

Prime Life Limited

The Manor House

Inspection report

Whitton Road
Alkborough
Nr Scunthorpe
Lincolnshire
DN15 9JG

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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

The Manor house is a small home in the centre of the village of Alkborough near Scunthorpe. The service is registered with the Care Quality Commission (CQC) to provide accommodation and care for up to 18 younger people who are living with a learning disability. The accommodation is arranged so that care is provided for people with complex needs in the main house and, for those who are more independent, within bungalows in the grounds.

This inspection took place on 02 and 05 September 2016 and was unannounced. The service was last inspected in April 2013 and was found to be compliant with the regulations inspected at that time.

At the time of this inspection 14 people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

Staff were aware of their responsibilities to keep people safe and could describe to us the signs of abuse they may witness or become aware of. The records we looked at showed staff had received regular training in this area which included how to report abuse to the investigating authorities. Staff, who had been recruited safely, were provided in enough numbers to meet the needs of the people who used the service. All areas of the service were clean and tidy and people's rooms reflected their personalities and interests. They had pictures of their favourite things on the walls and personal possessions on display. Some people had lap top computers and every one had a television. People received their medicines on time and as prescribed by their GP. Staff had received training in the safe handling of medicines and this was updated regularly. The supplying pharmacist audited the service's medicines processes annually.

People were provided with a wholesome and nutritional diet which was of their choosing. This was monitored closely by staff and health care professionals involved when needed. People who used the service were actively involved with formulating menus and preparing the food. Staff had received training which equipped them to meet the needs of the people who used the service, this was updated regularly and they were supported to achieve further qualifications in care. Staff were provided with specialist training on specific subjects relevant to the need of the people who used the service, for example, autism and behaviours which could challenge the service and put people at risk of harm. People were supported to access health care professionals when required, for example, GPs and nurses. Systems were in place for people who needed support with making informed choices and decisions; and their human rights were upheld.

People were supported by staff who were kind and caring and understood their needs. Staff understood the importance of upholding people's human rights, dignity and right for privacy. A large emphasis was placed

on maintaining and upholding people's independence as staff felt this gave people a purpose in life.

Staff had access to information which described the person and their preferences for how care was delivered. People or their representatives had been involved with the formulation of care plans; this made sure people received support which was of their choosing and they had agreed. Emphasis was placed on ensuring people had access to the local community and undertook meaningful activities and occupations. People were assigned roles and responsibility with regard to the running of the service which matched their skills, strengths and interests, for example, cooking, maintenance and administrative duties. The registered provider had systems in place which enabled people who used the service or others to raise concerns or complaints. Investigations were time limited and responses were made to all complainants. All complaints were recorded and documented and the complainant was signposted to other agencies if they were not happy with the way their complaint had been investigated.

The registered manager and staff were approachable and had a good, friendly rapport with the people who used the service. People who used the service were consulted about the running of the service and their opinions and suggestions were used to change the service; for example meals, activities and outings. Audits were undertaken and action taken to rectify any shortfalls. Equipment was maintained and serviced and the premises were maintained by specified staff.

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 were cared for by staff who had been trained to recognise the signs of abuse and how to report this.

Enough staff were provided to meet the needs of the people who used the service.

The registered provider had systems in place to ensure staff were recruited safely and checks were made before they started working at the service.

People's medicines were handled, stored and administered safely by staff who had received training.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had received training in how to effectively meet their needs.

Staff were supported to gain further qualifications and experience.

The registered provider had systems in place which protected people who needed support with making decisions.

People were provided with a wholesome and nutritional diet; staff monitored people's weight and dietary wellbeing.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who understood their needs.

People were involved with their plan of care and staff respected their dignity and privacy.

Staff maintained people's independence.

Is the service responsive?

Good ●

The service was responsive.

The care people received was person centred and staff respected their wishes and choices.

People were provided with a range of activities and could pursue individual hobbies and interests with the support of staff.

People who used the service and others could raise concerns and make complaints if they wished.

Is the service well-led?

Good ●

The service was well led

People who used the service and other stakeholders could have a say about how the service was run.

The registered manager undertook audits of the service to ensure people received high quality care and made improvements when needed.

The registered manager developed an open culture where people who used the service and staff felt supported.

The Manor House

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 registered 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 02 and 05 September 2016 and was unannounced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI allows us to spend time observing what is happening in the service and helps us to record how people spend their time and if they have positive experiences. We observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times.

We spoke with 10 people who used the service. We spoke with six staff including the registered manger.

We looked at five care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and all medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the

building and the bungalows.

Is the service safe?

