

Prime Life Limited

Glengarriff House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Glengarriff House is registered to provide accommodation and personal care for up to 18 people who live with a learning disability and/or who need support to maintain their mental health.

The accommodation consists of a main house and three separate self contained apartments, each having two bedrooms. There were 13 people living at Glengarriff House at the time of the inspection. Nine people lived in the main house and four people lived in the apartments.

The service is larger than current best practice guidance. However, the service had been developed and designed before Registering the Right Support and other best practice guidance was produced. The size of the home having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Policies and systems in the service supported this practice. However, improvements were needed to the ways in which some best interests decisions were recorded.

The home applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who live in the home can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Although staff worked within these principles, the registered manager recognised the need to ensure they were more aware of the guidance documents which underpinned their practice.

Staff knew people well. They understood the importance of supporting people as individuals and ensuring their preferences and wishes for their care were met. People benefitted from staff who received training and support to provide person centred care. There were enough staff on duty, who were safely recruited, to provide this support.

People were treated with kindness and their privacy and dignity was upheld. They enjoyed a range of social and leisure activities which were based on their preferences.

People had support to access all of the healthcare they needed. Staff promoted healthier lifestyles and good nutrition for people. Medicines were managed in the right way.

People told us they felt safe and liked living at Glengarriff House. Systems were in place to protect them from

the risk of abuse. Other risks to people's health, safety and welfare had been assessed and plans were in place to minimise those risks. People had benefitted from improved infection prevention and control arrangements.

People and the staff who supported them were satisfied with the way the home was run. They had opportunities to express their views and opinions.

Systems were in place to monitor the quality of the services provided. The registered manager had learned lessons and taken actions to address shortfalls identified. The provider had not always responded promptly to identified shortfalls regarding the general upkeep of the home environment. However, improvements were made during and after the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

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 

Glengarriff House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

A manager was in post at Glengarriff House who was registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was carried out over two days. The first day of the inspection was unannounced and the second day was announced.

What we did before the inspection

Prior to the inspection we reviewed information we held about Glengarriff House. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We sought feedback from the local authority and other professionals who work with the service.

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with six people who lived at the home about their experience of the care provided. We spoke with seven members of the care team, the registered manager and two of the provider's regional directors.

We reviewed a range of records. This included four people's care plans and multiple medicines records. We looked at four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence we found which was sent to us. We looked at training data and quality assurance information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Glengarriff House. One person said, "I feel safe being around other people." Another person told us, "Yes I feel safe here."
- Staff knew how to identify any signs of abuse and how to report any concerns for people's safety.
- We found the registered manager and staff had worked with the local authority to resolve any concerning issues and notified us of the actions they had taken.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare had been assessed and were regularly reviewed.
- Staff demonstrated their awareness of people's assessed risks and followed management plans to minimise those risks. For example, if people needed assistance to evacuate the home in an emergency or they were found to be missing from the home.
- We observed staff followed care plans and risk assessments to help people manage distressed behaviours.
- Staff demonstrated their awareness of good practice guidance such as Positive Behaviour Support (PBS). PBS is a person centred approach to supporting people who live with a learning disability to reduce the likelihood of experiencing distressed behaviour.
- Staff told us they did not use any form of restraint to manage distressed behaviours. We saw several examples of staff supporting people calmly and with patience to manage and reduce their experience of distressed behaviours.

Staffing and recruitment

- The provider had systems in place to ensure they only recruited staff who were suitable to work with the people who lived at Glengarriff House. This included checks on applicants' previous work conduct and with the Disclosure and Barring Service. Staff confirmed they had undergone these checks prior to starting work in the home.
- There were enough staff on duty to meet people's needs and wishes. People's requests for assistance were promptly responded to.
- Rotas showed how staff were deployed each day to ensure people received the individual support hours they had been assessed as needing.
- The registered manager told us how they had managed recent shortfalls in the numbers of staff available to support people. We saw vacant shifts had been covered from within the staff team and by staff from other parts of the provider's organisation, including a regional director and another registered manager. As well as ensuring the right numbers of staff were available, this provided consistency as they were all well known to the people who lived there.
- The provider had an active recruitment process in place.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. This included medicines which required special storage and recording arrangements, known as controlled medicines.
- Staff who were involved in managing people's medicines were trained to do so. Staff told us the registered manager observed their practice regularly to ensure they maintained their knowledge and skills.
- Staff knew how each person liked to take their medicines. We saw this information was recorded in people's care records. Staff were also aware of any allergies or risk factors people had in relation to their medicines.

