

Prime Life Limited

Ashlands Mews

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashlands Mews provides personal care for up to 7 people living in independent living bungalows on the same site, with access to support staff 24 hours a day. The service supports younger and older adults, including people with a physical disability.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, 3 people were receiving the regulated activity of personal care.

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

Improvements to people's support plans were identified. The registered manager had some plans in place to make these improvements. They also took immediate actions on the day of inspection to make improvements.

People received safe care and support from a stable and experienced staff team that knew their individual care and support needs, routines, and preferences.

Staff had received safeguarding training and were aware of their responsibilities to protect people from avoidable harm.

People received care calls at the expected times, staff stayed for the duration of the call and were unrushed. People could request additional support and staff were responsive.

People received their prescribed medicines when required and national best practice guidance was followed. Staff had access to personal protective equipment and had received training in infection prevention and control.

There were sufficient staff available to meet people's individual needs. Staff had been safely recruited and received opportunities to discuss their work and have their competency assessed.

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; the policies and systems in the service supported this practice.

The registered manager and provider understood their registration regulatory responsibilities. The last rating for the service was clearly displayed. There were effective communication systems. People received regular opportunities to discuss their care package.

People were positive about the care and support they received that enabled them to lead active and fulfilling lives. Staff were positive about working at the service and felt well supported.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 August 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection. We have found evidence the provider needs to make some continued improvements. Please see the well-led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashland Mews on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-being findings below.

Ashlands Mews

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 Health and Social Care Act 2008.

Inspection team

This inspection was completed by 1 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service. We spoke with the registered manager and 5 care assistants. We reviewed 3 people's care records and 3 staff files and a variety of records relating to the management of the service, including staff deployment, training, support and recruitment, the provider's monitoring systems and meeting records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People told us they felt staff supported them to keep safe. A person said, "I think that I have always felt safe. There have been a lot of different people, but now I know the rough pattern of who is coming and going. They [staff] all seem quite kind and friendly, I have no reason not to feel safe."
- Staff were aware of their responsibilities to protect people from avoidable harm. A staff member said, "Anything that puts people at risk I would see as my duty to report it under safeguarding."
- The provider had a safeguarding and whistleblowing policy and procedure staff had access to. The staff training matrix confirmed staff had completed safeguarding training. Not all staff were aware of external organisations they could report safeguarding concerns to. We shared this with the registered manager who confirmed they would follow this up with staff.

Assessing risk, safety monitoring and management;

- Known risks were assessed, monitored, and planned for. We identified information relating to some people's health conditions lacked detail or guidance had not been updated. The registered manager took immediate action during the inspection and updated required support plans. Information and guidance reviewed was detailed and supportive to staff.
- Whilst some care records needed updating, people were supported by a stable staff team who demonstrated a good understanding and awareness of their individual care needs. The impact was therefore low and was a recording issue which was addressed by the registered manager.
- People received care and support at the times they requested and had been assessed for. Due to staff being available 24 hours a day, care and support was also flexible and responsive. Care records, observations, and feedback from staff, confirmed care and support was safe, effective, and personalised.
- People were supported with any related housing tenancy issues. This included reporting any repairs and monitoring environmental health and safety.

Using medicines safely

- People received their prescribed medicines safely. However, people did not have a separate medicine support plan and risk assessment. This was discussed with the registered manager who agreed to complete these. Staff were aware of the support people required with their medicines. This was therefore a recording issue and had not had a negative impact on people.
- People told us they received their prescribed medicines when required. A person said, "They [staff] give me my meds when I need them and write all the notes down in a book. They all seem to take their time with me, or as much time as they're allowed."

- Staff responsible for the administration of medicines had received relevant training, including having their competency assessed. Staff had access to the provider's medicine policy and procedure.
- People had been supported to have their medicines reviewed by the GP. National best practice guidance in the management of medicines was followed.