Our findings

People who used the service told us they felt safe and trusted the staff. Comments included, "They [the staff] are my friends and I trust them all" and "I do feel safe they are all very good."

Staff we spoke with could describe the registered provider's policy and procedure for the reporting of any abuse they may witness or become aware of. They also told us they had received training in how to recognise different types of abuse. We saw training records which evidenced this. Staff were aware of their duty to report any instances of abuse or poor practise to the registered manager; they also knew they could make direct referrals to other agencies, for example the CQC or the local authority safeguarding team and we saw the phone numbers were available for staff. Staff also knew about the registered provider's whistle blowing policy and how this should protect them if they raised any concerns.

The registered manager was aware of the requirement to notify the CQC of all safeguarding allegations and investigations; our records showed this had been done. This showed us people were protected against the risk of harm or abuse occurring and if suspected then appropriate action was taken.

Emergency numbers were available to staff so they contact senior managers during the night or at weekends.

The registered provider had policies in place which reminded the staff about their responsibility to respect people's ethnic and cultural backgrounds. Staff we spoke with were aware of these, they told us they did not judge people and supported people to pursue a lifestyle of their own choosing. They told us they protected people from discrimination whilst both in the service and out in the community. Staff had received training about human rights and how these should be upheld and protected, whenever possible.

People's care plans contained risk assessments which instructed the staff in how to keep people safe both in the building and in the community. The risk assessments covered areas such as falls and behaviours which might put the person or others at risk of harm and challenge the service. We saw the risk assessments were updated regularly. People's care plans also contained information about how to safely evacuate the person if there should be a need, for example in the event of fire.

The registered manager had undertaken environmental risk assessments to ensure people lived in a safe and well maintained environment. They also undertook fire risk assessments and access to the building. Emergency procedures were in place for staff to follow if there should be a flood or the electric or gas supply was cut off.

As part of the auditing of the service the registered manager looked at the incidents and accidents which happened in the service. They analysed this information to establish patterns or re-occurrences. If they did identify anything, this was shared with the staff and practises were changed or people's care plans reviewed and up dated if appropriate.

The registered manager ensured the correct amount of staff were on duty at all times to meet the needs of

the people who used the service. The registered manager tried to maintain consistency and ensured people were allocated to be supported by staff who they got on with and liked. During the inspection we saw there were plenty of staff around the building and they were undertaking lots of activities with people who used the service.

We looked at the recruitment files of the most recently recruited staff. These contained evidence of application forms which asked for details about gaps in employment and previous experience, references from previous employers, a Disclosure and Barring Service (DBS) check and a record of the interview. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. The files also contained copies of contracts and job descriptions. This ensured, as far as practicable, people who used the service were not exposed to staff who had been barred from working with vulnerable people and the prospective employee had the right skills and experience required for the job. Appropriate arrangements were in place for the safe ordering, storage, dispensing and destruction of medicines. There was a management of medicines policy in place that outlined how to manage medicines effectively, which included controlled drugs and when people administered their own medicines. Staff had also received training in the safe handling and administration of medicines; this was updated annually. The pharmacy which supplied the service with their medicines undertook audits as did the registered manager as part of their ongoing auditing of the service.

Is the service effective?

Our findings

People we spoke with told us they enjoyed the food provided. Comments included, "I really like the food especially the roasts on a Sunday that's my favourite", "I like it when we go out for dinner to the pub" and "I help in the kitchen to make the meals."

The registered manager had systems in place which recorded what training the staff had undertaken and when this needed updating. The registered provider had identified some training as essential for staff to undertake annually; this included amongst other topics, health and safety, moving and handling, safeguarding adults and fire safety. Staff had also been supported to undertake further qualifications and specialist training about the people they cared for. Records we looked at showed staff had achieved nationally recognised qualifications and had undertaken training in communicating effectively, equality and inclusion, duty of care, person centred support, the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff also received regular supervision and annual appraisals which set targets and goals for their development and training. Staff told us they were offered lots of training and felt it equipped them to meet the needs of the people who used the service. Comments included; "The training here is brilliant we couldn't ask for more" and "I have learnt a lot working here which helped with my degree."

Newly recruited staff received an induction based on current good practise guidelines and research. This was competency based and an evaluation of the staffs' skills was made at regular intervals during their probationary period. They were assessed as being competent by senior staff, however if they needed further development in any areas support was offered.

