

Prime Life Limited Hawkhurst

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 service is registered to provide personal care for 26 older people who may have a mental health condition or dementia. On the day of the inspection 22 people resided within the home.

We last inspected this service in April 2014 when the service met all the regulations we inspected.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service said they felt safe at this care home. Staff had been trained in safeguarding topics and were aware of the need to report any suspected issues of abuse.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

Summary of findings

We found the ordering, storage, administration and disposal of medication was safe.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

People told us the food served at the home was good and they were offered choices about what they ate. We saw there was a good supply and choice of food.

New staff received induction training to provide them with the skills to care for people. All staff were well trained and supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

The registered manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

There were systems to repair or replace any broken equipment and electrical and gas appliances were serviced regularly. Each person had an individual emergency evacuation plan and there was a business plan for any unforeseen emergencies.

The home was warm, clean, well decorated and fresh smelling. The garden was accessible for people with mobility problems and safe for people with dementia to use in good weather.

There was a very good end of life plan to ensure people's wishes could be met at this difficult time.

We observed there was a good interaction between staff and people who used the service. There was some good natured banter exchanged during the day and people who used the service and staff appeared to be relaxed during the inspection.

We observed that staff were caring and protected people's privacy and dignity when they gave personal care.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home. We also noted that where possible people who used the service (or sometimes a family member) signed their agreement to the care to be given. This meant their wishes and choices were taken into account.

We saw that people who used the service were able to attend meetings or they were asked to complete quality assurance questionnaires. Some people needed the assistance of their family members to complete this for them. In this way people were able to have a say in how the home was run.

Policies and procedures were updated regularly and management audits helped managers check on the quality of the service.

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?

The service was safe. There were safeguarding policies and procedures to provide staff with sufficient information to protect people. The service also used the local authority safeguarding procedures to follow a local protocol. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and the manager audited the system and staff competence.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Good



Is the service effective?

The service was effective. Care plans were amended regularly if there were any changes to a person's medical conditions.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoL's and should recognise what a deprivation of liberty is or how they must protect people's rights.

People who used the service told us food was good and they were given sufficient food and drink to meet their nutritional needs.

Staff were well trained and supported to provide effective care. Training and supervision were provided regularly.

People were able to access professionals and specialists to ensure their general and mental health needs were met.

Good



Is the service caring?

The service was caring. People who used the service and the family member we spoke with thought staff were helpful and kind.

We saw that people had been involved in and helped develop their plans of care to ensure their wishes were taken into account.

We observed there was a good interaction between staff and people who used the service.

There was a very detailed description of a person's last wishes in plans of care in a document called 'Celebrating My Life'. This should ensure people had their wishes fulfilled at the end of their life.

Good



Is the service responsive?

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age and gender.

Good



Summary of findings

People who used the service were able to voice their opinions and tell staff what they wanted at meetings, which sometimes included family members, the managers 'surgery' and by completing questionnaires.

Is the service well-led?

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

Good



Hawkhurst

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 team consisted of one inspector. The inspection was conducted on the 09/10 September 2015 and was unannounced.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We asked the provider to return a form called a Provider Information Return (PIR) which was completed

and returned to us in time to help plan the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We asked the local authority safeguarding and contracts departments for their views of the home. They did not have any concerns.

During the inspection we spoke with three people who used the service, two care staff members, one family member, the registered manager and area manager. We looked at the care records for three people who used the service and medication records for 10 people. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance audits and policies and procedures. We also conducted a tour of the building to look at the décor, services and facilities provided for people who used the service.

Is the service safe?

Our findings

People who used the service told us they felt safe at this care home. From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the Blackburn with Darwen safeguarding policies and procedures to follow a local protocol. This is now part of a Lancashire initiative involving professionals from local authorities and the police. This meant they had access to the local safeguarding team for advice and report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. Both care staff members we spoke with were aware of the safeguarding procedures and said they would not hesitate in using the whistle blowing policy to protect people who used the service. Past safeguarding issues raised had been dealt with appropriately by management.