Preventing and controlling infection

- Before the inspection we were made aware that issues had arisen regarding the cleanliness of the home. We saw that the regional directors and registered manager had made improvements to their processes and monitoring systems to ensure cleanliness was maintained.
- During the inspection we found the environment was clean and emerging issues were dealt with in a timely manner.
- Staff understood the importance of maintaining good hygiene and used, for example, aprons and gloves when providing personal care.

Learning lessons when things go wrong

- Systems were in place to monitor and analyse accidents or incidents so that any future risk could be minimised.
- We saw several examples in which the registered manager and regional directors had used these systems to identify learning points for themselves and the staff team.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- At the last inspection we found the provider had not always taken prompt action to address issues with the maintenance and decoration of the building. During this inspection we found that immediate maintenance and repairs were carried out promptly.
- The provider had a system in place for planning annual works related to the upkeep of the building. However, this did not always address issues in a timely way. An example of this was one person's bedroom which required repair and redecoration and some areas of flooring.
- During the inspection the provider began the work necessary to address our immediate concerns. Following the inspection the provider carried out a full property audit and sent us an action plan detailing time scales for the required work.
- The design of the self contained apartments enabled people to have their own private space to live in and develop their independence when they wished to. In the main building people had their own, nicely personalised, bedrooms and a variety of communal spaces to spend their time. There was also a well tended garden area for people to use when they wished.

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

- Assessments of people's needs had been carried out and were regularly reviewed. Care plans reflected any changes in people's needs and wishes.
- The registered manager and provider promoted the principles of Registering the Right Support (RTRS). We observed the care provided for people was in line with those principles. However, we found care staff were not familiar the guidance documents (RTRS) which underpinned their practice. We did not find any impact for people living at Glengarriff House. However the registered manager and regional directors told us they would improve learning opportunities for staff about the guidance documents.
- Staff were aware of other national good practice guidance such as STOMP (Stopping over medication of people with a learning disability, autism or both).

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

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's capacity to make their own decisions had been assessed and care plans guided staff about how to support people with decision making.
- Staff demonstrated a clear understanding of the principles of the MCA and how to support people in their best interests.
- Most best interests decisions were recorded and showed those who were important in a person's life were included in the process. However, we noted some consent forms did not record the involvement of people or where best interest decisions had been made. Although we did not find any impact for people living at Glengarriff House, the registered manager told us they would review and improve the completion of consent forms.
- At the time of the inspection 11 people were subject to DoLS authorisations which were regularly reviewed.

Staff support: induction, training, skills and experience

- The provider had systems in place to ensure staff received training appropriate to the roles they undertook. This included introductory training when they were first employed and on-going training.
- Records showed when staff had received training and when refresher training was due. Staff told us they received appropriate training and we saw they used the knowledge gained in their care practices.
- Records showed and staff told us they had opportunities to discuss their work during regular supervision sessions.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were involved in planning and preparing meals and we saw this during the inspection. We saw snacks and drinks were available whenever people wanted them.
- Staff were aware of people's preferences and nutritional needs and they were recorded in care plans.
- We saw staff encouraged people to choose healthy food options but respected their choice if they chose not to.
- People's nutrition and weight was monitored where necessary and referrals were made to external nutritional services when required.
- One person told us they were trying to lose weight and described how staff were supporting them to do this in a safe way.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us they were supported to access the healthcare services they needed. They told us about, for example, going to see their GP, hospital consultant, dentist and optician.
- Care plans recorded people's healthcare needs and staff demonstrated a detailed knowledge of those needs. Staff were also aware of what to look for if people could not verbally express their healthcare needs.
- Care plans included oral health assessments and reflected the support people required in order to maintain good oral health.
- We saw staff sought healthcare assistance for people in a timely manner. Staff worked with healthcare professionals and other external support agencies to make sure people received the care and support they needed and wanted.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked living at Glengarriff House and staff treated them well. One person said with a smile on their face, "I love it here, the staff are lovely." When we asked another person about how they were treated they said, "This place should be rated good; I'm very happy here."
- We saw lots of positive interactions between people and staff. People actively sought out the company of staff; smiling and joking with them and expressing their views.
- Staff understood the importance of treating people as individuals. They were aware of issues regarding equality and diversity and actively supported people to maintaining their rights.