People's preferred method of communication was recorded in their care plans, this was usually verbal, however, some people used various forms of sign language which they had developed and staff had learnt this. One person made sounds only but it was clear what they wanted or how they responded to questions by the inflection in the sound. Staff told us the inflections were subtle but they had got used to it. They person would speak but only when they had gained confidence with the staff and trusted them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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, and whether any conditions

on authorisations to deprive a person of their liberty were being met. The registered manager showed us three applications had been submitted to the authorising body and they were awaiting the outcome of these. They explained they were in the process of assessing more of the people who used the service as their capacity so more applications may be made soon. We saw best interest meetings had been held and those who had been designated as decision maker for the person had been consulted along with other health care professionals.

The lunch time meal was a relaxed informal occasion and people ate what they chose, some of the people who used the service had gone out for lunch. While the people's meals were their choice there was some monitoring by the staff and healthy options were suggested, for example, salads and low fat dairy products. Drinks were offered to people on a regular basis throughout the day, as was fresh fruit.

People could choose to eat in the dining room or they could eat in their own rooms. People's weight and food intake was monitored and referrals were made to dieticians if they needed support to lose weight or they needed their diet supplementing in anyway. The kitchen seemed to be the focal area of the home and everybody congregated in there talking, laughing and generally going about their days.

Care plans we saw evidenced referrals had been made to health care professionals when needed, for example, dieticians and occupational therapists. There was also evidence people attended hospital or outpatient appointments when needed and were supported by staff. The outcome of these visits had been recorded; also any changes to medicines or how the staff were to support the person was documented. We spoke with a health care professional as part of the inspection process. They told us they felt the care provided at the service was good and the staff ensured people were referred in a timely manner. They also told us staff worked closely with them, kept them informed of any changes and carried out their instructions well.

Is the service caring?

Our findings

People we spoke with told us they felt the staff were kind and caring. Comments included, "The staff are my friends, I'd be lost without them", "They [the staff] are really good and patient with me even when I'm in strop" and "The staff are kind and caring yes."

We saw staff were kind and caring when supporting people. They used lots of encouraging words to motivate people to stay independent and undertake daily living tasks. We saw and heard lots of laughter and chatter around the service in people's rooms and in the communal areas. There was an easy relaxed feel to the interaction between people who used the service and the staff.

We heard staff talking to people who used the service about their relatives and how they were keeping. They also asked them if they were going to visit them at the weekend, as this was part of their routine. Staff told us some people enjoyed talking about this as it was important to them to maintain family links. One person was sharing a joke and teasing a member for staff and this made people laugh.

The registered provider had policies in place which reminded the staff about the importance of respecting people's backgrounds and culture and not to judge people through their actions or disabilities. Staff we spoke with told us of the importance of respecting people's rights and up holding people's dignity. They told us they gave people options and asked them for their views. We observed staff asking people if they wanted to undertake activities and they respected their right to say no. They told us they viewed the service as the person's home and respected their privacy, always knocking on doors and waiting to be asked to enter. Staff had a strong commitment to protecting the person whilst out in the community so they were not subject to any discrimination; they told us they tried to be vigilant to any situation which might put the person at risk and where possible avoided these. One member of staff said "If they haven't got us who have they got, we need to be there for them."

People were involved with their care, we saw evidence in people's care plans they had attended reviews and their input had been recorded. They had also been consulted about goals they wished to achieve, this included attending college to gain qualifications and developing their daily living skills.

People's wellbeing was monitored on daily basis; daily notes made by the staff demonstrated what support had been provided and if there had been changes to person's needs during the shift following GP visits or visits from other health care professionals.

The service had information about advocacy groups which people or relatives could contact. The registered manager told us these services were available and they had been used in the past. They felt they had good links with the advocacy service and could contact them if required.

Staff understood the importance of keeping people's personal information safe and knew they should only share information with those people who were authorised to see it. Care plans were kept locked away and staff only accessed these when they needed to.

Is the service responsive?

Our findings

People who used the service told us they were happy with the level of support they received to undertake individual occupations and activities. They told us, "I help the handyman to repair things every week", "[Registered manager's name] lets me answer the phone and take messages, I like helping out" and "I go all over to the pub, pictures and the seaside." People also told us they knew they had a right to make complaints and raise concerns. Comments included, "I would speak to [registered manager's name], she sorts things out" and "I would speak to my key worker [name of member of staff]."

Care plans we saw evidenced people's input in their reviews and documented their goals and aspirations. Details were given about how staff should support people to achieve these and what input was required from other support agencies, for example, occupational therapist, clinical psychologist, day centres and other voluntary organisations. Assessments had been undertaken which identified people's skills and strengths and how these should be encouraged and supported. Assessments also identified which areas of their daily lives people needed more support with and how staff should provide this; for example personal care and behaviours which challenged the service and others. There was also evidence of risk assessments being undertaken and guidance for staff to follow about how to keep people safe from harm or how to deal with any situation which arose which put the person or others at risk. All assessments had been updated on a regular basis and there was evidence of health care professional consultation where required. There was also evidence of involvement of the people who used the service or their representatives in the formulation of care plans.