We examined three plans of care during the inspection. We saw that there were risk assessments for falls, moving and handling, nutrition and tissue viability (the prevention or treatment of pressure sores). The risk assessments highlighted people's needs around these areas and any care or treatment was recorded in the plans of care. Where necessary specialist advice was sought from professionals such as dieticians and tissue viability nurses.

We looked at three staff files in total. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We saw that there were sufficient staff employed at the care home to meet people's needs. On the day of the inspection there was the registered manager, four care staff, a maintenance man, cook and domestic. The off duty showed this was normal for the service.

We looked at the policies and procedures for the administration of medicines. We observed the lunch times medicines round and found the administration matched the procedure.

Medicines were stored in a locked room and the trolley was attached to the wall. We looked at the supplies of medicines and found there were sufficient supplies but were not over ordered. Dressings were stored separately from medicines.

The medicines administration records contained a staff signature list for the manager to follow up on any medicines errors. We looked at 10 medicines records and found there were no omissions or errors. Each file contained a photograph of the person who used the service to help avoid giving somebody the wrong medicines.

All staff who administered medications had been trained to do so. The registered manager regularly checked staff competency for medicines administration. A senior staff member was responsible for the ordering, receiving and disposal of medicines. We looked at the system and found it was safe. Staff signed the medicines record when new medicine supplies entered the home and the chart when medicines were given. The local pharmacy also came into the home to check the systems and supplies.

The temperature of the room and medicines fridge was recorded to ensure medicines were stored according to manufacturer's instructions.

Staff kept the fact sheet for any medicines people took and the home had a copy of the British National Formulary for reference such as side effects.

Nobody required any controlled drugs. There was a register and separate cupboard to store the drugs should any person who used the service require this stronger type of medicines.

Is the service safe?

Any prescriptions that were hand written had been signed by two staff to minimise errors. Drugs that could be given when required had a separate fact sheet which clearly told staff when, the amount and how often the drug could be given.

We looked at the servicing and certification of gas and electrical equipment and found it was up to date which meant it was safe to use. The fire alarm was serviced and tested regularly including fire drills. Hot water outlets were temperature regulated and radiators did not pose a threat of burning people. Windows had a restrictive device fitted to stop any accidents.

There was a system for repairing or replacing any broken or defective equipment. We saw the maintenance person crossing items off the list when they had been completed.

Each person had an emergency evacuation plan (PEEP's) in place and there was a business continuity plan. This meant people could be safely evacuated for emergencies such as fire and continuity of care.

The laundry was sited away from any food preparation areas and contained sufficient industrial type equipment to

provide a suitable service. Washing machines had a sluicing cycle for soiled linen. There was a system for processing dirty laundry through to clean. There was a system for the control of contaminated linen and laundry. The service had a contract for the safe removal of contaminated waste.

There were policies and procedures for the control of infection. The training matrix showed us most staff had undertaken training in infection control topics. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice.

The manager conducted audits for infection control and there were hand washing facilities in strategic areas for staff to prevent the spread of infection. Staff had access to personal protective equipment such as gloves and aprons. The water system was serviced by a suitable company to prevent Legionella and there was a record of when water outlets had been cleaned to further reduce the possibility of Legionnaires disease.

Is the service effective?

Our findings

Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. We saw that over 20 applications had been made for people to have a best interest decision regarding their stay in the care home, which is appropriate for people with a diagnosis of dementia or mental illness. The registered manager had sent us notifications of the DoL's decisions. We saw that applications had been made with the assistance of families and relevant professionals using the correct procedures. This ensured any decisions made were in people's best interest and in the least restrictive way. Any decisions made were to be reviewed at times set down in the documentation but not for longer than one year.

Three people who used the service told us, "The food is very good and you get plenty", "The food is very good and you have a choice and "I like the food here."

We observed the lunchtime meal and saw that people were seated comfortably and chatted to each other and staff. There was sufficient dining space for people who used the service and they could take their meals in their rooms if they wished. There was a choice of meal and sweet. The food we observed being served and eaten was nutritionally balanced and looked appetising. There was a meat option, potatoes and vegetables. We noted some people took their meals off smaller plates than others. The registered manager told us this was at their request because they felt over-faced with the larger plates. This was recorded in the care plans.