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

- People told us and records showed they were supported to be involved in making decisions about their care as far as they were able to be. One person said, "[Name and pointed to a staff member] tells me it's my choice; I say what I want and they help me."
- Staff were aware of how to support each person to make decisions and respected their choices. We saw an example in which a person discussed with staff their plans for the day, how they wanted their meals arranged and what they wanted to eat.
- People had access to advocacy services and several people were making use of them. These services are independent of the home and the local authority and can support people to make decisions and communicate their wishes

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection we saw staff made sure people's privacy was protected and their dignity was promoted. Examples of this were staff supporting people to make use of private spaces to address their personal care needs, supporting people to adjust their clothing to maintain their dignity, and speaking with them in private or lowered voice tones about personal issues.
- Care plans included information about how to support people to develop their independence. We saw people were encouraged to be involved in, for example, cooking, keeping the home clean and shopping for food and personal items. One person told us about their voluntary work in the local community and how they travelled independently on public transport. Another person told us staff were supporting them to obtain voluntary work locally.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans guided staff in how to support people's needs and preferences and were regularly reviewed and updated. They included areas of support such as personal care, eating and drinking and preferred daily routines.
- Staff demonstrated a detailed knowledge of people's personal histories and their preferences for care and support.
- Staff demonstrated their commitment to person centred care. For example, we saw a member of staff talking with people about what they wanted for lunch. People expressed a variety of choices and the staff member then went shopping to make sure everyone's choice was catered for.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider ensured information was available in different formats such as words or pictures to help people to understand it.
- Care records provided guidance to staff about how a person communicated their needs and wishes.
- Some people used a form of sign language and had modified the signs to suit their preferences. Staff demonstrated a clear understanding of how each person used the signs and what they meant.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to undertake a variety of social activities and hobbies of their choice, including annual holidays. People told us how they enjoyed, for example, eating out, local library visits, baking and going for walks. One person told us they enjoyed 'music for health' sessions which took place regularly within the home.
- During the inspection we saw some people were supported to take a trip to a local seaside town, one person was supported to shop for personal items and another person was supported to make use of their hand held computer.
- People were supported to maintain relationships where they wished to. During the inspection we saw an example of how one person was supported to visit a family member which happened regularly.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint or raise concerns if they needed to. One person said, "I would tell [staff] if I was not happy with something." Another person said, "She [registered manager] listens to me when I don't like something."
- Some people were not able to communicate any complaints or concerns clearly. Staff described how they monitored, for example, any changes in people's behaviour which may indicate they had an issue which needed to be resolved for them.
- The provider had a complaints procedure in place which was available in alternative formats so that everyone could access it.

End of life care and support

- At the time of the inspection no-one who lived at Glengarriff House required end of life care.
- Where people were willing and able to discuss their wishes for end of life care they had been supported to do so.
- Arrangements were in place to ensure those who were important to people were able to contribute to the planning process.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People were positive in their feedback about the registered manager and how their home was run. One person said, "She always gives me time; I like to tell her what I think; she listens." Another person said in a jovial manner, "She makes sure them lot [pointing at staff] do their job."
- Staff were positive about support from the registered manager and said they were able to express their views and opinions about the services provided for people.
- The registered manager and provider were aware of their obligations under the duty of candour. They had acted on this duty in relation to recent incidents which had occurred within the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and provider understood their role and responsibilities. They sent us information they were required to, such as notification of events affecting the people who lived at Glengarriff House. They had also displayed the latest inspection rating in the home and on their website.
- The registered manager and provider had taken prompt action to address any safety and poor practice concerns raised with them. They had worked effectively with other agencies to maintain and improve the support people received.
- The registered manager carried out a range of audits which helped to drive improvements within the home. We noted some issues earlier in this report where the provider's response had not always been prompt. However, they took immediate actions following our discussions with them.
- People and the staff who worked with them told us meetings took place in which they could share their views and ideas about the services provided. Records confirmed this.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider had worked with the local authority and other agencies address issues and drive improvements within the home.
- The provider held regular meetings with registered managers throughout their organisation to enable the sharing of information and learning.
- A range of national good practice information was made available for staff to refer to.