

Prime Life Limited

The Old Rectory

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 ●

Summary of findings

Overall summary

About the service: The Old Rectory is registered to provide accommodation and personal care for up to 41 people. At the time of inspection, 38 people were using the service.

People's experience of using this service: People continued to receive safe care. Staff understood safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place to manage risks within people's lives, whilst also promoting their independence.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Staffing support matched the level of assessed needs within the service during our inspection.

Staff training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

Staff were well supported by the manager, and had one to one supervisions. The staff we spoke with were all positive about the senior staff and management in place.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

Staff continued to treat people with kindness, dignity and respect and spent time getting to know them. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner.

People were involved in their own care planning and were able to contribute to the way in which they were supported. People and their family were involved in reviewing their care and making any necessary changes.

A process was in place which ensured people could raise any complaints or concerns. Concerns were acted upon promptly and lessons were learned through positive communication.

The service continued to be well managed. The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

Rating at last inspection: Good (report published 23/02/2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received 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 safe
Details are in our Safe findings below

Good ●

Is the service effective?

The service was effective
Details are in our effective findings below

Good ●

Is the service caring?

The service was caring
Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive
Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well led
Details are in our well led findings below

Good ●

The Old Rectory

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

This inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

The Old Rectory is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a manager in post who was going through the registration process.

Notice of inspection

This inspection was unannounced. Inspection site visit activity started on 15 January 2019 and ended on 15 January 2019.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted

commissioners who had a contract with the service.

We spoke with eleven people using the service, and one relative of a person who used the service. We also spoke with three staff members, the chef, the manager, the regional manager, and two visiting health and social care professionals which included a district nurse and a staff member from an advocacy support group.

We looked at the care records of three people who used the service, we undertook a tour of the premises and observed staff interaction with people, and activities that were taking place. We also examined records in relation to the management of the service such as quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection on 29 October 2015, this key question was rated "requires improvement". This was because we found evidence that medicines were not always managed correctly, and areas within the home were not clean. At this inspection, we found the service had taken steps to improve in these areas. Therefore, the rating for this key question has increased to "good".

Systems and processes

- Safe care continued to be delivered at the service. One relative of a person said, "Yes it's a safe environment, [name] is looked after well."
- Staff were trained in safeguarding and knew what to do if they were concerned about the well-being of people using the service. One staff member said, "I am trained in safeguarding and whistleblowing. I've never had to raise any serious concerns, would do to the manager or the CQC if I needed to."
- Records showed that safeguarding concerns were promptly reported to the local authority and other key agencies and action taken ensure people's safety.

Assessing risk, safety monitoring and management

- Risk assessments documented in detail any risks that were present in people's lives, and enabled staff to work safely with people. A visiting health professional told us, "The staff do very well here in managing behaviours that can challenge."
- Staff felt confident in supporting people safely, and knew the risks that were relevant to each person's support.

Staffing levels

- There were enough staff on shift to keep people safe. One person said, "When you need them they are around, you have to press the button in the room."
- Most people were happy with staffing levels, although some thought this could be improved upon. We asked one person how long they had to usually wait for staff support, they said, "Depends, a short while or a long while, it depends how busy they are."
- Staff we spoke with said they felt happy that safe staffing levels were met, but more help would be beneficial to people, particularly in the mornings which were sometimes busy.
- People received care when they needed it. Although staff were busy at certain times, we did not observe any instances where people had to wait for support.
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Using medicines safely

- Improvements had been made to ensure that people continued to receive their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes.
- The manager informed us that continued improvements would be made to the documentation around medicines, to evidence that all risks had been assessed.

Preventing and controlling infection

- Improvements had been made to ensure the home was kept clean and tidy. New flooring had been laid throughout the building to ensure that cleaning was made easier in communal areas.
- One person said, "The cleaners do well. The cleaners do my room."
- The home was clean and tidy, and the kitchen had been rated five stars for food hygiene by the local authority.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence.
- Staff meetings were used to feedback on areas of the service that had been identified by management as requiring improvement, for example, when items of equipment had not been cleaned properly.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good - People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The manager assessed people's needs prior to moving into the service to ensure the service was appropriate for them. Information obtained included the person's diagnosis, their medicines, how they communicated and their care needs.
- Staff all had a good knowledge of each individual, and the preferences they had in regard to their lifestyle, and choices.

Staff skills, knowledge and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. One staff member said, "I have to say, the training is superb. We have an in-house trainer who is excellent, they are a fountain of knowledge."
- Training records we looked at showed that training was up to date, and training sessions were booked in for staff to update their knowledge.
- Staff received appropriate support that promoted their professional development and assessed their competencies.

Supporting people to eat and drink enough with choice in a balanced diet

- People were happy with the food, and were given a variety of options to choose from.
- We observed the lunchtime period and saw that people received the support they required to eat and drink. When one person did not want what was on offer, the staff were able to provide them with an alternative promptly.
- Information about any dietary preferences or requirements was kept up to date within people's files, and staff we spoke with had good knowledge of this.

Staff providing consistent, effective, timely care within and across organisations

- Staff worked effectively to meet people's needs. All the staff we spoke with felt that good teamwork was in place, with good communication, and an ethos which put the residents first.
- Throughout the inspection we observed staff responding to people's needs in a timely way and share relevant information with each other to keep up to date with people's needs.