Because people had dementia each day's meals were advertised in the hallway and dining room. There was a menu placed on the tables. This helped to remind people what they could have. Condiments such as salt, pepper and sauces were available for people to flavour their food if they wished. People could have their choice of meal at

breakfast from cereals, a cooked meal or toast. There was a choice of lunch or evening meal. Drinks were served at mealtimes, set times and on request. We saw some people had drinks in their rooms.

Special diets such as for people with diabetes were provided and all food that was eaten was monitored by the cook. The service used the environmental health department guidance on food safety and storage. The kitchen had been awarded their five star very good rating which meant the storage, preparation and serving of food was safe and the kitchen was cleaned appropriately. We saw that the kitchen was clean and tidy on the day of the inspection.

People had a nutritional assessment in their plans of care and any person who used the service who had special requirements could be referred to a dietician. We saw that there was a good supply of fresh, frozen, dried and canned foods to provide a variety of meals. People who used the service were offered fresh fruit regularly.

People who used the service told us, "The home is kept clean and tidy", "I like my room and they keep it clean" and "The home is always clean." A visitor said, "It is always clean and tidy and no smells that some homes have".

We conducted a tour of the home on the first day of the inspection. We visited all the communal areas and several bedrooms and bathrooms. The home was warm, clean and there were no offensive odours. We noted that new furniture had been acquired for the dining room and several areas had been decorated when required.

The communal areas were homely and bedrooms we visited had been personalised to people's tastes. There were aids for people with mobility problems in bathrooms to help people keep clean and staff were taught to use them.

The garden was accessible for people with mobility problems and enclosed to keep people from wandering. There was sufficient seating for people to use in good weather.

There was a lift to access both floors.

A staff member said, "I think we get a lot of support especially when you are new. I worked with someone else before I started working on my own." Staff received a

Is the service effective?

recognised induction package when they commenced work and were supported by an experienced member of staff until they were competent to work with people who used the service.

Staff received training in subjects such as first aid, safeguarding, infection control, life support, tissue viability, food safety, fire safety, nutrition, health and safety, moving and handling and fire safety. Other training relevant to the service included end of life care, the Mental Capacity and DoL's, dementia care, the care of Parkinson's disease and caring for people with diabetes. Staff were also encouraged to take training in courses such as a diploma or NVQ in health and social care. Both the staff members we spoke with said they received enough training to be able to competently perform their roles.

Staff received supervision regularly. Two staff members said, "I get regular supervision which I find useful and can discuss my own topics or training needs" and "I have regular supervision and I can bring up any topics I want." Staff told us they felt supported and could go to the managers for advice or to talk about any issues. The registered manager

also held 'bite sized' supervision sessions around important topics such as whistle blowing, food safety, safe bathing and care topics to ensure staff were aware of what they needed to do.

We looked at three care plans during the inspection. The plans of care were divided into 11 headings, for example for eating and drinking or communication. The need was highlighted and there was a detailed description of how best staff could care for the person. Each topic had a risk rating to show staff how severe the problem was. We saw that people or a family member had signed their agreement to the plans which meant their wishes had been taken into consideration. Staff took the time to complete a getting to know you form which listed many personal choices people had. The plans were reviewed regularly to ensure staff were kept up to date with people's care needs.

We saw that where people's needs required additional support staff contacted various professionals such as specialist nurses. People were also supported to attend hospital appointments or routine visits to dentists, opticians and podiatrists. People had their own GP and we saw records of their visits.

Is the service caring?

Our findings

One visitor told us, “The service is sound. The staff are very friendly and everything is all right. You can come and go when you want. Staff welcome me to the home and they always offer me refreshment. I am happy with the care she gets. She understands me but the staff can look after her better than me.” People who used the service said, “The staff are all very nice”, “The care is very good. You get help when you need it” and “The staff are good and they are very caring. The home is very good and I am happy here.”

Staff told us they had time to sit and talk to people who used the service. We observed staff sitting and chatting and there was a good amount of laughter.

We observed staff interacting with people who used the service during the two days. Staff were polite and explained what they wanted the person to do before embarking on the task. We did not see any breaches of privacy when staff gave any personal care.

Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences.

Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home.