Staffing and recruitment

- At the last inspection, staff deployment did not meet people's individual needs and safety. At this inspection, improvements had been made.
- People were supported by a small stable staff team. People were positive about the care and support they received. This included receiving care at consistent times and when requested. Staff stayed for the duration of the call and were unrushed. A person said, "They [staff] are all very good with timekeeping and I would say that they do stay for the length of time that they're supposed to."
- Staff deployment met people's current care and support needs. Staff picked up any staff shortfalls due to leave or sickness and the provider had bank staff that could also be called upon.
- People were supported by staff who had been safely recruited. This included Disclosure and Barring Service (DBS) checks that provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 MCA 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of our inspection, no person had an authorisation to deprive them of their liberty. People had capacity to consent to their care and support. The registered manager told us a person could experience fluctuating capacity, they were aware a MCA assessment and best interest decision may be required during these times.
- Staff understood the principles of the MCA. A staff member said, "People we support have capacity. If we felt they were unable to consent, I'd report this to the manager as an assessment and best interest decision would have to be made."

Preventing and controlling infection

- People were protected from the risk of cross infection. Staff had completed infection prevention and control training. Staff had access the provider's infection prevention and control policy and procedure and to personal protective equipment and were seen wearing this when required.
- Support plans and risk assessments for people and staff in high risk categories that made them vulnerable to infection had been completed.

Lessons learnt when things went wrong

- Effective communication systems were in place to share and exchange important information, this

included any learning opportunities. This included a daily staff oral and written handover, communication book, and a display board in the staff office with additional information and guidance. Staff had regular contact with the registered manager.

- A monthly audit of accidents and incidents was completed by the registered manager and used to analyse for any themes, patterns, and learning.
- Records confirmed action taken to mitigate the risk of a person from having a further fall. The person's mobility support plan and risk assessment had been updated and a discussion with staff completed.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection, management oversight and leadership were limited. Since the last inspection a new registered manager had been appointed. The registered manager was clearly aware of people's individual needs and supported the staff team well. However, systems and processes used to monitor quality and safety needed to be strengthened. The management oversight of care records had not identified all the shortfalls identified during this inspection.
- For example, diabetes, catheter care and medicine support plans were not in place where required. However, information relating to these care and support needs were recorded elsewhere in the person's care records but with limited details. Two people's support plans had not been updated to reflect recent health changes impacting on their care and support. However, the registered manager had already identified action was required and was due to update care records. The impact was low due to a stable and experienced staff team who demonstrated a good understanding of people's individual care needs. The registered manager took immediate actions during the inspection to make improvements.
- Medicine audits were completed monthly by care staff. Shortfalls identified were reported to the registered manager. However, actions by the registered manager to investigate and make improvements were not recorded. The registered manager assured us they had oversight of these audits and had acted where required. They acknowledged their recording needed to be improved upon to confirm actions taken to mitigate any risks.
- Staff were clear about their roles and responsibilities and were accountable for their work.
- The registered manager was aware of their registration regulatory responsibilities and had notified CQC of notifiable incidents they were legally required to do.

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

- The registered manager was aware of their responsibility to be open and honest when things went wrong. This included keeping people informed of actions taken following incidents in line with the duty of candour.
- The registered manager was open and honest during the inspection. They were aware of the improvements required in relation to some aspects of oversight and monitoring. They were responsive and made immediate improvements during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People received opportunities to share their experience of the service they received via an annual questionnaire. We reviewed the last annual questionnaire returns for 2022. These showed how people were happy with their care package.
- People also received regular opportunities to formally review their care package. Care staff had 3 monthly face to face review meetings with people to discuss their care package including any housing related needs. These meetings were recorded, and records reviewed confirmed what was discussed and any actions required were quickly acted upon.
- People and staff told us they felt valued, involved, and consulted. They described the registered manager as being supportive, approachable, and responsive. A person said, "The manager is [name] they are very good. I get on quite well with them." A staff member said, "The manager is very responsive and supportive, always available and contactable."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received personalised care and support. Care staff were well trained and supported to provide effective care. Staff showed a good awareness of people's individual care needs, routines, and preferences.
- People spoke positively about their care and support and how staff enabled them to be independent and live the life they chose. A person said, "I've lived here a long time now and I'm well supported. The staff listen and support me with any problems, they are quick to respond to anything. I come and go as I please, I would certainly recommend it to others."
- People were fully involved in decisions and self-directed their care and support. Whilst care calls were arranged in advance, staff were available to respond to requests for additional support at other times. This flexible approach was inclusive and empowering for people.

Working in partnership with others

- Staff worked with effectively with external organisations in people's ongoing care and support needs. People's care records confirmed how staff supported people to access external health and social care services. This included attending outpatient health appointments.
- People's care records also confirmed how staff made referrals to external health care professionals for reassessment and support when people's health care needs changed.