Adapting service, design, decoration to meet people's needs

- Many areas within the building including hallways and communal areas looked tired and in need of decoration and refurbishment or replacement. The manager showed us an improvement plan which had been agreed by the provider, to decorate and improve these areas imminently.

- The home was accessible to the people living there. Some adaptation had been made to make areas more accessible, for example, the removal of some stairs which were replaced with a sloped floor instead.
- People's rooms were personalised to their own tastes.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to remain healthy and had access to health care professionals. A visiting health care professional said, "The staff are very helpful and receptive, I can come in and provide the support people need without any problems."
- Care plans documented in detail any health care requirements that people had, and included an update of any visits or appointments they had from health care professionals.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decision and are helped to do so when needed. When they lack mental capacity to make 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 with appropriate legal authority in care homes, and some hospitals, this is usually through MCA application procedures called The Deprivation of Liberty Safeguards (DoLS).
- Staff ensured people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.
- Care plans were developed with people and we saw that people had consented to their care when possible. Staff confirmed they always asked people's consent before delivering care.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People felt well cared for. One person told us, "The girls (carers) are brilliant. We have a good laugh." One relative of a person using the service said, "So far it's been very good. [Name] knows a lot of the carers already from the village which is nice."
- One staff member told us "I am proud of the fact that we have made this a homely place for people to live. That's the feedback we get. It's not too clinical, people enjoy living here."
- Staff we spoke with had a detailed understanding of people's relationships and provided the necessary support whilst maintaining people's independence.

Supporting people to express their views and be involved in making decisions about their care

- Staff understood how people communicated, and gave people the time they required to communicate.
- People were supported to express their views and were involved in the care they received. One person told us, "Yes, we have a meeting and we're asked what we want." Another person said, "Oh yes, we are listened to, I was quite happy when my daughter said, why don't you go back to the home."
- Advocacy services were used to support people who did not have immediate family to support their decisions. We spoke with a staff member from an advocacy service who was visiting a person at the home, who confirmed that the service worked openly with people, and helped them find the support they required with decision making and involvement in their own care.

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy and dignity was respected. One person said, "Oh yes, the girls (staff) who care for me are excellent, they pop their heads around the door and say are you alright?"
- Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files and personal records were stored securely.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People told us they received good quality care and support. Care plans contained personalised information, likes, dislikes and preferences, and set out how staff should meet people's needs. For example, one care plan explained that the person likes to read magazines and go to post letters at the shop, so should be supported with these activities.
- Some activities were on offer, but some staff felt there was not always enough time to run them. A staff member said, "Staffing levels are safe, but we could do with more staff to enable more activity."
- Most people were satisfied with the activities that were on offer. One person said, "We've had some nice trips in the mini bus." A relative told us, "They had a singer in recently which [name] really enjoyed. There is enough to be getting on with."
- Staff told us they offered personalised care. One staff member said, "I think we do a really good job in supporting people to be independent when they can be. One person was here for respite due to being very unwell, and it wasn't long before their physical and mental health had improved enough for them to go back home. The staff team worked together really well."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that staff had acted to investigate previous complaints and had resolved the concern. For example, we saw that someone had complained about a path outside the home being slippery with algae and a potential hazard. We saw that action was taken to resolve this complaint, which involved the path being power washed.
- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

End of life care and support

- No current end of life care was being delivered. The manager was aware of what was required to support people with end of life care and care plans documented people's needs and requirements in this area if needed.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- People told us they found the manager approachable and easy to talk with. One person said, "Oh yes, she's (manager) very good."
- Staff all felt the service was well run. One staff member said, "The manager is very good. She has done the job of a carer here, so she knows what we do. She knows all the resident's names and helps out on the floor, she doesn't just sit in the office."
- The manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was not a registered manager in post. There was a manager who was going through the registration process with CQC. 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.
- Staff were confident in their roles. All the staff we spoke with were aware of their responsibilities, and felt they could gain support from the manager at any time.
- There were effective systems in place to monitor the quality of the service. Audits were used to monitor all aspects of the service and ensure that quality remained high, and that actions were taken to address any shortfalls. The registered manager told us that the regional manager also regularly conducted audits and quality checks on the service.

Engaging and involving people using the service, the public and staff

- People told us they felt engaged with and able to feedback on the quality of the service. A relative told us, "[Name] hasn't been here long, but it's all gone very well so far. I know we can contact the manager a feedback at any time."
- We looked at resident meeting minutes and saw that feedback was gathered about the food, activities, and future plans. Actions were taken when required to address any concerns.

Continuous learning and improving care

- Staff told us that team meetings were utilised to ensure that learning and improvements took place. One staff member said, "Staff and management are receptive to feedback. I am comfortable to raise a concern at

a team meeting, or present an idea for something. The team work well together."

- The manager had a good knowledge of the service and the staff team, and knew the areas of strength, as well as the areas focussed on for improvements. Staff felt that communication was good in this area.

Working in partnership with others

- The service worked in partnership with outside agencies as well as visiting health and social care professionals. A visiting health professional told us "This is one of my favourite homes to come and work in. It is very well managed and the staff are excellent."
- The manager felt there was a good, open and honest relationship with the local authority, who funded some people's care and monitored the quality of the service.