People were able to choose what they did, for example where they spent their day or what time they got up. We also saw that people could attend religious services of their choosing if they wanted to follow their religion in this way. People's spiritual needs could be met within the home or the community if they wished.

There was an end of life document called What If - Celebrating My Life. We saw in the plans of care that the document had been completed for each individual, where possible. This document told us how a person would like the funeral to be arranged, who they wanted to arrange it for them, if they wanted flowers or any special item to be interred with them, what songs or readings they wished, their religion and legal details, for example if they had made a will or someone had legal control of their affairs. There were sections for people to add any special wishes in their final days or messages they wanted to be read to their loved ones. This very good document gave staff the knowledge of what a person would like at the end of their life.

Is the service responsive?

Our findings

There was a daily list of activities people could attend each day. The registered manager said the favourite activity was watching old films. Other activities included being in the garden and eating ice cream, nail polishing and pamper sessions, hairdressing, movies and films, arts and crafts, bowls, skittles and themed days. We saw staff engaging with people who used the service and getting them to join in their conversations which was seen as a one to one activity. People were able to join in activities if they wished. We also noted that one man preferred to stay in his room and watch his television or read.

People who used the service were also involved in gardening and growing their own herbs.

The registered manager held meetings with people who used the service regularly and although sometimes the response was limited people were asked their opinions around activities, food, staff attitude, their bedrooms and the home in general. The registered manager said she noted what people said and would accommodate any suggestions if they would improve the service or people's satisfaction about the care and facilities.

People who used the service told us, "I have no complaints. I can talk to staff if I need to" and "I do not have any complaints but would talk to the staff if I did have." A visitor said, "I would talk to the staff or manager if I had any concerns but I don't have."

There was a suitable complaints procedure located in the building for people to raise any concerns. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We had not received any concerns since the last inspection or any from the local authority and Healthwatch.

We observed how staff responded to what people wanted, for example at mealtimes. Staff we spoke with understood how they were able to offer people choices and from our observations it looked like staff knew the people who used the service well. There was a low turnover of staff at this care home which meant people with dementia were familiar with them.

Plans of care contained documentation such as a missing person's grab sheet and 'hospital passport'. The documents could be given quickly to other services to provide sufficient information and enable continuity of care.

Is the service well-led?

Our findings

The home had a registered manager in post. 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 a 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 were happy living at this care home. Staff said, "The registered manager is brilliant. I would be happy for a relative to live here" and "I like working here. I get a lot of satisfaction from helping older people and the love they give you back. I would be happy for a member of my family to be looked after at this home."

We looked at the last staff meeting records. Topics included general standards, care planning, protection of people's clothes, tidying wardrobes, ironing, oral hygiene, holiday requests, menu's and effective pressure relief. Staff told us they were able to contribute to the meeting and bring up topics if they wished.

We saw from looking at records that the manager conducted regular audits to check on the quality of service provision. These included infection control, medicines administration, care plans, cleaning rotas, weights and nutrition, with a monthly check on people's weight, any pressure sores (there were none), accidents, and for diabetes sufferers to check on the health of their feet. The area manager also conducted regular audits on all aspects of service provision and produced a risk report and any actions that needed to be taken to improve the service.

Policies and procedures we looked at included a clear account of how to make a complaint confidentiality, medicines, health and safety, mental capacity, safeguarding, the safe handling of people with behavioural issues, health and safety and infection control in care homes. The policies we inspected were reviewed regularly to ensure they were up to date and provided staff with the correct information.

We saw that the registered manager liaised well with other organisations and professions. This included social services, the health authority and external professionals involved in the Deprivation of Liberties Safeguards.

People who used the service and their families were asked for their views about how the service was performing and senior staff acted upon any comments made. The results from the last survey were good and people were satisfied with the care and facilities at Hawkhurst.

Staff told us they attended a staff handover meeting each day to be kept up to date with any changes. This provided them with any current changes to people's care or support needs.

We saw that the registered manager and other senior staff looked at incidents and accidents which were kept in a file. The manager looked at the incidents and ways of reducing or minimising any risks.

There was a recognised management system staff were aware of and always someone senior to be in charge for staff to go to. The registered manager was backed up by staff from head office. The manager also stayed later one day for any family members or visitors who wished to speak to her.