of staff said, “We use cue cards and point at things in order to communicate with them and use the thumbs up to ensure we are understood”. This was observed during the inspection and the interaction by staff was positive.

People told us staff saw them as individuals and respected their privacy and dignity. One person said they had their own key for their bedroom so they could keep their bedroom locked when they were out. Staff we spoke with could explain how they preserved people’s privacy and dignity. They told us they ensured that bedroom doors were locked to ensure no one else entered people’s room when personal care was being delivered. One member of staff was observed discreetly asking a person to go and change their clothes following an incident that may have compromised their dignity.

Is the service responsive?

Our findings

People told us they were happy with the care and support provided. One person said, “The care is good, the staff listen to me and let me do what I want”. People looked happy and interacted with staff and other people they shared their home with in a positive way.

We saw care and support was planned and delivered in line with people’s assessed needs. Staff we spoke with showed they were aware of people’s individual needs and knew the people they were supporting well. The registered manager told us in their PIR, “When a person first comes to the home we make sure that we have as much information as possible about them as an individual: their background, current lifestyle, likes and dislikes, including dietary, cultural and religious needs, interests and by what name they like to be called”. Discussions held with the registered manager and staff on duty showed they had a clear knowledge of people. We found care records were written in a person centred way and included information about people’s preferences including their preferred routines. People told us they attended meetings to discuss their care and make any changes they wanted. They said they felt involved in their care. People’s care records we looked at showed the person and significant people involved in their care had attended the meetings held. We saw people had signed their care records to evidence their involvement. The registered manager explained that each person had a key worker and an associate worker so people received continuity of care. The designated member of staff led on the planning and reviewing the person’s care with the person and ensuring the person’s care records were updated. Daily records were completed which recorded how the person had spent their day and any changes in their health.

People told us they had been included in making decisions about their care and were supported to follow their interests. One person said, “I have meetings with my key worker and go to watch Telford play football, I go ten pin bowling. I am very happy living here”. Both the registered manager and the staff we spoke with demonstrated a good knowledge of the people they supported. They were able to tell us about the person as an individual, their interests and what was important to them. A member of staff told us, “One person told me that they wanted to go horse riding. I sorted it out for them. It is having a positive effect on the person’s co-ordination which wasn’t expected.” Another member of staff said, “We sit and go through people’s goal plans with them as well as having client meetings on a regular basis”. This was reflective of discussions we held with people. However, we saw in one person’s care plan that a goal had been set for them in 2014 to take part in a particular activity. The monthly key worker goal planning and activity scheduling meetings held showed the person had yet been afforded the opportunity to do this and their records stated ‘to be arranged’. The registered manager told us they would review this.

People told us they had no complaints but said they would speak with staff if they had concerns. One person said, “I would speak with [Name of registered manager]”. A relative told us they had never had a reason to complain but said they would ring their family member’s social worker if they did. Staff we spoke with knew how to raise concerns or complaints on behalf of the people they supported. None of the staff we spoke with had ever had to deal with a complaint since working at the home. The registered manager shared with us the complaints they had received since the last inspection. They were able to describe and show us a detailed account of the complaint received, actions taken and the outcomes.

Is the service well-led?

Our findings

People told us they were happy with how the home was managed and the care and support provided. One person said, “[Name of registered manager] is sound as a pound. They’re a very good manager”.

There was a positive atmosphere in the home. People were relaxed in the company of the staff and the other people they lived with. The registered manager told us in their PIR, “Our management approach is open and nurturing. We encourage learning and the sharing of information amongst staff by encouraging a climate of open communication; fostering collegiate relationships between staff; providing regular support meetings and appraisals.” Staff we spoke with told us they thought that the registered manager was a “good” manager who was “very open” with them and encouraged them to question practice within the home. One member of staff said, “The manager does a good job and pulls us up if we do anything wrong and never asks us to do anything she wouldn’t do herself. We all respect her”. Another member of staff told us, “We are always included in decisions and kept informed of changes”. Staff felt supported by regular and open one-to-one meetings held and that they could approach the registered manager at any time to “have a word”.

The home had a registered manager in post that was registered with the Care Quality Commission. They were visible and available to people throughout the inspection and demonstrated a clear understanding of their role and responsibilities. They told us they led by example and worked alongside their staff. They said, “I’m happy and willing to do everything my staff do. I listen and try my best”. Discussions held with staff showed they knew what was expected of them.

People said they had completed surveys to give their feedback on the service they received. They also told us they had weekly informal chats with their key workers and meetings with the other people who lived at The Limes. We saw the outcome of the most recent survey was positive. One person had commented, “I don’t think that the home could be improved in any way”. A relative told us they could not think of any improvements required as they were quite happy with their family member received. There were systems in place for managing, monitoring and auditing the quality of the service. Regular quality checks were carried out on behalf of the provider, to ensure the manager was maintaining the standards expected. These included checks on medicines, finances, care planning, health and safety and human resources. Managers also completed monthly check lists covering various aspects to include people’s goal planning, reviews, health checks and risk assessments. We saw accidents and incidents were recorded and overseen by the registered manager to identify any patterns and trends.

The registered manager told us, “We consider that effective delegation is at the heart of a well-led care service. Our aim is to provide staff with as much responsibility as they are capable of carrying in the context of their job descriptions and their professional development goals”. They shared with us how they intended to train and develop the staff.

The registered manager had identified areas of improvements over the next 12 months. These included improving the laundry facilities so they were accessible for people with a physical disability and standardising the documentation around MCA and DoLS.