People's chosen activities had been recorded in their care plans. This was a large part of the support provided and people were encouraged to maintain or try new experiences. Some of the people who used the service attended day centres where they learnt new skills and undertook occupations. All of the people who used the service were actively involved in the running of the service and undertook roles which emphasised their skills and strengths. For example, one person was very active with helping the kitchen staff prepare meals, another was active in welcoming people to service, and another was involved with the maintenance of the premises along with the handyman and were keen to show us their handiwork. Information was displayed around the service as to what role people had and a description of their skills. Records showed staff supported people and assessed their ongoing needs and changed responsibilities and activities accordingly, for example, if someone voiced they would like to try something different this was facilitated.

Staff we spoke with were aware of the need to include those people who preferred to spend time in their rooms. They told us, "I always make sure I pop my head in and see if they are ok or if they want anything, you just have to make sure they're ok." They went on to say, "There are some residents who spend all day in their rooms, and that's their choice, but I make sure they are ok and ask if they want to come to the lounge."

Staff understood the importance of respecting people's choices, they told us, "We always give residents the choice. That included clothes, meals and things like that." They also understood that more formal measures had to be taken if people could not make informed decisions. One member of staff said, "We consult with

their relative if they can't make decisions for themselves. I know the manager does assessments and this shows if the residents can make decisions for themselves and then we get their relatives involved."

The registered provider had a complaints procedure and this was displayed around the service. The complaints procedure had been given to people to read and there was a format which used symbols and pictures to help some people who used this method of communication to better understand it.

The registered manager kept a record of all complaints and compliments; this detailed what the complaint was, what action was taken and the outcome. The registered manager used these to improve the service and make changes where needed; all investigations and responses were time limited. The complainant was given information and directed to other services if they were not happy with the way the investigation had been conducted.

Is the service well-led?

Our findings

People we spoke with told us they felt involved with the running of the service. Comments included, "We have regular meetings with [registered manager's name] and they ask us if we want to change anything", "They listen to me and make things better" and "We all have jobs and we get on with them." They told us they found the registered manager and the care staff approachable. Comments included, "My key worker is really nice to me, she takes me out shopping and to the seaside" and "I like all the staff we have a good laugh and a good chat."

The registered manager had systems in place which gathered the views of people who used the service, their relatives, staff and health care professionals. They met with the people who used the service and asked them what they thought of the service provided; people's relatives were also included in the meetings. We saw minutes were taken of these meetings to help inform people who could not attend. The registered manager also used pictorial surveys to gain the views of people who used the service. People were supported to complete these either by the staff or their relatives. The registered manager also used surveys to gain the views of relatives and health care professionals. The outcome of all of the surveys was analysed and a report produced which detailed the findings, any areas of concern and how these were to be addressed.

The registered manager held staff meetings to pass on any information and provide staff with an opportunity to air their views and opinions. Minutes were also made of these meetings. Staff told us they felt the registered manager was approachable and they could go to them for advice or guidance if they needed it. Comments included; "The manager's really good, she listens and helps you if you need it", "You can talk to the manager she is open and always willing to help, not just with work but with your personal life as well." People who used the service also approached the registered manager on a regular basis during the inspection to ask for information or to discuss other personal issues.

Staff understood they had a responsibility to keep people safe and to ensure they received the best care possible. This was achieved through training, good quality information about people's needs and good management support. Staff knew they were accountable for their actions and knew they needed to communicate people's needs effectively and any changes in these to the senior staff so swift action could be taken to address any issues.

People who used the service were supported to access local facilities, this included shops, clubs, pubs, café and restaurants. The registered manager also had good links with the health care professionals who visited the service and people's GPs.

The main aim of the service was support people to be active in the community and to lead a fulfilling life as possible. The bungalows on site provided people with opportunity to develop life skills so they could live independently in the community. This had been achieved on number of occasions.

There was a registered manager in post, they understood the need to inform the CQC of any untoward

incidents which happened at the service so we could assess the ongoing risk and compliance of the service.

The registered manager undertook audits to ensure the service was running smoothly and effectively. These included health and safety, staff training, medicines, people's health and welfare, and the environment. Time limited action plans were put in place to address any shortfalls identified. This helped to ensure the service was continually developing and people were receiving a quality service which they were involved with.

All records were stored securely and were well maintained. All equipment was serviced at the intervals recommended by the manufactures' and regular water tests had been undertaken for legionella. The fire alarm system had been tested and fire drills had been undertaken regularly.